

Nebraska

Nebraska earned solid marks for multiple indicators, including its lowest-in-the-nation average medical liability insurance premiums, but work is needed to improve preparedness for disasters and to ensure an adequate supply of key specialists.

Strengths. Nebraska’s performance in *Access to Emergency Care* reflects a number of positive factors, particularly regarding the supply of facilities and hospital capacity. The state ranks among the top 10 with regard to the rates of emergency departments (38.0 per 1 million people), staffed inpatient beds (500.9 per 100,000), and psychiatric care beds (39.5 per 100,000). The state also has an adequate supply of primary care providers, registered nurses, mental health providers, and pediatric specialty centers. Rates of uninsured residents are also comparatively low: 13.1 percent of adults and 10.1 percent of children lack insurance, compared to 17.2 and 11.7 percent, respectively, nationwide.

The state’s *Quality and Patient Safety Environment* benefits from funding for quality improvements within the EMS system and hospital-based infections and mandatory quality reporting requirements. The state has invested in both a stroke system of care and PCI network or STEMI system of care. Nebraska also has the fourth highest percentage of eligible patients receiving PCI within 90 minutes of hospital arrival (76 percent).

Nebraska also fared well with regard to numerous *Public Health and Injury Prevention* indicators. The state has relatively low rates of homicides and suicides (13.1 per 100,000 people) and infant mortality (5.6 deaths per 1,000 live births). Nebraska also has the fifth lowest percentage of traffic fatalities that are alcohol-related (33.0 percent), though the state has a relatively high rate of binge drinking among adults (18.1 percent versus 15.4 percent nation-

ally). The childhood immunization rate (80.8 percent) is approximately equal to the national rate, while vaccination rates among older adults are slightly higher than the national rate for the annual influenza (73.3 versus 69.6 percent, respectively) and pneumococcal vaccines (68.3 versus 66.9 percent, respectively).

Regarding the *Medical Liability Environment*, Nebraska enjoys the lowest average medical liability insurance premium in the country for specialists (\$21,810) and the second lowest premium for primary care physicians (\$5,753). However, the average malpractice award in the state is still higher than the average across the states (\$297,247 versus \$285,218). Nebraska has a patient compensation fund and has eliminated joint and several liability, while also enacting mandatory pretrial screening panels whose findings are admissible as evidence, as well as a cap on damages.

Challenges. The state’s poorest performance is in *Disaster Preparedness*. Nebraska does not have written plans specifically for special needs patients or to supply medications for chronic conditions during a disaster. The state also lacks patient and victim tracking systems, as well as a real-time surveillance system for common emergency department presentations. The state ranks 27th for enrollment of physicians in the state-based Emergency System for Advance Registration of Volunteer Health Professionals program and lacks any nurses registered with the program. The state has failed to enact a policy that requires training for EMS and essential hospital personnel in disaster management and response to bio- and chemical terrorism.

While the state fared well overall with regard to *Access to Emergency Care*, Nebraska faces challenges that may pose barriers to accessing care throughout the state. The

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	RANK	GRADE
ACCESS TO EMERGENCY CARE	4	B
QUALITY & PATIENT SAFETY ENVIRONMENT	23	C+
MEDICAL LIABILITY ENVIRONMENT	13	C+
PUBLIC HEALTH & INJURY PREVENTION	19	B-
DISASTER PREPAREDNESS	35	C-
OVERALL	5	C+

state ranks poorly for its per capita numbers of emergency physicians (46th), neurosurgeons (29th), plastic surgeons (37th), and orthopedists and hand surgeons (22nd). The state also appears to be lacking with regard to substance abuse treatment options or availability: 9.2 percent of Nebraska’s population is in need of but unable to obtain treatment for substance abuse.

Recommendations. Nebraska can build on disaster preparedness efforts by investing further in systems and activities to improve coordination, communication, and training to respond to catastrophic events. Further reforms could continue to improve the *Medical Liability Environment*, potentially helping to address the need to continue to recruit and retain medical specialists. Finally, *Public Health And Injury Prevention* might benefit from further policies or investments aimed at promoting healthy behaviors, such as seat belt use, healthy eating, and increased physical activity.

ACCESS TO EMERGENCY CARE **B**

Board-certified emergency physicians per 100,000 pop.	5.5
Emergency physicians per 100,000 pop.	7.3
Neurosurgeons per 100,000 pop.	1.8
Orthopedists and hand surgeon specialists per 100,000 pop.	9.4
Plastic surgeons per 100,000 pop.	1.7
ENT specialists per 100,000 pop.	3.9
Registered nurses per 100,000 pop.	1,013.2
Additional primary care FTEs needed	9.3
Additional mental health FTEs needed	7.0
Level I or II trauma centers per 1M pop.	1.7
% of population within 60 minutes of Level I or II trauma center	77.1
Accredited chest pain centers per 1M pop.	2.8
% of population with an unmet need for substance abuse treatment	9.2
Pediatric specialty centers per 1M pop.	4.5
Physicians accepting Medicare per 100 beneficiaries	3.0
Medicaid fee levels for office visits as a % of the national average	100.7
% change in Medicaid fees for office visits (2004-05 to 2007)	10.2
% of adults with no health insurance	13.1
% of children with no health insurance	10.1
% of adults with Medicaid	5.3
Emergency departments per 1M pop.	38.0
Hospital closures in 2006	0
Staffed inpatient beds per 100,000 pop.	500.9
Hospital occupancy rate per 100 staffed beds	64.5
Psychiatric care beds per 100,000 pop.	39.5
State collects data on diversion	No

