

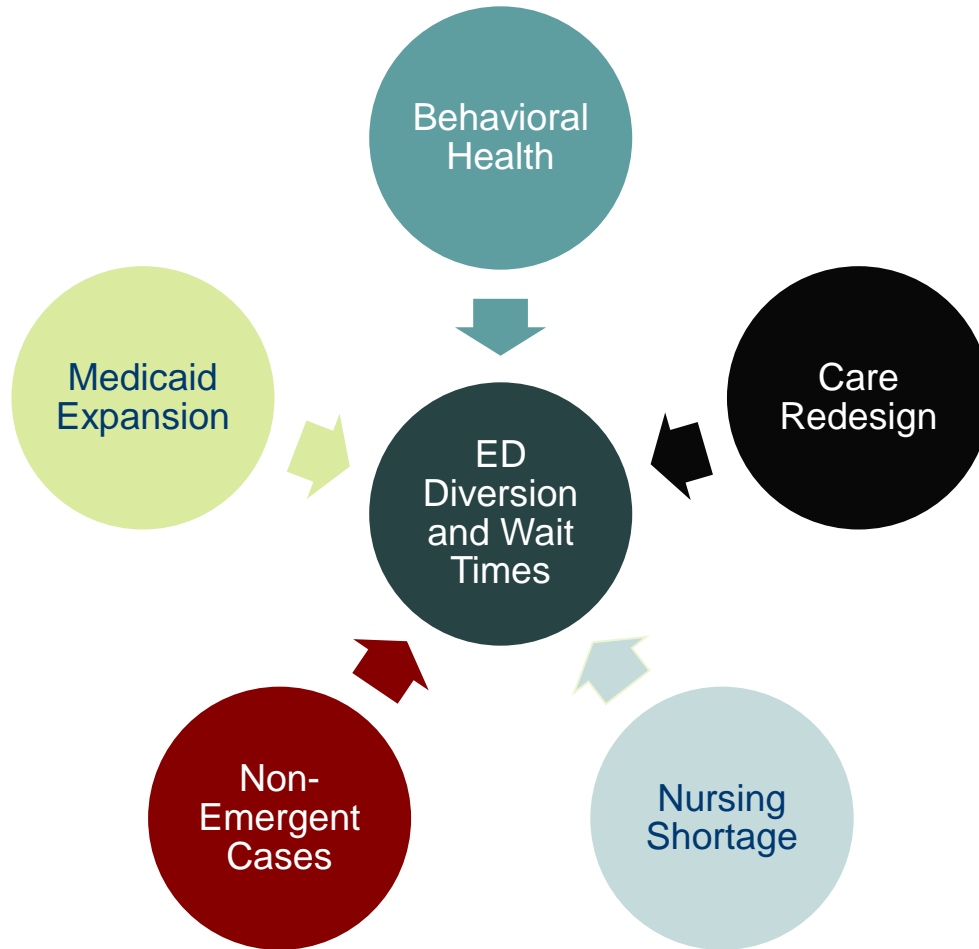
Hospital Overload and ED Diversion

June 29, 2017



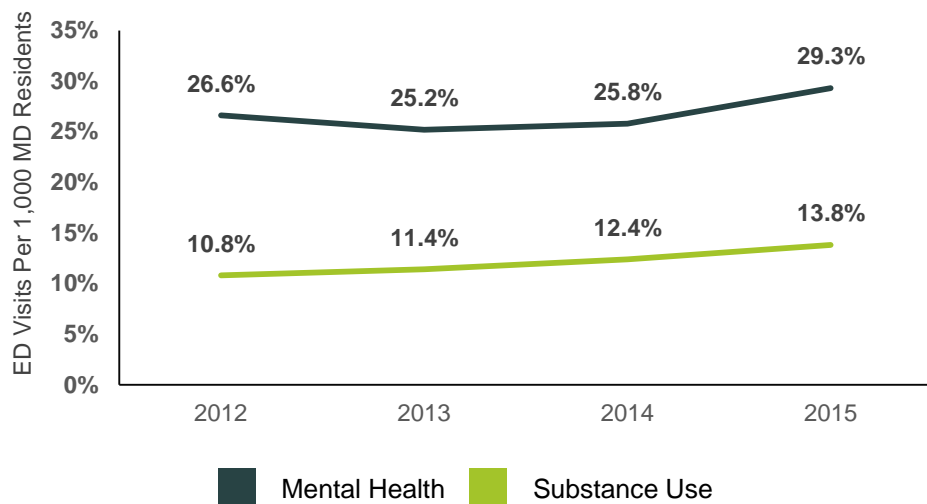
Maryland Hospital Association

Primary Causes of ED Diversion and Long Wait Times

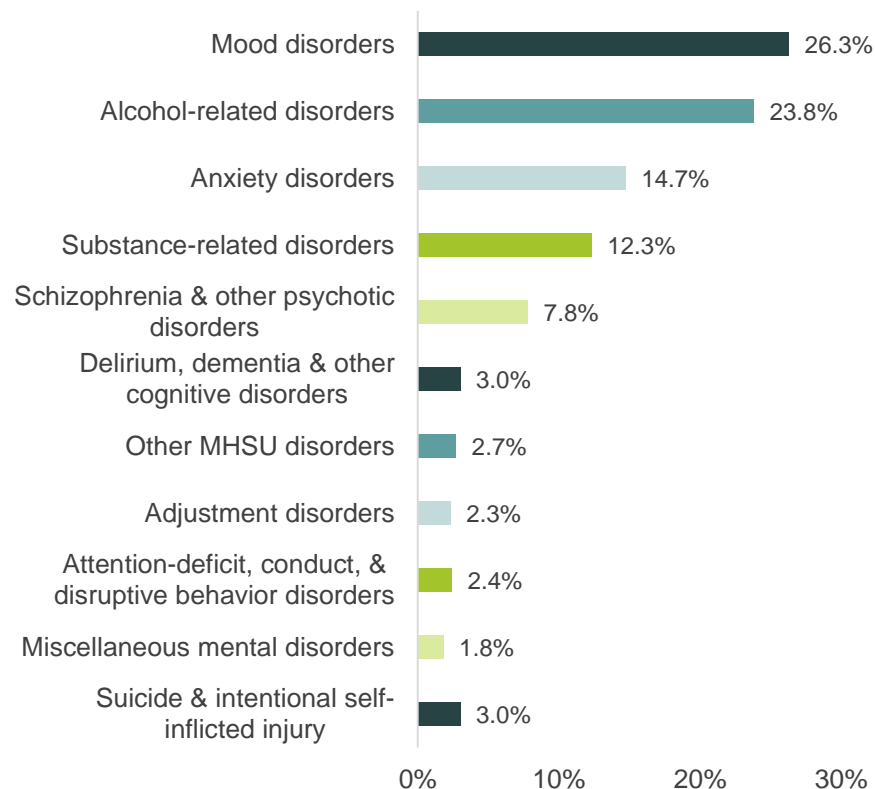


