Emergency Department Working Group

March 20, 2024 | 3:00-4:00pm

Meeting Minutes

Members present: Greg Allard, Jonathan Bankoff, Matt Barrett, John Brancato, Barbara Cass, Lara Chepnik, Phil Davis, Charles Dike, Dock Fox, Daniel Freess, Rebekah Heckmann, Michael Holmes, Beth Liebhardt, Renee Malaro, Jennifer Martin, Miriam Miller, Craig Mittleman, Chris Moore, Mairead Painter, Gregory Shangold

Members absent: Mag Moreli, Anumeha Singh

Introduction

- Chris and Michael welcomed everyone
- Miriam motioned to approve the 2/21 minutes, Dock seconded, the minutes were approved
    - John Brancato noted a mistake in the attendance, correction is reflected

Discussion with Kurt Barwis, Bristol Hospital CEO on Prior Authorization Reform

- Kurt Barwis spoke on the issue of prior authorization
- Themes of the discussion included that this is a nationwide issue at various hospital facility types, insurance agencies have an incentive to back patients up in the ED, and much of the regulation of prior authorizations comes from the federal level.
- Kurt spoke of the well-known delay for prior authorization, especially for patients that are ready to be discharged on a Friday – EDs often do not receive the prior auth until Monday or Tuesday morning
- In a conversation with a former insurance executive, Kurt learned that for post-acute discharge, insurance companies are mostly looking at once thing – the patient has to be able to sustain 3 hours of physical therapy per day
    - This prevents many patients from being discharged, and insurance can profit if by the end of the ER stay, the patient no longer needs to go to a SNF
- Kurt spoke about the incentive of insurance agencies to back up patients in EDs, rather than sending them to skilled nursing facilities
    - He framed this as the shifting of the administrative burden to hospitals
- The Centers for Medicare and Medicaid Services (CMS) released a rule to improve prior authorization, Kurt referenced this
    - https://www.cms.gov/newsroom/press-releases/cms-finalizes-rule-expand-access-health-information-and-improve-prior-authorization-process
    - Under this rule, beginning in 2026, insurers will be required to send prior authorization decisions within 72 hours for urgent requests and seven calendar days for non-urgent requests

    - He also spoke of the requirement to make prior authorizations electronic by January 2026 – he is not optimistic that this will alleviate the delays
- The issue of prior authorization especially with regards to Medicare Advantage plans (which makes up the majority of CT patients' coverage), is that it's mostly a federal issue, meaning that it takes an action from CMS to actually change the rule – states' hands are kind of bound
    - Kurt did flag that CT is lucky because the state's Medicaid program does not fall under the same behaviors seen with Medicare Advantage
- Kuer mentioned that around 30 different states are seeing prior authorization legislation come to their General Assemblies
    - He spoke about his proposed language addition to SB 1 on the reporting of prior authorization to better understand the administrative cost of prior authorization
    - He recognized that this is an incremental step, but believed it will help shed light on the problem
- Matt Barrett flagged that there is an RFP for a study of Medicare Advantage plan, which includes timely delivery of care

Subgroup Updates

- Quality Measures
    - SB 181 will likely be incorporated into SB 1, it did receive some opposition testimony
    - Members of the group are in the process of gathering pilot data – encounter-level data to mockup a quality measure that could be replicated across other systems
- Discharge
    - The group is looking to meet with the society of hospitalist medicine and EMS
    - They will be discussing conservatorship at their meeting Friday
- Solutions
    - The group had a meeting last week, with main topics, including MIH and hospital at home, as well as community collaborators, and preauthorization
    - MIH is currently on pause, the kickoff event last week was postponed, more updates to come
    - The co-chairs mentioned it would be good to meet jointly with the discharge subgroup to discuss and priority-set
- Psychiatric Emergency Services
    - Lara shared that they want to identify the metrics and whether or not they are generalizable
    - One problem they ran into was that the only people who are collecting and following this data seem to be at Yale New Haven Health – they are looking for people to contact in other health systems to figure out what they are measuring and how difficult it would be to collect the data they are looking for re: an ED quality measure
    - Chris plans to loop Lara into the quality measures group to discuss behavioral health further, as well as connect Lara with John Brancato

Medicaid Payment Reform

- Greg Allard spoke about EMS reimbursement, and how EMS is in a crisis of service viability with regards to staffing and workforce

- EMS providers with legislative support are pushing for a restoration of 5 million dollars in funds (federal govt puts in 66%, state cost is 5 million) for a ~20 % jump in EMS rates
- EMS had a press conference earlier in the week around these increases with Sen. Lesser, Sen. Anwar, and Rep. Gilcrest
    - Greg Allard referenced news coverage of the issue in CT News Junkie: https://ctnewsjunkie.com/2024/03/19/first-responders-draw-the-line-on-medicaid-reimbursement-rates/
- To tie EMS to the issue of EDs, Greg explained that having more resources means more ambulances can get on the road, which means they can better help patients get out of the ED and reduce overcrowding
    - EMS is a big part of the outflow, and thus plays a big role in the crisis in EDs
- Greg and Greg will send out any resources that they have, and the group may continue this discussion next month

Closing

- Chris thanked everyone for coming; the meeting adjourned at 3:59pm