

Emergency Department Boarding and Crowding Working Group

October 16, 2024 | 3:00-4:00pm

Meeting Minutes

Members present: Greg Allard, Jonathan Bankoff, John Brancato, Barbara Cass, Charles Dike, Lisa Freeman, Daniel Freess, Beth Liebhardt, Renee Malaro, Jennfer Martin, Miriam Miller, Chris Moore, Mag Morelli, Phillip Roland, Greg Shangold.

Members absent: Matt Barrett, Lara Chepenik, Phil Davis, Dock Fox, Rebekah Heckmann., Michael Holmes, Craig Mittleman, Mairead Painer, Anumeha Singh

Others Present: Melia Allan, Karen Buckley, Evan Dantos, Cindy Dubuque-Gallo.

Introduction

- Chris Moore called the meeting to order at 3:03pm.
- Miriam Miller motioned to approve the minutes; Jonathan Bankoff seconded.
 - The minutes passed without revisions.

Sharing of Frontline Stories

- Greg Shangold shared a story about an elderly patient who is conserved, who was on day 16 of her ED stay.
- Jonathan Bankoff shared that in his system, an adolescent has spent over 500 hours in their crisis unit; the receiving facility has said that they can take the patient on 10/21 at the earliest. Mental health and behavioral health boarding is a continuing problem in the state.

Update from AHRQ Summit on Boarding

- Chris shared that there was an AHRQ (Agency for Healthcare Research and Quality) summit hosted on ED boarding. The recording can be found [here](#).
- Jonathan Bankoff shared the names of the speakers who presented, and noted that the presentations at the summit were similar to what the group has been hearing at the monthly meetings.
- Chris mentioned that boarding was also highlighted at the ACEP conference earlier in the month.

Presentation from Apprise Health Insights/ Oregon Capacity System

- Helene Anderson presented on the continuum of care in Oregon and the Oregon Capacity System, managed by Apprise Health.
- This capacity dashboard is currently funded by the Oregon Health Authority.
- This system auto-updates every 15 minutes and provides situational awareness for practitioners working in the hospital system.

- Apprise views ED boarding as a symptom of many other things, and looking at post acute availability and capacity helps manage transfers and save time for hospitals and their staff, as they no longer have to call multiple locations to inquire about capacity.
- In the states Apprise has been set up in, they are 100% voluntary and have 100% participation among hospital system EDs.
- Oregon is also working on an EMS modernization bill to help alleviate some of the pressures facing the ED.
- Chris asked the group to comment on the potential utility of this or a similar system for Connecticut.
 - Greg Allard shared that there is a lot of potential with using a system to coordinate between systems.
 - Several members spoke to how this could be useful in Connecticut, and that the group should consider recommending a similar system in their report.

Discuss Workgroup Report Elements

- Chris reminded the group of the annual report that is due January 1, 2025 – he encouraged members to send in paragraphs of the recommendations they wanted to include. He is hoping to have a complete draft of the report done prior to the November 20th meeting.
- The major topics/recommendations to include in the report are below:
 - Quality measure
 - Chris spoke with Phil Roland, Cindy Dubuque-Gallo (OHS), and Lisa Freeman on a cost growth benchmark that has a set of quality measures. These are common measures that multiple payers and health systems already use. Chris will connect with Cindy on these existing metrics, and Lisa will follow up about recommending an ED boarding measure to the quality committee hosted by OHS.
 - Prior authorization
 - Based on the group’s conversation with Kurt Barwis, prior authorization reform may be an important aspect to include in the group’s report. Including information on how other states have taken on reforming prior authorization may be one way to make a recommendation in the group’s report.
 - Greg Shangold flagged that the state medical societies had prior authorization on their legislative agenda; he will put Chris in contact with Layne Gakos.
 - Mental health resources
 - Beth Liebhardt is planning to draft some recommendations on mental health reforms.
 - Charles Dike asked to see what is drafted in this section, from a DMHAS perspective.
 - Medicaid payment reform
 - Gregory Shangold reported that this is an item that CHA has on their radar, but it has been difficult to get movement from the legislature due to the high price tag.
 - Chris brought up the idea of linking quality of care to Medicaid funding
 - Mobile integrated health

- Chris spoke with Greg Allard on MIH, and there are some things moving within DSS. The group should support Connecticut's MIH initiative in their report.
- Conservatorship reform
 - Anu is spearheading this section; Chris sees this as more of a long-term recommendation.
- Chris envisions the report structure as follows:
 - Framing of ED boarding and crowding as a public health issue.
 - Discussion of the impacts boarding/crowding has on patients in CT.
 - Mention that the group gathered information from speakers that this is a solvable problem, but it needs to be measured and that there needs to be oversight enforcement or incentives to try and address the problem.
 - Discussion of recommendations to prioritize at the state level.
- Chris shared that he would put together a big document with the sections that members contribute.

Next Steps, Action Items

- The meeting adjourned at 3:52pm.
- The next meeting is scheduled for November 20, at 3pm.