**Participants:** Kevin Biese, MD, MAT, FACEP; Maura Kennedy, MD; FACEP; Phil Magidson, MD, FACEP; Luna Ragsdale, MD, FACEP; Jeffrey Goodloe, MD, FACEP; Lauren Southerland, MD, FACEP; Peter Serina, MD; Rachel Skains, MD; Charles Maddow, MD, FACEP; Shan Liu, MD; FACEP; Katren Tyler, MD, FACEP; Bonita Marek

**1. ACEP resolution presented by Phil Magidson**

Support for Reimbursement of Geriatric Emergency Department Care Processes

* ACEP and GEDA advocate for and support the development of policies that will allow for appropriate reimbursement for high value geriatric emergency department care processes that have been shown to improve both health system focused, and patient centered outcomes has been RESOLVED.
* The resolution is to identify opportunities for reimbursement beyond physician emergency medicine reimbursement codes.
* Travis Schulz ACEP Clinical Practice Manager in the DC office will complete the resolution.
* Feedback from references on what needs to be supported.
* 3 reference committees are in place to adopt or not.
* A vetting process will need to be established.
* Pathway - Council works with ACEP, if approved (often there are amendments) the Council will complete the resolution, resolution goes to the Board of Directors, the Board act on the resolution.
* Actively reaching out to Michael Granovsky, MD, FACEP; James Shoemaker, MD, FACEP; David McKenzie, CAE; John Proctor, MD, FACEP for feedback.

**2. IHI, American College of Surgeons and CMS Structural Measures presented by Kevin Biese and Maura Kennedy**

* Meeting went well.
* Report measures or get a 2% reduction across 8 domains.
* Measure care transitions throughout the patient’s stay.
* Decrease boarding for the older adult for no more than 8hours.
* Practice 4M’s – What Matters, Medication, Mentation and Mobility.

**3. Didactic Discussion presented by Maura Kennedy**

* Discuss geriatric content at ACEP annual meeting.
* Submission timeline has been moved up to March for ACEP2023 Preconference.
* Reimagine content to attract more attendance with speakers that attendees want to see.
* 4.5 hours of content needs to be relevant and provide new information

Suggestions:

* Palliative care
* Educational content for GEDA applications.
* Geriatric EM content
* Financial impact - ROI/Return of Investment (global case studies, partner with council, do we have enough data regarding patient impact, staffing, work environment)
* Data and dashboard best practices with 4M’s as a baseline.
* Best clinical practices – How do you screen for delirium?

**4. Future webinars**

* From EM to Advocacy.
* AMDA working with behavioral problems with dementia.
* Nursing faculty to emergency department regarding falls.
* Boxing match topics?

CT in delirium - three recent meta-analysis published on delirium and head CTs with very different 'bottom lines' – over ordering of CT’s, 15% yield.