Establishment of Maryland ED Wait Time Reduction Commission

Bill went into effect July 1, 2024, and terminates June 30, 2027, Annual Reports due Nov 2025 and Nov 2026

Purpose: To address factors throughout the health care system that contribute to increased Emergency Department wait times

Specific focus: Develop strategies and initiatives to recommend to state and local agencies, hospitals, and health care providers to reduce ED wait times, including initiatives that:

- *Ensure patients are seen in most appropriate setting*
- *Improve hospital efficiency by increasing ED and IP throughput*
- *Improve postdischarge resources to facilitate timely ED and IP discharge*
- *Identify and recommend improvements for the collection and submission of data*
- *Facilitate sharing of best practices*

Commission Appointed Members

Chairs:

Secretary of Health Designee–**Erin McMullen**

Executive Director of HSCRC–**Jon Kromm**

Appointed Members:

- ❏ Executive Director of MIEMSS–**Ted Delbridge**
- ❏ Executive Director of MHCC–**Wynee Hawk**
- ❏ 1 Indiv. with operation leadership experience in an ED (physician)–**Dan Morhaim, MD**
- ❏ 1 Indiv. with operation leadership experience in an ED (physician)–**Neel Vibhakar, MD**
- ❏ 1 Indiv with operations leadership experience in an ED (non-physician or APP)– **Barbara Maliszewski, RN**
- ❏ 1 representative from local EMS–**Danielle Knatz**
- ❏ 1 representative from a Managed Care Plan –**Amanda Bauer, DO**
- ❏ 1 representative of Advanced Primary Care Practice–**Mary Kim, MD**
- ❏ 1 representative from MHA–**Andrew Nicklas**
- ❏ 1 representative from a patient advocacy organization–**Toby Gordon**
- ❏ 1 representative of a behavioral health provider–**Jonathan Davis**

Draft staffing plan, subject to change

Maryland ED Wait Time Reduction Commission

Shared Analytics and Reporting

State Best Practices Implementation

Objective: Assess MHA taskforce recommendations and develop an accountability plan to implement the most promising recommendations.
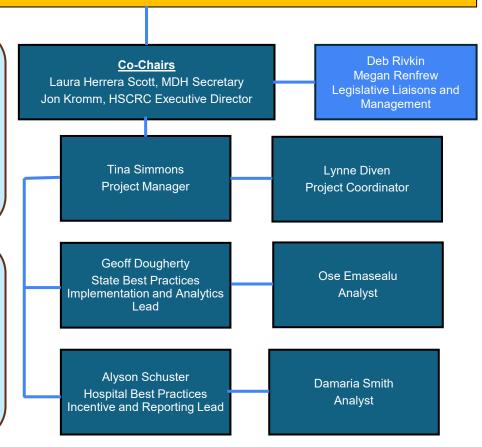
Process:
- Conduct expert interviews
  - Convene advisory group to advise on measures, data collection, and incentive structure
  - Develop policy as needed for legislative and HSCRC consideration

Hospital Best Practices Incentive

Objective: Develop a hospital pay-for-performance program (1% inpatient revenue at-risk) with 3-5 process, structural, and/or outcome measures that address systematically longer ED length of stay in Maryland.

Process:
- Conduct expert interviews
- Convene advisory group to advise on measures, data collection, and incentive structure
- Develop policy for HSCRC Commission vote for CY 2025 (draft October/final December)

Co-Chairs
Laura Herrera Scott, MDH Secretary
Jon Kromm, HSCRC Executive Director

Deb Rivkin
Megan Renfrew
Legislative Liaisons and Management

Tina Simmons
Project Manager

Lynne Diven
Project Coordinator

Geoff Dougherty
State Best Practices Implementation and Analytics Lead

Ose Emasealu
Analyst

Alyson Schuster
Hospital Best Practices Incentive and Reporting Lead

Damaria Smith
Analyst

ED Wait Time Reduction Commission:
Collaborate on behavioral health, post-acute, primary care, and other areas of opportunity.

Improve Access

Maryland Primary Care Program

Expand Behavioral Health Framework

SNF/Post-Acute

Hospital Payment Programs to Improve Clinical Care

MD Hospital Quality Policies

ED "Best Practices" incentive

Increase Transparency

MHCC Public Quality Reporting

ED Dramatic Improvement Effort

Reduction in Avoidable Utilization

Programs to optimize high value care and reduce avoidable utilization

Reducing the number of people who need the ED

Improving throughput within the hospital

Improving the hospital discharge process and post-ED community resources

maryland
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cost review commission

Statewide and Hospital Interventions to Impact ED LOS

State-Driven

ED Wait Time Reduction Commission: Collaborate on behavioral health, post-acute, and primary care.

- Maryland Primary Care Program

  Maryland Episode Quality Improvement Program

- QBR Payment Policy: ED Length of Stay

  EDDIE Public Reporting & Quality Improvement

- ED "Best Practices" incentive

- ED Potentially Avoidable Utilization

  IP PAU and other programs to optimize high value care

Hospital-Driven

Pre-hospital hospital
Reducing the number of people who need the ED

Intrahospital
Improving throughput within the hospital

Post-
Improving the hospital discharge process and post-ED community resources

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