00:36:03 Conor Sullivan:

Dear Colleagues,

Welcome to the Geriatric Emergency Department Collaborative's webinar, May 17th, "The Geriatric ED: Making the Case for Its Financial Impact"

Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page by mid-week. Link to the webinar recording and slides:

https://gedcollaborative.com/events

Check out essential GED Resources on the GEDC website

https://gedcollaborative.com/resources

Many thanks,

GEDC team

00:36:32 Conor Sullivan: Moderated by - Don Melady @geri_EM

Emergency physician at Mount Sinai Hospital in Toronto and a faculty member of the GEDC.

https://geri-em.com

A website for education for doctors and nurses in the ED – CI and five other GED modules

00:38:55 Conor Sullivan:

If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com

Please follow us on Twitter @theGEDC.

Additionally, please review the GEDC Membership Criteria and Application.

https://gedcollaborative.com/partnership/

00:39:41 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

- The John A. Hartford Foundation

  https://www.johnahartford.org/

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- West health Resources Page

  https://www.westhealth.org/

  Follow us: @WestHealth

  West's specific work around GEDs here: https://www.westhealth.org/geriatric-emergency-care/

00:40:14 Conor Sullivan: Reminder: all your questions and comments to be seen, please be sure to have your chat set to "ALL PANELISTS AND ATTENDEES"

00:40:47 Evelyn Henslee: Joy Henslee

00:40:47 Marcela McGeorge: Roper St. Francis Healthcare in Charleston, SC

00:40:48 Ula Hwang: New Haven, ED Attending

00:40:49	michelle moccia:	Livonia, Michigan. Program Director, Level 1 Senior ER
00:40:49	Claude Stang:	Cedars-Sinai Medical Center, Los Angeles, Exec Director ED
00:40:49	Cari Jones:	Cari Jones, Geriatric Emergency Nurse from UC San Diego.
00:40:51	Patrick Archambault:	Patrick Archambault, Université Laval, QC, Canada
00:40:57	Evelyn Henslee:	HI Tifani Kinard
00:41:00	Julie Dye:	Julie Dye, CNS, Program Mgr - Sharp Grossmont Emergency Department Geriatric ED
00:41:01	Kerri Burghardt:	Calling from St. Mary's General Hospital in NJ. I am the Lead of Geriatrics, and also do Quality and PI
00:41:02	Hannah McClellen:	Hannah McClellen, Assistant Nurse Manager,Stanford Health Care
00:41:04	Jennifer Raymond:	Dartmouth-Hitchcock Medical Center: GED Medical Director, Nurse Program Manager, and Project Manager
00:41:05	Mickey Bryant:	Mickey Bryant ED Director Northwest Medical Center Bentonville AR
00:41:06	Bret Levy:	Penn Medicine-Lancaster General Health
00:41:06	Pamela martin:	Yale New Haven Health , geriatric ED NP
00:41:06	Ray Kennedy:	Ray Kennedy, VA physician Louisville KY
00:41:06	Rebecca Willis:	Becky Willis Advocate Aurora Healthcare, Wisconsin. Case Manager
00:41:07	Ken Forte:	Ken Forte, APRN Bridgeport Hospital - Yale New Haven Health - Emergency Department Business Manager
00:41:11	Evelyn Henslee:	Rome GA
00:41:12	Sandra Piedra:	Sandy Piedra Clinical Director Emergency Services Burlingame California
00:41:12	Sarah Connelly:	Sarah Connelly Mount Sinai Hospital, Toronto, GEM RN
00:41:15	Terri Middlebrooks:	Terri Middlebrooks Geriatric Liaison UAB
00:41:16	Christopher Carpenter:	Chris Carpenter, Washington University in St. Louis and Missouri Baptist Medical Center
00:41:16	Jennifer Wong:	Jennifer Wong, RN, Kaiser ED San Francisco
00:41:18	alan j gianotti:	Geriatrics Champion - Mills Peninsula Hospital, Bay Area, California
00:41:19	Evelyn Henslee:	Floyd Polk Medical Center Cedartown, GA Clinical Nurse Manager
00:41:26	Daniel Cheng:	Queens medical Honolulu, Assistant Chief
00:41:27	Alexandra Piatkowski:	Alexandra Piatkowski, Project Manager of the GEM Initiative, University Health Network, Toronto, Ontario Canada
00:41:33	Christian Nickel:	Christian Nickel, ED physician, Switzerland
00:41:34	Emily Simmons:	Emily Simmons- Geriatric/NICHE coordinator at UAB Hospital
00:41:38	Nikki Webb:	Nikki Webb, Geriatrics Program Manager, Duke Regional Hospital, Durham, NC
00:41:39	Raphaelle Giguere:	Raphaelle Giguere,bioinformatics, Laval university, Qc, Canada

