



Maryland
Hospital Association

November 30, 2017

Dianne S. Feeney
Associate Director, Quality Initiative
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Dianne:

On behalf of the Maryland Hospital Association's 64 member hospitals and health systems, we appreciate the opportunity to comment on the policies and activities that the Health Services Cost Review Commission is considering in response to emergency department wait times.

While we agree that emergency department wait times must be addressed, we continue to be concerned about adding emergency department wait time measures to the Quality Based Reporting Program. Because these measures are not currently used in national payment policy programs, such a policy is likely to bring unintended consequences, including penalizing hospitals that need support to address more systemic drivers of emergency department crowding, and potentially distracting from the work needed to fix the problem. In addition, Mathematica's recent findings that emergency department wait times correlate significantly with patient satisfaction, imply that the existing payment policy could be used to gauge hospital wait-time performance without implementing a new, potentially harmful policy that would be unlikely to solve the problem.

It is important to remember that Maryland's hospitals have already begun to see positive results from their efforts to reduce emergency department overcrowding and improve hospital throughput. Throughput is being improved by revolutionizing admission and discharge processes, as well as how patients are moved through the system. Admission interventions implemented by hospitals with early success include, to name just a few:

- Redirecting patients with non-urgent health care needs
- Using bed management systems for advance notification of overcrowding
- Streamlining admission processes, which includes continuing tests and labs after discharge from the emergency department to move patients to beds faster
- Staffing and equipping general inpatient units to accommodate any patient
- Scheduling rounds earlier in the morning to identify and prepare patients for discharge
- Placing discharged patients in lounges to accommodate those awaiting pickup

Some of the key causes of emergency department overcrowding are outside of hospitals' control. Among them are the dramatic increase in visits by people with behavioral health conditions, and

more patients with Medicaid coverage going to the emergency department for care. We need the state's assistance to assess and address areas that are lacking adequate community behavioral health resources and access to adequate non-emergent care. Without time to properly analyze these circumstances, incorporating emergency department wait times into a payment policy could penalize hospitals and communities that need these resources most. MHA respectfully requests HSCRC's support of statewide efforts to:

- strengthen a fragmented behavioral health care system by addressing a strained workforce and inadequate community treatment capacity
- identify and influence plans for 24/7 access to health care that is not emergent
- enforce network adequacy requirements
- support transparency in deployment of Maryland's emergency medical system

We appreciate the commission's consideration of our feedback and the opportunity to continue working with commission staff on these issues. Should you have any questions, please call me at 410-796-6245.

Sincerely,



Nora E. Hoban, Senior Vice President

cc: Nelson J. Sabatini, Chairman
Joseph Antos, Ph.D., Vice Chairman
Victoria W. Bayless
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