Behavioral Health—Mental Health & Substance Use—ED Visits on the Rise

Mental Health and Substance Use Emergency Department Visit Rate¹



Composition of Behavioral Health ED Visits²

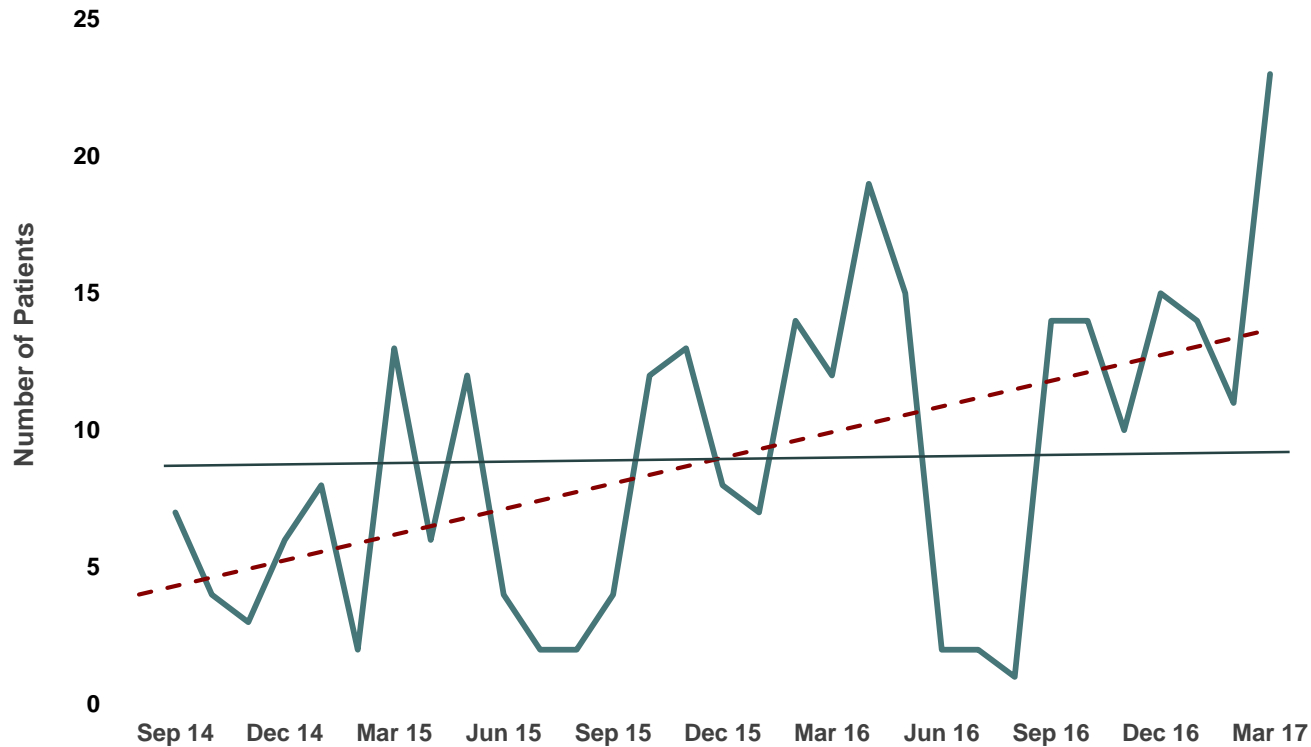


¹Source: HSCRC, *Maryland All-Payer Model Monitoring Report 2016, June 2016*

²Source: MHA analysis of HSCRC outpatient claims data. Primary diagnoses used in conjunction with the Agency for Healthcare Research and Quality's Clinical Classifications Software categories to stratify behavioral health visits

