Solutions Subgroup

Emergency Department Working Group

January 29, 2024 | 8:30-9:30am

Meeting Minutes

Members present: Greg Allard, Jonathan Bankoff, John Brancato, Dock Fox, Daniel Freess, Michael Holmes, Miriam Miller, Phil Roland

Members absent: Barbara Cass

Introductions

- Meeting called to order at 8:32, members introduced themselves and their association

General Overview

- Dr. Bankoff gave an overview of the purpose of the solutions subgroup --> the group will bring recommendations for the main workgroup by 1/1/25
- Solutions can largely be grouped into input and output
    - Input does not mean preventing patients who need to be admitted from coming to the ED, but rather provide patients with other affordable/reasonable destinations, such as MIH (mobile integrated health)/community paramedicine, ET3 (Emergency Triage, Treat, and Transport model), Hospital at Home
    - Output will be the most important part, as most of the ED problem lies here
        - Discharge subgroup talked about discharge lounges at their meeting, could work in tandem with this subgroup – the group will work with Anu to make sure that they do not duplicate the work of the discharge subgroup
- Michael brought up developing the mechanism of diversion to achieve load balancing
- Dr. Bankoff mentioned looking into reducing readmissions as a solution to ED boarding and crowding
- Two solutions to output being examined in MA include adding capacity (inpatient beds) to support demand, and adding staffing to open inpatient beds that are closed. Dr. Bankoff flagged these as potentially controversial and cost prohibitive, but something to look out for.

Open Discussion

- The group discussed the challenges of discharging on weekends
    - There are a lot of reasons why discharges do not happen earlier in the day, and this can contribute to the boarding problem – can include insurance authorizations, non-emergency transportation availability, administration, hospitalist staff capacity
    - Dr. Freess emphasized that hospitalist availability may be more important than setting a time by which a certain percentage of patients need to be discharged by
- The state's role in solutions

    - Dr. Freess commented that the state may have a role in shedding light on how some hospitals may be addressing ED problems through public data
    - Miriam encouraged the group to work with CHA, or to generally look for a non-legislative solution through which to achieve this
    - Miriam commented on the European "four-hour rule" and encouraged the group to examine what enforcement might look like – collecting data to see where hospitals are, but then easing into the enforcement (are you meeting your goal 80% of the time)
- Other gaps contributing to ED crowding and boarding
    - Dr. Freess mentioned a gap in wheelchair vans, used to exist but he does not see them anymore
    - Greg Allard confirmed that these have gone away because they were costly, and reimbursement was a problem
- Why patients come to EDs, urgent care discussion
    - Dr. Brancato commented that the group needs to understand why people come to emergency departments – people come to EDs because they do a good job and patients perceive that they can get whatever is wrong with them taken care of
    - When studied 10-15 years ago, "inappropriate" visits to emergency departments were not as much of a problem as perceived
        - Alternate destination still has potential on the input side, especially through MIH
        - Dr. Freess mentioned that when an urgent care is built, ED volume does not go down
    - On the urgent care issue, Miriam framed urgent care utilization as a communications issue – how can we both encourage people to utilize UCs to alleviate ED usage
        - She also brought up the issue that many people schedule less with PCPs and use urgent care as their primary care --> a behavioral shift is important

Closing

- Input, MIH
    - The group emphasized the importance of mobile integrated health – Miriam flagged that these regulations are about to go up, and policies and procedures are enforceable
    - Greg will share information on a MIH symposium in March
- Solutions can be bucketed into those that require action from the state, and those that can be changed on a hospital administration level
- Miriam encouraged the group to think about other stakeholders, in addition to DPH and CHA
- Public sharing of a hospital or hospital system that utilizes a model which works – sharing data from a pilot program of this across the state has value, and could be low-cost as well
- Scheduling, action items
    - Dr. Bankoff will send out another invite prior to the third week of Feb when the full group meets
    - Anyone who is not in the subgroup or the workgroup who may have stake in this issue/something to contribute --> invite them to this call to bring in additional lenses
- The meeting adjourned at 9:31am