

Solutions Subgroup

Emergency Department Working Group

February 14, 2024 | 8:30-9:30am

Meeting Minutes

Members present: Johnathan Bankoff, Barbara Cass, Dock Fox, Greg Allard, Chris Moore, Miriam Miller

Members absent: Dan Freess, John Brancato, Michael Holmes, Phil Roland, Renee Malaro

Introduction

- Dock motioned to approve the minutes, Barbara seconded – January meeting minutes were approved without discussion
- Jonathan Bankoff summarized the main discussion points from the last meeting including input and output contributors of boarding and crowding, hospital-based solutions and how outside entities (the government as well as community partners) can support solutions, and the role of a quality measure in solutions

General Discussion

Mobile Integrated Health (MIH)

- Greg Allard spoke about the rollout of MIH and its kickoff on March 13
- The support that this group could provide is within the healthcare systems that members are connected to already with their work
- Chris asked about the biggest potential barriers for MIH, specifically on payment issues
- Some insurance companies are paying for MIH, other reimbursement opportunities through hospitals themselves, since they see savings on readmissions
- DPH Office of Emergency Medical Services sets the rates for EMS providers, but do not want to set rates for MIH
- Individuals in the MIH program are not individuals who align with homecare agencies

Hospital at Home

- Johnathan flagged that CMS funding for hospital at home programs is due to dry up by around the end of December
- There are two Hospital at Home programs in the state of CT (Yale and Bridgeport), and DPH has also heard that funding is likely to expire

Community Collaboration

- SNF partners, non-emergent transports, insurance authorization

- Johnathan framed this aspect as the group's greatest opportunity to make change
- Greg shared difficulties with prior authorization and discharge
- Barbara brought up utilizing nursing homes for care such as IVs
- Barbara also brought up the idea of discharging more stable/less complex patients to SNFs earlier in the day, rather than in the afternoon or evening
 - Johnathan identified these as hospital areas of focus

Closing

- The group plans to come back with some data from different hospital systems, and reconvene after the monthly working group meeting
- The meeting adjourned at 8:59am