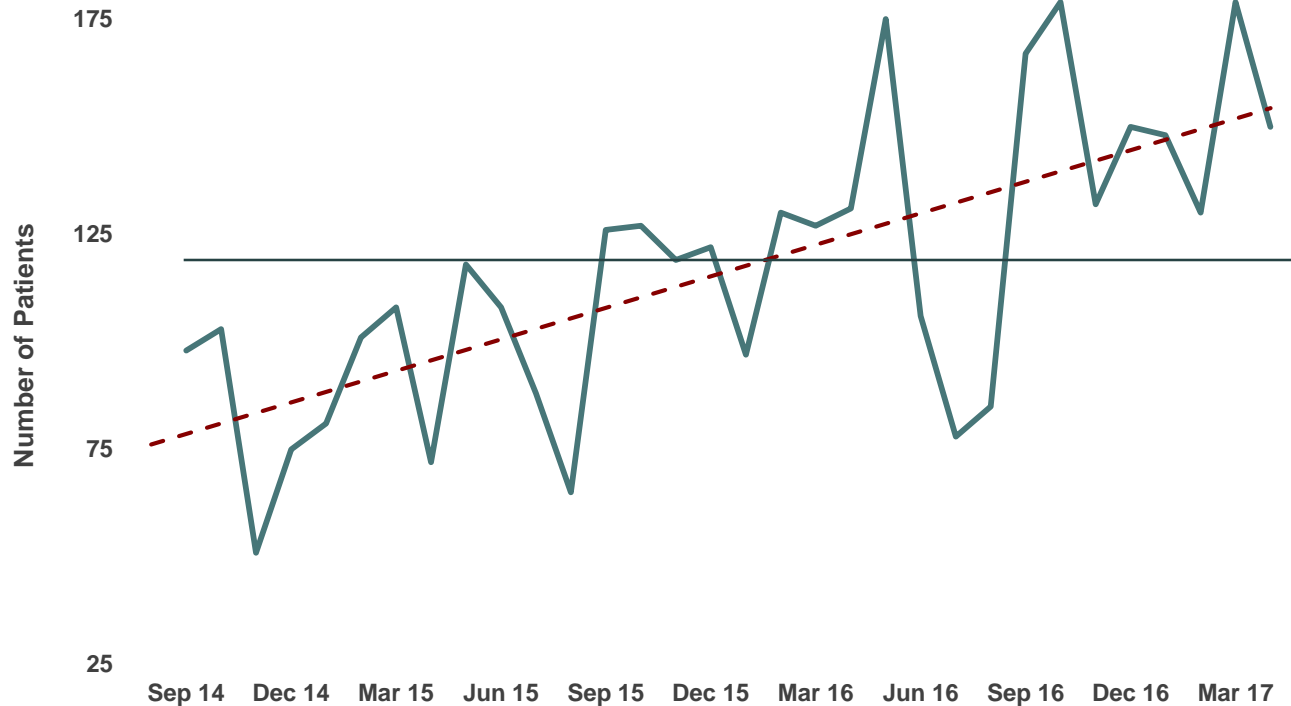
Time Spent in ED is Also Increasing

Visit Count of Patients with Psychiatric Behavior
Complaint with ED Length of Stay Greater Than 24 hours



Complexity of Behavioral Health Patient is on the Rise

Visit Count of Patients who Arrive by Police

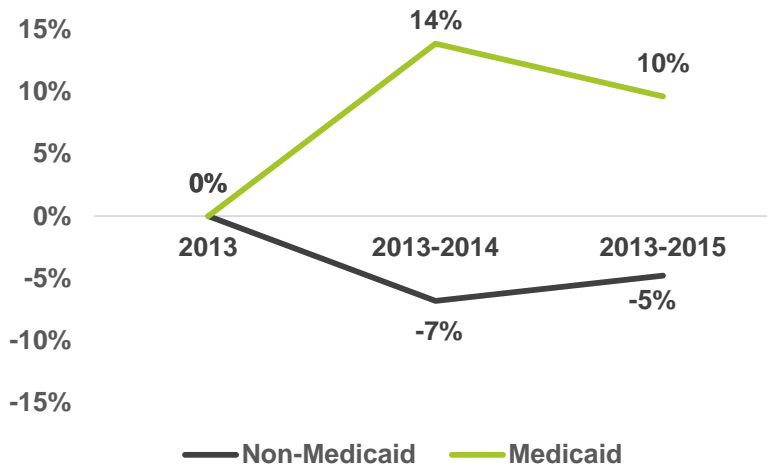


Medicaid ED Visits & Inpatient Admissions Are Increasing, While Use for Other Payers Is Decreasing

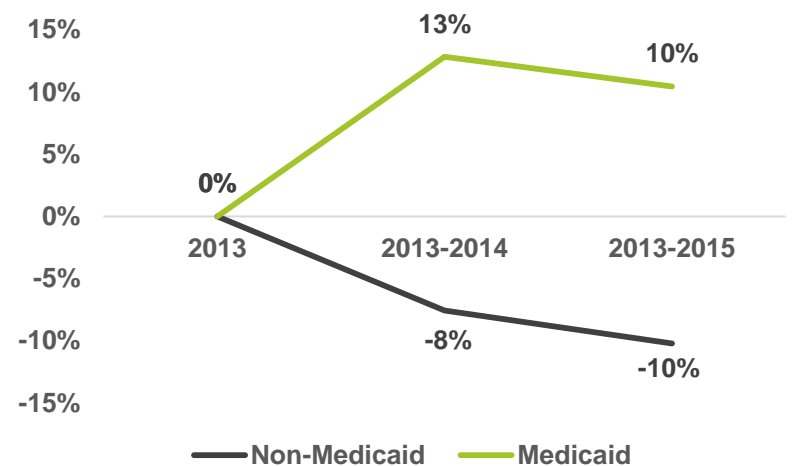
Medicaid ED visits increased 10 percent, while non-Medicaid decreased by 5 percent

Medicaid admissions increased 10 percent, while non-Medicaid decreased by 10 percent

