



maryland
health services
cost review commission

Emergency Department Wait Time Reduction Commission

Meeting #4

June 3, 2025

Agenda

- AHEAD Update - Jon Kromm
- Subgroup Updates - Tina Simmons
 - Access to Non-Hospital Care
 - Best Practices
 - Data subgroup
 - Capacity, Operations and Staffing
- Open Forum - All Commissioners
- Next Steps - Tina Simmons

AHEAD Update

Subgroup Updates

ED WTR Commission Subgroups

Access to Non-Hospital Care

- Integrate and optimize best practices and data analytics for advanced primary care, specialty care, home health, post-acute care, and ancillary services in an effort to reduce avoidable ED and hospital utilization and improve care transition workflows throughout the continuum of care.
- Initial priorities are focused on Post Acute Care
- Meetings every six to eight weeks.

Data Subcommittee

- Identify and develop different data sources across healthcare platforms to include ambulatory, acute care, post-acute care, and third-party data.
- Meetings every six to eight weeks.

ED-Hospital Best Practices

- Develop a set of hospital best practices and scoring criteria to improve overall hospital throughput and reduce ED length of stay, advise on revenue at-risk and scaled financial incentives, and provide input on data collection and auditing.
- Meetings every four to six weeks.

Hospital Capacity, Operations & Staffing

- Subgroup will convene in April 2025.
- Planned focus of the subgroup is to assess access and capacity across the State, collaborate with commercial payers, Medicare, and Medicaid, and optimize workforce development opportunities.
- Meetings every four to six weeks.

Subgroup Meetings

- Access to Non-Hospital Care
 - Next Meeting: June 5
- ED Hospital “Throughput” Best Practices
 - Next Meeting: June 17
- Data Subcommittee
 - Next Meeting: June 23
- Hospital, Capacity, Operations & Staffing
 - Next Meeting: July 1

Access to Non-Hospital Care Subgroup Update

Focus of Access to Non-Hospital Care Subgroup

- **Purpose:** Support the work of the newly appointed ED Wait Time Reduction Commission.
- **Specific Focus:** To discuss opportunities to integrate and optimize best practices and data analytics for advanced primary care, specialty care, home health, post-acute care, and ancillary services in an effort to reduce avoidable ED and hospital utilization and improve care transition workflows throughout the continuum of care.
- **Priority Focus:**
 - 1. Post-acute access, capacity, and function
 - 2. Palliative Care/Hospice Care

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. Revised Quality Metrics (LOS, Readmissions, Utilization and Efficiency, etc.)
- d. 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

Ongoing Activities to Support the Deliverables of Access to Non-Hospital Care Subgroup

- **Determine capacity and analyze number of existing post-acute beds compared to optimal number of post-acute beds**
 - In progress
 - 2024 Skilled Nursing Facility Occupancy Report received 5/21/25
 - Draft Capacity Map demonstrating Acute and Post Acute Beds per region shared at 5/16 capacity meeting; feedback to be incorporated
- **Identify and define complex care population that drives delays in care transition**
 - In progress
 - Draft report using case mix data indicated potential opportunities for: Patients with Obesity and BH diagnoses
 - Next step is obtain additional data from the Minimum Data Set that will allow us to evaluate patients by diagnosis and potentially by payer
- **Create a small group of subject matter experts to design a proposal for optimal post acute infrastructure for complex patients (chronic care beds, LTAC's, hybrid SNF, expanded home health protocols, etc.)**
 - In progress
 - Members identified, delays in obtaining data; initial meeting to be held in June
- **Identify opportunities for increased, earlier palliative care-In progress, expansion of palliative care education and resources**
 - In progress
 - Explore opportunities identified in 2023 legislative report on Palliative Care presented to the group in March
 - Align with other ongoing projects at HSCRC that are focused on Palliative Care Expansion, Training and Resource Development
 - Participation on MHCC Hospice Workgroup (4 meetings will occur in July and August 2025)
- Note: After several meetings, collaboration with PointClickCare is on hold; will reassess as proposal develops

Best Practice Subgroup

Focus of Best Practices Subgroup

Purpose:

- To develop a set of six 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

All hospitals submitted their two selected best practices by April 18th.

- Summary of Selections :
 - Patient Flow Throughput Performance Council: 45%
 - Standardized Daily/Shift Huddles: 45%
 - Expedited Care Intervention: 40%
 - Interdisciplinary Rounds and Early Discharge Planning: 32.50%
 - Bed Capacity Alert System: 25%
 - Clinical Pathways & Observation Management: 12.5%

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

Ongoing Activities to Support the Deliverables of the Best Practice Subgroup

- **Develop Reporting templates and evaluate metrics**
 - In progress-broad metrics outlines in Best Practice policy
 - Will begin reporting template development in July 2025
- **Finalize CY 2025 ED LOS Target**
 - In progress
 - Evaluate national and state performance to inform ED LOS target
- **Finalize CY 2025 Exclusions and Risk Adjustment**
 - In progress
- **Finalize CY 2026 Best Practice Recommendations**
 - Will begin in October 2025

Data Subgroup

Focus of Data Subgroup

- **Purpose:**
- To provide report-writing and data analytic support for projects identified in all ED Wait Time Reduction Subgroups
- To provide insight into data reporting and analysis opportunities
- As projects progress in the other subgroups, the subgroup will assess whether this group should remain a stand-alone group or if it would be more efficient to integrate the members of the Data Subgroup into the other subgroups to drive data analytics opportunities.

Deliverables from Data Subgroup

- 1. Identify and develop data sources across healthcare platforms including ambulatory, acute care, post-acute care, and third-party data.**
- 2. Participate in the development of new data reports that can be used to identify and quantify opportunities related to capacity, operations and inter-facility care transition**

Ongoing Activities to Support the Deliverables of the Data Subgroup

- **Analysis of ED LOS data for trends (both EDDIE and Casemix data)**
 - In progress
- **Post-Acute Analysis of Complex Patients**
 - In progress, in partnership with Access to Non-Hospital Care Group
- **Avoidable Days (Prior auths & Denials)**
 - Pending, evaluating data sources

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
- **First meeting:** May 16
- **Suggestions for Scope of Work & Prioritization of Opportunities**
 - **Capacity**
 - Capacity Calculator/Report in CRISP for all hospitals to access and utilize
 - Evaluate alternate capacity types (ex: hospital at home, expanded home health protocols)
 - Evaluate Regional capacity (hospital and post-acute)
 - **Operations**
 - Focus on inpatient length of stay (activities inside and outside of hospital)
 - Value-based arrangements to improve throughput
 - **Staffing**
 - Consider staffing ratio metric
 - Leverage telehealth
 - Leverage virtual nursing
- ***All subgroup members have been asked to share their top 2-3 priority deliverables by June 12th***
- **Next Meeting:** July 1

Open Forum

Next Steps

- Next Meeting: July 30, 2025, 11a-1p
- 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://go.beckershospitalreview.com/pi/how-uc-health-unlocked-1380-admissions-without-adding-more-beds-or-staff?utm_campaign=LeanTaaS_Webinar_6.18.2025&utm_source=email&utm_content=etextad&origin=BHRE&utm_medium=email&oly_enc_id=4212C2488078G8I (webex opportunity: June 18th)