

## **ED Boarding and Crowding Working Group**

**November 20, 2024 | 3:00-4:00pm**

### **Meeting Minutes**

**Members present:** Matt Barrett, John Brancato, Barbara Cass, Lara Chepenik, Lisa Freeman, Daniel Freess, Renee Malaro, Miriam Miller, Chris Moore, Phillip Roland, Greg Shangold, Anumeha Singh.

**Members absent:** Greg Allard, Jonathan Bankoff, Phil David, Charles Dike, Dock Fox, Rebekah Heckmann, Michael Holmes, Beth Liebhardt, Jennifer Martin, Craig Mittleman, Mag Morelli, Mairead Painter.

**DPH:** Melia Allan.

#### **Introduction**

- Chris Moore called the meeting to order at 3:03pm.
- John Brancato motioned to approve the meeting minutes from October 16; Lisa Freeman seconded. The minutes were passed without discussion.

#### **Frontline Stories**

- Lisa Freeman spoke about a project that her intern Patrick is working about related to patient care. Patrick created a survey aiming to collect patient-reported outcomes of their emergency department experiences.
- Chris commented that this work complements some of the work that CSEP did earlier this year collecting provider stories in the ED.

#### **Discussion with the Office of the State Comptroller (OSC)**

- Anthony Naples, director of policy and legislative affairs, representing the Office of the State Comptroller introduced himself in lieu of State Comptroller Sean Scanlon.
- Chris summarized that the Comptroller is responsible for implementing the healthcare policies for all of the state employees.
- Anthony summarized that the OSC has state employees, retirees, and municipal employees on the partnership plan, which is essentially the largest health plan in Connecticut. Their office is interested in hearing some of the ideas of how to address overcrowding in emergency departments.
- Matt Barrett brought up the issue of delays in Medicare authorizations by Medicare Advantage plans, flagging that there is an interface between the Comptroller's office and the interests of this working group, especially since the Comptroller oversees one of the largest Medicare Advantage plans in CT.
- Anthony spoke about the financial incentives to get members to use certain providers, as well as healthcare benchmarks that were passed a couple of years ago.

## **Discussion of Workgroup report process and timing**

- Chris mentioned that he has a draft of the report he is hoping to circulate by Friday, November 22. He asked members to reply directly to him with feedback.

### *Discuss possibility of including recommendations for special liability protections*

- Chris summarized that he and Greg Shangold have looked into legislative changes looking at liability issues and malpractice insurance, bringing up Georgia as a potential model state.
- Lisa Freeman expressed that it is not in the interest of the public to make recommendations changing the special liability protections, as people who are most severely affected by crowding and boarding are underserved people in the community.
- Chris clarified that they would not be recommending to cap non-economic damages, but to raise the level of negligence to gross negligence. Daniel Freess and Greg Shangold added additional clarification in support of raising the standard.
- Matt Barrett spoke about precedent in Connecticut for providing limited liability, as it happened under the public health emergency.
- Miriam Miller expressed that the report should still represent dissenting opinions on recommendations, even if a majority of the group supports specific provisions. She can help review language on this.

### *Discuss recommending an Emergency Department Care “Ombudsman” – possibly under OHS*

- Chris spoke about a recommendation for a person at the state level that helps look at emergency care, similar to how the Long-Term Care Ombudsperson Mairead Painter advocates for patients.
- Matt Barrett spoke about the activities and roles of Ombudsmen – they are all centered around resident or patient advocacy. He expressed that the idea is not far at all, but it would have to be centered around the patient.
- Lisa Freeman expressed her support for an Ombudsman, emphasizing the importance of communication in solving problems.
- John Brancato asked if there is a need or ability to make sure that a person in this position is not sidetracked by individual concerns but can rather look to the bigger picture in emergency departments. Barbara Cass mentioned that a lot of times the Ombudsman’s program gets focused or pulled into issues that hopefully could be resolved at the local level.
- Barbara mentioned that the concept of an Ombudsman is great, but it requires a large body of regulations. She also wanted to know how it would differ from patient services or quality issues departments within EDs themselves.
  - Chris expressed that an Ombudsman would ideally look at the overall subject of complaints that are coming into patient services across the state.
- Matt Barrett flagged that in order to have an effective Ombudsman office, it needs to be independent from the regulatory and social service agencies of the state. He suggested starting with a patient bill of rights, and the Ombudsman gets involved when a resident complains or requests assistance.
- Lara Chepenik shared that from her perspective, having an Ombudsman would be helpful in identifying systemic problems and moving forward.

## *Consideration of recommendation for workgroup on Hospital Discharge Challenges and Statewide Capacity | Prior authorization and Conservatorship*

- Based on conversations with the Oregon State Legislature and their task force on hospital discharge challenges, Chris recommended that the report add in a recommendation to convene a workgroup similar to Oregon in Connecticut. Chris expressed that digging into issues of prior authorization became too complicated for the group, and thus recommending a taskforce to refocus on the heart of these issues might be a good idea.
- Anumeha Singh and Lara expressed agreement.

### General Report Recommendations

- Miriam recommended that the group put their report recommendations in the context of what is going on in the state budget-wise, and in the country. The legislature is going to have strict budget controls, especially since the state is significantly over the spending cap. She recommended that the group pick some key priority pieces that the group wants legislators to focus on, and then have secondary recommendations. She also flagged that the group wants legislators to pay attention to what the group thinks they can actually do.
- Chris brought up another approach for the report, expressing that they can submit a wish list of recommendations, and use that as a starting point for discussions with legislators.
- Miriam flagged that although the group should still bring up solutions with a cost, but that the most realistic policy solutions are going to be the ones that are affordable to the state, given the current budgetary constraints.
- Matt Barrett agreed with Miriam, but also encouraged the group to express what the unmet needs are in this situation, even if they are really expensive.
- Daniel Freess mentioned that he met with a relatively high-level individual in the legislature, and they said that ED boarding is going to be one of their priorities this year.

### Medicaid Payment Reform

- Greg Shangold spoke about Medicaid payments being flat for 17 years. He stated that this will be expensive, and policymakers need to decide on whether they want to allow boarding to exist, or whether they want to do something to fix it.
- Chris and Greg mentioned that eliminating boarding may lower the cost of healthcare overall.

### Report contents

- Matt Barrett added to a point Lisa Freeman made earlier about the population served in emergency departments being underserved, and recommended that the group take this angle, since the legislature has made it a priority about creating equity in terms of services.
- Miriam updated the group on Mobile Integrated Health (MIH), sharing that the policies and procedures got out of the Governor's office, and state is hoping for a January implementation.
  - Miriam added that the report could frame MIH as needing to be a Medicaid-covered service, Chris indicated that he has this in the report.

- Chris also shared that he has been working with Leapfrog, a National Hospital Quality Group, and they have agreed to put boarding on as a considered measure for their hospital survey started in 2025.

### **Closing**

- The meeting adjourned at 4:00pm. The next meeting is scheduled for December 18, from 3:00-4:00pm.