01:11:00 Stephen Meldon MD, Cleveland Clinic: agree- we use the term potentially avoidable admissions

01:12:15 Ula Hwang: I am now able to stay on - the 1:30 research in progress has been rescheduled. Thanks!

01:13:38 Kevin Biese: @Ula, thank you and fantastic!

01:17:11 Aaron Malsch- RN Advocate Health-Midwest: Brings up a good point, this work is in the ED but impacts the system, which begs the questions who pays for this work.

01:24:40 Nida Degesys: Do the APPs target certain patients to screen (like how are they deciding which patients to see)? We also use APPs and want to prove decreased LOS, but we are struggling as the patients the APPs see are actually sicker and older Than those they don't see

01:30:33 Dresden, Scott: Replying to "Do the APPs target c..."

Yes, establishing a true comparison group is a huge challenge. Ula's current work uses propensity score matching to create a true comparison group which seems to be better understood in healthcare than the entropy balancing that was done in the GEDI WISE studies

01:34:50 Lauren Cameron-Comasco, MD: The official exclusion criteria are: ESI 1, stroke, sepsis, fever, ACS, unstable vitals, our critical care area, non community dwelling. We accounted for Charlson Comorbidity Index in our study- Median score 2.

01:36:50 Lauren Cameron-Comasco, MD: Anecdotally, we initially thought to target patients who were going to be discharged in hopes to decrease return visits, decrease admit rate, and ensure a safer discharge. Once we found we decreased LOS, we stressed that it is just as important to evaluate admitted patients. I really think the key is discharge planning as soon as they come in.

01:41:47 Lauren Cameron-Comasco, MD: @Suzie love to hear that ED LOS was shorter! That was an initial concern from operations. We found an insignificant 19m increase in ED LOS for our GEMA team.

01:42:42 Jane Carmody The John A. Hartford Foundation: such important work, agree!

01:44:39 Erica Gruber A-GNP, BCEN National VA AFHS Clinical Consultant: Must jump to another meeting. Great to hear this awesome work, see you all succeeding and making amazing progress!

01:45:55 Ula Hwang: Replying to "Do the APPs target c..."

Both entropy balance and propensity score matching take into account selection bias and differences like having sicker, older patients that have multimorbidity. pros and cons to using either in analyses and comparisons. entropy balance allows you to retain

larger sample size. PS needs large enough sample to allow for creation of a balanced comparison group.

01:50:11 Aaron Malsch- RN Advocate Health-Midwest: @Lauren: 19 mins is a good price to pay for lower resists and hospital LOS. It is hard to give the full context to decision makers.

01:51:33 Kevin Biese: "Makes its own gravy" … quote of the day

01:53:43 Nida Degesys: Sorry switching to phone

01:54:33 Suzie Ryer: @Kevin that is definitely a new way to describe our profession 🙂 But Aaron's right - making a mixed argument for PT (value-based: lower revisit and hospital admission + revenue generation: downstream OP revenue) has really been the gamechanger to increased PT FTEs in our EDs, even at relatively smaller sites.

02:01:09 Heather Wojtarowicz | GEDC: CMS Link: https://www.johnahartford.org/dissemination-center/view/cms-proposed-rule-public-comments-invited-on-two-geriatrics-hospital-measures

02:01:11 Conor Sullivan - GEDC: CMS Proposed Rule: Public Comment Invited on Two Geriatrics Hospital Measures

CMS Link: https://www.johnahartford.org/dissemination-center/view/cms-proposed-rule-public-comments-invited-on-two-geriatrics-hospital-measures

Visit the GEDC Healthcare System Landing Page for additional resources:

https://gedcollaborative.com/hcs-roundtable/

02:02:19 Jane Carmody The John A. Hartford Foundation: you have until June 9! pls send your support !

02:03:03 Aaron Malsch- RN Advocate Health-Midwest: Great discussion today! Thank you all

02:03:16 Jane Carmody The John A. Hartford Foundation: Great call ! thank you team!