Meeting Acute Care Patients' Behavioral Health and Social Needs through Multi-Disciplinary Partnership

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- **Project Description**: I aspired to offer team-based multi-disciplinary care to acute care patients, to better meet their medical *and* non-medical needs. As a safety-net emergency physician, I commonly care for patients with behavioral health and social needs in an environment not set up to meet such needs. In 2017, I co-founded the Social Medicine program to integrate medical and social care in the ZSFG emergency department (ED), and now wished to a) sustain and expand this model of ED care and b) scale it to other acute care settings.
- **Outcome-Oriented Objectives**: Sustain and expand the ZSFG Social Medicine program by September 2020 via a) Securing $2M in financial support to grow team; b) Investing in staff engagement and professional development, and assessing measures of teamwork and engagement; c) Developing new internal and external cross-sector partners to expand service delivery – e.g., housing + substance use linkage; d) Scaling this team-based model of care to ZSFG inpatient and psychiatric units, and 1 outside hospital; e) Tracking # patients served, # admissions/readmissions averted, % reduction in return ED visits, % reduction in non-billable lower-level-of-care inpatient days; and f) Disseminating work via academic publication and other forums.
- **Solution**: Along with expert consultation by clinicians skilled in integrating biopsychosocial care, the Social Medicine 'secret sauce' involves a) inter-disciplinary teamwork, b) purposeful team development and trust-building, c) data-driven process improvement, d) focus on meeting patients' self-identified social needs, and e) community partnerships. We achieved all of the above listed objectives and more, though have not yet been able to scale to psychiatric emergency services due to mandated operational changes related to Covid-19. We have been successful in achieving our ultimate goal of integrating medical and social care for acute care patients with medical, behavioral health, and social needs.

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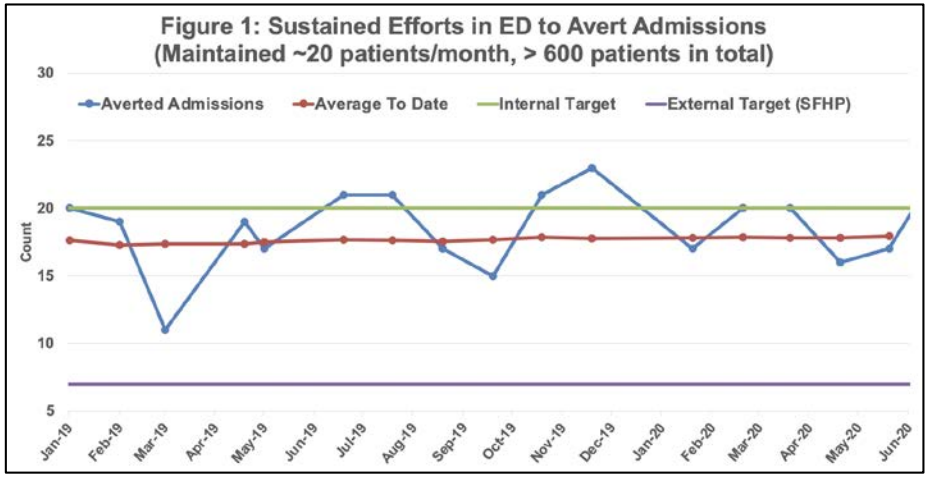
Results

- > 20 initiatives/PDSAs implemented between ED and inpatient scale efforts
- > 4,000 ED patients served including > 1,100 ED patients given free meds at discharge
- > 600 ED admissions + readmissions averted (**Figure 1** shows sustained impact)
- ~ 6% reduction in 60-day ED revisit rate
- > $2.7M in grants secured
- 5 program champions hired and supported in ED, inpatient, and psychiatric units
- Improved staff engagement, evidenced by increased measures of team trust, commitment, accountability, and attention to results (see **Figure 2**)
- New partnerships allowed for integration of housing assessments and addiction care
    - Since March 2019, > 100 patients started on medication-assisted treatment and linked to substance use services via HOUDINI link
    - Since Oct 2019, supported successful SF Housing First efforts for > 135 clients
    - Since May 2020, 34 ZSFG patients assessed for housing and 9 housed or in queue
- Inpatient scale efforts resulted in ~40% reduction in non-billable lower level of care inpatient days (see **Figure 3**), benefiting from new interagency partnerships with HSA and HSH
- 1 PDSA scaled successfully to an external San Francisco ED
- Team received CAPH Quality Leaders Award + SF Heroes and Hearts Awards
- Peer-reviewed articles accepted in high-impact journals and presented at > 5 conferences
- Transformative outcomes for individual patients and frontline staff



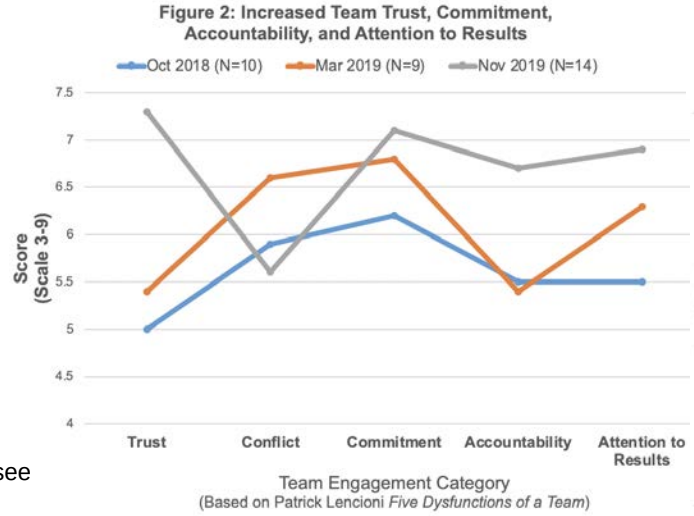
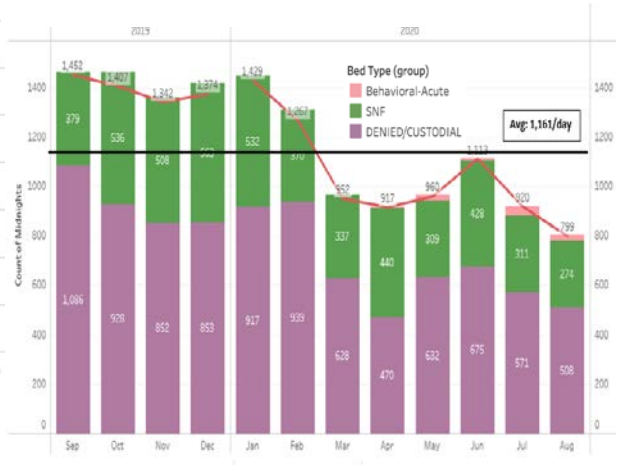


Figure 3: Scale to Inpatient Units Result in 40% Reduction in Non-billable Lower Level Care Days



Next Steps

- Expand inpatient scale efforts, focusing on partnership with community mental health services
- Develop medical/social care integration workflows in psychiatric units in 2021
- Explore possibility of Social Medicine service delivery being a CalAIM Medicaid-reimbursable benefit, or establishing a formal program in city budget
- Form UCSF Section of Social Emergency Medicine & Health Equity in 2021
- Continue to disseminate process and outcomes from Social Medicine program
- Contribute to national discussion on social and medical care integration efforts

Lessons Learned

- Systematic improvement science and multi-disciplinary holistic care are key ingredients for program success
- Presenting data alongside storytelling can be a powerful avenue for generating support
- Successful multi-disciplinary + cross-sector team-building requires a strong foundation of trust
- Models to integrate medical and social care require strong partnership from entities outside traditional health care