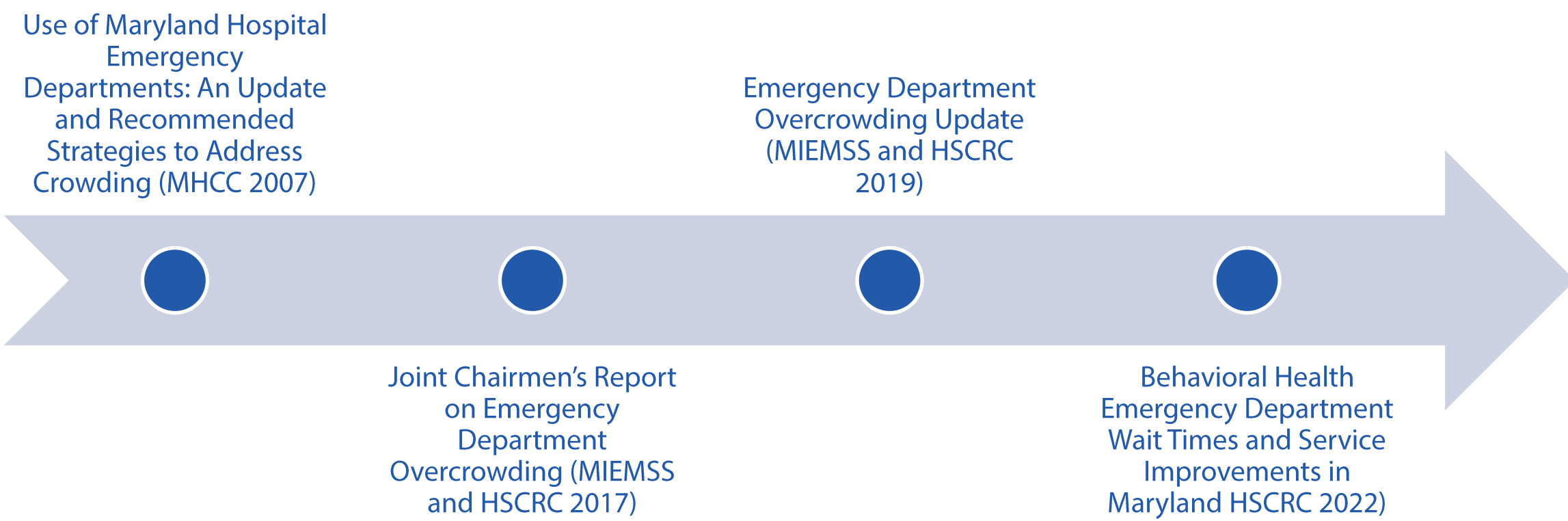
PREVIOUS REPORTS ON EMERGENCY DEPARTMENT/HOSPITAL THROUGHPUT

Maryland
Hospital Association

STATE AGENCY REPORTS TO MD GENERAL ASSEMBLY



USE OF MARYLAND HOSPITAL EMERGENCY DEPARTMENTS: AN UPDATE AND RECOMMENDED STRATEGIES TO ADDRESS CROWDING (2007)

MHCC in consultation with state and industry stakeholders assessed the Emergency Department landscape in Maryland including:

- State and national trends in ED utilization
- Types of patients most commonly accessing EDs in Maryland
- ED organization and patient flow

Recommendations to improve ED throughput:

- Increase availability of primary care and other community services
- Standardize ED performance measures
- Determine if additional data is needed to help hospitals address ED overcrowding
- Collect information and data on new approaches developed by hospitals to improve ED operations and throughput

JOINT CHAIRMEN'S REPORT ON EMERGENCY DEPARTMENT OVERCROWDING (2017)

MIEMSS and HSCRC identified several factors contributing to ED overcrowding:

- More behavioral health patients treated in EDs
- Staffing shortages
- Misalignment of EMS and hospital reimbursement policies
- More EMS patients seeking treatment in EDs

Recommendations to improve ED throughput:

