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February 23, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

RE: Senate Bill 387 – Task Force on Reducing Emergency Department Wait Times - Letter of Support with Amendment

Dear Chair Griffith and Committee Members:

The Health Services Cost Review Commission (HSCRC) applauds the sponsor for proposing Senate Bill 387, which establishes a Task Force on Reducing Emergency Department (ED) Wait Times. The Commission hopes that the Task Force created through SB 387 will result in prompt and substantive improvement in the underlying challenges that result in long ED wait times for Marylanders. In order to improve coordination among the many health care stakeholders that interact with hospital emergency departments, the HSCRC urges the Committee to consider the membership of this taskforce to ensure it includes key decision makers and stakeholders. HSCRC urges a favorable report of SB 387, with amendments to broaden stakeholder participation to include the HSCRC, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the Maryland Health Care Commission (MHCC).

ED wait times have been a longstanding problem in Maryland with multiple underlying causes. Based on a search of the Legislative Library, State agencies have produced reports on the topic of emergency department use and wait times since the 1990s.[1] Maryland's poor performance on ED wait times relative to the nation is shown clearly in public data from the federal Centers for Medicare and Medicaid Services (CMS).[2] As shown by this data, Maryland's poor performance on ED wait time measures pre-dates Maryland's adoption of hospital global budgets in 2014. In the last few years, high levels of respiratory illnesses (including COVID-19) and workforce challenges, both in the hospital setting and in the health care settings that patients are transferred to after receiving hospital

[1] See Appendix A for a list of reports from state agencies in Maryland.
[2] See Appendix B for data comparing emergency department wait times in Maryland to the nation.

care (including nursing homes), have exacerbated pressures on emergency departments.

HSCRC has taken a number of steps to improve emergency department wait times, which are described below.

HSCRC's Hospital Quality Reimbursement Program includes ED Wait Time Measures

The HSCRC sets hospital global budgets and ties a portion of each hospital's revenue to the hospital's performance on a set of quality measures. The policy that ties hospital quality performance to their allowed revenue is called the Quality-Based Reimbursement (QBR) policy. Under the QBR policy, hospitals are financially rewarded or penalized based on their performance. Starting with Rate Year 2020, two measures of ED wait times were added to the QBR program, using data from the Centers for Medicare & Medicaid Services (CMS). The QBR policy was revised for RY 2021 to only include one of the ED measures because CMS stopped collecting data for the other ED wait time measures. The following year, CMS stopped collecting any data on these measures. This meant that HSCRC could no longer use that data in the QBR policy to adjust hospital global budgets, removing this financial incentive for hospital improvement on these measures.

Because HSCRC is committed to improving ED wait times, HSCRC has developed a state-based data collection process to collect data from Maryland hospitals on ED wait times. Specifically, HSCRC is collecting "ED-2: Decision to Admit to Admission Median Time". ED-2 measures the time, in minutes, from the time a decision is made to admit a patient until that patient was admitted to the hospital. Maryland hospitals were required to start submitting CY 2022 data in July of 2022. In the spring of 2023, HSCRC will consider including CY 2023 data into the QBR program for FY 2024, so that hospital revenue will once again be tied to improving ED wait time.

Requesting hospital efficiency improvement action plans from hospitals that have poor ED performance measures

In 2017, as part of the strategy to incentivize hospitals to improve ED efficiency and throughput, the HSCRC requested performance improvement plans from 13 hospitals with poor ED performance. Hospitals were expected to detail their efforts to improve ED efficiency and hospital throughput, both within the ED and throughout the hospital.[3]

Funding for Emergency Services for Treatment in Place and Mobile Integrated Health

HSCRC provided $4 million in funding over two years (FY 2018 - FY 2019) to the University of Maryland Medical Center to implement a mobile integrated health pilot in partnership with the Baltimore City Fire Department. The pilot was partially designed to provide low-acuity 911 callers with on-scene care and prevent avoidable ED visits.

