

Discharge Subgroup

Emergency Department Working Group

March 22, 2024 | 10:00-11:00am

Meeting Minutes

Members present: Matt Barrett, Barbara Cass, Daniel Freess, Beth Liebhardt, Jennifer Martin, Anumeha Singh

Others: Melia Allan, John Brancato, Dock Fox, Michael Holmes, Beth Lawlor, Miriam Miller, Chris Moore

Discussion of Subgroup Overlap

- The solutions and discharge groups compared action items and goals, to ensure there is not that much overlap
- Co-chairs shared their top priorities and metrics that would help with these goals – these can be found in the discharge subcommittee overview document
- Beth mentioned that the president of the society of hospitalist medicine is willing to meet with the discharge subgroup – planning this in the future
- Dock commented that there was less overlap than he was anticipating, and flagged that capacity issues is an area the solutions subgroup should delve into
- Chris suggested an EMS-specific meeting with Greg Allard, a member of both subgroups
- John Brancato mentioned a memo from DPH that EMS has received a billing modifier that allows them to take children with behavioral health urgencies directly to UCCs, rather than to the ED
 - This may help improve flow

Prior authorization representation/lead

- Barbara mentioned that some hospital organizations are working with nursing homes and have reached agreements for a patient be transferred to a facility without a prior authorization in place (they have worked through the payment issue with letters of guarantee) – flagging partnership work at a local level to help alleviate the problem
 - Beth Lawlor spoke about her experience with this at Hartford Healthcare with local nursing homes to fill the gap – this was a strategy adopted during COVID, they work with around 50 facilities
 - Only for patients with a full Medicaid plan or they live in a nursing home, challenges with traditional Medicare/other kinds of insurance
- Barbara suggested a best practice guide, and within these develop a toolkit – celebrate the systems that are trying to tackle this problem
 - Beth Liebhardt seconded having a guidebook for the state for all of the organizations that don't have these solutions in place
 - Chris recommended that members who bring up little solutions or best practices write it down or create a one-pager, so it is easier to make a group repository in the future

- The group agreed that the goals or asks of the group should not change (ie having a recommendation around prior authorization reform), but members agreed that these workaround solutions are still useful to document
- Beth Lawlor spoke about collecting metrics for patients who go to skilled nursing facilities (those medically deemed stable to transfer)
- Beth Liebhardt spoke about working with CHA to get points of contact for each of the hospitals/EDs in the state if the group wants to reach out for data or information

Conservatorship Process – Making Connections

- Right now, the conservatorship process is the longest it has ever been (min 30 days before a court date, then there can be 2-4 additional weeks of delays) – getting probate court representation could be useful
 - For example, there are more than 20 patients who are waiting on conservatorship at Hartford Hospital
- Reaching the conservator is important when working on discharge planning for patients
- Barbara flagged that Mairead Painter has a good relationship with the probate court and could be a good resource, also that the larger group may want to learn more about the conservatorship process
- Matt Barrett suggested reaching out to Melissa Riley as an informal source on this issue
- The group is interested in understanding how many patients are held up for conservatorship, and for how long

Discharge Lounge – HH Experience

- At Hartford, the discharge lounge is used for both in-patient and for discharge
- Beth Lawlor spoke about the difficulties booking a cab/non-emergency transportation to get patients where they need to go, and how the discharge lounge helps with this
 - HHC moved this process closer to the door, and they do not book a cab until the patient is in the transition lounge, runs between 9am and 5:30pm
 - Patients are taken downstairs from the unit – alleviates pressure from nurses upstairs
- Beth Liebhardt will collect additional information about the Hartford discharge lounge, to add to a best practice guide
- Barbara mentioned that DPH can review and provide technical assistance on these guidebooks/best practice guides once they are finalized from the group

Added: EMS Discussion

- EMS has been discussed briefly during the larger group, but members of the group are curious to understand more about the EMS structure and delays
- Greg Allard in the group will be the person to reach out to – members will see what he knows, and what resources he can point the group towards in order to better understand the problem
- Barbara will speak to the director of OEMS at DPH and the Medical Director and invite them to speak to the group at some point about the EMS structure in Connecticut
 - Raffaella "Ralf" Calciano and Richard Kamin
- Chris suggested trying to bring all EMS subject matter presenters into one meeting

- Matt Barrett flagged that the EMS working group in DPH released a report last year, and shared their webpage: <https://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/EMS-Working-Group>

Closing

- Dock liked the working document used by the discharge subgroup and plans to create one for the solutions subgroup
- Members agreed to keep their shared drive up to date so everyone can access materials
- Beth and Anu will do outreach in the areas discussed, and plan to reconvene the group in the second half of April