# MDH and HSCRC Consumer Standing Advisory Committee

September 06, 2017

Maryland Department of Health and Mental Hygiene
Office of Population Health Improvement

HSCRC
Health Services Cost Review Commission

# Agenda

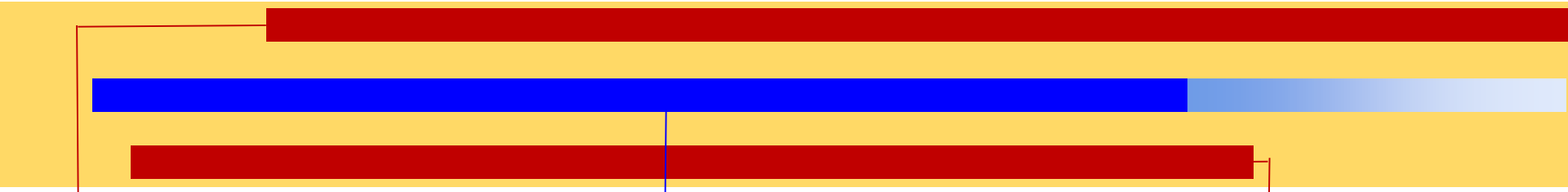
- Update on State Transformation Work
- Presentation from Dr. Lyketsos, Johns Hopkins Healthcare
- Consumer Perspective – Healthcare for the Homeless
- HSCRC Quality Initiatives
- Discussion of C-SAC Scope and Charge

# State Transformation Work

# MDH Primary Care Program Update

# Total Cost of Care Model (2019-2029)

*Improving hospitals, how your care is managed, and overall health*



2017

2029

**HSCRC Hospital Model**
2014 - 2029

- Decrease cost sharing
- Reduce readmissions/ utilization
- Reduce hospital-based infections
- Increase appropriate care outside of hospital

**HSCRC Care Redesign Programs**
2017 - TBD

- Decrease cost sharing
- Reduce lab tests
- Communicate between hospital and community providers
- Increase care coordination for high and rising risk
- Improve efficiency of care in hospital

**MDH Primary Care Program**
2018-2023

- Increase preventive care
- Decrease hospitalizations
- Decrease ED visits
- Increase care coordination
- Increase community supports

# MD Primary Care Program Considerations

- Provider types eligible for the model are traditional Primary Care Providers (internal med, family med, peds, geriatrics, general practice).
  - Additional request to include Psych Providers of Chronic Home Health Services.
- Performance Metrics will be incorporated in Year 1 to align CTOs with Practices
  - Metrics TBD, should be outcome-focused.
  - Eventually, Metrics should align with State Population Health Goals
- State Population Health Goals

# Perspective: Dr. Lyketsos, Johns Hopkins Healthcare

# Consumer Perspective – Healthcare for the Homeless

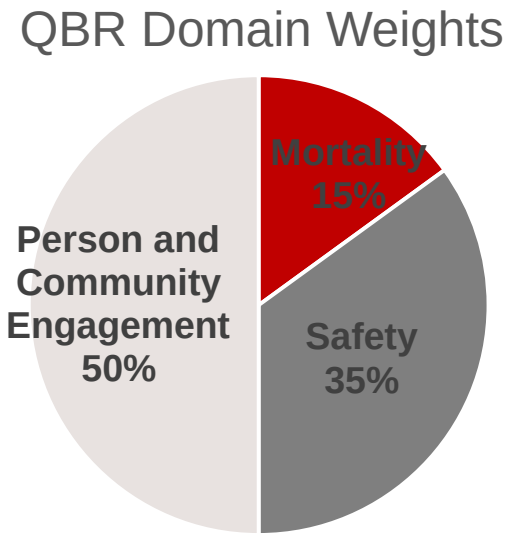
# HSCRC Quality Initiatives

# HSCRC Quality Initiatives

- ED Wait Times in Maryland
- HCAHPS (Patient Satisfaction in Hospital) Scores in Maryland