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[3] Additional detail on these plans is available in MIEMSS & HSCRC, Emergency Department Overcrowding Update; Report to the Joint Chairmen, November 2019.

Funding for Behavioral Health Crisis Services
Behavioral health patients spend longer in the ED than other patients, for a number of reasons, including the lack of alternatives for individuals experiencing a behavioral health crisis. HSCRC has awarded $79.1 million over 5-years (CY 2021 - 2025) to expand evidence-based crisis services in the Lower Eastern Shore, Prince George's County, and the Greater Baltimore Metropolitan region. The Regional Partnership Catalyst Program supports the development and expansion of crisis call centers, mobile crisis teams, and residential crisis centers. These programs are expected to reduce behavioral health visits in EDs and boarding times in participating hospitals by 2025.

Adding State Agencies and Key Providers to the Task Force will Strengthen the Recommendations.

HSCRC strongly believes that additional action must be taken to improve ED wait times in Maryland. Reducing ED wait times will require coordination between a broad set of state entities, emergency services providers, and health facilities, including hospitals, post-acute care facilities, and behavioral health facilities. All of these entities should be part of the Task Force in SB 387.

With respect to state entities, HSCRC recommends that the Task Force in SB 387 be expanded to include MIEMSS, HSCRC, and MHCC, in addition to the Maryland Department of Health (MDH). Each of these entities is important to regulating aspects of the hospital and/or emergency medical services systems. MDH regulates hospitals through licensure by the Office of Health Care Quality. MDH also influences hospital-based providers through Medicaid payments. MIEMSS, which runs the State’s emergency medical system, has key data on ED effectiveness and has a stake in efficient EDs, as that impacts ambulance and EMS availability. HSCRC sets the rates for hospitals, including pay-for performance programs that incentivize quality outcomes. The MHCC has regulatory authority over hospital capital projects (including the construction of emergency departments) through Certificates of Need.

In addition, HSCRC encourages the Committee to consider involving other types of facilities and providers with the Task Force (such as post-acute care facilities). Coordination between EDs and other facilities is crucial to an efficient emergency department, as some ED patients need to be sent from the ED to other facilities. Delays in these transfers impacts ED wait times for all patients.

HSCRC urges the Committee to consider the membership of this taskforce to ensure it includes key decision makers and stakeholders. HSCRC urges a favorable report of SB 387 with the attached amendment. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at me at katie.wunderlich@maryland.gov or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,

Katie Wunderlich
Executive Director

Amendment

Purpose of amendment: To expand the membership of the Task Force on Reducing Emergency Department Wait Times from seven members to ten members to include key State agencies.

On page 1, at the end of line 15, strike "and" and insert the following:

> **(4) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;**
> **(5) THE EXECUTIVE DIRECTOR OF THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;**
> **(6) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND**

Attachment:

> Appendix A: Reports Related to ED Wait times and ED Overcrowding from State Agencies in Maryland
> Appendix B: Data on ED Wait Times in Maryland

Appendix A: Reports Related to ED Wait times and ED Overcrowding from State Agencies in Maryland

Maryland Department of Health and Mental Hygiene, Recommendations for Improving Access to Primary Care and Reducing Inappropriate Utilization of Hospital Emergency Departments, 1994.

Maryland Health Care Commission, Use of Maryland Emergency Departments: An Update and Recommended Strategies to Address Crowding, January 2007.

Maryland Mental Hygiene Administration, Addressing the Issue, Utilization of Emergency Departments by Individuals with Psychiatric Illness, 2007.

MIEMSS, Maryland Mobile Integrated Health Programs Involving Emergency Medical Services (EMS), 2017.

Maryland Institute for Emergency Medical Services Systems (MIEMSS) & HSCRC, Joint Chairmen's Report on Emergency Department Overcrowding, December 2017.

MHCC, MIEMSS, MDH, and HSCRC, Coverage and reimbursement for Emergency Medical Services Care Delivery Models and Uncompensated Services, 2018.

MIEMSS & HSCRC, Emergency Department Overcrowding Update; Report to the Joint Chairmen, November 2019.

