Social Work and Case Management in the Emergency Department

After discharge, patients seen in the emergency department (ED) frequently require access to community resources for medical and social reasons. ACEP recognizes the impact of social determinants of health including poverty, food insecurity, violence, poor medical literacy, inadequate access to health care, as well as substance use disorders and other psychiatric comorbidities, on the health and well-being of our patients.

The American College of Emergency Physicians (ACEP) further recognizes that comprehensively addressing these social determinants is best accomplished by dedicated staff, such as social workers and case managers, deployed in the ED, to work alongside other clinicians in the ED. ED-based social work interventions are time consuming for ED staff. Social service professionals have more time and resources to coordinate the safe and medically necessary outpatient follow-up care, chronic disease management, and social support. Social workers in many EDs play an important role in the assessment, treatment, and disposition of behavioral health patients. ACEP also believes that such interventions afford hospitals opportunities to provide safe and medically appropriate, yet cost-saving, outpatient alternative care and chronic disease management for these patients.

ACEP supports the development and maintenance of case management services that are available to ED patients, and that such services include appropriate clinical personnel as well as partnerships with community-based organizations, governmental agencies, and other appropriate entities to ensure prompt access to community resources for its patients. These should include reliable 24/7 lines of communication, in order to facilitate and enhance care after discharge from the ED.

Examples of such resources include, but are not limited to:

- Community-based behavioral health and chemical dependency assessment and treatment services
- Local housing and food service agencies
- Assistance with access to qualifying medical, dental, and prescription coverage, as well as access to affordable medication programs
• Local federally qualified healthcare institutions
• Peer and other support groups
• Intimate partner violence shelters and hotline information
• Outreach to payor specific programs as alternatives to hospital admission
• Partnering with post-acute care community resources for care transition from the ED
• ED/emergency medical services (EMS) partnerships for home-based EMS visits of high utilizers of the ED for their chronic disease management or other social needs
• Use of visit reminders, via various platforms, to encourage the keeping of post-ED clinic visits

ACEP also encourages the use of social work platforms to aid in addressing identified needs.