

ED Working Group Minutes

October 26th, 2023, 9:30-10:30am

Meeting Agenda:

<https://egov.ct.gov/PMC/Event/Details/22803>

Attendees: Chris Moore, Michael Holmes, Dock Fox, Daniel Freess, Anumeha Singh, Lara Chepenik, Barbara Cass, Mairead Painter, Gregory Shangold, Matt Barrett, Beth Liebhardt, Jonathan Bankoff, Rebekah Heckmann, John Brancato, Renee Malaro, Sue Halpin, Jennifer Martin, Mag Morelli

Absences: Greg Allard, Craig Mittleman

Call to Order and Introductions

- 9:34am: the meeting commenced
- Michael Holmes introduced the group as a whole and gave an overview of the plan of the group
- Working group members and observers introduced themselves

Purpose of the Group and Review of the Statute

- Chris expressed that this is an important issue, and he hopes to keep the group patient-centered
- Chris read the relevant part of SB-09 to center the purpose of the group
- The first report is due to DPH in January, it will largely be a summary of getting the group together, the bulk of the work will be done in the next year for a report in 2025
- The co-chairs would like a mission statement, proposed the following rough draft:
 - The mission of this workgroup is to understand the various factors that lead to emergency department overcrowding and boarding and to provide recommendations to relevant stakeholders, including the health and human services agencies, the legislature, hospitals, and other related industries, on quality measures and actionable interventions to ensure that all people presenting to Connecticut emergency departments are evaluated and treated in a timely, equitable, and dignified manner.
- Discussion of a proposed mission statement:
 - Gregory Shangold wants this to focus in on boarding
 - Lara: outpatient sticking points – wanted to flag patients that cannot be discharged because there is not a place to house them
 - Beth: should there be a provision on access, something to enable patients to avoid EDs from the beginning (often those without primary care)
 - Jennifer: we do not need to put all our ideas in the mission statement
 - Lots of group feedback, Chris and Michael will circulate the mission statement and incorporate feedback

Background on Measures by Dr. Heckmann

- Dr. Heckmann works at the Center for Outcomes Research & Evaluation (CORE)
- There will be a period for CMS public comment on a national measure
 - <https://mmshub.cms.gov/sites/default/files/ECCQ-eCQM-TEP-Charter.pdf>
- Apart from this national measure, important to think about measures in this space
- There are three measures in this state – median time from admit to departure, time from arrival to departure for non-admitted patients, time without being seen measure
 - These have not been as successful
- In public discourse, CMS is thinking about how we can leverage more capacity-focused measures to be more successful
- Think about things we can measure with fidelity in our systems
- As Chris mentioned, it's very common that states will see the public comment on federal measures, and they will build that measure to see how it will perform – CT is one of the states that does this, because we are a diverse and small state

Discussion of Subcommittees

- Chris: one of the most important things we can do is figure out how to measure and report this issue
- Chris suggested we form a subcommittee to focus on measurement that can report back to the larger group
- A lot of this will be done asynchronously, since meetings will come up quickly
- If people have particular areas they want to focus on and come back to the group, Chris would like people to bring these up – those interested email Chris offline

Scheduling, Subcommittees, and Communication

- The group will aim to have monthly meetings, in addition to subcommittees
- Committee structure is forthcoming – Michael will ask for volunteers
- Michael described the four subgroups as listed in statute: Quality measures, discharge units, evaluation of percentage of patients who are held in an ED after being admitted, reduction of liability
 - We are not just limited to these four, but we have been asked to respond back to these four areas
- Michael asked for feedback
 - Jonathan Bankoff: brought up that we do not have inpatient representation, asked if there is opportunity to reach out to colleagues across the aisle to get their feedback
 - Jennifer: would also like to consult the nursing perspective
 - Anu: where does HIV testing mandated out of EDs fit in
 - Chris: if we make a case for it, we could incorporate it
- Metrics and capturing in the future, the group should put together some draft definitions to be on the same page
- Michael will send out a few dates and times to determine a meeting cadence
 - If anyone has certain times they cannot make at all, let the co-chairs know
- Chris will establish a google drive to collaborate with members

Recap/Action Items

- Chris and Michael will send out an updated mission statement
- Scheduling poll and subcommittee volunteers
 - DPH will send out a poll with options for the next meeting
- Chris will establish a google drive
- Subgroup around the measures – think about if you want to be on this subcommittee, email Chris if you are interested in this group
- Michael will communicate a list of potential subcommittees with the group, email the co-chairs if there are subcommittees you do not see on this list
- Think about what the group wants to prioritize agenda, we can invite outside speakers
- Michael will also work to create an organizational chart

Closing

- Chris and Michael thanked everyone for coming together to work on this massive but also personal problem
- The meeting adjourned at 10:30am