00:41:43 Conor Sullivan: Today's Expert Panelists:

- Ula Hwang, MD, MPH, FACEP (GEDC Co-PI)
  Professor and Vice Chair for Research,
  Department of Emergency Medicine
  Yale School of Medicine
- Kevin Biese, MD, MAT (GEDC Co-PI)
  Associate Professor of Medicine and Internal Medicine
  Vice Chair of Academic Affairs
  University of North Carolina, Chapel Hill
- Scott Wilber, MD, MPH
  Chief Medical Officer
  Mount Carmel East Hospital
  Columbus, Ohio

Moderated by:

- Don Melady, MD, MSc(Ed)
  Emergency Physician
  Mount Sinai Hospital, Toronto, Canada
  GEDC Faculty

00:41:45 Katie Hester: Katie Hester, ED Social Worker, VA Medical Center, Aurora CO

00:41:50 Scott Rodi: Scott Rodi, Chair EM Dartmouth

00:41:50 Carrie Manke: Carrie Manke, DNP, APRN, AGCNS-BC, CEN
District Clinical Nurse Specialist, Palomar Health, Escondido CA

00:41:53 Michael Faircloth: Michael Faircloth, Chief of EM, Columbia VA Health Care System

00:41:55 ian rodriguez: Ian Rodriguez -- ED Director, Montclair, CA

00:42:06 Martine Sanon: Martine Sanon- Geriatrics Mount Sina Hospital NYC

00:42:10 Emilie Cote: Emilie Côté, Research Coordinator, Lévis (Qc) Canada

00:42:13 Jeffrey Riedel: Jeff Riedel, MSN, RN, CEN. Manager of Emergency Services, MemorialCare Saddleback Medical Center, Laguna Hills, CA

00:42:14 Thomas Dreher-Hummel: Thomas Dreher ANP University Hospital Basel, Switzerland

00:42:15 nicole tidwell: Nicole Tidwell, Geriatric Accreditation Program Manager, ACEP

00:42:19 Raphaelle Giguere: Raphaelle Giguere,bioinformatics, Laval university, Qc, Canada

00:42:29 Kara Desjardins: Kara Desjardins; ED Admin Director Dartmouth-Hitchcock

00:42:46 aaron malsch: Aaron Malsch, Advocate Aurora Geri ED Manager (WI & IL)

00:42:57 Cynthia Hillmon/Lopez: Cynthia Hillmon/Lopez RN, Nurse Manager, ED, Topeka KS

00:43:00 Hidetake Yamanaka: NP, The Ottawa Hospital, Canada

00:43:10 Tess Hogan: We have a very diverse group including nurses, social workers, case managers and administrators today

00:43:13 Suzanne Ryer: Suzie Ryer, Project Coordinator/Physical Therapist, Advocate Aurora Health

00:43:40 Michelle Smithson: Michelle Smithson Clinical Nurse Manager, Franklin ED

Kettering Health- Franklin, OH

00:43:50 Tess Hogan: We have attendees from 4 countries

00:44:00 jane carmody: hello, from New York City with The John A. Hartford Foundation

00:44:00 Annie Toulouse-Fournier: Centre intégré en santé et services sociaux de Chaudière-Appalaches, Université Laval, Québec, Canada

00:44:04 Ken Forte: Cost

00:44:09 Kerri Burghardt: Staffing seems to be an issue. Education and staffing

00:44:11 Katherine Campbell: staffing

00:44:11 Ula Hwang: Cost and time

00:44:14 Rebecca Willis: staffing

00:44:20 Carrie Manke: Cost and resources

00:44:21 Sandra Piedra: Cost and staffing

00:44:21 Michelle Smithson: Budget

00:44:21 aaron malsch: ROI

00:44:22 Ioanna Genovezos: Increase LOS

00:44:22 ian rodriguez: cost, education, staffing

00:44:23 michelle moccia: Hospital leadership does not see the benefit.