# Quality-Based Reimbursement (QBR): Incentivizing Quality Improvement in MD

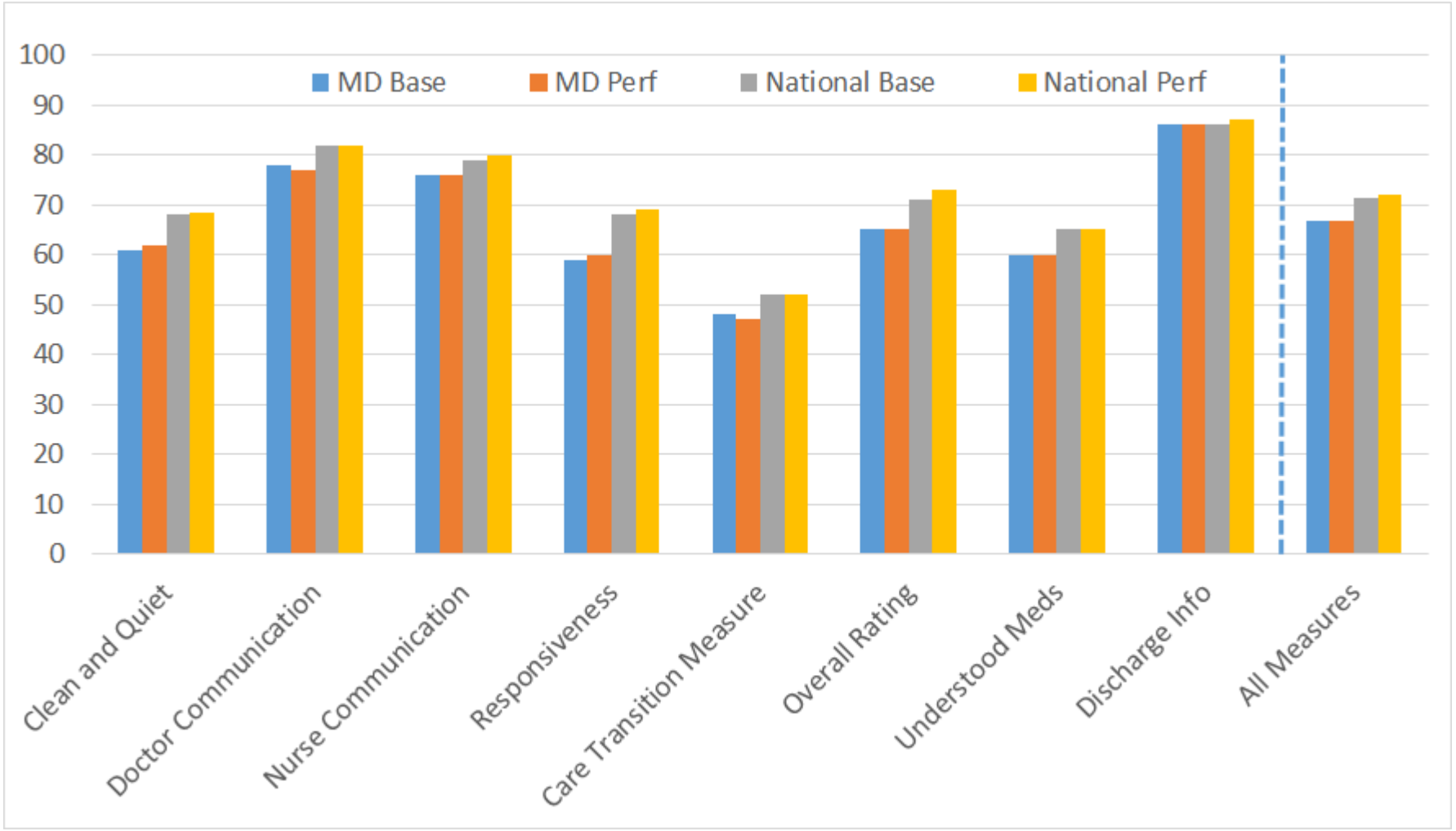
- QBR Consists of 3 Domains:
  - HCAHPS – 8 measures of person and community engagement;
  - Mortality – 1 measure of in-hospital mortality;*
  - Safety – 6 measures of IP Safety (infections, early elective delivery)
- QBR is MD-specific answer to federal Value-Based Purchasing Program
- Up to 2% Reward or Penalty under QBR



# Patient Satisfaction - HCAHPS

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Federal Value-Based Purchasing Program and MD QBR Program evaluate HCAHPS on 8 composite measures:
  - Communication with Nurses
  - Communication with Doctors
  - Responsiveness of Hospital Staff
  - Communication about Medications
  - Cleanliness and Quietness of Hospital
  - Discharge Information
  - 3-Item Care Transitions Measure
  - Overall Rating of Hospital
- Hospitals receive points for improvement from base period, or achievement relative to the nation

# MD HCAHPS Scores – Compared to Nation






Base: CY 2014; Performance: 10/2015 to 9/2016

# Maryland Emergency Department Throughput Concerns and Legislative Mandate

- Legislative mandate to address ED concerns
  - Report to the Legislature due in December 2017.

