

# Social Needs + Systems Approaches to ED Utilization

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WA BEHAVIORAL HEALTHCARE CONFERENCE

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(HUCM) PROGRAM

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# Agenda



The ecosystem of Harborview



Who are our ED patients?



Why do our patients come to the ED?



ED-based programs +  
outcomes

HUCM  
ED-LINC



Leveraging systems + addressing social needs –  
challenges + opportunities

# Situating Ourselves – The Ecosystem of HMC

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**Language:** "patient" vs "client," "consumer"



Located on First Hill, near Seattle's downtown core



Comprehensive ecosystem of hospital, specialty clinics, outpatient services



Only Level 1 Trauma Center in five state region; home for local EMS



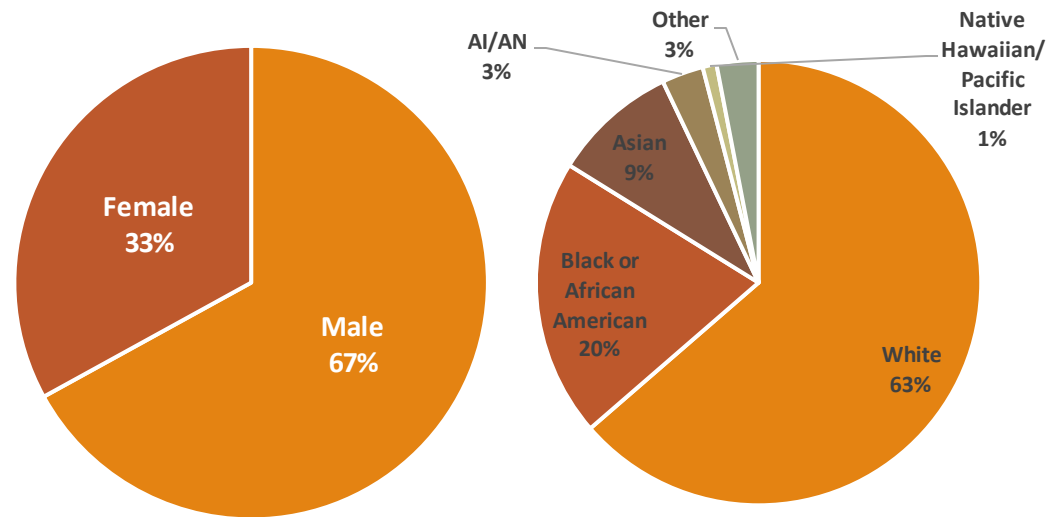
Largest use of financial assistance within the state



Mission-driven, prioritizes care for most vulnerable residents of King County

# Who are our ED patients?

In the last year at HMC...



88% English-speaking

- Program-specific demographics

- EDLINC

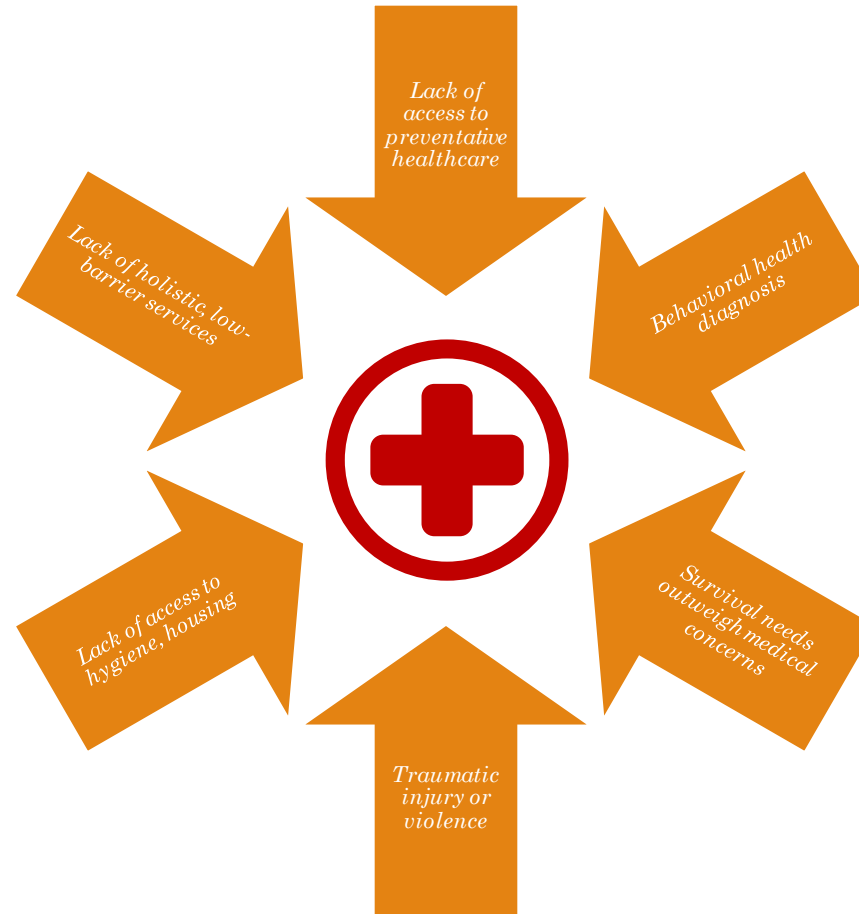
- 73.5% male
    - 74% White, 18% Black, 9% AI/AN
    - 79% fentanyl in last 30 days
    - 38% endorsed some SI
    - Top self-reported concerns: healthcare, finances, housing, substance use