Change in ED Visits for Patients with Medicaid Relative to Non-Medicaid



Change in Admissions for Patients with Medicaid Relative to Non-Medicaid

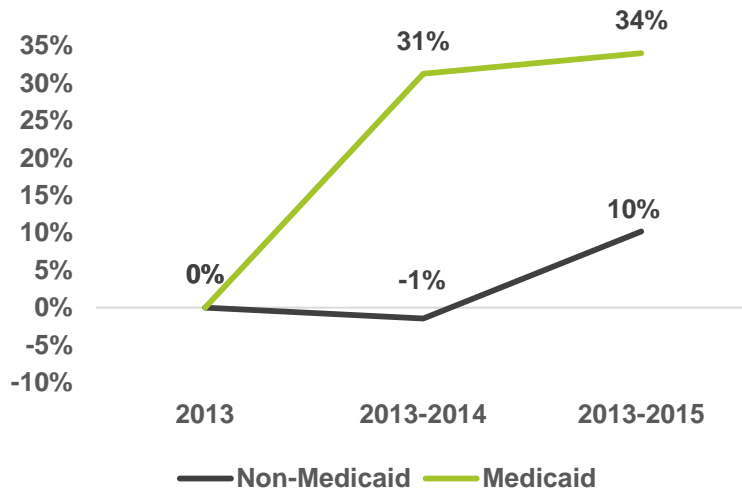


Medicaid Behavioral Health ED Visits & Admissions Are Skyrocketing

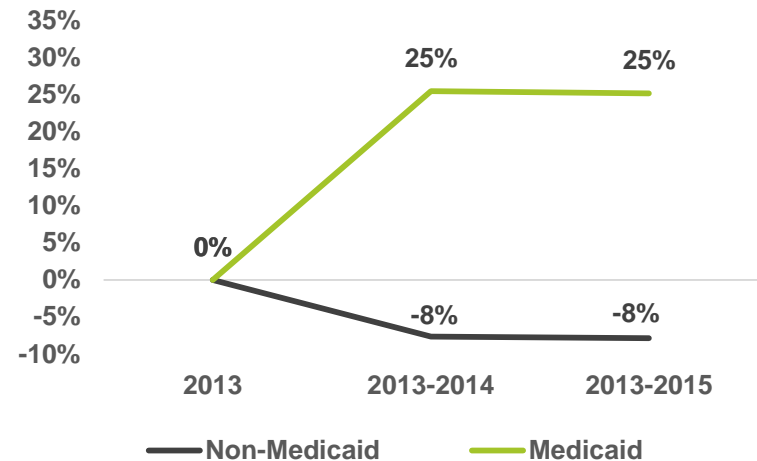
Medicaid behavioral health visits increased 34 percent, while non-Medicaid increased 10 percent

Medicaid behavioral health admissions increased 25 percent, while non-Medicaid decreased 8 percent

Change in Behavioral Health ED Visits for Patients with Medicaid Relative to Non-Medicaid

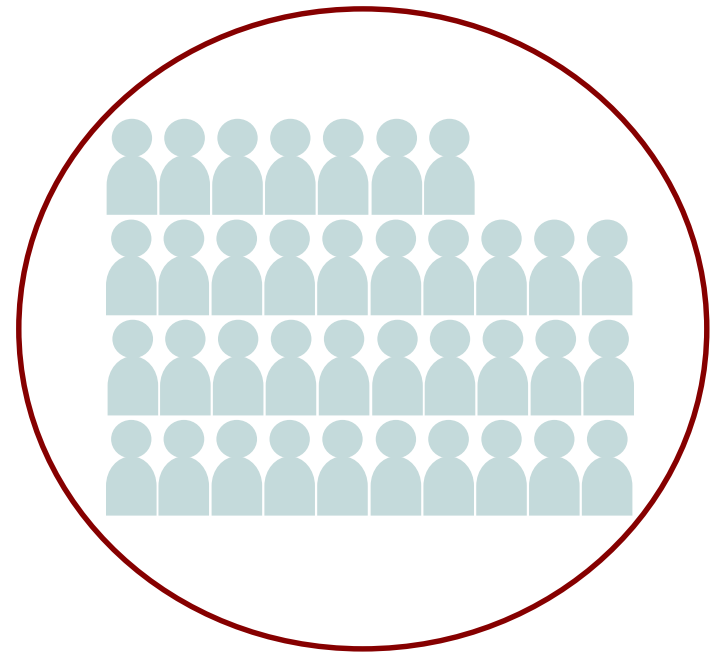
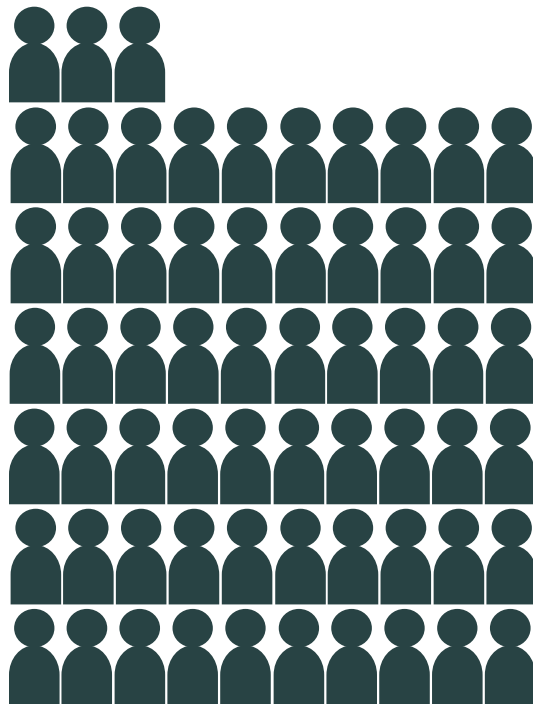


