maryland
health services
cost review commission

Emergency Department Dramatic Improvement Effort (EDDIE)

MHA Legislative Taskforce

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Background

- Legislature has asked MHA and MIEMSS to convene working group to identify solutions
- ED throughput challenges have resulted in significant lack of availability of EMS units statewide
- HSCRC staff are targeting CY24 for development of payment policies for ED wait times and avoidable ED
  - HSCRC staff are collaborating with CRISP to collect ED wait times through electronic Clinical Quality Measures (eCQMs) for reintroduction in QBR
  - Reducing avoidable ED utilization has also been a focus as one way to reduce wait times
- Meanwhile, commissioners have asked staff to identify short-term policies that could spur rapid improvement
  - **EDDIE (Emergency Department Dramatic Improvement Effort) Project:** Public reporting of emergency department metrics for monitoring

HSCRC and Global Budget Background

- HSCRC set hospital global budgets that dictate revenue, not spending
- Hospitals decide how to spend the available revenue
- While the HSCRC and TCOC model are one determinant of how resources are allocated to the ED or inpatient unit, we are not the only determinant.
- Many health systems have stockpiled retained revenue or invested in other areas

Our Policy Goals

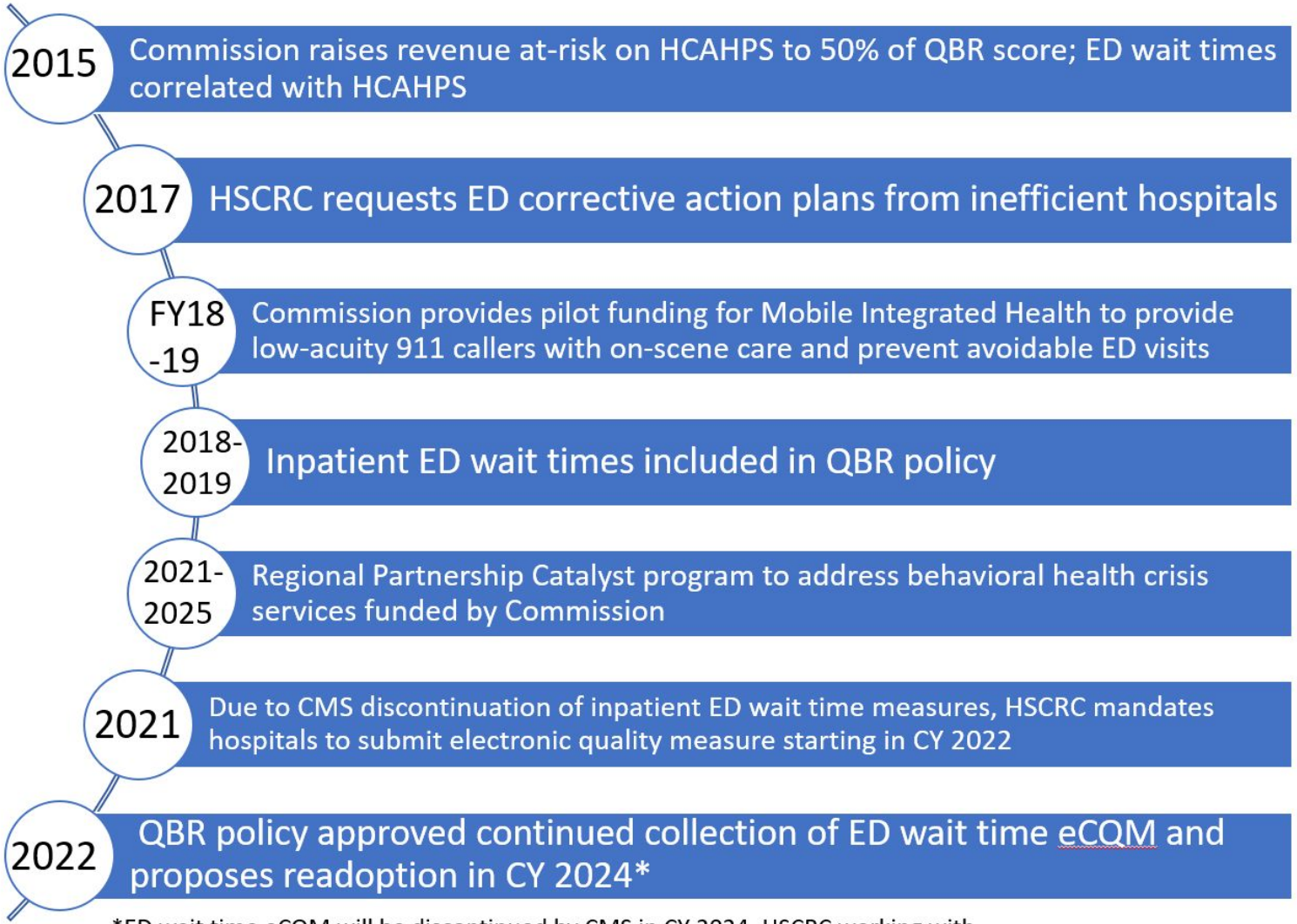
- Improve ED throughput/wait times to:
  - Improve patient experience
    - Get patients to a care setting where their issues can be definitively treated in an efficient and patient-centered manner
  - Improve patient access
    - Our goal is not to cut off ED access for anyone who slips through the cracks
  - Improve patient outcomes
- Address challenges holistically
  - Encourage ED teams to make operational changes where feasible
  - Encourage health systems to build care pathways for people whose needs are not best met in the ED
  - Encourage health systems to make operational changes that reduce ED boarding