- HUCM

- 25% black, 40% white, 10% Hispanic\*
    - 71% male, 29% female\*
    - 58% 24-54 years, 42% 55+ years\*
    - \*King County 2021 MIDD Report

# Why do people come to the ED?

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# Social Needs + Systems Approaches to ED Utilization - Programs and Initiatives

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High Utilizer Case Management Program

ED-LINC Program

Other

- ED Peer
- Outpatient Based Opioid Treatment (OBOT) Integration
- FOCUS
- SBIRT
- Trauma Survivors Outcome Study (TSOS) ED
- Firearm Injury Prevention



# HUCM Overview

HUCM serves patients who heavily rely on ED services, with a focus on patients who present with behavioral health concerns.

The majority of HUCM patients present with co-occurring psychiatric conditions, substance use issues, and unstable housing.

The program advocates for individualized care, coordinate community resources and support patient self-determination with the goal of reducing unnecessary utilization of emergency department.





# HUCM Outcomes

Focused linkage to housing services

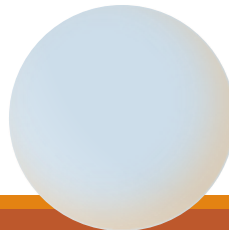
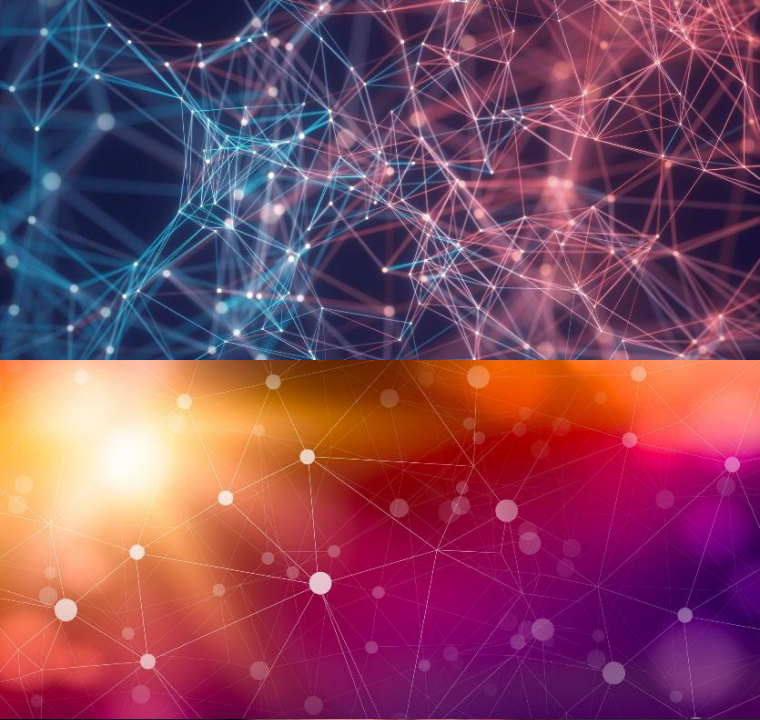
91% decrease in crisis service events\*

