



Talking Points

Maryland General Assembly Hospital Throughput Work Group

March 2024

Recommendations to Improve Hospital Throughput

- The Work Group released a final report outlining numerous potential areas for intervention and innovation with varying degrees of support. The differing ideas reflect the complexity of the concern, the multifaceted approaches available, and the diversity of the Group.
- Highlighting the breadth of potential solutions, the Work Group discussions and final report note a clear need for engagement and accountability beyond hospital walls.
- Hospitals are appreciative of this work and the many outside stakeholders' considerations. At the same time the Health Services Cost Review Commission has put interventions in place. And hospitals have been hard at work managing barriers under our control.
- The hospital field recommends the following actions to improve hospital throughput and ease emergency department length of stay:
 - Tighten rules around payer prior authorization practices to recognize Maryland's unique global budget system, which already discourages overutilization.
 - Continue efforts to grow and diversify the Maryland hospital workforce, including through the MHA digital workforce recruitment campaign, JoinMdHealth.
 - Strengthen data sharing and resources to create post-hospitalization options to help patients more efficiently move to the next level of care and improve hospital throughput.
 - Improve the judicial processing time for guardianship petitions when an individual is in an acute care hospital beyond the necessary length of stay. This may include legislative change as proposed by MHA this session.
 - Study the impact of Maryland's Model on hospital throughput to ensure any unintended consequences can be mitigated as the state moves forward with the next phase

Strategic Momentum: Ongoing Efforts to Optimize Hospital Throughput



Talking Points

Maryland General Assembly Hospital Throughput Work Group

- Maryland hospitals care deeply about responding to the needs of the patients in the state. We want to make a difference and are working on the issue from many perspectives with many different collaborators.
- Hospitals are a part of several work streams aimed at improving hospital throughput and emergency department length of stay. These include:
 - Health Services Cost Review Commission Emergency Department Dramatic Improvement Effort (EDDIE): Initiative to hold hospitals accountable for measurable progress through public reporting of ED throughput measures.
 - MHA Hospital Throughput Collaborative: Performance improvement initiative for hospitals and health systems to collaborate and share learnings through rapid cycle improvement projects.
 - Every hospital in Maryland has a team dedicated to improving hospital throughput and emergency department length of stay—each with their own initiatives and efforts in place. These teams implement distinct initiatives and endeavors tailored to address the unique requirements of the communities they serve.

Additional Messages

- The General Assembly Hospital Throughput Work Group included 28 people with diverse views.
- The policies for consideration in the Work Group's report reflect a true effort to build a better continuum of care for each Maryland community and reflect the diversity of the Group.
- There are numerous interventions proposed, several ways to approach the work, and a lot of activities and initiatives already underway. And the Work Group brought more ideas to light.
- Maryland hospitals are taking action, along with our partners, to improve hospital throughput and emergency department length of stay.
- It is time to give these recommendations—and other work already underway—the time needed to yield tangible results.
- To best care for each community and neighborhood, give the hospital field the opportunity to wrap these recommendations in with current process improvements.

About the Work Group



Talking Points

Maryland General Assembly Hospital Throughput Work Group

- The Maryland General Assembly Hospital Throughput Work Group began meeting in July 2023 at the request of the chairs of the Maryland Senate Finance Committee and the House Health and Government Operations Committee.
- It was co-chaired by the Maryland Hospital Association and the Maryland Institute for Emergency Medical Services Systems.
- The Group met eight times and released a report in February 2024 with recommendations to improve hospital throughput and reduce emergency department length of stay.
- The Work Group included 28 members with diverse perspectives representing state agencies, departments, and commissions; the legislature; patient advocates; hospitals; labor unions; behavioral health providers; health care professionals such as nurses and emergency personnel; and others.

What Makes Maryland Unique

- For decades, Maryland has operated under a unique waiver or all-payer rate-setting agreement with the federal government. There have been several iterations, and we're currently under the Total Cost of Care Model. Regardless of the name, hospitals saved Maryland about \$269 million in calendar year 2022 alone under the agreement, and more than \$2.2 billion has been saved in total under both the Total Cost of Care and the All-Payer Models.
- But it's not all about saving money. The unique care here is built on three components that make our state unique: Equity, Community, and Value.
 - Equity
 - Our system is set up to help with equitable access and fair outcomes.
 - Marylanders get great health care—no matter where you live, who you are, or your income. In our hospital payment system, everyone pays the same and everyone is welcome to care at the nearest hospital.
 - If you live in another state, you may see two- or three-tiered care where not all hospitals are equal. This burdens patients and worsens outcomes.
 - Our system is set up to help with equitable access and fair outcomes.
 - Community
 - Maryland is the only state where hospitals are accountable for the health of their communities. Essentially, we try to keep people out of hospitals.



Talking Points

Maryland General Assembly Hospital Throughput Work Group

- Hospitals invest outside their walls, so people do not have to be brought in for acute care. We focus on the health of the community. We collaborate more and use our resources to help our neighbors.
- Value
 - This is important. Hospitals in Maryland don't dictate prices and aren't paid more to do more. Hospitals get a set budget to help keep our communities healthy. This allows hospitals to focus on quality and the value of care.