So what's social emergency medicine?

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. I'm Steven Clark.

Social emergency medicine, an emerging branch of emergency medicine, By definition, it’s the interplay of social forces and the emergency care system and how they interact to affect the health of patients and the community. It is aimed at addressing what's known as the social determinants of health. With us today to discuss social emergency medicine is Dr. Jeffery Lazar, vice chair and medical director of the department of emergency medicine at SBH Health System. Welcome, Dr. Lazar.

Ok, so we gave a definition, but from a practical hands-on sense what does social emergency medicine mean and what does it look like?

Well, in its broadest most generous sense, it is everything outside of the patient's chief medical complaint and often times it syncs in with that complaint as well. But to give an example, if a patient comes in with a chief complaint of back pain, utilizing a sort of social emergency medicine paradigm, in addition to investigating from a clinical perspective the patient's back pain and what's causing it and what needs to be done about it, we look at it within the scope of the patient's life and how that complaint brought them to the emergency department. Was the back pain, did it occur as a result of the patient falling down outside because they were out walking the streets, because they don't have a place to sleep? Or are they more sensitive through their back pain because they haven't had anything to eat in the past 48 hours and they know that if they get treated for their back pain there's a chance they may also receive food in the emergency department. Was the back pain sustained in a fight and violence played a role in the patient’s chief compliant? Or did they fall down after drinking alcohol? So what social emergency medicine challenges us to do as practitioners is to examine the patient's chief complaint in the context of their social setting and the social determinants of health and hopefully not only address their medical chief complaint but begin to consider and potentially act upon and study and acknowledge the contributing forces that landed that patient in our

emergency department.

So that means really drilling down and asking a lot of questions?

Yes, it does. It's actually been fascinating because this is not traditionally something that's taught in medical school or that is necessarily considered the traditional role of the physician at least as how it's been defined in American medicine and so part of our job as an academic emergency department is to train our young physicians, our resident physicians, to begin to incorporate that consciousness and awareness in their histories and physical exams of our patients. You know a physical exam begins by observing a patient when you walk into the room and one of your first observations may be that the patient is there with a suitcase. Well, okay, you know then your medical history is going to want to include the fact that you acknowledge or are aware that this patient seems to be carrying all of their belongings with them and what are the circumstances that are responsible for that.

And obviously in a setting like here in the south-central Bronx you're seeing that right? You're seeing people who are coming in where this is the social determinants of health are making a difference in their lives and are affecting their health.

Absolutely and one tends to see a bigger role for social emergency medicine in communities that are affected by healthcare inequity and so here in the Bronx our community faces a number of challenges and those challenges manifest themselves when these patients come to the emergency department.

How new a phenomena is social emergency medicine?

Interestingly, the actual designation or the term social emergency medicine was agreed upon a little over a decade ago in 2009. So emergency medicine as itself is a young specialty and then this nascent field of social emergency medicine is yet an even newer phenomenon so it's really just in in the infantile stages of being a recognized sort of subspecialty of emergency medicine.

Now is this something that also occurs in primary care setting? I mean how is

what you do different than what a family medicine doctor does?

Well to be completely honest it impacts every field of medicine. If a patient is having a heart attack and they're going to the cath lab because they're having a myocardial infarction and then when they follow up with their cardiologist one of the issues will be is the patient addicted to tobacco. So it tends to play a role in every area of medicine however the emergency department is really ground zero and a hot spot because it is sort of sometimes the place in society where people go when they have a need, be it an emergency medical need or anything else; tend to sort of be a clearinghouse for people with problems and what we're saying is we want to start dedicating ourselves and taking an evidence-based approach to recognizing, addressing, researching, advocating and ultimately acting upon those problems so they don't show up back in the emergency department the next week with the same issue.

Are patients forthcoming with their stories typically?

I think that if they appreciate and understand where the physician is coming from and what the physician's motives are that they are more than willing to cooperate. So you know there may be an initial reluctance for the patient to think well "oh if I tell the doctor that I'm here because I want a sandwich or because I want a place to sleep" that they'll kick me out and nobody will care. What we're trying to do with our patients and our physicians is let them know that if we begin to acknowledge those underlying causes we can begin to do something about them.

So now are you working closely with residents and attendings in scripting them and having them ask the right questions to elicit the right answers, the answers you're looking for?

Absolutely, so we do that on multiple levels from sort of role-playing and simulation in small groups, in having outside experts and guest speakers come to our department to educate us physicians, to working with outside organizations. One that we partner closely with and have done a number of projects with and continue to us BronxWorks. So yes we are continuing to actively train ourselves and train our trainees in becoming more expert in this

field.

Is this similar or different than Public Health?

I would say that this is Public Health. It's a newly recognized I think in a newly sort of identified area of Public Health and I think there's growing recognition for the potential to engage patients at risk in an emergency department. Now the challenges resource limitations is as most people probably know the United States healthcare system and the emergency medical healthcare system is stressed. EDs are overcrowded. They're challenging places and there's resource limitations, but I think there's increasing recognition that this is where we need to put more resources, so whether it comes to the field of substance abuse, whether it's housing insecurity, whether it's communicable diseases emergency departments our high yield opportunities to engage patients at risk and we need to start putting the attention and the resources in that area.