MEDICAL LIABILITY ENVIRONMENT **C+**

Lawyers per 10,000 pop.	14.1
Lawyers per physician	0.6
Lawyers per emergency physician	19.1
ATRA judicial hellholes (range 0 to -7)	0
Malpractice award payments/100,000 pop.	2.9
Average malpractice award payments	\$297,247
Databank reports per 1,000 physicians	18.8
Patient compensation fund	Yes
Health court pilot project grant	No
Number of insurers writing medical liability policies per 1,000 physicians	11.9
Average medical liability insurance premium for primary care physicians	\$5,753
Average medical liability insurance premiums for specialists	\$21,810
Pretrial screening panels	Mandatory
Are pretrial screening panels' findings admissible as evidence?	Yes
Periodic payments	No
Medical liability cap on non-economic damages	>\$500,000
Additional liability protection for EMTALA-mandated emergency care	No
Joint and several liability abolished	Yes
State provides for case certification	No
Expert witness required to be of the same specialty as the defendant	No
Expert witness must be licensed to practice medicine in the state	No

QUALITY & PATIENT SAFETY ENVIRONMENT **C+**

Funding for quality improvement within the EMS system	Yes
Funded state EMS medical director	No
Emergency medicine residents per 1M pop.	10.1
Adverse event reporting required	No
Hospital-based infections reporting required	Yes
Mandatory quality reporting requirement	Yes
% of counties with E-911 capability	92.6
Uniform system for providing pre-arrival instructions	No
State has or is working on a stroke system of care	Yes
State has or is working on a PCI network or a STEMI system of care	Yes
Statewide trauma registry	Yes
% of hospitals with computerized practitioner order entry	9.4
% of hospitals with electronic medical records	18.8
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	76
Number of Joint Commission reviewed sentinel events per 1M pop. (1995-2006)	18

PUBLIC HEALTH & INJURY PREVENTION **B-**

Traffic fatalities per 100,000 pop.	15.2
% of traffic fatalities alcohol related	33.0
Front occupant restraint use (%)	78.7
Helmet use required for all motorcycle riders	Yes
Child safety seat/seat belt legislation (10 points possible)	2
% of children immunized, aged 19-35 months	80.8
% of adults aged 65+ who received flu vaccine in the last 12 months	73.3
% of adults aged 65+ who ever received pneumococcal vaccine	68.3
Fatal occupational injuries per 1M workers	48.7
Homicides and suicides (non-motor vehicle) per 100,000 pop.	13.1
Unintentional fall-related fatal injuries per 100,000 pop.	8.6
Unintentional fire/burn-related fatal injuries per 100,000 pop.	1.1
Unintentional firearm-related fatal injuries per 100,000 pop.	0.3
Gun-purchasing legislation (8 points possible)	1.5
% of tobacco settlement funds spent on health-related services and programs	94.9
Total injury prevention funds per 1,000 pop.	\$369.67
Unintentional injury prevention funds per 1,000 pop.	\$132.99
Intentional injury prevention funds per 1,000 pop.	\$135.24
Fall injury prevention funds per 1,000 pop.	\$0.00
Infant mortality rate per 1,000 live births	5.6
% of adults with BMI > 30	26.9
Current smokers, % of adults	18.7
Binge alcohol drinkers, % of adults	18.1

DISASTER PREPAREDNESS **C-**

Per capita federal disaster preparedness funds	\$9.80
Disaster preparedness funds used specifically for health care-related preparedness are tracked	Yes
All-hazards medical response plan or ESF-8 plan?	Yes
Plan shared with all EMS and essential hospital personnel?	No
Public health and emergency physician input into the state planning process	Yes, Yes
Public health and emergency physician input into the daily operations of the SEOC	Yes, No
Written plan for the coordination of the SEOC or local EMAs to provide security to hospitals in case of emergency events	No
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	132
Accredited by the Emergency Management Accreditation Program	No
Written plan specifically for special needs patients	No
Written plan to supply medications for chronic conditions	No
Written plan to supply dialysis for patients	No
Real-time notification system in place to notify identified health care providers of an event	Yes
"Just-in-time" training systems in place	NR
Statewide medical communication system with one layer of redundancy	Yes
Statewide patient tracking system	No
Statewide victim tracking system	No
Statewide real-time or near real-time syndromic surveillance system	Yes
Real-time surveillance system in place for common ED presentations	No
Bed surge capacity per 1M pop.	760.7
Burn unit beds per 1M pop.	15.8
ICU beds per 1M pop.	354.9
Verified burn centers per 1M pop.	1.1
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes
Nurses registered in ESAR-VHP per 1M pop.	0.0
Physicians registered in ESAR-VHP per 1M pop.	9.6
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel	No, No
State or regional strike teams or medical assistance teams	Yes
Additional liability protections for health care workers during a disaster	Yes, civil
% of RNs that received any emergency training	36.2
State requires EMS and essential ED personnel to be NIMS compliant	Yes

	Improved since 2006
	Worsened since 2006
	No change since 2006
NR	Not reported
N/A	Not applicable
See Summary Statistics for State Comparisons	