Commission Actions that Address ED Wait Times

Despite multiple actions by the Commission, ED wait times continue to be worse than the nation.

Multipronged strategy to address ED wait times is needed, including initiatives to address ED overcrowding

EDDIE Project: Public reporting of emergency department wait times starting July/August 2023



*ED wait time eCQM will be discontinued by CMS in CY 2024; HSCRC working with vendor to require continued submissions

2023 Monitoring of ED PAU and development of 2024 payment policies

EDDIE Overview

- ED wait times in Maryland have been consistently higher than the nation since before the start of the All-Payer model (see Appendix)
- EDDIE is a Commission-developed quality improvement initiative with two components:

EDDIE: Improved ED Experience for Patients

Quality Improvement

- Rapid cycle QI initiatives to meet hospital set goals related to ED wait times
- Learning collaborative
- Convened by MHA

Commission Reporting

- Public reporting of monthly data for three measures (see next slide for details)
- Led by HSCRC and MIEMSS

June 2023 Reporting

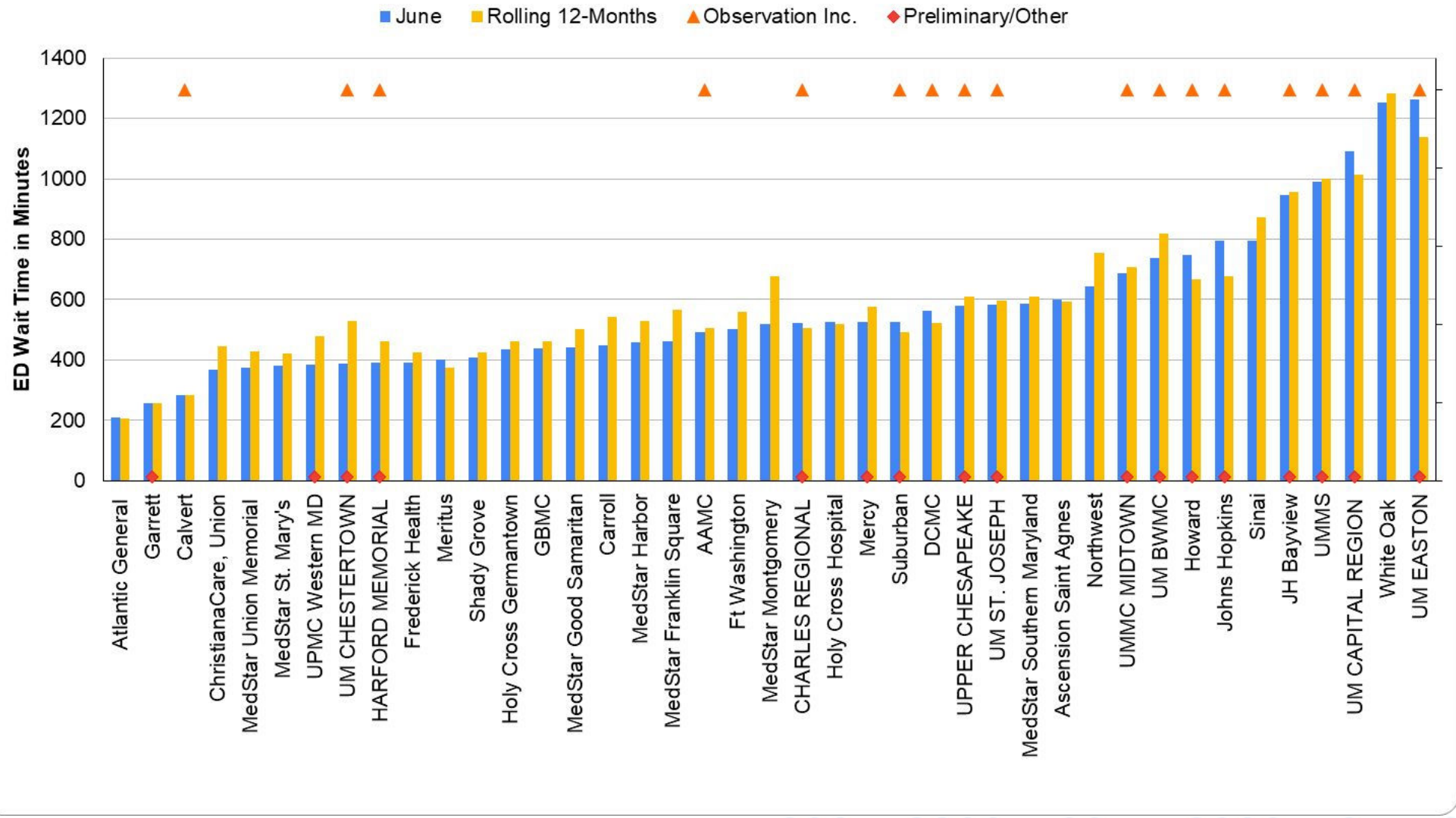
Monthly, public reporting of three measures:

- ED1 Inpatient arrival to admission time
- OP18 Outpatient ED arrival to discharge time
- EMS turnaround time (data from MIEMSS)

