maryland
health services
cost review commission

Emergency Department Wait Time Reduction Commission

January 7, 2026

Agenda

- Introductions
  - **Designated MDH Co-Chair:** Elizabeth Edsall Kromm, PhD, MSc, Assistant Secretary, Population Health and Strategic Initiatives
- AHEAD Update
- Overview of ED WTR Commission and Discussion
  - Structure and Process Review
  - CY 2025 Accomplishments and Legislative Report Priorities
  - Subcommittee Updates
  - Additional Discussion and Feedback
- Next Steps

AHEAD Update

AHEAD

HSCRC's AHEAD website

- The AHEAD page on the HSCRC website (link above) has the most recent updates related to the AHEAD transition.
- Governor Moore has approved the final policy recommendations from the Regulatory Working Group for cost-shifting and Medicare Advantage market stabilization under the AHEAD Model.
- As noted in the proposal, as finalized, the State is committed to robust monitoring and reporting activities for both policies, to assess their impact on access, affordability, and quality of care for Marylanders.

Overview of ED Wait Time Reduction Commission

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 maximizing flow of ED and Inpatient (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*

ED Wait Time Reduction Commission Structure and Process

- Specific co-chairs designated in the bill–Secretary of Health and Executive Director of HSCRC or Designees
- All Appointments made by MDH for specific representatives designated in the bill
- Legislation states the HSCRC shall provide staff for the Commission.
- Commission is tasked with making recommendations to the Legislature and/or the appropriate agencies with regulatory authority and resources to implement recommendations.
- By November 1, 2025, and November 1, 2026, the commission must report to the Governor and the General Assembly on its activities, findings, and recommendations.
  - If the commission identifies work that is not being adequately addressed or is constrained by authority or resource, this will be highlighted in the annual report.

Link to 2025 Interim ED Wait Time Reduction Commission Report

Designated Members

Chairs:

- Secretary of Health Designee-Elizabeth Kromm, PhD, MSc
- Executive Director of HSCRC– Jon Kromm, PhD

•Appointed Members:

- Executive Director of MIEMSS–Ted Delbridge, MD
- Executive Director of MHCC–Wynee Hawk, RN, JD
- 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, JD
- 1 representative from a patient advocacy organization–Toby Gordon, ScD

*1 representative of a behavioral health provider–Jonathan Davis, LPC

2025 Commission Subcommittees

Access to Non-Hospital Care

Priority Focus:

- Post-acute access, capacity, and function
- Palliative Care/Hospice Care

Action Items/Deliverables:

1. Proposal & Recommendations to Regulatory Agencies and Legislature
    - Recommendations for Value-Based Programs
    - Recommendations for Expansion of Palliative Care & Hospice Care Training, Resources, and Monitoring

ED-Hospital Best Practices

Priority Focus:

- NOTE: This is an aligned HSCRC Subcommittee
- Development of best practices that will improve hospital and ED throughput and decrease ED LOS
- Advise on methodology for ED-related pay for performance metrics

Action Items/ Deliverables:

1. Minimum of Two Best Practices iat each hospital
2. Refine Quality Based Reimbursement (QBR) ED LOS methodology, specifically targets, risk adjustment, exclusions.

Data Subcommittee

Priority Focus:

- Identify existing and develop new data reports that can be used to identify and quantify opportunities across the continuum of care.

Action Items/Deliverables:

1. Develop a model that quantifies impact of interventions on capacity, throughput and operations that impact Inpatient and ED LOS
2. Support data analytical work of all subgroups

Hospital Capacity, Operations & Staffing

Priority Focus:

- Recommendations for improvement opportunities related to capacity, operations and workforce across the continuum of care.

