

Discussion Guide for General Hospitals Work Group Meeting #1

1. Policies

- Refer to handout #1 with the current policies and the draft proposed policies to be discussed.
 - a. Do the revised policies reflect important goals that should be embodied in standards included in the regulations? If not, what changes or modifications to you suggest?
 - b. Are there other key issues that should be addressed through additional policy statements?
 - c. Are discharge delays or delays in the handling of patients seen in hospital emergency departments issues that should be addressed through additional policy statements?

2. Information Regarding Charges

- Refer to handout #2 with the current standard related to providing charge information and a similar standard included in proposed regulations for the State Health Plan (SHP) chapter for general surgical services.
 - a. Are the links on hospitals' websites with charge information helpful? What benefits are achieved by the current charge requirements?
 - b. How should the standard change to make the information provided more useful to consumers?
 - c. Is the requirement to update the information quarterly important to maintain?

3. Charity Care Policy

- Refer to handout #3 with the standards pertaining to the provision of charity care. Each hospital is required to make a determination of probable eligibility within two business days of receiving an application for charity care or medical assistance. The Health Services Cost Review Commission (HSCRC) regulations for financial assistance policies do not include a requirement for making a determination of probable eligibility. There is only a requirement for a

determination of eligibility within 14 days after the patient submits a completed application for financial assistance, as stated in Health-General §19-214.1.

- a. Are the goals of this standard being met or are changes needed?
- Each hospital is currently required to post notices regarding the hospital's charity care policy in the admissions office, business office, and emergency department areas within the hospital. HSCRC regulations require posting notice of its financial assistance policy throughout the hospital, including in the billing office; other locations are not specified.
- b. Is this standard important to continue including in MHCC's regulations?
- Each hospital that falls within the bottom quartile of all hospitals for charity care, as reported in the most recent Health Service Cost Review Commission Community Benefit Report is required to demonstrate that its level of charity care is appropriate to the needs of its service area population.
- c. Should this standard be modified or should the method for demonstrating that an appropriate level of care is being provided be included?

4. Quality

- The current standard is outdated. MHCC staff's approach is to require an applicant to identify any quality measures publicly reported as "below average" in the most recent report and explain how the hospital is taking steps to improve its performance. A list of performance measures included in public reporting for hospitals is shown in handout #4 and the sources of the information are included too. The results for individual hospitals are available at:
<https://healthcarequality.mhcc.maryland.gov/>
- a. Should the current method used by MHCC staff be maintained and included in an updated and revised standard?
- b. What is the most important purpose that quality standards should serve, in the context of Certificate of Need reviews for acute care general hospitals?
- c. Are there any suggested changes to how quality is measured and evaluated for acute care general hospitals?
- d. Is it important to include a quality standard that promotes reducing disparities, as a goal that hospitals should work towards? If performance on specific measures are not available or would not be an appropriate tool in the context of CON reviews, is there another approach that is recommended?

5. Patient Safety

- The current standard requires that that an applicant take patient safety into consideration and document the manner in which the planning and design of the project took patient safety into account, as shown in the quoted text below from COMAR 10.24.10.04B(12).

The design of a hospital project shall take patient safety into consideration and shall include design features that enhance and improve patient safety. A hospital proposing to replace or expand its physical plant shall provide an analysis of patient safety features included for each facility or service being replaced or expanded, and document the manner in which the planning and design of the project took patient safety into account.

- a. Is this standard important to include? Does it have much influence on a hospital's design decisions?

6. Geographic Accessibility

- The current standard is shown as quoted text below from COMAR 10.24.10.04B(1).

A new acute care general hospital or an acute care general hospital being replaced on a new site shall be located to optimize accessibility in terms of travel time for its likely service area population. Optimal travel time for general medical/surgical, intensive/critical care and pediatric services shall be within 30 minutes under normal driving conditions for 90 percent of the population in its likely service area.

- a. Is 30 minutes the right about of time to define as optimal travel time?
- b. Should a revised standard define circumstances when a reduction in access would be acceptable?
- c. Would it be reasonable and useful to expect a hospital to explain its efforts to improve geographic access for underserved populations, if that is an issue?