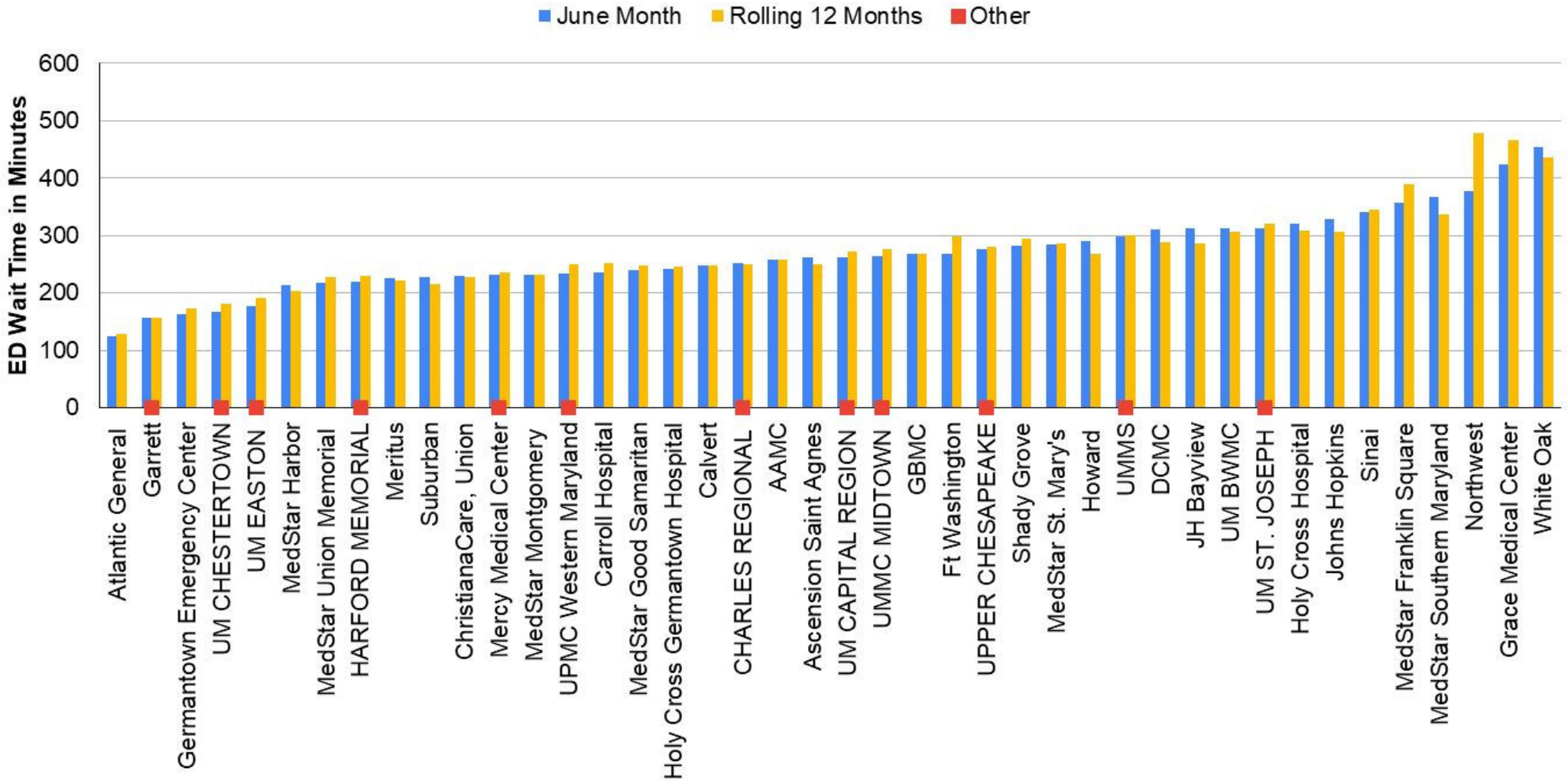
Reports received for June: 43 out of 44 hospitals/EDs reported **ED1/OP18** data

- 41 hospitals reported ED1a (16 hospitals noted the data was preliminary, another anomaly, or said the data was pending final validation)
- 42 hospitals reported OP18a (15 hospitals noted the data was preliminary, another anomaly, or said the data was pending final validation)
- One hospital requested an extension
- Future reporting needs to be requested from all freestanding EDs