I would think also because I mean you're also running against the clock. You've got a room full of patients you've got people who are waiting hours to see a doctor and yet it takes more time obviously to ask these kind of questions, right?

It absolutely does and what we need to learn is that a short investment now can save us a longer investment or longer cost in the long term. And so for example taking 10 minutes or 15 minutes to get to the reason for the patient's visit, if let's say it's minimally related to their stated complaint, but there's an underlying social need that in the long term it's in everyone's best interest to spend those 15 minutes on that initial visit than to ignore the issue and have the patient come back the next day for a 2-hour visit and the next day for a two hour visit. So there is a small price that comes with these interventions, but the thought is that the benefits will ultimately very significantly outweigh the costs. So we need to learn to take a little more time with our patients today to prevent their needing us tomorrow.

Give me an example if you could of a patient whose health has really been impacted favorably by you know the program that you've introduced.

Sure I mean I can think of sort of broad categories of patients. We saw one

patient who presented with very elevated blood sugars because they were not able to afford their medications and so it stops taking their diabetes medications. So we worked with a number of parties in our hospital to make sure that this patient would have access to affordable medication. So not only did we treat
their sort of elevated blood sugar in the emergency department, but we then took the added time to make sure that when the patient left the emergency department we had a system in place for the patient to get their medication in the short term and also the appointments scheduled that would be necessary to make sure that this patient would then have their medications in the long term. We've also had a number of successful housing interventions where we've had patients who have come to the emergency department. It's been recognized that one of the motives for their coming to the emergency department was simply that they didn't have any place else to go and we were able to engage the patient with BronxWorks and their housing coordinators and ultimately work in getting them into some form of housing that diminished their need to come to the emergency department to simply find a place to sleep.

I would also think that a project like Bronx Rises Against Gun Violence or B.R.A.G. sort of falls into the category of social emergency medicine as well, right?

Absolutely. So, unfortunately, our community is a hot spot for interpersonal violence and we see this unfortunately on a daily basis in our trauma bay, victims of assault and other violence injuries, and so we have partnered with the Bronx Rises against Gun Violence program and we actually just had a meeting the other day reviewing how they engage our patients in the hospital and we're
looking to actually advance that project to expand the number of patients they are able to engage in our emergency department because these are all preventable injuries and there's no excuse for our not doing more to try to prevent them.

OK, because B.R.A.G. has actually been around for what about a year now at the hospital two years and I guess now we're starting to expand it.

We are. They've traditionally been more involved with the hospital's

trauma service but it's a subset of patients who end up being admitted into the hospital and we see a far greater number in the emergency department. So we will be working with B.R.A.G. to see how we can work with them to more efficiently and aggressively capture patients who come to our emergency department as victims of violence but don't necessarily get admitted to the hospital.

I guess the other area which I think does overlap a little bit is the fact that we're going to be opening very shortly a geriatric ED which will be dedicated towards older patients.

Absolutely and again a case that comes to mind that I saw in our emergency department was a geriatric patient who hadn't been to work for decades because he'd been retired and due to his dementia one day got into his car and drove to work even though he hadn't been there for twenty to thirty years, eventually ended up in our emergency department and it was there's a bit of work to figure out where he came from and what services he would need to prevent a similar, but yes so geriatric population is another subset of patients where social factors are very much at play in their lives whether it's around mobility, whether they are getting the food that they need to stay healthy, whether they're getting checked on at home, what resources are in play if they suffer from dementia, so that's another sort of group once again where you can separate out social determinants of health from their actual medical problems.

What's the timetable for the geriatric ED?

We are putting the finishing touches on it. I'm hoping by the end of this month we will have it open.

OK, and again what is that going to look like what is it going to include that the general emergency department doesn't have?

Sure, I mean it's a very holistic experience. So it starts from recognizing these patients on arrival and figuring out or knowing where they're coming from; communicating with their home base, whether that's a nursing home or a private home to get information about what brought them to the emergency department;

having a geographically isolated distinct area in the emergency department that is a setting that is more conducive to the comfort and quality of care of the needs of the geriatric population. An ED can be a pretty chaotic environment but our construction is creating a zone that is sort of walled off, is more peaceful and comforting, where there's less disturbances that will make for a more comfortable setting for these patients and allow for the care to really be focused on them and their specific needs, to allow for communication again with whoever was taking care of them before they came to the hospital as well as improved communication if the patient needs to stay in the hospital. Allowing the ED to better work with the hospitals inpatient geriatric service so it's really going to be promoting both increased communication and teamwork amongst the providers and creating a more tailored, comfortable, quality experience for the geriatric patients.

Ad leaving the mayhem behind basically.

Yes, we're extremely excited that this is an area that is getting greater recognition and awareness and we aspire to be a leader in the field and to serve our community and improve their access and the quality of emergency care that they receive by acknowledging the role that social emergency medicine can play.

I think it's a very interesting concept. Thank you Dr. Lazar for joining us today on SBH Bronx Health Talk. For information on services available at SBH Health System visit www.sbhny.org.