

**Emergency Department Boarding and Crowding Working Group**  
**August 23, 2024 | 3:00-4:00pm**  
**Meeting Minutes**

**Members present:** John Brancato, John Brancato, Barbara Cass, Charles Dike, Lisa Freeman, Commissioner Juthani, Beth Liebhardt, Renee Malaro, MD, Miriam Miller, Christopher Moore, Mag Morelli, Mairead Painter, Greg Shangold.

**Members absent:** Greg Allard, Jonathan Bankoff, Matt Barrett, Lara Chepenik, Phil Davis, Dock Fox, Daniel Freess, Rebekah Heckmann, Michael Holmes, Jennifer Martin, Craig Mittleman, Phillip Roland, Anumeha Singh.

**Others present:** Mike Dugan, Shana Jones, Nathan Schlicher.

### **Introduction**

- Chris Moore called the meeting to order at 3:03pm.
- Chris informed the group that co-chair Michael Holmes is unable to attend the meeting as well as Melia Allan from DPH. Shana Jones is the stand in for Melia.
- Greg Shangold motioned to approve the minutes from July 17; Chris Moore seconded. The minutes passed without revisions.
- Chris encouraged the group to listen to the recording of the talk Dr. Marcozzi gave in July.

### **Case Story**

- Chris spoke about a woman with an elevated heart rate who had passed out from internal bleeding in a bed in the hallway. If the number of admitted patients weren't that high and taking up bed space, the woman would have been able to be treated in a more efficient and quick manner to address her medical emergency.

### **5 Updates: ECCQ, CHA, PA 23-97 data discussion, OHS, Oregon workgroup**

- **ECCQ (Emergency Care Capacity and Quality)**
  - Chris informed the group that he forwarded an email update from Rebecca Heckmann about the responses to CMS' Equity of Emergency Care Capacity and Quality measure. Some of the responses were enlightening and encouraged the group to read them if they had not done so already. It appears that CMS may have a plan related to this measure in 2026.
- **CHA**
  - Chris met with Jim Iacobellis at CHA, to align some of the group's recommendations at the state level with CHA.
  - Chris joined a meeting with CHA that discussed PA 23-97 data. CHA is trying to put together a working group to gather boarding data and Chris is hoping this group will be involved.
- **PA 23-97 data discussion**
  - PA 23-97 requires reporting to the Legislature of the CHA report.

- **OHS**
  - Chris Moore informed the group that OHS had an acute care bed discussion at the end of July. He was not able to attend but he sent the transcript to the group. It seems as if the group do not fully understand boarding. Chris is hoping to meet with the director of legislation and regulation at OHS to collaborate more.
  - Lisa Freeman attended the acute care bed discussion meeting and she felt that the report was too technical.
  - Chris is hopeful to continue conversations with OHS and provide public comment for their report.
- **Oregon workgroup**
  - Oregon is experiencing issues with boarding due to difficulties with hospital discharges and has a similar working group looking at discharge. The group saw Connecticut's approach addressing hospital discharge challenges and would like to meet with Chris. Chris will be speaking to the Oregon Legislature in September.

#### **Guest speaker with Q&A: Dr. Nathan Schlicher MD, JD, MBA, FACEP**

- Chris Introduced Nathan Schlicher to the group. He works clinically as an ER doctor at a level 2 inner city trauma center in Washington State.
- Nathan has been working on boarding and crowding for over 15 years. He has also worked as a State Senator of Washinton where he worked on healthcare policy, he worked with the State Medical Association and State ASAP chapter as presidents for both organizations over the years.
- Nathan described his working conditions at the trauma center; they see thousands of patients and only have 30 beds.
- He shared that boarding and crowding is not because the system is broken, that it is working the way it was designed. There are many constraints and barriers to consider such as laws, regulations, resources, access to primary care, etc.
- Crowding is a processing system issue, and boarding is a fundamental systems overwhelm issue. To start addressing the issues, policymakers and stakeholders such as hospital presidents need to look at the data and get a real-world experience. Data and quality measures need to be attached to understand the issue, and solutions should be attached to dollars to realign fiscal incentives.
- Nathan expressed that everyone must be in alignment for solutions to occur.
- Lisa asked, "have you explored emergency care at home?" Nathan expressed there are many challenges for that to be possible.
- John asked, "what are some ways to address issues at Children's Hospitals?" Nathan made some suggestions, such as, elevating Medicaid to Medicare rates and target intervention.
- Greg Shangold asked, "CFO to help with OR problem?" Nathan replied that they are looking at a variety of ideas to help with the OR program. He shared that if Medicaid rates improve, they could target behavioral health, then peds, then primary care.
- Nathan talked about different examples of boarding that he has seen.

#### **Updates on Solution Subgroup**

- Beth Liebhardt has no updates; still setting up a meeting.

#### **Planning for Workgroup Report**

- Chris encouraged members to write up portions of the report and asked for any updates on sections they are working on.
- Greg Shangold is working on the Medicaid piece for the report. He met with CHA and is working on putting information together to see where they are willing to spend money.
- Chris Moore informed the group that Greg has engaged with Senator Murphy's office to talk about mental health as a priority. A meeting with Senator Murphy's office will take place in about a week or two. The Senator's office is being invited to next month's meeting.

### **Closing**

- The meeting adjourned at 3:59pm.
- The group's next meeting is scheduled for September 18, from 3:00pm – 4:00pm.