ED 1a: ED Arrival to Inpatient Admission Time

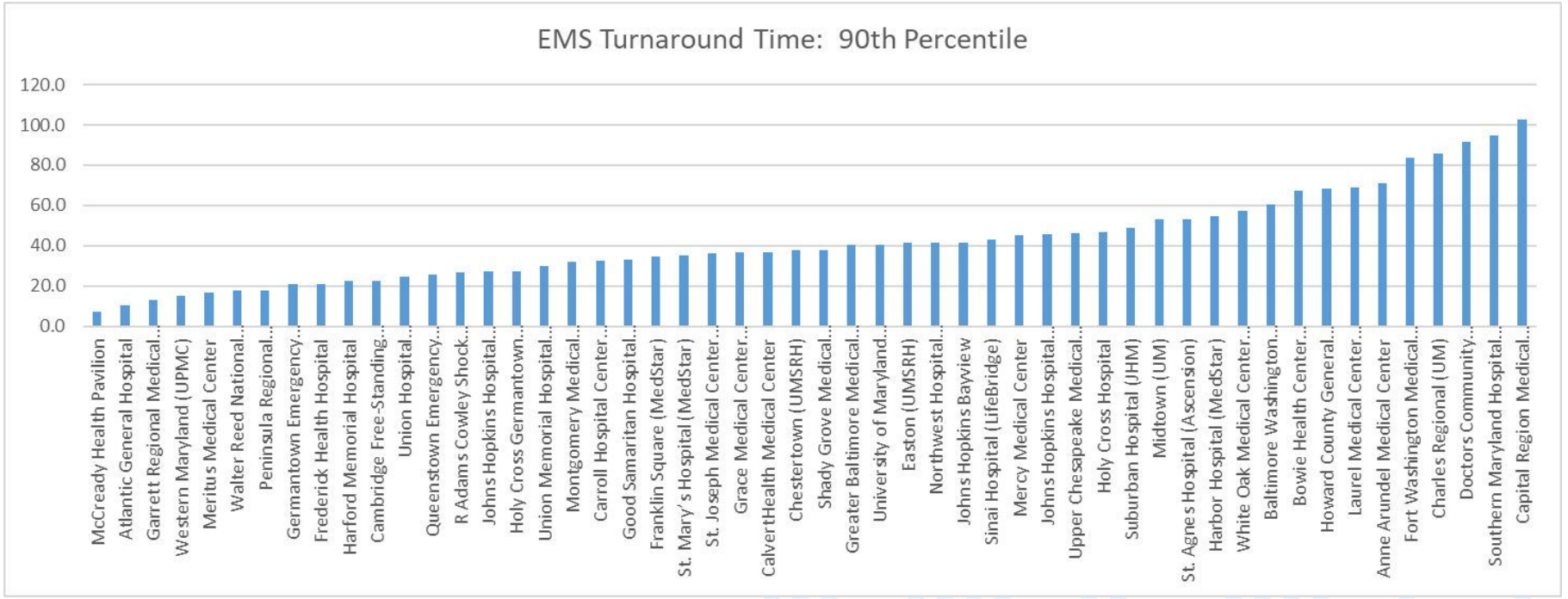


OP 18a: ED Arrival to Discharge



EMS Turnaround

- Data provided by MIEMSS
- Measure: 90th percentile of EMS turnaround time (i.e., time from ambulance arrival until care is transferred to the hospital)



EMS Turnaround: Time at the 90th percentile

Facilities	Jan	Feb	Mar	Apr	May	Jun
Atlantic General Hospital	8.8	8.0	9.0	8.3	9.2	10.1
Cambridge Free-Standing ED (UM)	31.0	24.0	17.5	25.6	21.0	22.6
Carroll Hospital Center (LifeBridge)	46.9	42.7	41.1	35.5	37.1	32.2
Franklin Square (MedStar)	50.5	42.5	38.3	33.8	36.3	34.7
Frederick Health Hospital	23.6	22.2	20.0	18.6	20.6	21.0
Garrett Regional Medical Center (WVU)	14.0	12.9	15.0	12.6	13.3	13.1
Germantown Emergency Center (Adventist)	25.0	25.7	24.1	26.6	21.8	20.6
Good Samaritan Hospital (MedStar)	51.5	42.5	37.7	35.6	38.7	33.2
