

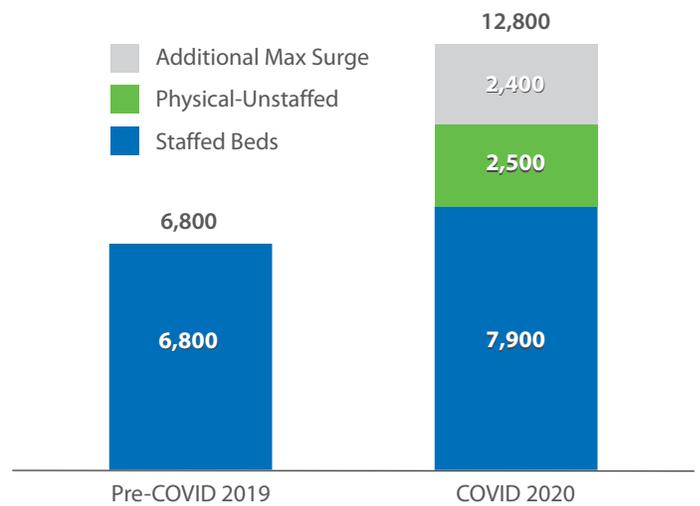
Hospitals Deftly Pivot to Protect Marylanders in Coronavirus Pandemic

When COVID came to Maryland in early March, state officials told hospitals to prepare to save the lives of several thousand patients. And, the governor ordered hospitals to halt elective and non-urgent procedures to free up room and conserve resources.

Hospitals rose to the occasion. They made new space and repurposed existing space. They set up COVID-only care areas to prevent infection transmission. Despite scarcity of supplies and very high prices, they bought or made masks, gowns, and gloves in huge numbers to ensure the safety of their most important asset, their workforce. They acquired ventilators and vital medications. They redeployed staff, for instance, training nurse anesthetists for respiratory therapy and asking surgeons and ambulatory care physicians to help with non-COVID intensive care and emergency patients.

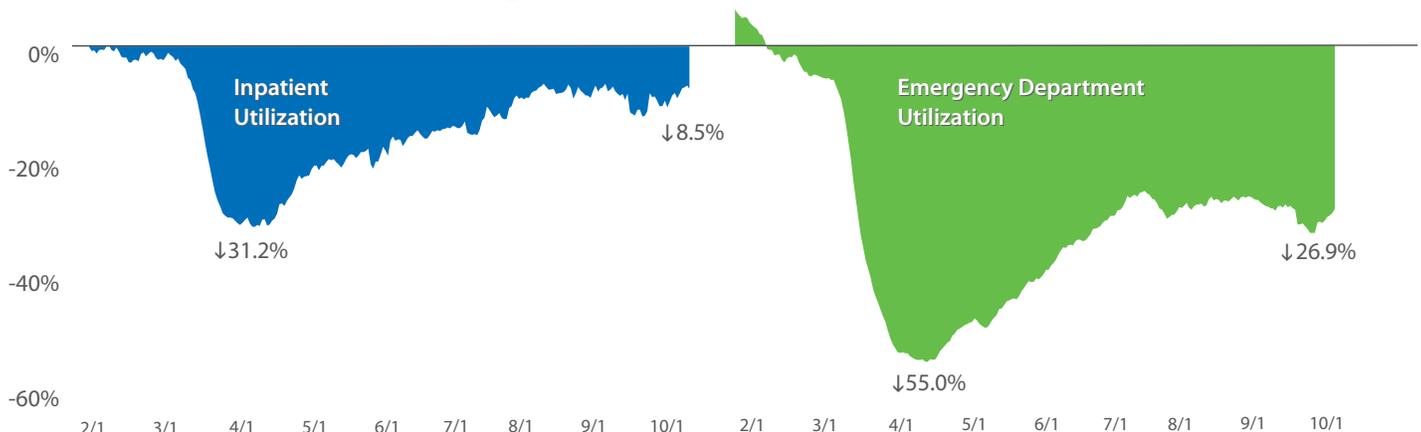


Rapid Build-up of Bed Capacity



As the burden of COVID-19 illness began to subside over the summer, hospitals could resume scheduled procedures. But many people who needed care did not return so readily, adding to their health risks. Hospitals saw higher acuity in patients presenting to emergency departments, the result of their delaying seeking treatment.