00:44:23 Jennifer Raymond: cost and staffing

00:44:23 Nikki Webb: Competing priorities, staffing

00:44:24 Alexandra Piatkowski: Time and resources, dedicated staff

00:44:24 Claude Stang: Organization priorities

00:44:24 Cari Jones: Staffing

00:44:25 Katie Hester: staff worried it creates "more work"

00:44:25 Scott Wilber: Competing priorities

00:44:25 Pamela martin: staffing

00:44:28 Conor Sullivan: And We'd like you to take 30 seconds to answer this question:

What might your sites' reasons AGAINST geriatric ED change be?

00:44:32 Christopher Carpenter: Virtually zero formal cost-effectiveness research published on geri ED interventions

00:44:33 Sandra Grgas: resources

00:44:34 Patrick Archambault: Duplication with current roles that should be done by physicians and nurses already in the ED

00:44:38 Mickey Bryant: Cost and staffing

00:44:40 Thomas Dreher-Hummel: Staffing

00:45:43 Tess Hogan: Access to More staff rather than staff efficiency is a reason why people are joining the webinar

00:46:36 Conor Sullivan:

Ula Hwang, MD, MPH, FACEP, (GEDC Co-PI)

Professor and Vice Chair for Research,

Department of Emergency Medicine

Yale School of Medicine

ula.hwang@yale.edu

00:47:18 Conor Sullivan: JAMA, Association of a Geriatric Emergency Department Innovation Program With Cost Outcomes Among Medicare Beneficiaries https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776803; March 1, 2021

Ula Hwang, MD, MPH; Scott M. Dresden, MD, MS; Carmen Vargas-Torres, MA; et al

00:49:24 Senam Adedze: In your opinion, what is the main financial benefit of a Geriatric ED?

21% - Improved reputation and increased market share

25% - Decreased hospital admissions

14% - Decreased length of stay and resource used

31% - Decreased return of visits

8% Improved staff efficiency by off-loading complex care

00:51:13 Tess Hogan: Study weighed patent characteristics to limit bias

00:52:34 Tess Hogan: It is likely that one ED intervention has the greatest impact close to the visit itself

00:53:25 Tess Hogan: Most of the savings likely came from avoidable hospitalizations

00:53:37 Conor Sullivan: Top Ten interventions:

1. Risk assessment for adverse outcomes from the ED.

2. Risk assessments for cognitive impairment and delirium.

3. Risk assessments and interventions to decrease falls and improve mobility, consult or refer to physical therapy when appropriate.

4. Functional assessments, consult or refer to occupational therapy when appropriate.

5. Evaluation of polypharmacy and potentially inappropriate medication use, consult ED pharmacist when appropriate.

6. Coordination for direct admission from ED to skilled nursing facilities or subacute rehabilitation.

7. Transportation coordination to and from ED to home.

8. Coordination of care transitions with outpatient evaluation and initiating referrals with home care agencies to ensure home safety for discharged patients.

9. Goals of care, advanced care planning discussions with palliative care.

10. Follow-up calls for discharged patients.

00:54:17 Conor Sullivan: Dr. Hwang's Top Tips:

- Large study comparing older ED patients who are seen by a Geriatric SW or Nurse compared to those who were not.
- For older ED patients seen by Geriatric SW or Nurse, overall costs to the system were less by up to $3,000 per patient compared to those not seen.
- These findings could impact the reimbursement for Geri ED patient care to hospitals with Geriatric ED programs.

Resources:

- JAMA. Association of a Geriatric Emergency Department Innovation Program With Cost Outcomes Among Medicare Beneficiaries https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776803. March 1, 2021. Ula Hwang, MD, MPH; Scott M. Dresden, MD, MS; Carmen Vargas-Torres, MA; et al

00:54:55 Conor Sullivan:

Kevin Biese, MD, MAT (GEDC Co-PI)

Associate Professor of Medicine and Internal Medicine

Vice Chair of Academic Affairs

University of North Carolina, Chapel Hill

00:55:02 Julie Dye: Yay!!!

