

General Assembly Hospital Throughput Work Group Meeting Summary

Oct. 18, 2023

Overview

MHA convened the fourth General Assembly Hospital Throughput Work Group meeting, which focused on hospital bed capacity and community behavioral health efforts impacting throughput. MHA and health care consulting firm Health Management Associates (HMA) facilitated a breakout work group session where members developed throughput policy proposals.

Main Points of Discussion

- Members reviewed data on hospital bed capacity and utilization, which provided the percentage of available and staffed beds. Members are concerned that Maryland hospitals are often operating above 85% occupancy, which often leads to patient boarding in the ED.
 - Members say bed occupancy alone can be misleading, and hospitals develop capacity needs based on a patient need, patient acuity, and number of beds per unit amongst other factors.
- Lori Doyle, public policy director of the Community Behavioral Health Association of Maryland, presented on the current and historic behavioral health challenges that impact emergency department and hospital throughput. The presentation included recommendations, including support for Certified Community Behavioral Health Clinics (CCBHCs) and intensive care management systems.
- Members discussed whether access to insurance coverage affects emergency department admissions.
- Need consistent language and terminology to properly interpret hospital bed availability.
 - Members distinguished available beds from staffed beds and the misconception regarding bed availability.
 - Members noted the workforce needed for staffed beds includes staff to clean beds or provide food for patients, not solely clinical staff.
- Members developed three categories (emergency department visits/hospital admissions, capacity, and length of stay) assessing hospital throughput and were divided into groups to discuss each categorical solution. Proposed solutions include:
 - Improve medical assessments at SNFs, including assessing Maryland SNFs medical assessment capability, incentivizing hospitals to work with physician groups to connect patients to same day or next day appointments, establishing behavioral health services and assessment alternatives, and creating a value-based purchasing system for behavioral health services.
 - Increase workforce in nursing and support staff to enable hospitals to move patients effectively and efficiently through the entire hospital and reduce boarders.
 - Increase nurses and support staff to enable hospitals to reduce boarders and move patients effectively and efficiently through the hospital.

Leverage palliative and hospice care, establish grant funding for innovative care, waive the Medicare “three-day rule” for post-acute services, reinvent Maryland waiver with home care, increase access to non-emergent medical transport, and revamp Medicare Advantage.

Next Steps

- The [Work Group](#) will meet again Nov. 16 to review and discuss strategies and recommendations.
- Geoff Dougherty of the Health Services Cost Review Commission will present an analysis of the system and local factors contributing to throughput challenges.