Emergency Department Wait Time Reduction Commission

Meeting #5

July 30th, 2025

Agenda

- AHEAD Update - Jon Kromm

- Subgroup Updates - Tina Simmons

  - Access to Non-Hospital Care

  - Best Practices

  - Data subgroup

  - Capacity, Operations and Staffing

- Legislative Report

- Open Forum - All Commissioners

- Next Steps - Tina Simmons

AHEAD Update

Subgroup Updates

Commission Subcommittees

Access to Non-Hospital Care

Integrate and optimize 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
2. Expansion of Palliative Care & Hospice Care Training, Resources, and Monitoring

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

ED-Hospital Best Practices

Priority Focus:
- Development of best practices that will improve hospital and ED throughput and decrease ED LOS
- To provides input into the methodology for ED-related pay for performance metrics

Action Items/ Deliverables:
1. Minimum of Two Best Practices implemented at each hospital
2. Refine Quality Based Reimbursement (QBR) ED LOS methodology, specifically targets, risk adjustment, exclusions.

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 Meetings

- Access to Non-Hospital Care
  - Next Meeting: August 7

- ED Hospital " Throughput" Best Practices
  - Next Meeting: August 14

- Data Subcommittee
  - Next Meeting: August 19

- Hospital, Capacity, Operations & Staffing
  - Next Meeting: August 26

- ***In lieu of the scheduled meetings above, we propose focusing on the legislative report in August and asking subgroup members to review the draft report at the end of August.***
  - ***We will have a shortened Data Subgroup meeting on 8/19.***

Access to Non-Hospital Care Subgroup Update

Deliverables from Access to Non-Hospital Care Group

1. **Proposal & Recommendations to Regulatory Agencies and Legislature for:**
   a. Regional Capacity
   b. Management of Complex Care Patients
   c. Opportunities related to Payer delays & Denials
2. **Expansion of Palliative Care & Hospice Care Training, Resources, and Monitoring**
   a. Operationalize Palliative Care training and resources across the state
   b. Participate on and contribute to the MHCC 2025 Revision of the Hospice State Health Plan Workgroup

Best Practice Subgroup

Deliverables from Best Practice Subgroup

1. Implement a minimum of two best practices at each hospital that are designed to improve the emergency department (ED) and hospital throughput and reduce ED length of stay (LOS), per HSCRC Best Practice Policy

1. Provide input for the Quality Based Reimbursement (QBR) ED LOS methodology, specifically:
   a. Targets
   b. Risk Adjustment
   c. Exclusions

Data Subgroup

Hospital System Policy Simulations

- HSCRC staff are working with a small group of stakeholders and analysts to build a simulation platform that can be used to understand how various types of policies could change ED-1 and OP-18 performance
- The model uses real-world data on ED volume, staffing, and acuity, as well as inpatient capacity and other hospital-specific variables, to simulate patient pathways through the ED and inpatient services.
- Modeling can provide estimates that allow the Commision to compare the expected effects of different policies across several types of hospitals
- We are working to identify a short list of interventions to test, and hope to provide draft results for the September meeting

Capacity, Operations & Staffing Subgroup

Hospital Capacity, Operations, & Staffing Subgroup

- **Purpose:** To identify and make recommendations for improvement opportunities related to capacity, operations and workforce across the continuum of care.

- **Priority Focus**: Acute care setting

- **Deliverables**:

  - Baseline capacity analysis (ED and Inpatient)

  - Gap Analysis (what is needed and why)

  - Alternative Capacity recommendations

Legislative Report

Legislative Report Requirements

- By **November 1, 2025** the Commission must report to the Governor and the General Assembly on:
  - Year 1 Commission activities, findings, and recommendations
  - Update on the development, timeline, and implementation of any recommended policies and programs developed by the commission to improve ED wait times.
- HSCRC staff will present the final draft report at September 24th ED Wait Time Reduction Commission meeting for review.
- Final draft is due to the Governor's office on October 1, 2025 for review prior to November 1st submission to the General Assembly.

Legislative Report Outline

- Executive Summary

- Background on Maryland ED wait times and reasons for establishing the ED Wait Time Reduction Commission

- Prior initiatives–EDDIE/ED LOS incentives

- Commission Overview:
  - Composition of the Commission
  - Development of the subgroups
  - Development of priorities
  - Opportunities and Barriers
  - Resource Limitations

- Outline top 4 recommendations identified in the first year (see next slide)

- Conclusions–anticipated benefits of implementing recommendations

Legislative Report Key Recommendations

- **Develop a usable, reliable mechanism to estimate capacity**
    - MHCC Collaboration to establish a verified bed count at each facility
    - Leverage existing MIEMSS and Mathematica reports
    - Importance: In order to make informed capacity decisions and set value-based incentives, we need to have comprehensive and consistent data across all providers.
    - Risk of not having this data is potentially drawing incorrect conclusions about where to allocate initial investments

- **Expansion of ED-Hospital Modeling**
    - Important to understand healthcare ecosystem and interconnected relationships
    - Enables us to highlight priorities and incentivize measures such as IP LOS

- **Post-Acute Opportunities**
    - Regional Capacity Recommendations
    - Identification of Complex Patient Population
    - Possible Value-based arrangements

- **Best Practice Recommendations**
    - HSCRC ED Best Practice Policy

- **Evaluation/Expansion of Other Programs**
    - Respiratory Surge Policy
    - ED LOS Pay for Performance Incentives (QBR Measures)

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Open Forum

Next Steps

- Next Meeting: September 24th, 11AM-1PM

- Please visit the ED Wait Time Reduction Commission Webpage for all materials.

Links

https://www.beckershospitalreview.com/rankings-and-ratings/ed-visits-per-1000-population-by-state/?origin=BHRSUN&utm_source=BHRSUN&utm_medium=email&utm_content=newsletter&oly_enc_id=3013B3483078A2X

https://www.beckershospitalreview.com/care-coordination/social-holds-an-emerging-capacity-issue/?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_content=newsletter&oly_enc_id=4212C2488078G8I

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