Change in Behavioral Health Admissions for Patients with Medicaid Relative to Non-Medicaid



Non-Emergent Patients Need to Be Screened and Take Time Away from Other Patients

Nationally, 37 percent of all ED visits are non-emergent



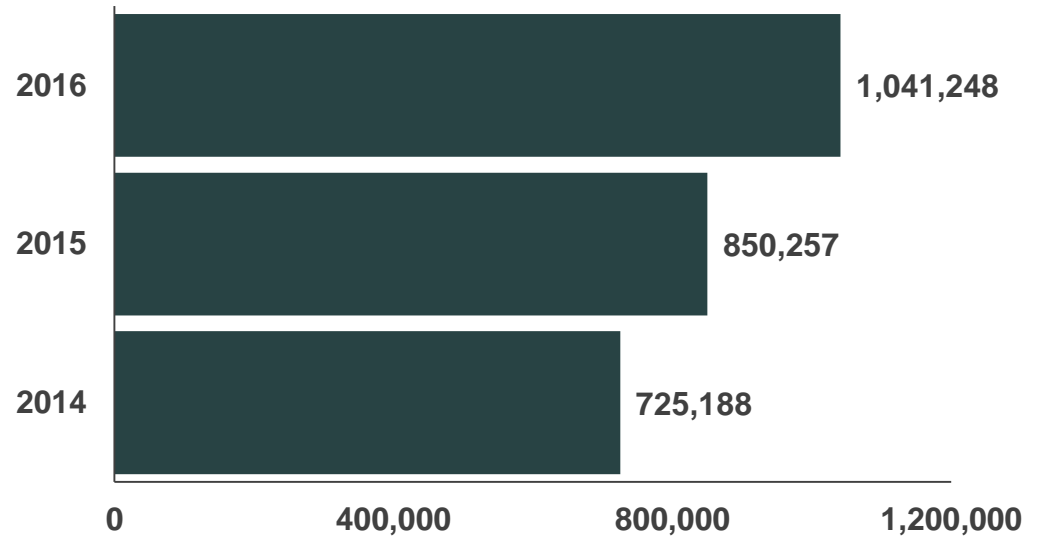
 Emergent  Non-Emergent

Nursing Shortage Makes Staffing Challenging

- Nationally, more than 48 percent of hospitals reported a nurse vacancy rate of 7.5 percent or more¹
- In Maryland, high nurse retirement and turnover rates results in increased reliance on temporary staffing agencies



Total Nurse and Allied Health Staff Hours Supplied by Temporary Staffing Agencies²



¹Source: Nursing Solutions, Inc. 2016 National Healthcare Retention & RN Staffing Report

²Source: The Chesapeake Registry Program

Care Transformation and Redesign Contribute to Longer ED Time

- Hospitals are increasingly adopting lifesaving practices intended to meet goals of the demonstration—lower admissions and potentially avoidable utilization
- The result—some patients are in ED longer
- Examples of lifesaving practices that have been implemented including:
 - Screening, brief interventions, and referrals to treatment—or SBIRT
 - Cardiac screening and treatment protocols
 - Asthma protocols intended to treat acute episodes and prevent future hospital use



Hospitals are Implementing New Approaches to Address Hospital ED Overcrowding

- Creative staffing approaches
- Innovative screening practices
- Improvements with patient flow
- Discharge lounges to relieve inpatient beds
- And more...