Action Items/Deliverables: (Pending finalization)

1. Baseline Capacity analysis
2. Capacity calculator with standard targets
3. Recommendations for alternate capacity types (ex. HAH)

Subgroup Updates

- Capacity, Operations & Staffing and the Access to Non-Hospital Care Subgroups
  - Will have their first combined meetings on Feb 6, 2026
- Best Practices Subgroup
  - All Maryland hospitals submitted their 2025 ED-Hospital Throughput Best Report by the 12/31 submission deadline. Reports will be reviewed and a summary and next steps will be shared in Spring 2026.
- Data Subgroup
  - ED Modeling optimization is in progress and testing of interventions will begin soon.
  - ED LOS Dashboard on CRISP is targeted for March/April 2026. Draft should be available in February.

ED Wait Time Reduction Commission Selected Priorities

The following priorities were outlined in the 2025 Legislative Report:

- Standardize Bed Capacity & Occupancy Metrics
  - Dependent on MHCC, MIEMSS, HSCRC, and Hospital Participation
- ED-Hospital Throughput Modeling
  - Dependent on HSCRC Resources and Hospital Input
- Post Acute Access
  - Dependent on multiple regulatory agencies:
    - MHCC
    - MDH
    - HSCRC
- ED-Hospital Throughput Best Practices
  - HSCRC ED-Hospital Throughput Best Practices Policy

Core State Agencies with ED Related Work

There are multiple state agencies working to address drivers of ED LOS and could represent opportunities for partnership with the EDWTR Commission, including:

- Health Services Cost Review Commission (HSCRC)
- Maryland Health Care Commission (MHCC)
- Maryland Department of Health (MDH)
- Maryland Institute of Emergency Medical Services Systems (MIEMSS)
- Governor's Regulatory Workgroup

Discussion

- How will we implement the 2025 Priorities?
- Do we need to select new priorities for CY 2026?
  - If yes, who will provide the resources and agency time to address additional priorities?
  - Can some priorities be slated for CY 2027 while we work on current priorities?

Next Steps

Next Steps

- Next ED Wait Time Reduction Commission Meeting: March 4, 2026 11AM-1PM (Tentative)
- ED WTR Commission Agendas
  - Work related to identified 2025/2026 priorities will be a standing item on meeting agendas
  - Any commissioner can propose agenda items; all proposals will be discussed by the commissioners at the next meeting to obtain consensus for approval
  - Final agenda is approved by the co-chairs from HSCRC and MDH
- Please visit the ED Wait Time Reduction Commission Webpage for all materials.

Additional Links

Links

https://www.beckershospitalreview.com/rankings-and-ratings/ed-visit-times-by-state/?origin=BHRSUN&utm_source=BHRSUN&utm_medium=email&utm_content=newsletter&oly_enc_id=4212C2488078G8I

https://www.beckershospitalreview.com/care-coordination/ed-boarding-in-2025-4-notes/?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_content=newsletter&oly_enc_id=3013B3483078A2X

https://www.beckershospitalreview.com/strategy/hospitals-cut-length-of-stay-3-trends/?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_content=newsletter&oly_enc_id=4212C2488078G8I

https://www.beckershospitalreview.com/quality/public-health/flu-admissions-jump-91-in-1-week-new-york-sees-record-cases-5-updates/?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_content=newsletter&oly_enc_id=4212C2488078G8I

https://www.beckershospitalreview.com/rankings-and-ratings/10-hospitals-with-longest-ed-visit-times-per-cms/

Links Continued

Question: **Does a lay health worker–led symptom assessment intervention reduce acute care use among older adults with cancer at scale?**

Findings: **In this randomized clinical trial of 416 participants, those who received the lay health worker symptom assessment intervention had significant reductions in any emergency department use (61 [30.5%] vs 103 [47.7%]) and any hospitalization (37 [18.5%] vs 86 [39.8%]) at 12 months compared with those who received usual cancer care only.**

https://jamanetwork.com/journals/jama/fullarticle/2843478?guestAccessKey=b25319a9-93ae-454b-8fe1-995b922df2d5&utm_medium=email&utm_source=postup_jn&utm_campaign=article_alert-jama&utm_content=olf-tfl_&utm_term=123025