

# Emergency Room Diversion and Linkages to Primary, Specialty, and Behavioral Health Services

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# Background

- ▶ Overuse of emergency room (ER) among individuals experiencing homelessness<sup>1-3</sup>
  - Inefficient
  - Expensive
  - Missed opportunity
  
- ▶ Types of ER visits:
  - Non-emergent<sup>4</sup>
  - Emergent, but avoidable<sup>5</sup>

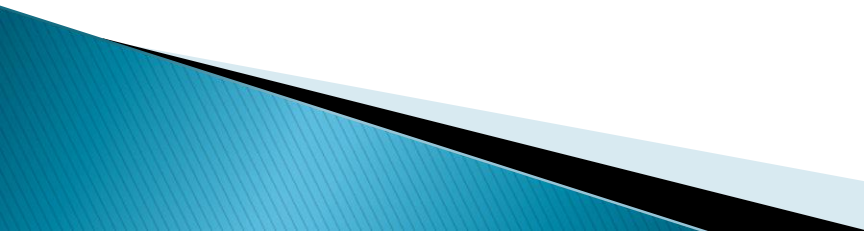
# Background

- ▶ Associated factors:
  - Physical and behavioral health status<sup>2,6</sup>
  - Food insufficiency<sup>7</sup>
  - Victimization<sup>6,8</sup>
  - Lack of shelter<sup>2,6</sup>
  - Health and health care literacy<sup>9</sup>

# Background

- ▶ Strategy: ER diversion programs<sup>10</sup>
  - Vary based on local context but most share key strategies and goals:
    - Reduce use of and reliance on ER
    - Connect clients to outpatient health providers
    - Provide intensive case management
- ▶ Many exist as partnerships between hospitals and community health centers<sup>11</sup>

# ER Diversion, HCH Baltimore

- ▶ Program started in May 2014
  - ▶ Two staff
    - Registered Nurse
    - Community Health Worker
  - ▶ Frequent homeless ER utilizers referred from three hospitals
  - ▶ 78% of clients engaged with any HCH service
  - ▶ 76% of engaged clients had decreased ER usage after 6 months (16 out of 21 patients)
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# Research Question

What factors are associated with linkages to outpatient primary, specialty, and behavioral health services among ER diversion program clients?

# Methods

## ▶ Setting

- ER diversion program at HCH in Baltimore, MD

## ▶ Measures

- 30-minute semi-structured in-depth interviews
- Demographic questionnaire

# Methods

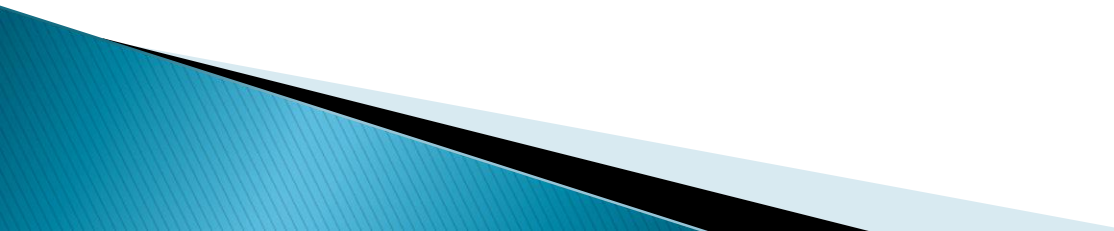
## ▶ Participants

- 12 clients
  - Mean age: 51 years
  - 8 male; 4 female
  - 5 non-Hispanic white; 7 non-Hispanic black
- 7 staff members
  - Mean age: 39 years
  - 2 male; 5 female
  - 5 non-Hispanic white; 1 non-Hispanic black; 1 Asian