00:55:08 Ioanna Genovezos: Agreed !!!!

00:55:14 Sarah Connelly: I agree!!

00:55:57 Don Melady: From Sarah Connelly, my GEM nurse colleague: I agree!!!

00:56:52 Christopher Carpenter: So many questions for panelists! 1) How do define "high-risk" for delirium (http://pmid.us/33135274), falls (http://pmid.us/25293956), or adverse outcomes (http://pmid.us/25565487) and high risk for what outcomes? Are we assessing the wrong outcomes to demonstrate cost-benefit (http://pmid.us/28645389)? Given these challenges and unknowns what is the future of GeriED risk assessment screening (http://pmid.us/32402103) and cost-effectiveness research (http://pmid.us/32335974)? Without these answers and specifics, this conversation seems very theoretical and vague.

01:02:15 aaron malsch: Many hospitals and systems have at-risk contracts such as ACO, Medicare Advantage, etc. All of which would directly benefit from these efforts

01:03:39 Conor Sullivan:

Scott Wilber, MD, MPH

Chief Medical Officer

Mount Carmel East Hospital

Columbus, Ohio

01:04:14 Don Melady: Aaron, can you explain the term “at risk contract”?

01:04:29 Don Melady: As Scott is just doing!

01:07:03 Tess Hogan: Scott is there actually money lost on the care of these patients or simply that the charges are not covered?

01:08:15 Kevin Biese: Diagnostic Related Grouping (DRG) - how much a hospital gets paid for a certain kind of admission (like a pneumonia)

01:10:43 Claude Stang: I think the opportunity cost discussion is really where we will benefit here, especially as many of our hospitals are running over 100% occupancy. If a soft admit,, then we need to find other care opportunities in the community - shift from subacute to home.

01:12:40 Tess Hogan: Does the C suite care about making money on non hospital based services?

01:13:15 Don Melady: What’s an example of non hospital based services?

01:14:55 Conor Sullivan: Case Study

You’re the senior director of acute care services (ICU, ED, OR, Internal Medicine) in a 370-bed academic urban hospital with 140,000 visits/year to the ED in a city of 800,000 people. It’s the flagship of a system with seven smaller hospitals, mostly rural. The director of the Fundraising Foundation tells you a donor wants to make a time-limited donation of $0.5 million/year for each of three years to “help old people”.

01:17:04 Scott Wilber: Yes, the C-suite does care about making money on non-hospital based services.

01:22:39 Ula Hwang: What to do with donor funding (should you be so lucky!):

1. Staff: Hire and train geriatric ED nurses / SW / care coordinators to deliver GED care
2. Data: Track the patients seen by the ED nurses, what they do, and what happens with these patients.
3. Asking your C-suite what their goals are, and aligning with their leadership strategies
4. Capital expenditures (structures and building) vs. operating expenditures (labor)
5. Training up existing staff to do GED Care for purposes of sustainability
6. Ask for guidance from the GEDC!

01:23:18 Tess Hogan: How can a hospital best make money on care of older adults?

01:24:16 Tess Hogan: What should we measure to show sustainability of GED programs?

01:25:00 Kevin Biese: The new 2021 methodology uses a simple average of measure scores to calculate measure group scores and Z-score standardization to standardize measure group scores for these 5 measure groups:

- Mortality
- Safety of Care
- Readmission
- Patient Experience
- Timely & Effective Care

01:25:36 Ula Hwang: Making the case for improving care for older adults = What are the quality metrics your hospital cares about?

1. CMS Star rating program quality metrics (readmission, hospital acquired infection, patient experience)

2. IBM Watson top 100 hospitals
3. Leapfrog metrics
4. Balance Score Card (mortality, readmission, length of stay, falls in the hospital)

01:25:44 Don Melady: Balanced score card that tracks metrics that are relevant to geriatric ED care — re-visits, moratality, falls, quality of care, patient experience.

01:28:57 Conor Sullivan: In conclusion, we've asked each of our presenters to summarize their main points on one slide.

