



Maryland
Hospital Association

February 1, 2022

Dr. Alyson Schuster
Deputy Director, Quality Methodologies
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Dr. Schuster:

On behalf of the Maryland Hospital Association's 60 member hospitals and health systems, we write to urge the Health Services Cost Review Commission to take the following emergency actions:

- **Temporarily suspend the rate year 2024 Maryland Hospital Quality Program until hospital operations and COVID metrics reach a steady state**
- **Suspend rate year 2023 quality program revenue adjustments**
- **Delay development of ED-2 electronic clinical quality measure (eCQM) and collection of emergency department (ED) triage assessment values**

This request comes at an unprecedented time for Maryland hospitals, which have been on the front lines of the COVID-19 pandemic for nearly two years.

Maryland is operating under a state of emergency and catastrophic health emergency, which was announced Jan. 4. This underscores the severity of the pandemic and this latest surge. Staggering workforce shortages and operational challenges have forced many hospitals to operate under contingency and crisis standards of care. These conditions will harm patient quality metrics and hospital performance, causing them to be ineffective indicators of Maryland Hospital Quality performance.

The hospital workforce has been depleted due to several factors preceding the pandemic, however, has worsened due to burnout and spread of COVID-19. Maryland hospitals currently 3,900 nursing vacancies statewide—a 50% increase since late summer. Due to these historic staffing shortages, hospitals are operating with extreme levels of transient staff, including health care practitioners who may not have an appropriate Maryland license. In fact, contract labor expenses are up 600% for Maryland hospitals—from \$13 million each month in January 2020 to \$93 million monthly.

Licensing, certification, and credentialing of health care practitioners was modified under the catastrophic health emergency to expand practice capabilities and permissions. Maryland hospitals prioritize patient safety and quality of care, but hospitals' plans to improve quality performance and meet the goals of the Maryland Hospital Quality Program are severely

compromised because of augmented staffing models and the necessity of having some hospital work staff work in nontraditional roles.

Hospitals must implement strategies and investments to improve and deliver high quality care far in advance of retrospective assessment of their performance. Extremely limited resources are further strained by operational and administrative effort required at the beginning of the measure performance period. Hospitals are encouraged to operate as necessary to meet the demands of the pandemic, but the absence of a formal declaration of a suspension or delay does little to reduce additional stress to the system. Suspending the rate year 2024 program and revenue adjustments for rate year 2023 will also allow commission staff and the field additional time to consider appropriate norms and standards to scale hospital performance and subsequent revenue adjustments, which are based on pre-COVID experience.

ED wait times are getting longer, for both patients waiting to be diagnosed and patients waiting to be moved from the ED to an inpatient or observation bed. This is a direct result of limited staff in EDs and on nursing floors. The data collected during the most recent periods would not be appropriate for the future development of an ED wait time measure or potentially avoidable ED utilization policy.

By prospectively suspending the Maryland Hospital Quality Program, revenue adjustments and delaying new policy development, hospitals can maximize their limited resources to ease burnout among workers, perform core functions, and care for all Marylanders. We look forward to working through the details with HSCRC staff to determine when the data and metrics reflect a steady state and quality measurement can reasonably resume.

We fully acknowledge the unprecedented nature of our request; however, we are experiencing truly unprecedented circumstances. We appreciate your consideration of our request. Please do not hesitate to reach out to me with any questions.

Sincerely,



Traci La Valle
Senior Vice President, Quality & Health Improvement