Harford Memorial Hospital	24.3	21.2	28.0	25.6	21.5	22.4
Holy Cross Germantown Hospital	31.3	27.7	27.5	28.3	28.8	27.1
Johns Hopkins Hospital PEDIATRIC	29.1	30.8	34.0	32.2	31.0	26.9

Source: MIEMSS

EMS Turnaround: 30 minutes or less, continued

Facilities	Jan	Feb	Mar	Apr	May	Jun
McCready Health Pavilion	6.8	6.8	12.5	8.8	6.5	7.1
Meritus Medical Center	16.9	16.6	14.7	15.7	16.2	16.9
Montgomery Medical Center (MedStar)	36.0	34.1	35.1	29.8	31.7	32.2
Peninsula Regional (TidalHealth)	18.7	18.3	17.7	17.1	18.5	17.9
Queenstown Emergency Center (UM)	36.8	21.5	24.0	26.5	17.3	25.6
St. Mary's Hospital (MedStar)	35.6	33.6	30.0	28.0	31.7	35.2
Union Hospital (ChristianaCare)	25.0	24.7	22.4	23.3	21.2	24.8
Union Memorial Hospital (MedStar)	37.6	34.5	33.0	33.0	32.6	30.0
Western Maryland (UPMC)	14.0	14.0	13.0	15.0	15.0	15.0