Dr. Hwang's Top Tips:

- Large study comparing older ED patients who are seen by a Geriatric SW or Nurse compared to those who were not.
- For older ED patients seen by Geriatric SW or Nurse, overall costs to the system were less by up to $3,000 per patient compared to those not seen.
- These findings could impact the reimbursement for Geri ED patient care to hospitals with Geriatric ED programs.

01:30:07 Conor Sullivan:

Dr. Biese's Top Tips:

- Learn the priorities of your boss.
  - Make sure your proposals match your boss's priorities
- Saving money for the payer does not necessarily mean making money for the hospital.
  - You need to align those two.
- Figure out. If ACO or other "risk- based" patients are coming to your ED.
  - If so, reach out to that risk-based organization to collaborate.

01:31:40 Conor Sullivan:

Dr. Wilber's Top Tips:

- Understand what performance metrics are important to senior leaders at your health system.
  - For example: Balanced scorecard, strategic plan, publicly reported metrics (CMS 5 star, IBM Watson, Leapfrog)
- Understand finances related to the care of the geriatric patient at your institution.
  - For example: who are your payors? Do you have "at-risk contracts"? Identify what you need to make your program successful.
- Identify what you need to make your program successful.
  - For example: capital expenditures (building new things) vs operational expenditure (paying staff); Can you re-purpose staff instead of adding new?

01:32:47 Tess Hogan: The care of older patients will never provide more funding than that of "high reimbursment" insurance. Yet we care for them daily. Can we make the case that GED care provides a way to optimize revenues

01:34:06 Christopher Carpenter: Thank you Scott, Ula, Kevin, and Don! Yes - this paper and presentation are an essential foundation upon which to begin building a business case for improved geriatric emergency care locally!

01:34:11 Conor Sullivan: Our friends at West Health have produced a helpful resource –

Making Your Business Case to the C-suite. Please download (under Related Resources) here:

https://gedcollaborative.com/event/2021-05-17/

01:34:38 jane carmody: Thank you, great webinar!!

01:34:44 Conor Sullivan:

Resources from today's webinar:

- JAMA. Association of a Geriatric Emergency Department Innovation Program With Cost Outcomes Among Medicare Beneficiaries. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776803 March 1, 2021. Ula Hwang, MD, MPH; Scott M. Dresden, MD, MS; Carmen Vargas-Torres, MA; et al
- JAMA. Geriatric Emergency Care Reduces Health Care Costs—What Are the Next Steps? https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776801 March 1, 2021. Maura Kennedy,MD, MPH; Kei Ouchi, MD, MPH; Kevin Biese,MD, MAT
- Making Your Business Case to the C-suite. Please download (under Related Resources) here: https://gedcollaborative.com/event/2021-05-17/

01:34:59 Deborah Simpson: Thanks to all.

01:35:07 Conor Sullivan:

Dear Colleagues,

Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on May 17th, "The Geriatric ED: Making the Case for Its Financial Impact"

On the GEDC event page, we have added a link to the webinar recording, chat resources and slides that will be available for download: https://gedcollaborative.com/events/

If you share our vision, your ED can join us, currently for free. Please follow us on Twitter @theGEDC.

URL for the Geriatric Emergency Department's website (https://gedcollaborative.com/)

Additionally, please review the GEDC Membership Criteria and Application.

https://gedcollaborative.com/partnership/

Join the GEDC: laura_stabler@med.unc.edu

Thank you so much! Stay tuned for the GEDC's next webinar, more information coming soon.

https://gedcollaborative.com/events/

01:35:08 Claude Stang: This was excellent, great info and well presented.

01:35:09 Nancy Wexler: Thanks very much!

01:35:24 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

- The John A. Hartford Foundation

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01:35:37 Patrick Archambault: Thank you to a great webinar. This was great!

01:35:42 aaron malsch: Thank you Scott and Ula for your presentation and discussion. Great job Don, Kevin, and Tess

01:35:48 Alexandra Piatkowski: Thank you!

01:35:54 Sarah Connelly: Thank you!

01:35:55 Julie Dye: Thank you everyone!!!

01:35:55 Kevin Corcoran: thank you !!!

01:36:00 Sheri Pentz: Thank you!