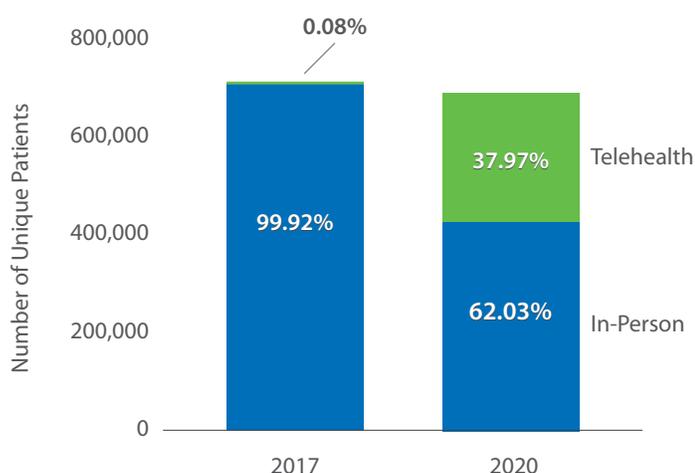
Hospital Inpatient and Emergency Department Use Returns Slowly (2020 vs. 2019)



Use of Telehealth Skyrockets, Benefiting Patients

While battling COVID, hospitals kept delivering acute care for non-COVID patients, ongoing care for patients with chronic conditions, and vital population health efforts.

Physician Visits By Medicare Patients in Maryland



Telehealth has been instrumental in ensuring continuity of care during the COVID crisis and mitigated exposure to the virus.

Federal and state officials authorized expanded scope of professional practice, coverage of audio-only services, and treatment in the patient’s home as an originating site.

Payers also recognized, at least temporarily, the benefits of reducing financial barriers to encourage patients to seek appropriate medical attention.

These sensible provisions allow hospitals and doctors to continue to care safely, at a distance, for chronically ill individuals and those who have compromised immune systems.

Allowing audio-only tele-visits promotes access for patients who lack broadband connections and video-capable communication devices, particularly those in rural and underserved communities.

Looking Ahead: Lessons from a Pandemic

The COVID pandemic—still very much with us—has underscored some vital needs:

- Strong emergency preparedness across the state
- Open communication and collaboration among all stakeholders
- A regulatory and payment/funding structure that can flex quickly to meet critical needs

Planning should occur at the regional level to enable better distribution of patients and continuity of care. Hospitals in areas seeing greater disease impact will have different considerations for surge planning. Where the impact is less, hospitals should be permitted to continue normal operations. This protects the health of all.

Flexibility to meet emergent conditions must continue long term. Not just because COVID will linger, but also so our health system has shock absorbers to respond quickly and well to whatever natural or man-made disasters arise.

15,000 Patients Saved

Number of COVID patients treated and released by Maryland hospitals through Oct. 1, 2020

Sources:

Maryland Health Care Commission, Acute Care Hospital Inventory (ACHI) FY2019 – Licensed Beds; CRISP/ Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily Survey Submission

Health Services Cost Review Commission Experience Report through April 2020

Chesapeake Regional Information System for our Patients (CRISP) – Hospital Volume Trend Report (3-day moving average); HSCRC Case Mix Data and Admission, Discharge, Transfer (ADT) data

MHA Analysis of Centers for Medicare & Medicaid Services Chronic Conditions Data Warehouse Medicare Maryland beneficiaries, Part B physician data, calendar years 2017 through 2020, January through May