

**Geriatric Emergency Medicine Section  
December 18, 2023, Meeting Minutes  
Noon EST / 11 CST / 9 PST**

**Participants:** Maura Kennedy, MD, MPH, FACEP; Charlotte Yeh, MD; Kevin Biese, MD, MAT, FACEP; Phil Magidson, MD; Richard Shih, MD; Leah Steckler, MD; John Collins, MD; Stephen Meldon, MD; Neal Cohen, MD; Esther Mizrahi, MD; Lauren Southerland, MD, FACEP; Shan Liu, MD, FACEP; Dan Morhaim, MD; Jessica Fleisher-Black, MD; Leah Steckler, MD; Cameron Gettel, MD; Chris Carpenter, MD, MSc, FACEP, FAAEM, AGSF; Angel Li, MD; Esther Mizrahi, MD; Jasmine Gale, MD; Rachel Skains, MD, MSPH; Teresita Hogan, MD, FACEP; Tom Hagerman, MD; John Collins, MD; Peter Serina, MD; Lauren Southerland, MD, FACEP; Hanna Gordon, MD, MPH; Nicole Tidwell; JoAnna Putman

- **Shan Liu, MD introduced our guest speaker, *Charlotte Yeh, MD.***

Dr. Yeh presented "From EM to Advocacy" and spoke of her Journey from EM, CMS to AARP. Also discussed the GEMS Support for Reimbursement of Geriatric Emergency Department Care Processes Resolution Discussion.



Dr. *Charlotte Yeh* is the Chief Medical Officer for *AARP Services, Inc.* In her role, Dr. Yeh works with the independent carriers that make health-related products and services available to AARP members, to identify programs and initiatives that will lead to enhanced care for older adults.

Dr. Yeh has more than 30 years of healthcare experience – as a practitioner and Chief of Emergency Medicine at Newton-Wellesley Hospital and Tufts Medical Center, as the Medical Director for the National Heritage Insurance Company, a Medicare Part B claims contractor, and as the Regional Administrator for the Centers for Medicare and Medicaid Services in Boston.

### **Storytelling, Data, and Advocacy in Emergency Medicine**

Charlotte emphasized the importance of storytelling, data, and understanding timing, relationships, and building in driving change. They shared their personal experiences in advocacy and emergency medicine, highlighting how these three elements were crucial in their work. They also discussed the issue of emergency medical treatment, specifically the case of a woman denied care due to alleged lack of insurance. They explained how this incident sparked national outrage and led to changes in law and policy. However, they also acknowledged the challenges of the legislative process.

### **Patient's Experience and Resilience Post-Accident**

Charlotte shared their personal experience as a patient after being hit by a car in Washington, DC. They discussed the difficulties they faced, including the dilemma of deciding whether to stay in the crosswalk or move to avoid getting hit again, and the challenge of being treated in the emergency department. Charlotte emphasized the importance of considering the patient's perspective, not just relying on tests to determine their condition. They also highlighted the differing levels of empathy and compassion shown by the hospital staff. Despite being told they might not be able to bike again, Charlotte decided to go on a bike trip, emphasizing the importance of resilience and not accepting limitations.

### **Emotional Well-Being and Healthcare Costs in Aging**

Charlotte discussed the significance of emotional well-being and its impact on health, particularly in the context of aging. They emphasized the importance of purpose, social connection, and a positive view of aging in reducing healthcare costs and improving health outcomes, particularly in geriatric emergency departments. Maura expressed concerns about the increasing number of older adults seeking care in emergency departments due to inadequate outpatient care and supports. Charlotte responded by highlighting the need for changes in healthcare cost distribution to support preventative health and healthy aging, and the emerging opportunities for emergency medicine to contribute to caregiving support. They also underscored the significance of hearing loss correction for older adults to reduce the risk of medication errors, falls, and dementia.

<https://www.capc.org/>

- **Resolution 40 Support for Reimbursement of Geriatric ED Care Processes** (as amended):

RESOLVED, That ACEP advocate for and support the development of policies that will allow for appropriate reimbursement, outside of the CPT and RUC processes, for high-value Geriatric Emergency Department Accreditation program-defined care processes that have been shown to improve both health system focused, and patient centered outcomes.