- Include ED performance improvement measures in the Quality-Based Reimbursement (QBR) Program
- Require "outlier" hospitals to submit Hospital Efficiency Improvement Action Plans
- Determine whether yellow alerts should continue
- Expand access to mobile integrated health care and alternative destinations

EMERGENCY DEPARTMENT OVERCROWDING UPDATE (2019)

Update on the state's progress implementing recommendations in the 2017 report

ED performance improvement measures in HSCRC QBR programs

- HSCRC originally approved two quality-based measures for ED Efficiency (ED-1b and ED-2b) RY 2020
- ED-1b measures the amount of time between the arrival of the patient and when the patient is admitted
- ED-2b measures the amount of time between the decision to admit and the patient's admission
- In RY 2021 HSCRC removed ED-1b from the QBR program

Hospital Performance Improvement Plans

- HSCRC requested performance improvement plans from 13 "outlier" hospitals
- Hospitals were considered an "outlier" if the hospital performed 10% worse than the national median on ED-1b and at least 10% worse than own base performance on ED-1b or 50% worse than the national median on the ED-1b volume category
- Hospital performance plans included aligning staffing levels with demand, creating special protocols when hospitals are near capacity, and improved ED case management

EMERGENCY DEPARTMENT OVERCROWDING UPDATE (2019) (CONTINUED)

Re-evaluation of Yellow Alerts

- MIEMSS will replace the Yellow Alerts system
- The Yellow Alerts system produced a "domino effect"
  - When one hospital would go on Yellow Alert status, the other hospitals in the same geographic region would quickly follow suit, thereby limiting the destinations EMS can take patients

Mobile Integrated Health Care and Alternative Destinations

- When this report was published, there were 9 Mobile Integrated Health (MIH) programs in MD
- Alternative destinations initiative expanded statewide in 2019
- EMS, with the patient's consent, may transport patients to alternative locations, like behavioral health facilities or urgent cares

BEHAVIORAL HEALTH EMERGENCY DEPARTMENT WAIT TIMES AND SERVICE IMPROVEMENTS IN MARYLAND (2022)

Report identified **5** issues that negatively impact Maryland's BH system of care and ED throughput

- **Data Availability**
  - The data necessary to comprehensively assess challenges and identify solutions is not available. For example, data on discharged patients accessing community supports is not being collected.

- **Sustainable Funding**
  - A significant portion of BH funding in Maryland is in the form of grants. Grant funding does not offer a sustainable funding source as grants are generally for a fixed term. Additionally, grant funding can remain the same amount for several years in a row while the cost of BH services continues to rise
  - Amongst Maryland health plans, the Maryland Medicaid program offers the most comprehensive coverage for BH services. As a result, patients with private health plans have less access to BH services than individuals enrolled in the Medicaid program

BEHAVIORAL HEALTH EMERGENCY DEPARTMENT WAIT TIMES AND SERVICE IMPROVEMENTS IN MARYLAND (2022) CONTINUED

Strengthen Primary Behavioral Healthcare Model and Integration of Behavioral Health into Primary Care

- Primary medical care is better funded than community-based BH care
- Maryland Primary Care Program increased access to community-based BH services, but not all patients who need these services are served by this program

Legal Issues

- Can hinder a patient's ability to move to appropriate care settings
- Youth with legal charges, under DHS supervision, present additional challenges to placement

Workforce

- Additional funding is needed to help employers provide student loan assistance for practitioners
- Ensure curriculums and trainings reflect the latest best practices like medication assisted treatment
- Barriers, like overly broad licensure regulations and telehealth limitations, can negatively impact the health care workforce

KEY TAKEAWAYS AND RECOMMENDATIONS

- Advance policies to increase the quality and availability of primary care and other community health care services
- Strengthen the Maryland behavioral health system of care
- Develop standardized metrics for the evaluation of ED operations and throughput
- Addressing health care workforce issues is critical to improve ED throughput
- Study and assess reimbursement rates, including ED performance improvement metrics, under QBR

DISCUSSION

- Are there any issues and/or recommendations that we no longer need to consider because they are outdated or have been addressed?

- Are there issues and or recommendations where this work group should focus or expand our efforts?