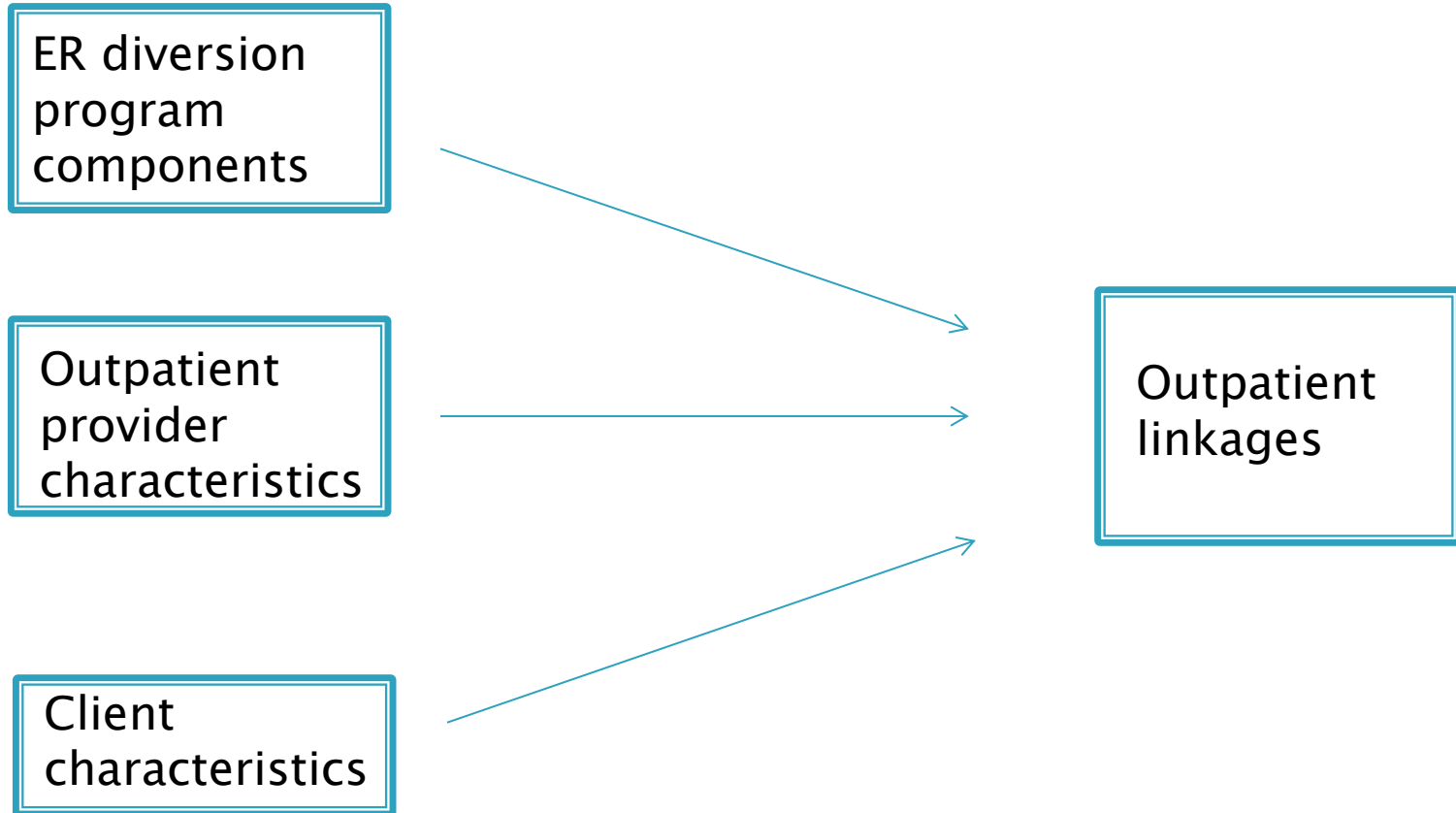


# Methods

## ▶ Analysis

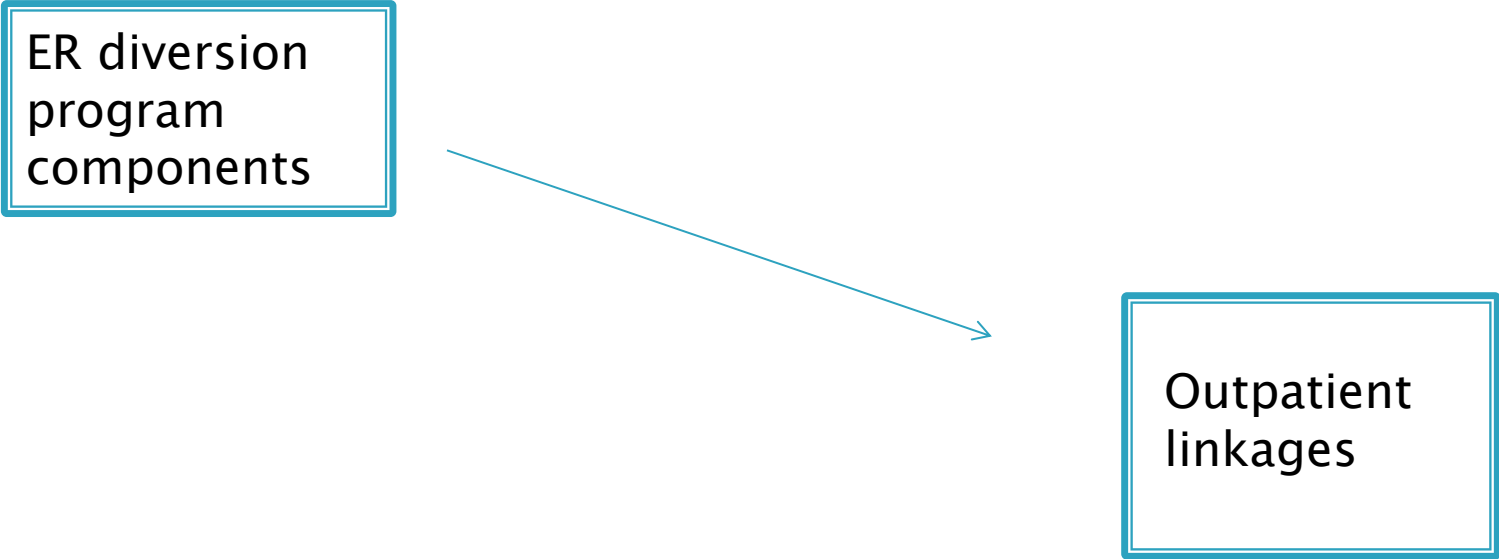
- Interview transcripts and notes imported into NVivo software
  - Developed coding scheme and coded interviews using iterative process
  - Thematic analysis identified important themes related to outpatient linkages
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# Results



# Results

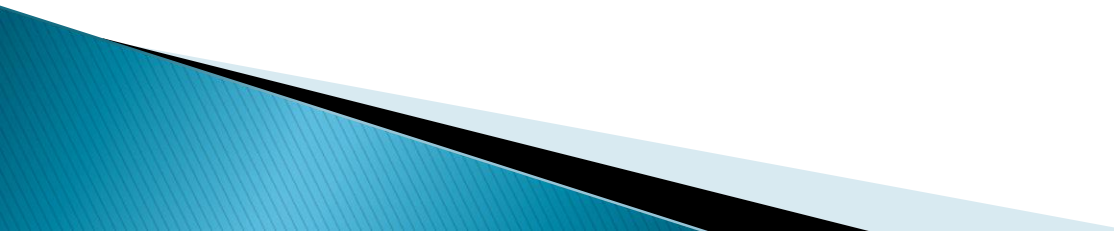
ER diversion  
program  
components



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graph LR; A[ER diversion program components] --> B[Outpatient linkages]
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Outpatient  
linkages

# Results – ER Diversion Program Components

- ▶ Assistance with navigating the health system
  - ▶ Addressing social determinants of health
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# Results – ER Diversion Program Components

- ▶ Assistance with navigating the health system

*“I met a client and when I said I was from HCH, she was like, ‘Oh, I’ve always wanted to come but I was afraid’...So I held her hand. I said, ‘Ok, I’ll come meet you and I’ll come get you and bring you to the clinic’” –  
–Staff member*

*“When questions are being given to me and I don’t know how to answer...[or] I don’t remember what I’m here for” – Client, when asked how the ER diversion staff has helped him*

# Results – ER Diversion Program Components

- ▶ Addressing social determinants of health

*“This program is designed with the idea that we’re going to get everyone primary care [but] sometimes that may not be the main thing that needs to be addressed first” – Staff member*

*“There’s no way you can go somewhere every week or two weeks [because of bus fare].” – Client, when explaining why he hasn’t seen a behavioral health provider in the past*

# Results

Outpatient  
provider  
characteristics



Outpatient  
linkages

# Results – Outpatient Provider Characteristics

- ▶ Setting (HCH vs. non-HCH)
  - ▶ Level of trust
- 



# Results – Outpatient Provider Characteristics

## ▶ Setting (HCH vs. non-HCH)

*“If someone is particularly psychotic, we talk with the psychiatry staff [at HCH] and they’re open to seeing that person pretty quickly...If it can be done in-house, [it] is usually not a problem.” – Staff member*

*“[It was] much easier to consolidate everything...because I was going for therapy at one place and a doctor at another, so at least I can go all to one place.” – Client*

