Emergency Department Boarding and Crowding Working Group

July 17, 2024 | 3:00-4:00pm

Meeting Minutes

Members present: Jonathan Bankoff, John C. Brancato, Barbara Cass, Lara Chepenik, Charles Dike, Lisa Freeman, Daniel Freess, Rebekah Heckmann, Michael Holmes, Beth Liebhardt, Jennifer A. Martin, Miriam Miller, Christopher Moore, Greg Shangold, Anumeha Singh.

Members absent: Greg Allard, Matt Barrett, Phil Davis, Dock Fox, Renee Malaro, Craig Mittleman, Mag Morelli, Mairead Painter, Phillip Roland.

Introduction

- Chris Moore called the meeting to order at 3:03pm.
- Rebekah Heckmann motioned to approve the minutes from June 19; Jonathan Bankoff seconded. The minutes passed without revisions.
- Chris and Greg Shangold introduced Dr. Senator Jeffrey Gordon, acknowledging his service on the Public Health Committee and in the State Medical Society.

Case Story

- Greg Shangold shared a story of two individuals that had to stay in his ED simultaneously for ten days. One patient was staying because the group home would not readmit them, and the other patient was in the ED because their nursing home could not hold them. Neither patient needed to be in the community emergency department but stayed there anyway.

3 Updates: CHA, OHS, ACEP-CCEP Grant

- Discussions with CHA
    - Chris spoke with Jim Iacobellis from the Connecticut Hospital Association (CHA) this week; he hopes that this group can work alongside CHA to advocate for solutions to ED crowding and boarding , and he believes there is common ground around prior authorization reform, behavioral health resources, and workforce shortages.
- Discussion with OHS
    - Lisa Freeman gave an update about the Quality Council at Office of Health Strategy (OHS), established under Executive Order 5. Lisa sees areas for the groups to collaborate with this group.
    - Chris recommended submitting a public comment on the OHS Statewide Health Care Facilities and Services Plan, as the plan does not emphasize emergency department crowding, and the group may be able to help educate in this sphere.
- ACEP-CCEP grant
    - In conjunction with the Connecticut College of Emergency Physicians, a group of Yale providers applied for a joint ACEP-CCEP grant to display and spread the boarding and crowding information that will be collected as a result of SB 181.

Updates on Solutions Subgroup

- Solutions and discharge subgroup co-chairs noted that they have a combined meeting scheduled for next week – July 23 at 9:30am.

Planning for Workgroup Report

- Chris reminded members of the group's final report due at the end of the year, which is their opportunity to frame the issues, causes, and possible solutions to ED boarding and crowding.
- Greg Shangold will likely add information about Medicaid rates to the report – Medicaid has had flat rates for most of physicians and also hospitals over the past 17 years.
- Lisa brought up the aspect of how boarding and crowding negatively impacts patients, and asked if there were ways that she could help increase patient awareness around these issues. Greg Shangold agreed and planned to connect offline, because this is a patient-centered issue.

Guest speaker with Q&A: Dr. David Marcozzi MD, MHS-CL, FACEP

- Chris introduced David Marcozzi, Chief Clinical Officer/SVP, University of Maryland Medical Center, Professor, Dept of EM, Associate Dean for UMMC Clinical Affairs, UMD SOM.
- Dr. Marcozzi gave a presentation on the state of EDs nationwide, and solutions that can help to reshape healthcare.
- He shared that EDs contributed an average of 47.7% of the hospital-associated medical care delivered in the United States, and this percentage steadily increased over the 14 year study period.
- Dr. Marcozzi framed the problem as not being just the ED, but that everyone involved in the emergency care space has responsibility.
- Maryland Model: Previously, the state had an all-payer model launched in 2014; this is evolving to a total cost of care model, that incentivizes higher quality care.
    - This is done through a quality-based reimbursement system (QBR). Under person and community engagement, ten percent of the QBR that comes back to the hospital is based on ED length of stay, or ED-1.
- AHEAD Model: On July 2, 2024, CMS announced that CT, MD, and VT will be the first states to participate in Advancing All-Payer Equity Approaches and Development (AHEAD) model.
    - CMS' goal in this model is to collaborate with states to curb healthcare cost growth, improve populations health, and more.
- Dr. Marcozzi gave one solution concept called the "One Day Earlier" model. This creates a pull, rather than a push effect. Maryland did this some during COVID, and it worked well.
- Dr. Bankoff asked about the pre-hospital environment in Maryland, including things like ET3, mobile integrated health, and other treat-in-place options.
    - Dr. Marcozzi spoke about the importance of financially sustainable models, instead of grants that sunset and do not have funding to continue. He has experience with MIH and ET3, and believes they are part of the solution subset for ED crowding and boarding.
- Chris asked clarifying questions on Maryland's QBR (Quality Based Reimbursement).
    - This measure seeks to link (a portion of) payment to the quality of care.
- Lisa asked about the "one day earlier" model, clarifying if there was a care team or a coordinator to help get the patient out. Dr. Marcozzi said that for that model, his hospital employed a management team to facilitate that model.

Closing

- The meeting adjourned at 3:57 pm
- The group's next meeting is scheduled for August 21, from 3-4pm.