Maryland Department of Health, Department of Juvenile Services, and Department of Human Services, 2020 Joint Chairmen's Report - Report on Emergency Room Visits, Hospital Stays, and Out-of-State Placements for Youth with Psychiatric and Medical Conditions, November 15, 2020.

Department of Human Services, Report on Emergency Room Visits, Hospital Stays, and Placements after Discharge, November 30, 2021.

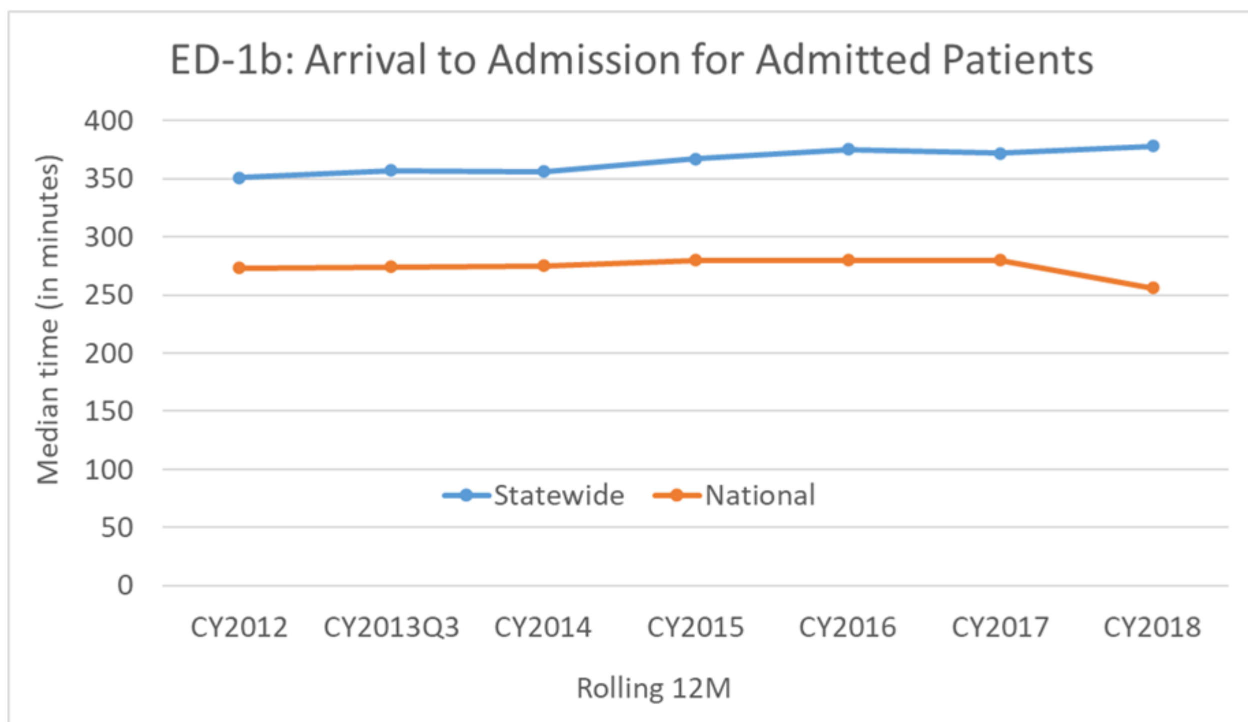
HSCRC, Behavioral Health Emergency Department Wait Times and Service Improvements in Maryland, January 2022.

This list is based on the catalog of the Maryland Legislative Library. It does not include reports that were not required by the legislature, including reports from the Maryland Hospital Association.

