

# Wisconsin

Wisconsin faces a number of wide-ranging challenges in improving its emergency care environment, particularly in the areas of *Public Health and Injury Prevention*, the *Quality and Patient Safety Environment*, and *Access to Emergency Care*.

**Strengths.** Wisconsin’s strong performance in *Disaster Preparedness* is due in part to the planning and infrastructure in place to respond to a disaster event. The state has an ESF-8 plan or all-hazards medical plan that is shared with all EMS and essential hospital personnel, as well as a written plan for special needs patients. The state also supports a relatively high bed surge capacity, has a statewide patient tracking system, and a real-time or near real-time syndromic surveillance system.

While Wisconsin’s grade for the *Medical Liability Environment* could see significant improvement, the state has made some progress in instituting medical liability reforms. In 2006, the state implemented a \$750,000 medical liability cap on non-economic damages after the \$350,000 cap was declared unconstitutional in 2005. Wisconsin also is one of only five states that require periodic payments of malpractice awards.

Despite its near-average grade with regard to *Access to Emergency Care*, Wisconsin has among the lowest rates of uninsured residents in the country: Only 4.9 percent of children and 10.0 percent of adults are uninsured. In addition, the state ranks among the top five with regard to pediatric specialty centers and accredited chest pain centers (7.9 and 2.9 per 1 million people, respectively).

**Challenges.** Below average Medicaid reimbursement rates contribute to Wisconsin’s mediocre score in *Access to Emergency Care*. Medicaid rates for office visits are only 80.2 percent of the national average, reflecting a 19.2 percent decrease from

2004 to 2007. Access to mental health and substance abuse treatment may also be of particular concern in Wisconsin. While the state has an average rate of psychiatric care beds (29.3 per 100,000 people), there is a significant shortage of mental health providers throughout the state. Specifically, Wisconsin needs an additional 82.8 full-time equivalent mental health providers for its underserved population. The state also has the nation’s highest percentage of people needing and wanting substance abuse treatment but unable to receive it (10.2 percent).

Nearly 25 percent of Wisconsin adults are binge drinkers, the highest of any state, and a correspondingly high percentage of traffic fatalities are alcohol related (50.0 percent). The state also ranks 50<sup>th</sup> for unintentional fall-related fatal injuries (14.6 per 100,000 people).

Wisconsin’s poor performance in the *Quality and Patient Safety Environment* was affected by a lack of reporting requirements, such as adverse event and hospital-based infections reporting, and the lack of a uniform system for providing pre-arrival instructions.

**Recommendations.** Access to medical care is one of the biggest challenges facing Wisconsin. Below average Medicaid fee levels for office visits threaten to increase barriers to preventive care and treatment among the 7.4 percent of adults in the state who

are insured through Medicaid. Emergency physicians in the state are reporting an increase in the number of

Medicaid patients seeking care in emergency departments, as Medicaid reimbursement rates are decreasing. Increasing Medicaid fee levels will be an important step in enhancing access to care and protecting Wisconsin’s health care safety net.

The state could work to improve the *Quality and Patient Safety Environment* by

	RANK	GRADE
ACCESS TO EMERGENCY CARE	26	C-
QUALITY & PATIENT SAFETY ENVIRONMENT	34	D+
MEDICAL LIABILITY ENVIRONMENT	15	C+
PUBLIC HEALTH & INJURY PREVENTION	31	D+
DISASTER PREPAREDNESS	17	B
OVERALL	27	C

instituting reporting requirements and considering the development of a STEMI system of care. Wisconsin patients could also benefit from the implementation of a uniform system for providing pre-arrival instructions.

Wisconsin could also assist in improving the preparedness of its front line personnel by requiring training in disaster management and response to bio- and chemical terrorism for all EMS personnel and essential hospital personnel. While many may already be knowledgeable in these areas, this would ensure that EMS and essential hospital personnel are provided with appropriate and up-to-date training to prepare them for disaster events.

Finally, the state needs to explore programs to address alcohol and other drug abuse issues, specifically addressing the need to move acute patients into more long-term care programs to improve the effectiveness of overall treatment.