73% decrease in ER visits\*

50% decrease in psychiatric hospitalizations\*

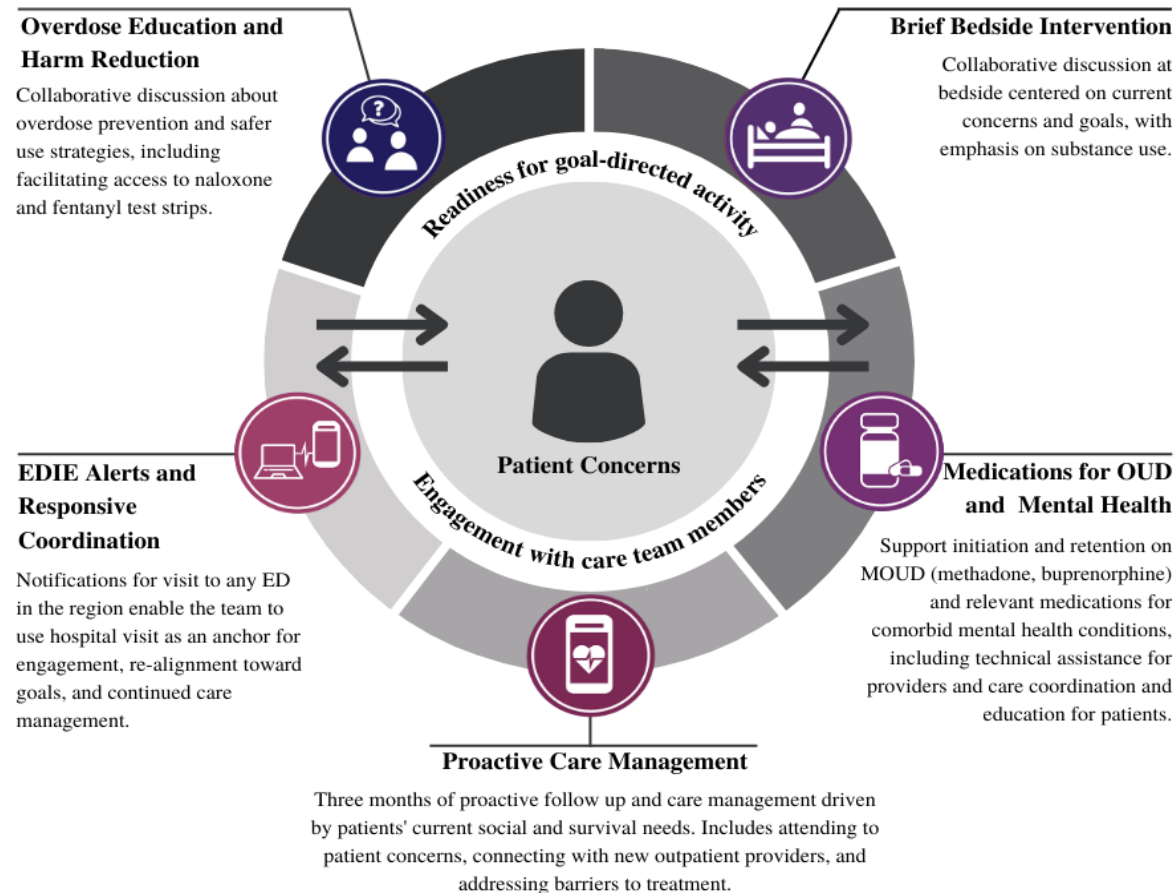
27% linkage to publicly funded BH services\*

\*King County 2021 MIDD Report





# ED-LINC Program



**Case:** 37 y/o male, recently homeless, MVC v ped

- Hepatitis C treatment
- Mental health support
- Primary care linkage
- Phone access
- Shelter coordination
- Hospital advocacy

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## Other

- ED Peer

# Leveraging Systems + Addressing Social Needs – Lessons

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**Focus on engagement** -  
"meeting people where  
they're at"



Tangible incentives



Harm reduction



Investment in  
relationship/rapport



**Individualized treatment  
planning**



**Role as broker, translating  
between patient's  
environment and hospital**

# Leveraging Systems + Addressing Social Needs – Opportunities for Improvement

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Limited community  
resources



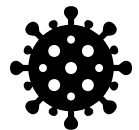
Social needs screening, data  
capture



"Bridge" programs may  
become siloed themselves



**Tensions:** scope, targeted vs  
comprehensive approaches,  
funding priorities



Impact of COVID on service  
environment

# Questions, Comments?

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