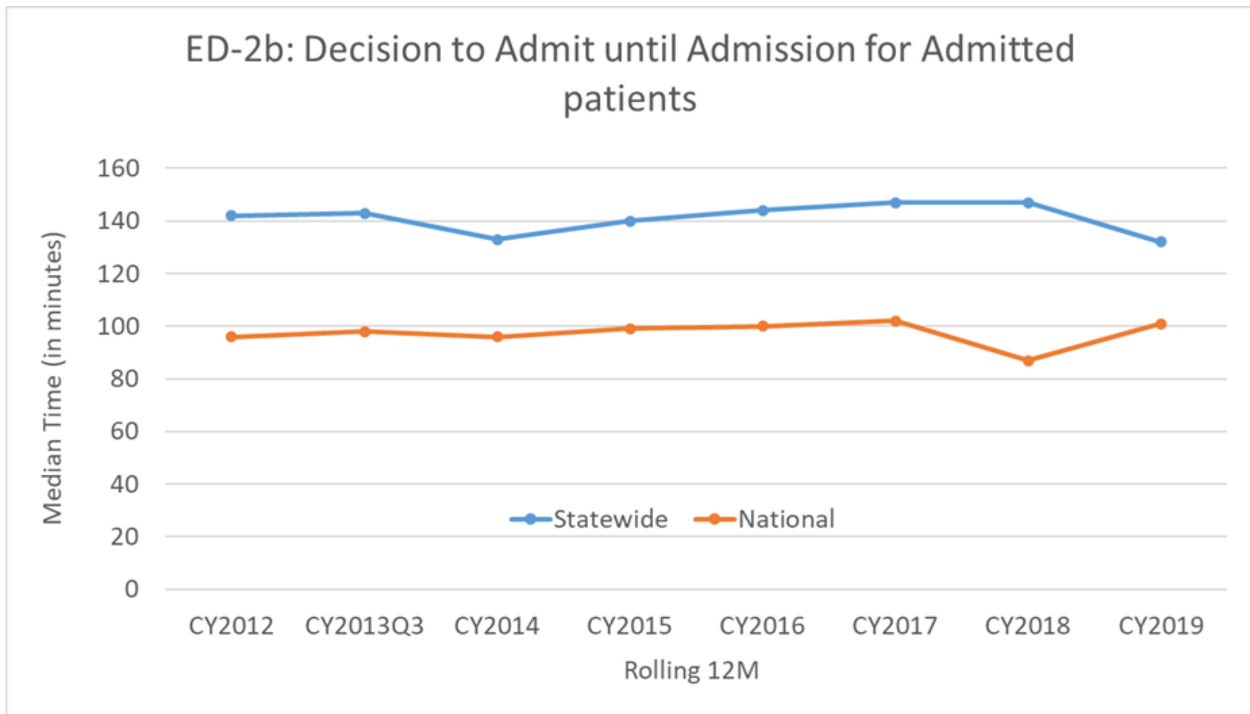
Appendix B: Data on ED Wait Times in Maryland

Below are descriptions and data of ED wait time measures. This data is from CMS, and compares national ED wait times to Maryland. CMS has collected and published national and state data on emergency department wait times.

The first measure, "ED-1b", measures the time between when a patient who is admitted to the hospital arrives at the ED and when that patient is admitted to the hospital. This measure is available from 2012 through 2018. CMS has stopped collecting this data. As a result, no recent data is available on this measure. This measure was part of HSCRC's QBR program for rate year 2020.



The second measure, "ED-2b", measures the time between when the emergency department professionals decide to admit a patient and when that patient is admitted to the hospital, for patients who are admitted to the hospital. CMS collected this data for 2012 through 2019 and then stopped collecting the data. HSCRC has built a data collection process and has begun to collect this data in Maryland. No recent national data is available on this measure. This measure was part of HSCRC's QBR program for rate years 2020 and 2021. HSCRC may include this data in QBR program for FY 2024, once data collected through the state data collection process has been validated.



The third measure, “OP-18”, measures the time, in minutes, from the time that a patient arrives at the ED until the patient is discharged, for patients who are not admitted to the hospital. This data is available separately for behavioral health and non-behavioral health patients. This measure is still being collected by CMS.

Figure 1: Median Time, Arrival to ED to Discharge, Non-Admitted Patients, CY 2017 Q3 - CY 2019 Q4