- Hospital Overload and Emergency Department Strategic Workgroup convened in May 2017 to evaluate ED diversion trends in Maryland.
  - Participants include Maryland Institute for Emergency Medical Services Systems (MIEMSS), HSCRC, MDH, MHCC, Maryland Hospital Association, and other stakeholders.

- HSCRC is gathering stakeholder input on including ED wait times (modeled with ED-2b measure) in RY 2020 QBR policy.

# HSCRC Staff Rationale for Adding ED Wait Time Measure(s) to QBR

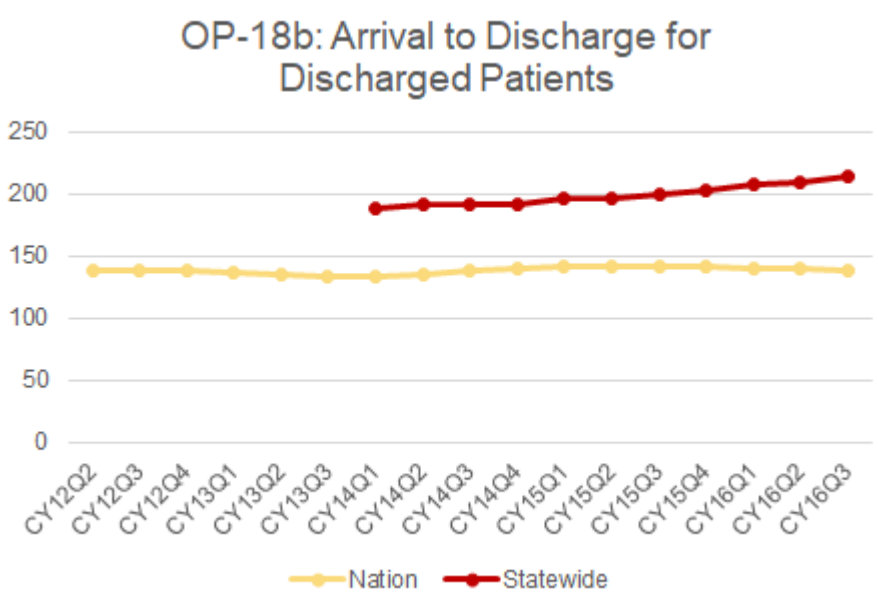
Staff is considering the ED_2b measure for the QBR program for the following reasons:

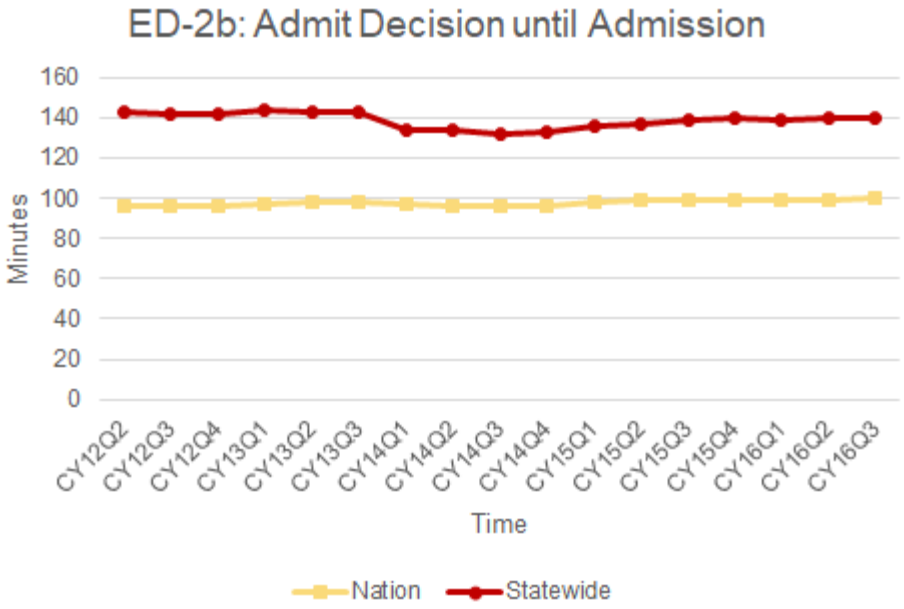
- National Quality Forum (NQF) endorsed (NQF #0497)
- ED_2b and other ED wait time measures are part of the National Hospital Star Ratings under the timeliness of care domain
- There is room for improvement relative to the nation across all hospital sizes.