**ACCESS TO EMERGENCY CARE C-**

Board-certified emergency physicians per 100,000 pop.	8.3
Emergency physicians per 100,000 pop.	10.2
Neurosurgeons per 100,000 pop.	2.1
Orthopedists and hand surgeon specialists per 100,000 pop.	9.9
Plastic surgeons per 100,000 pop.	1.8
ENT specialists per 100,000 pop.	3.7
Registered nurses per 100,000 pop.	909.6
Additional primary care FTEs needed	109.9
Additional mental health FTEs needed	82.8
Level I or II trauma centers per 1M pop.	1.4
% of population within 60 minutes of Level I or II trauma center	85.8
Accredited chest pain centers per 1M pop.	2.9
% of population with an unmet need for substance abuse treatment	10.2
Pediatric specialty centers per 1M pop.	7.9
Physicians accepting Medicare per 100 beneficiaries	3.1
Medicaid fee levels for office visits as a % of the national average	80.2
% change in Medicaid fees for office visits (2004-05 to 2007)	-19.2
% of adults with no health insurance	10.0
% of children with no health insurance	4.9
% of adults with Medicaid	7.4
Emergency departments per 1M pop.	21.7
Hospital closures in 2006	0
Staffed inpatient beds per 100,000 pop.	301.5
Hospital occupancy rate per 100 staffed beds	64.6
Psychiatric care beds per 100,000 pop.	29.3
State collects data on diversion	No

**MEDICAL LIABILITY ENVIRONMENT C+**

Lawyers per 10,000 pop.	12.5
Lawyers per physician	0.5
Lawyers per emergency physician	12.2
ATRA judicial hellholes (range 0 to -7)	0
Malpractice award payments/100,000 pop.	1.0
Average malpractice award payments	\$405,958
Databank reports per 1,000 physicians	10.1
Patient compensation fund	Yes
Health court pilot project grant	No
Number of insurers writing medical liability policies per 1,000 physicians	3.9
Average medical liability insurance premium for primary care physicians	\$6,649
Average medical liability insurance premiums for specialists	\$26,526
Pretrial screening panels	No
Are pretrial screening panels' findings admissible as evidence?	N/A
Periodic payments	Required by state
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 D+**

Funding for quality improvement within the EMS system	Yes
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	4.3
Adverse event reporting required	No
Hospital-based infections reporting required	No
Mandatory quality reporting requirement	No
% of counties with E-911 capability	97.2
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	No
Statewide trauma registry	Yes
% of hospitals with computerized practitioner order entry	24.0
% of hospitals with electronic medical records	48.8
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	72
Number of Joint Commission reviewed sentinel events per 1M pop. (1995-2006)	18

**PUBLIC HEALTH & INJURY PREVENTION D+**

Traffic fatalities per 100,000 pop.	13.0
% of traffic fatalities alcohol related	50.0
Front occupant restraint use (%)	75.3
Helmet use required for all motorcycle riders	No
Child safety seat/seat belt legislation (10 points possible)	5
% of children immunized, aged 19-35 months	86.9
% of adults aged 65+ who received flu vaccine in the last 12 months	72.0
% of adults aged 65+ who ever received pneumococcal vaccine	71.9
Fatal occupational injuries per 1M workers	38.3
Homicides and suicides (non-motor vehicle) per 100,000 pop.	15.9
Unintentional fall-related fatal injuries per 100,000 pop.	14.6
Unintentional fire/burn-related fatal injuries per 100,000 pop.	0.9
Unintentional firearm-related fatal injuries per 100,000 pop.	0.2
Gun-purchasing legislation (8 points possible)	1.5
% of tobacco settlement funds spent on health-related services and programs	0.0
Total injury prevention funds per 1,000 pop.	\$249.03
Unintentional injury prevention funds per 1,000 pop.	\$0.00
Intentional injury prevention funds per 1,000 pop.	\$207.80
Fall injury prevention funds per 1,000 pop.	\$0.00
Infant mortality rate per 1,000 live births	6.6
% of adults with BMI > 30	26.6
Current smokers, % of adults	20.8
Binge alcohol drinkers, % of adults	24.3

**DISASTER PREPAREDNESS B**

Per capita federal disaster preparedness funds	\$7.63
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?	Yes
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, Yes
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	450
Accredited by the Emergency Management Accreditation Program	No
Written plan specifically for special needs patients	Yes
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	Statewide
Statewide medical communication system with one layer of redundancy	Yes
Statewide patient tracking system	Yes
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	Yes
Bed surge capacity per 1M pop.	1,249.6
Burn unit beds per 1M pop.	5.5
ICU beds per 1M pop.	287.8
Verified burn centers per 1M pop.	0.4
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes
Nurses registered in ESAR-VHP per 1M pop.	128.7
Physicians registered in ESAR-VHP per 1M pop.	29.3
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	Civil, not clearly defined
% of RNs that received any emergency training	33.8
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	