Emergency Department Working Group

February 21, 2024 | 3:00-4:00pm

Meeting Minutes

Members present: Greg Allard, Johnathan Bankoff, John Brancato, Barbara Cass, Lara Chepenik, Dock Fox, Daniel Freess, Rebekah Heckman, Beth Liebhardt, Renee Malaro, Jennifer Martin, Miriam Miller, Craig Mittleman, Chris Moore, Mairead Painter, Phil Roland, Greg Shangold, Anumeha Singh

Members absent: Matt Barrett, John Brancato, Michael Holmes, Charles Dike, Phil Davis, Mag Morelli, Sue Halpin

DPH: Melia Allan, Adelita Orefice, Blake Waranch

Introduction and Approval of Minutes

- Dock voted to approve the minutes; Beth seconded
- The January minutes were approved unanimously

ED Boarding and Crowding as a public health issue

- Chris framed ED boarding and crowding as a pervasive issue that affects a large segment of the population, and should be considered a public health issue
- Barbara acknowledged that DPH thinks this is a public health issue, but this group is an opportunity to collect data, identify the problem, and understand the scope of the problem
- Rebekah and Beth spoke to the severity of boarding and crowding as a public health issue

Formation of a behavioral health subgroup

- Lara Chepenik has offered to chair this group
  - Beth Klink as well as Charles Dike will be joining this effort
- Behavioral health data will skew any data collected for EDs since the timelines will be a lot longer, so there has been a discussion of keeping this data separate in previous conversations
- It may be difficult to get metrics outside of a singular hospital system
  - Looking for recommendations
- First meeting on Monday, Feb 26

Discharge Subgroup update

- The co-chairs highlighted pieces of the subgroup's charter, including top priorities and metrics associated with these priorities
- The second subgoup meeting will be scheduled for March

Solutions Subgroup update

- The subgroup has met twice, and has discovered that there is overlap with the discharge groups

- o   This group discussed solutions in terms of input and output
- Prior authorization is one of the biggest issues alongside lack of availability of non-emergent transport

Quality Measure Subgroup update

- Emergency Care Capacity quality measure – released by CMS
- Yale is looking to pilot ED data; Chris is in the process of collecting these for Yale
  - o   A few other ED doctor members are also gathering data from their respective systems in the state

<mark>Added</mark>: Discussion of Senate Bill 181

- The working group voted to add this agenda item
- Chris informed the group of a Raised bill in the Senate, SB 181 invited members to discuss and raise comments
- Lara asked what the data points are as specified in the bill
- The data does not have a reporting period

Discussion of Prior Authorization

- Chris framed the discussion, commenting that prior authorization is an important issue within this sphere
- Miriam asked for clarification on what part of the problem the group is aiming to solve within the realm of prior authorization
- On the inpatient space, Craig Mittleman described how patients often wait to be accepted by SNFs because insurance, and suggested that monitoring the process
  - o   Daniel Freess brought up the idea of reducing the time insurance agencies have to process prior authorizations, so that patients are not waiting for days in an ED
- Miriam flagged a potential scope challenge: the state can only regulate fully insured plans in CT, which represent around 30% of CT's population. Medicaid, Medicare, and private insurance plans cannot be regulated at the state level as they are regulated by the federal government
- Several members raised concerns about patients being held in EDs for four days if a patient is ready for discharge on a Thursday, but the hospital does not receive prior authorization until the following week
- The group is not looking to eliminate prior authorization, but rather change the expectations of when this is available – looking to make it available every day of the week
  - o   Jonathan Bankoff raised 24 hours as a goal for prior authorization timeline, rather than 72 hours like it often is currently
- Phil Roland supports a data driven approach, but asked for clarification on the setting – is it skilled nursing facilities, non-emergent transport
  - o   Cigna healthcare has eliminated about 25% of prior authorization codes – he wants to work together with the doctors on the group using a data-driven approach
- Mairead raised a perspective on long-term care, where her office is concerned with ensuring that individuals are appropriate to go to a skilled nursing facility, and if the individual is not at

nursing home level of care, how are they provided for and how does the system still look to relieve the pressure from ED boarding/crowding.

- Greg Allard raised prior authorization issues with ambulance transport
- Johnathan Bankoff shared that Middlesex has created a section of admissions called social admissions for patients without acute medical needs that have waited for 24 hours
    - o Capacity strain that impacts inpatient and ED
- Greg Shangold brought up federal CSMS advocacy for a gold card on the federal level – this was a 2022 proposed bill that exempts physicians from Medicare Advantage plan prior authorization requirements so long as 90% of the doctors' requests were approved in the preceding 12 months
- Greg Shangold also mentioned that the Affordable Care Act is supposed to have psychiatric parity, but does not exist in the status quo
- Dock plans to share some articles on prior authorization that he received from the Connecticut Nurses Association meeting
- Conclusion: prior authorization is an issue that members agree they would like to get into

Closing

- Chris is working with CHA to have representatives come to the next meeting
- Next meeting is Wednesday March 20, 3:00-4:00pm