| ED-2b October 2015-September 2016 | | |
|---|---|---|
| **Hospital Volume** | **Maryland Minutes** | **National Minutes** |
| Low (0 - 19,999) | 79 | 58 |
| Medium (20,000 - 39,999) | 161 | 89 |
| High (40,000 - 59,999) | 146 | 118 |
| Very High (60,000+) | 185 | 136 |

- Improved ED throughput could improve HCAHPS scores more immediately for those waiting in the ED to be admitted and for all other patients waiting in the ED who may benefit from increased ED efficiency.

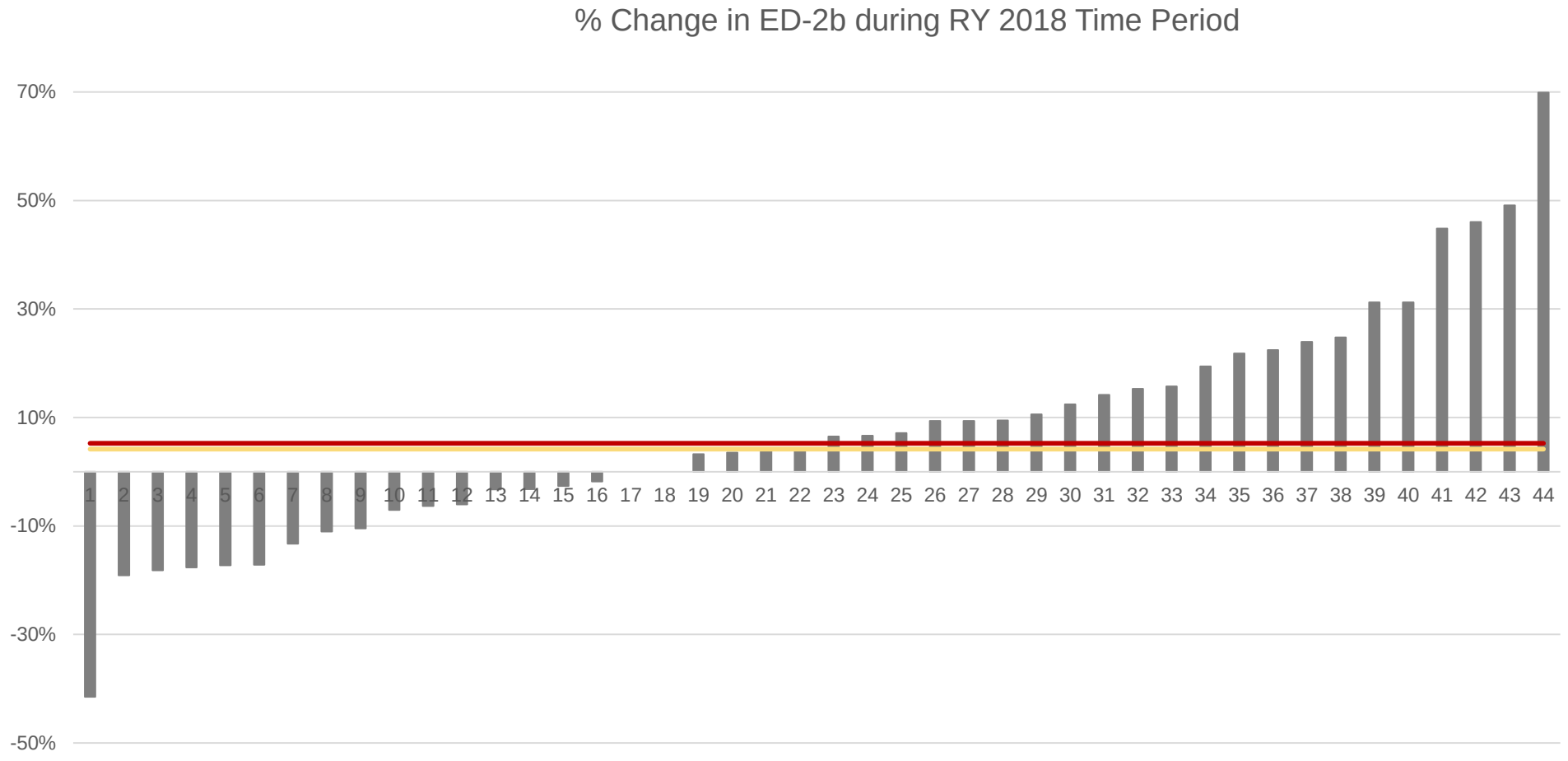
# Emergency Department Wait Times



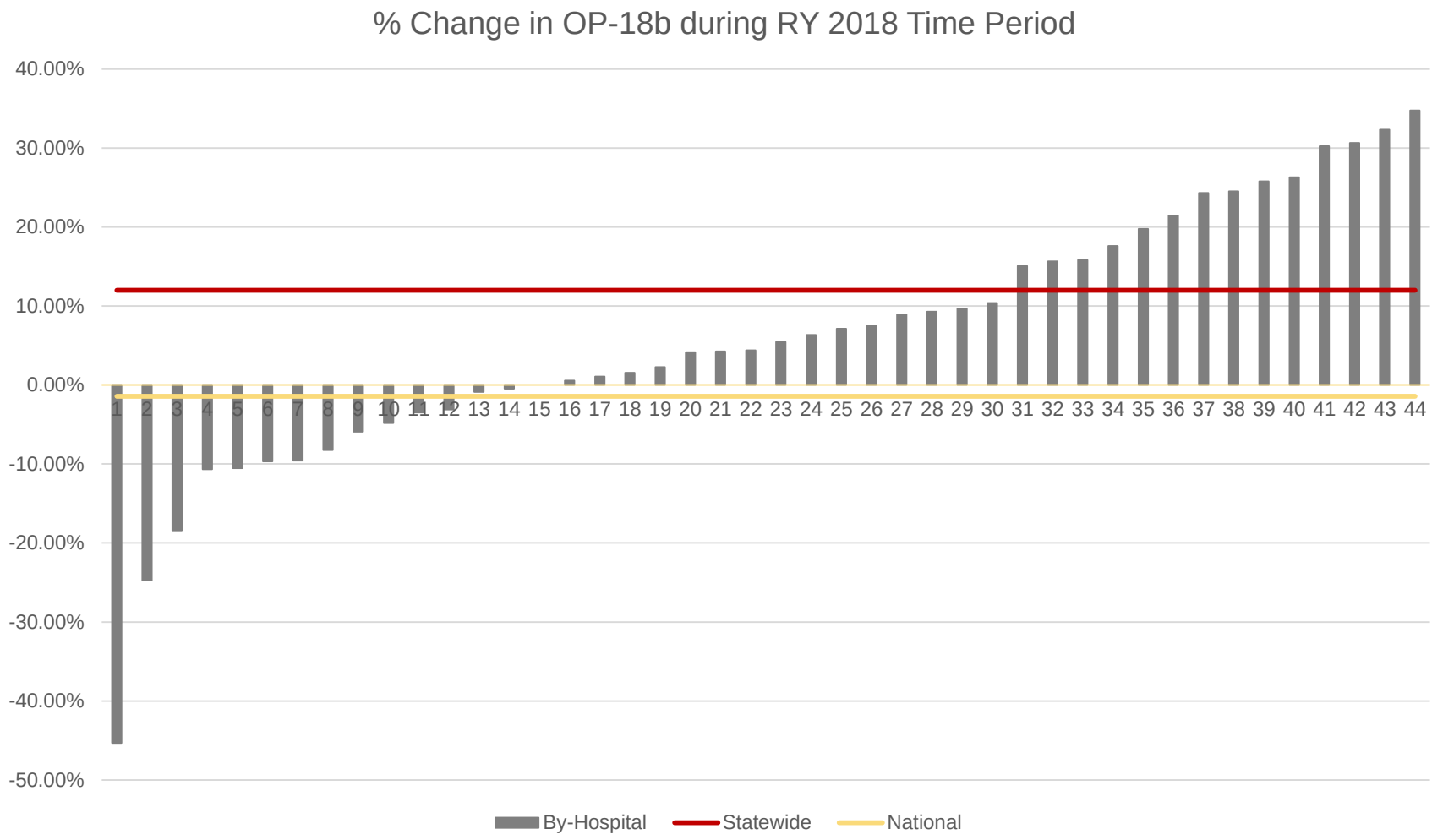




OP-18b: Median Time from Arrival to Discharge for Discharged Patients
ED-2b: Median Time from Admit Decision until Admission