# Results – Outpatient Provider Characteristics

## ▶ Setting (HCH vs. non-HCH)

*“A lot of specialty providers are, I don’t want to say rigid in the sense that they’re doing something wrong, but they’re rigid in the sense that if a person is late, they’re more likely to then [not see the patient]. And that can be a detriment to getting and maintaining quality care.” – Staff member*

*“With these specialists, I’m not sure it’s gonna work... If they need money, I’m just not gonna be able to go.” – Client*

# Results – Outpatient Provider Characteristics

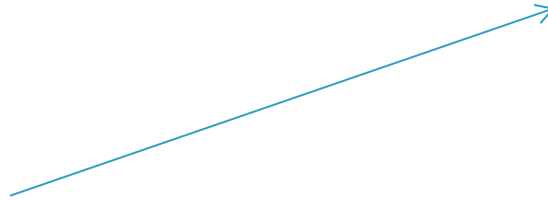
## ▶ Level of trust

*“Me sort of saying to her “I’m now a part of your team. We’re all here rooting for you’ really sort of helped her relax and now she’s seen me a few times.” – Staff member*

*“I have trust issues so I’m not going to discuss business with someone I don’t really trust.” – Client, when asked if he’d be open to seeing a mental health provider*

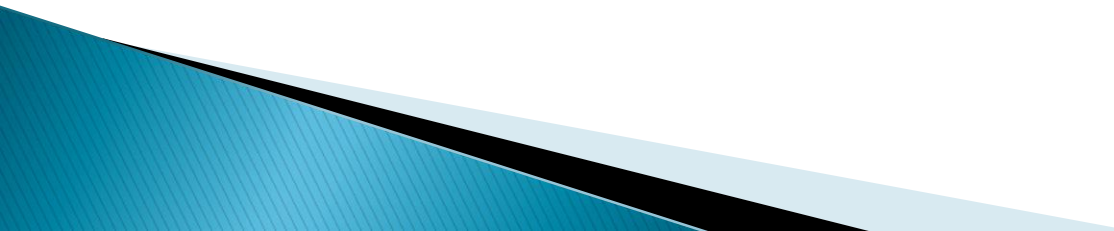
# Results

Client  
characteristics



Outpatient  
linkages

# Results – Client Characteristics

- ▶ Behavioral health problem severity
  - ▶ Health care literacy
  - ▶ Readiness to change
  - ▶ Prior experiences with health care system
- 

# Results – Client Characteristics

- ▶ Behavioral health problem severity

*“The biggest problem we’ve found is the people, the severity of mental health problems that a lot of the clients get. They really need more than what an outpatient clinic can provide.” – Staff member*

*“My anxiety won’t let me” – Client, when asked whether he has ever talked to a professional about his mental health*

# Results – Client Characteristics

- ▶ Health care literacy

*“You say, ‘Do you have a primary care doctor?’ and it’s like, ‘What’s that?’” – Staff member*

*“Right now, since I have a primary care doctor, I go to the primary care doctor. Before that, I’d go straight to the ER.” – Client, when asked what she would do if she woke up with a sore throat*

# Results – Client Characteristics

- ▶ Readiness to change

*“If they’re not open to addressing their substance abuse or mental health...then we’re not going to be particularly successful” – Staff member*

*“I don’t apply myself about taking initiative to get the right services” – Client*



# Results – Client Characteristics

- ▶ Prior experiences with the health care system

*“I think a lot of people have had very bad experiences with it, too. I think there’s a fair amount of not great mental health treatment.” – Staff member*

*“[I was placed in] a group with people with AIDS just because I was gay...and I thought, ‘Well, this is stupid. They’re not helping me.’” – Client, describing mandated treatment following a DUI many years ago*

# Discussion

- ▶ Potential barriers to successful linkages:
  - Vulnerability of client population
  - Limited capacity among some providers to address unique challenges faced by clients experiencing homelessness

# Discussion

- ▶ Important factors in increasing successful linkages:
  - Involvement of an HCH program or other provider that can address unique needs of clients experiencing homelessness
  - Health and health care literacy components
  - Efforts to address social determinants of health
  - Clients' trust in staff

# Discussion

## ▶ Limitations:

- Qualitative research – researcher bias/reactivity
- Small sample
- Initial interviews took place when program was still in its infancy

# Discussion

- ▶ Future directions:
  - Explore factors associated with various non-medical outcomes
  - Examine long-term qualitative and quantitative outcomes

# Questions?

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# References

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