EMS Turnaround: 30 to 60 minutes

Facilities	Jan	Feb	Mar	Apr	May	Jun
Midtown (UM)	66.7	64.8	56.1	56.7	50.0	53.0
Northwest Hospital (LifeBridge)	69.4	50.4	46.3	42.1	41.5	41.4
Shady Grove Medical Center (Adventist)	40.9	34.5	33.7	33.8	32.0	37.8
Sinai Hospital (LifeBridge)	55.4	47.8	47.1	47.3	44.8	43.3
St. Agnes Hospital (Ascension)	66.8	60.3	60.3	58.5	54.8	53.2
St. Joseph Medical Center (UM)	54.3	40.0	33.3	31.6	34.7	36.0
Suburban Hospital (JHM)	44.2	43.0	41.8	38.6	36.9	49.0
University of Maryland Medical Center	60.0	57.3	55.0	53.8	43.4	40.5
Upper Chesapeake Medical Center (UM)	50.2	44.7	50.2	48.7	45.9	46.2
White Oak Medical Center (Adventist)	63.4	51.0	52.6	52.3	54.4	57.3

EMS Turnaround: Greater than 60 minutes

Facilities	Jan	Feb	Mar	Apr	May	Jun
Anne Arundel Medical Center	78.3	67.4	80.4	74.6	78.7	70.8
Bowie Health Center (UM)	68.8	64.7	68.5	60.9	50.3	67.4
Capital Region Medical Center (U)	113.2	105.8	90.2	106.0	95.9	102.4
Charles Regional (UM)	93.5	64.7	54.3	52.0	81.7	85.6
Doctors Community Medical Center (Luminis)	94.3	90.5	74.9	82.5	92.4	91.3
Fort Washington Medical Center (Adventist)	124.3	120.4	96.2	91.6	90.5	83.9
Howard County General Hospital (JHM)	69.4	58.9	56.7	60.9	64.5	68.4
Laurel Medical Center (UM)	85.0	82.5	73.0	62.3	62.9	69.1
Southern Maryland Hospital (MedStar)	109.2	114.4	97.6	91.9	90.4	94.7

HSCRC Next Steps

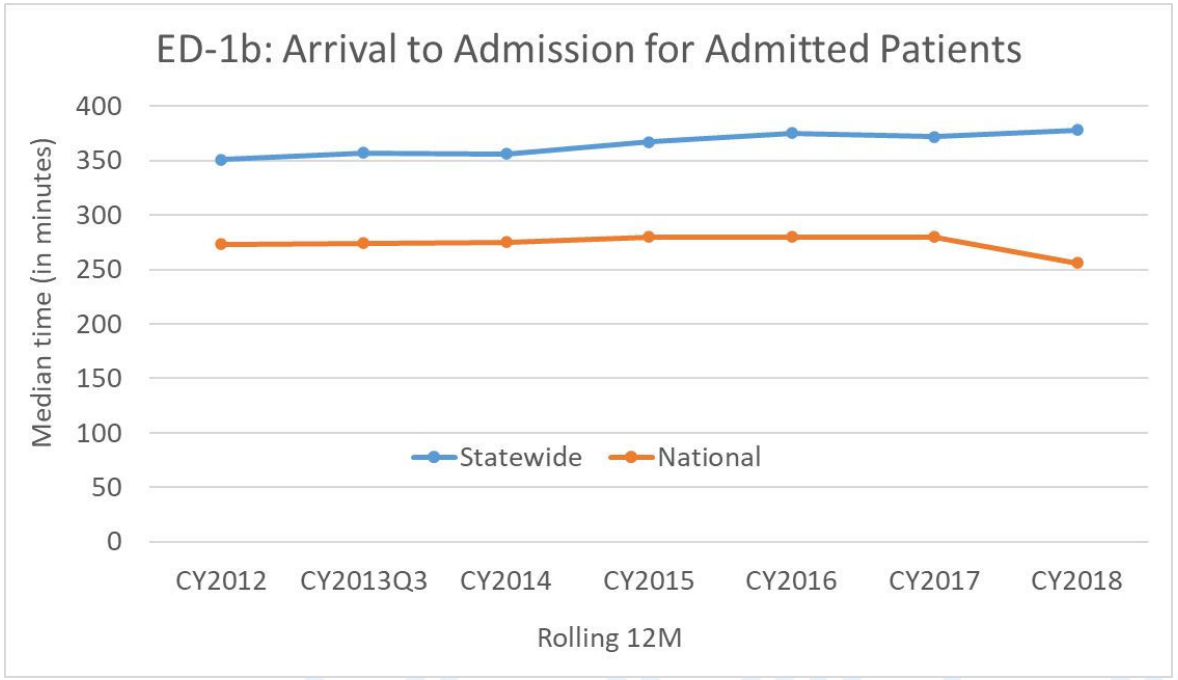
- Participate in legislative workgroup and EDDIE quality improvement initiative
- Continue to collect monthly ED wait time data and present at commission meetings
  - Present stratified measure by ED volume
  - Incorporate hospital goals from MHA quality improvement initiative
  - Update commission on legislative workgroup
- Develop CY 2024 payment policies for ED wait times and avoidable ED for commission consideration