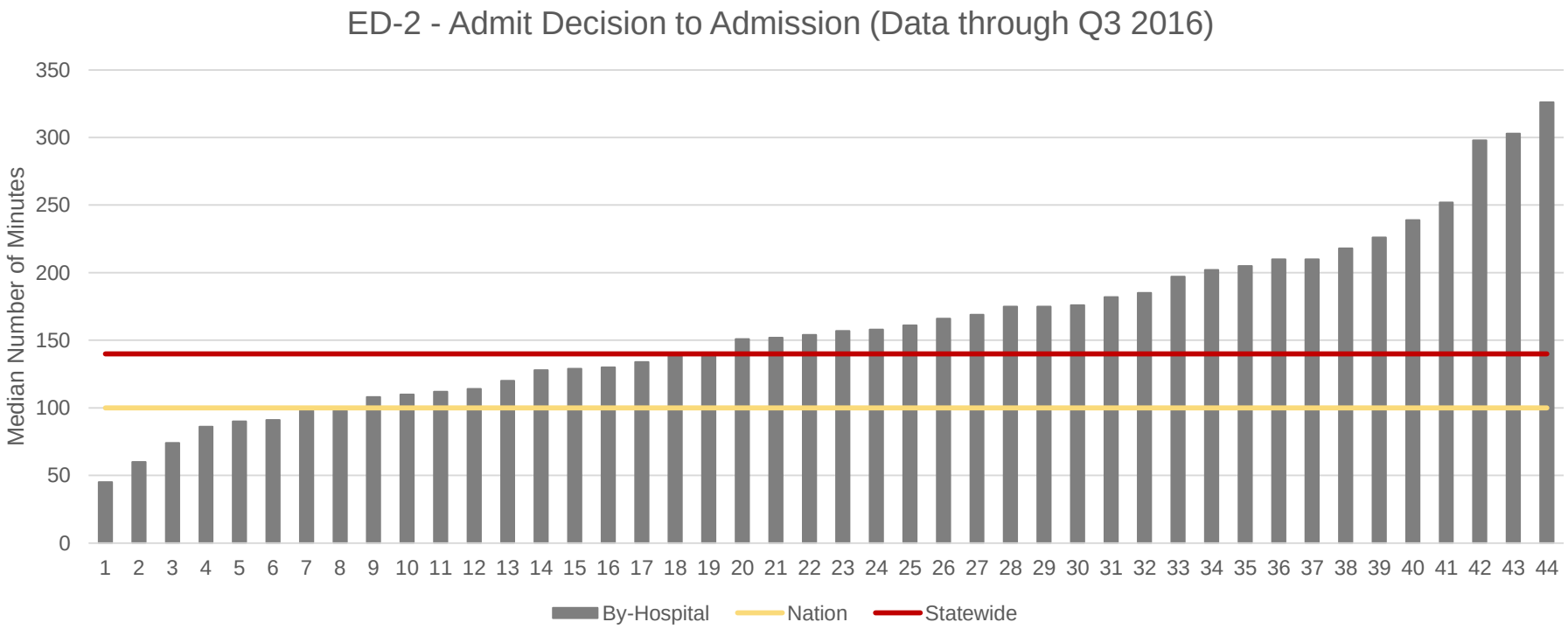
# ED-2b – % Change Over Time (RY 2018 time periods)



# OP-18b – % Change Over Time (RY 2018 time periods)



# ED-2b Current (RY 2018 Performance Pd)



# Stakeholder Discussions To Date

- Maryland performs substantially below the nation on ED wait time measures available
  - Trend consistent over time
  - Longer wait times for all hospital volume categories
- There is an underlying concern that patients are boarded in the ED
- State Emergency Medical Services (EMS) concerned that patients are waiting and diverted
- For patients with psychiatric and substance use, volume increasing
  - Concurrent decrease in psych bed capacity - many patients are being treated in ED
- ED occupancy rates are high
- Right setting of care may sometimes be outpatient (ED) instead of inpatient admission, may drive up ED wait times
- Concern of competing priorities with population health and PAU reduction
- Should adjustment be based on region?
  - Currently adjusting based on volume
- What is correct measure to use:
  - ed-2b correct measure? ed-1b or op-18b?
- HSCRC typically tracks to Federal VBP program - ED measures not included in VBP

# Consumer Feedback RE: HCAHPS and ED Wait Times

# Discussion of C-SAC Scope and Charge

Thank you for the opportunity to work together to improve care and health for people and communities that receive care in Maryland!