Maryland
Hospital Association

January 5, 2024

Geoff Dougherty
Deputy Director, Population-Based Methodologies, Analytics, and Modeling
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. Dougherty:

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we appreciate the opportunity to comment in opposition to the Health Services Cost Review Commission's (HSCRC) *Draft Recommendations for the Emergency Department Potentially Avoidable Utilization Program for Rate Year (RY) 2026.*

Over the last several months, we have valued the opportunity to collaborate with stakeholders including the HSCRC staff to bring light and focus on the critically important issue of emergency department (ED) utilization and overcrowding. It has allowed all partners to discuss and agreed that this issue is multi-faceted and a symptom of a larger issue in the health care continuum including lack of primary care and behavioral health access, hospital throughput, post-acute availability and services, and state and payer administrative policies and procedures that overcrowd our state's emergency departments. As we work with the Legislative Workgroup for final recommendations for systematic change, hospitals continue to do the performance improvement work to address the hospital specific issues we can control through the EDDIE project.

Unfortunately, the current draft recommendations for the emergency department potentially avoidable utilization program do not help to achieve the aims of addressing the problems of emergency department overcrowding. Specifically,

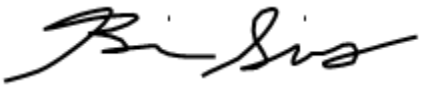
- It is well-established that patterns of repeated ED utilization are often a function of deficiencies within a public health system and compromised access to alternative sites of care. A policy that focuses solely on hospitals, even if it is reward only, cannot and will not address the services lacking in the community.
- HSCRC data shows a disproportionate number of individuals identified as a multi-visit patient (MVP) are members of marginalized groups. Until we can adequately meet the primary care and social needs of these groups outside of the hospital setting, we oppose a payment policy that incentivizes a reduction in care options for marginalized groups.
- The draft policy sets a precedent of holding hospitals accountable for systematic issues outside of the hospitals' control. Without a comprehensive and coordinated approach that brings all stakeholders together, using hospital rate-setting sets an unfair expectation for hospitals.

We believe a more holistic approach to addressing multi-visit patients would to be to create a grant program similar to the Regional Partnership Catalyst Program to provide resources and incentives for hospitals to continue and expand their work with community-based organizations, state agencies, and payers to help Marylanders access more appropriate pathways for care and/or other upstream solutions. Through public/private partnerships, all the stakeholders can work collaboratively to address the goals outlined in the staff recommendations and the complex needs of individuals who frequently return to hospital emergency rooms. A grant program can allow for accountability to be appropriately shared and evaluated, refined, and scaled as needed over time.

Therefore, we oppose the current policy as written and support a voluntary program with infrastructure funding that incentivizes meaningful regional partnerships and sustainable programs to address the needs of our patients.

We look forward to collaborating with staff and partners statewide to improve care for all Marylanders.

Sincerely,



Brian Sims
Vice President, Quality & Equity

cc: Joshua Sharfstein, M.D., Chair
Joseph Antos, Ph.D., Vice Chair
James N. Elliott, M.D.
Ricardo. R. Johnson
Maulik Joshi, DrPH
Adam Kane, Esq.
Nicki McCann, JD
Jonathan Kromm, Ph.D., Executive Director