- **CMS Age Friendly Hospital MUC and JAH letter for support**

Last year, the American College of Surgeons (ACS) put forth the “Geriatrics Surgical Measure” and the “Geriatrics Hospital Measure,” the latter of which was collaboratively developed by the ACS, the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP), for inclusion in the CMS Hospital Inpatient Quality Reporting (IQR) Program.

If you would like to send your *own* letter to your communities and colleagues, we encourage and appreciate you doing so as having letters from various sources is also a strong message of support. If you plan to send out your own request, you are welcome to use this prepared letter template with your own edits and measure specifications. Please note the turnaround is quick and must be sent by/before **Friday, December 22**. Per the Partnership for Quality Measurement, you can send here: [submission link](#).



The John A. Hartford Foundation authored an article published in Health Affairs Forefront: [The Need For Geriatrics Measures | Health Affairs](#). This article affirms our continued support for CMS Age-Friendly measures.

<https://protect-usb.mimecast.com/s/ykLvC5Ao7NFml14tzv2Yy?domain=p4qm.org>

### **Improving Healthcare Outcomes for Business Success**

Shan discussed the importance of measuring and improving healthcare outcomes, emphasizing the need to translate these outcomes into benefits for the business. Shan highlighted the increasing pressure on managed care plans to invest less and the importance of consumer satisfaction in determining cap scores. Shan suggested that by improving geriatric care, increasing consumer satisfaction, and forming alliances, healthcare providers could boost reimbursement and contracting. Shan also stressed the need for healthcare providers to have a business case and to build alliances, and to align with larger movements in the industry. Towards the end, Dan asked Shan about the importance of advanced directives and the challenges faced in their implementation.

### **Consumer-Friendly Healthcare Communication**

The team discussed the importance of improving communication and engagement with consumers, particularly in the healthcare sector. Shan highlighted the need to simplify language and processes to make them more accessible and less intimidating for consumers. They also discussed the potential for innovative solutions, such as video recordings of patients' wishes, to improve the process. The team also considered the possibility of legislative approaches to mandate simpler and more consumer-friendly processes. Lauren shared insights on patient satisfaction scores, suggesting that older adults tend to be more satisfied with their care than younger adults. The team agreed on the potential for leveraging these satisfaction scores to influence change.

### **Expert Insights and CMS Measure Discussions**

Shan expressed gratitude towards Dr. Yeh for sharing insights in a discussion that ran over time due to many questions. The team appreciated Dr. Yeh's expertise and leadership. The discussion then shifted to the CMS measure, with Maura clarifying its impact on emergency departments and surgical programs. Lauren added that the measure applies to both discharge patients and inpatients. A suggestion was made to have a presentation on influencing state legislators, with Dan volunteering to give the talk. Dan also offered to give a presentation on advanced directives, which Maura agreed to organize. The team briefly discussed the transition from Most to Pulse in Massachusetts before ending the meeting, with Maura mentioning an upcoming delirium guidelines meeting.

### **Next steps**

- Maura and Nicole to meet on calendar planning.



GEMS Monthly Business Calendar		
Month	Focus	Notes
<b>8-Jan</b>	Enhanced geriatric EM education/ABEM work	
<b>12-Feb</b>	Webinar: Jennifer Wolff "Engaging care givers for older adults" <a href="https://acep.zoom.us/j/83005941549?pwd=ajhuaTNKZ2UzYUpCcjhvR2xlZlFnQT09">https://acep.zoom.us/j/83005941549?pwd=ajhuaTNKZ2UzYUpCcjhvR2xlZlFnQT09</a>	*Note new date
<b>18-Mar</b>	Webinar: Rachel Skains "Medication Safety" <a href="https://acep.zoom.us/j/87194171996?pwd=ZmgzaUVpbTRmdTIkMzY2bVJ3SGMwQT09">https://acep.zoom.us/j/87194171996?pwd=ZmgzaUVpbTRmdTIkMzY2bVJ3SGMwQT09</a>	*Note not confirmed
<b>15-Apr</b>	Pre-con planning? GEMS Webinar?	
<b>20-May</b>		

Potential calendar / webinar /activity additions-

1. Dan Morhaim, MD- Influencing State Legislators  
[www.thebetterend.com](http://www.thebetterend.com)
2. Hannah Gordon, MD- Advanced Directives; include advanced directives as part of Medicare enrollment?
3. Thomas Hagerman, MD  
ACEP GEMS should join up with Geri-Pal for a GEM focused podcast.  
<https://geripal.org/geripal-podcast/>