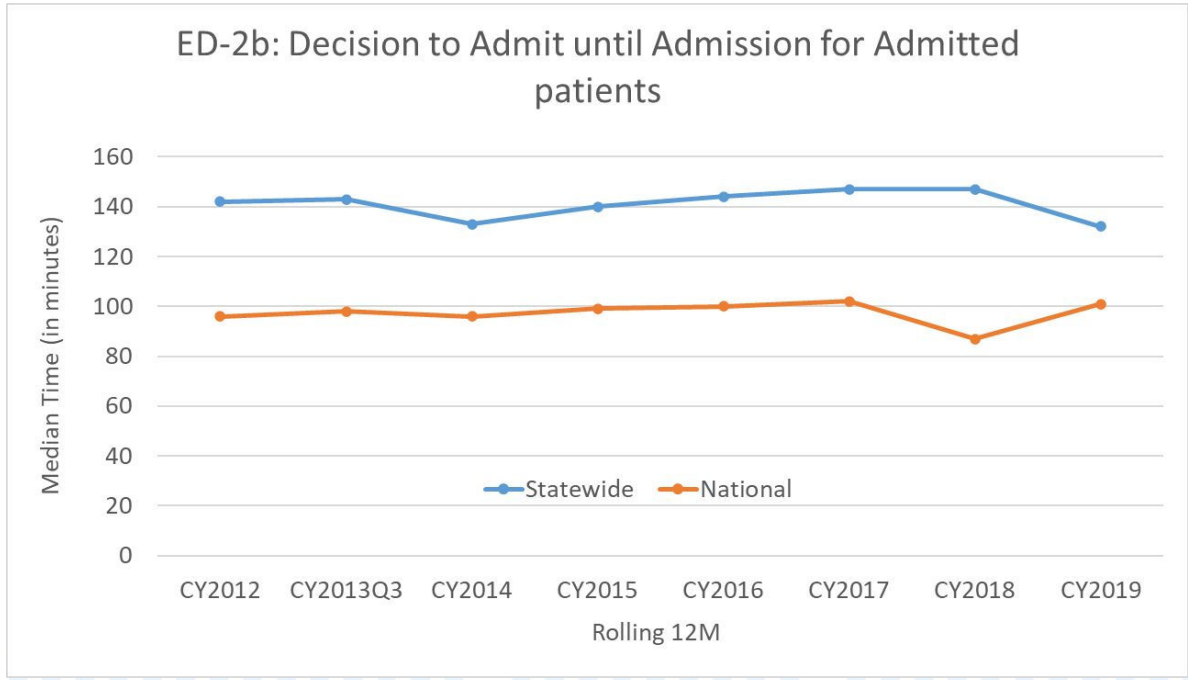
Appendix

- Historical ED wait time data: State vs. Nation
- Short and long-term strategies to address ED wait times
- By Hospital ED-2b eCQM CY 2022
- Correlations of EDDIE Wait times and volume
- Concerns about EDDIE initiative with responses

Inpatient Emergency Department Wait Times

- ED wait times in Maryland have been consistently higher than the nation since before the start of the All-Payer model
  - Inpatient ED wait times added to QBR program in RY 2020 (CY 2018 performance)
  - ED-1b and ED-2b were discontinued in 2019 and 2020, respectively





Outpatient Emergency Department Wait Times

- Outpatient ED wait times in Maryland are also higher than the nation
  - Data prior to CY 2014 is not available
  - CMS continues to collect outpatient ED wait times; outpatient ED wait times are correlated with IP wait times