

# Wyoming

Wyoming receives a failing grade in *Public Health and Injury Prevention*, and near-failing grades for the *Quality and Patient Safety* and *Medical Liability Environments*, but there's good news as well, ranging from the state's trauma system to its commitment to protecting access to care for Medicaid patients.

**Strengths.** Wyoming has invested considerable resources in developing, implementing, and overseeing a statewide, inclusive trauma system to address the unique needs and issues facing a frontier state. Some successes related to these efforts include a statewide Web-based trauma registry, a stroke system of care, a funded state EMS medical director position, and a uniform system for providing pre-arrival instructions. In addition, Wyoming supports the second highest Medicaid reimbursement rates for office visits in the nation (162.7 percent of the national average). Wyoming also is successful with regard to hospital capacity, ranking among the top five states for high rates of emergency departments (48.8 per 1 million people), staffed inpatient beds (503.0 per 100,000), and psychiatric care beds (54.8 per 100,000).

Wyoming has made some noteworthy strides in *Disaster Preparedness* planning and infrastructure development. The state has a real-time notification system in place to notify identified health care providers of an event, as well as a statewide "just-in-time" training system, and a medical communication system with one layer of redundancy. The state also has an all-hazards medical response plan and a written plan for special needs patients. These successes may be due in part to the relatively high rate of federal funding for disaster preparedness that the state receives (\$25.96 per capita).

**Challenges.** Wyoming is lacking with regard to the *Quality and Patient Safety Environment* for a number of reasons. The state lacks funding for quality improvement within the EMS system, and only

83.3 percent of counties in Wyoming have Enhanced 911 capability. At the time these data were collected, only 12.0 percent of hospitals used electronic medical records and none used computerized practitioner order entry. These numbers already have increased, however, since Memorial Hospital of Sweetwater County in Rock Springs has implemented such systems, setting a positive example for hospitals throughout the state.

Wyoming also receives poor scores on a number of *Public Health and Injury Prevention* indicators. The state has the nation's highest rates of traffic fatalities (37.9 per 100,000 people) and fatal occupational injuries (149.6 per 1 million workers). Only 72.2 percent of front occupants use seat belts, compared with the national rate of 82 percent. Wyoming also has a relatively low percentage of children aged 19-35 months who are immunized (75.5 percent).

Wyoming's grade in the *Medical Liability Environment* is the result of its failure to institute a number of liability reforms. The state lacks a medical liability cap on non-economic damages and case certification by an expert witness. Reflective of this en-

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vironment, the state has the fourth highest average malpractice award payment in the nation (\$427,762).

While *Access to Emergency Care* in Wyoming fares better overall than the majority of states, it still faces critical workforce issues, including a severe lack of plastic surgeons and ear, nose, and throat specialists (0.8 and 2.5 per 100,000 people, respectively). In addition, while the state ranks fifth for the rate of Level I or II trauma centers (3.8 per 1 million people), only 32.3 percent of the population live within 60 minutes of a Level I or II trauma center.

	RANK	GRADE
ACCESS TO EMERGENCY CARE	13	C+
QUALITY & PATIENT SAFETY ENVIRONMENT	43	D-
MEDICAL LIABILITY ENVIRONMENT	42	D-
PUBLIC HEALTH & INJURY PREVENTION	45	F
DISASTER PREPAREDNESS	30	C
OVERALL	42	D+

**Recommendations.** Wyoming must address numerous concerns related to *Public Health and Injury Prevention* indicators. The state should consider passage and enforcement of a primary seat belt law, which could help increase seat belt use and decrease overall traffic fatalities. The state also might investigate and implement interventions designed to address the exceptionally high rate of fatal occupational injuries, which is higher than other geographically similar states.

Wyoming also might consider implementing medical liability reforms to attract a broader health care workforce by providing additional liability protections for EMTALA-mandated emergency care or requiring expert witnesses to be of the same specialty as the defendant.

Finally, Wyoming should consider funding an EMS quality improvement program and instituting hospital-based infections reporting requirements to improve its *Quality and Patient Safety Environment*.

**ACCESS TO EMERGENCY CARE C+**

Board-certified emergency physicians per 100,000 pop.	8.8
Emergency physicians per 100,000 pop.	11.5
Neurosurgeons per 100,000 pop.	1.5
Orthopedists and hand surgeon specialists per 100,000 pop.	11.7
Plastic surgeons per 100,000 pop.	0.8
ENT specialists per 100,000 pop.	2.5
Registered nurses per 100,000 pop.	828.9
Additional primary care FTEs needed	24.6
Additional mental health FTEs needed	6.7
Level I or II trauma centers per 1M pop.	3.8
% of population within 60 minutes of Level I or II trauma center	32.3
Accredited chest pain centers per 1M pop.	0.0
% of population with an unmet need for substance abuse treatment	9.7
Pediatric specialty centers per 1M pop.	3.9
Physicians accepting Medicare per 100 beneficiaries	3.8
Medicaid fee levels for office visits as a % of the national average	162.7
% change in Medicaid fees for office visits (2004-05 to 2007)	33.4
% of adults with no health insurance	16.6
% of children with no health insurance	8.2
% of adults with Medicaid	4.4
Emergency departments per 1M pop.	48.8
Hospital closures in 2006	0
Staffed inpatient beds per 100,000 pop.	503.0
Hospital occupancy rate per 100 staffed beds	58.5
Psychiatric care beds per 100,000 pop.	54.8
State collects data on diversion	No

**MEDICAL LIABILITY ENVIRONMENT D-**

Lawyers per 10,000 pop.	14.2
Lawyers per physician	0.7
Lawyers per emergency physician	12.2
ATRA judicial hellholes (range 0 to -7)	0
Malpractice award payments/100,000 pop.	8.8
Average malpractice award payments	\$427,762
Databank reports per 1,000 physicians	27.2
Patient compensation fund	No
Health court pilot project grant	Yes
Number of insurers writing medical liability policies per 1,000 physicians	43.3
Average medical liability insurance premium for primary care physicians	\$20,086
Average medical liability insurance premiums for specialists	\$79,481
Pretrial screening panels	<b>Mandatory</b>
Are pretrial screening panels' findings admissible as evidence?	Yes
Periodic payments	At judge's or court's discretion
Medical liability cap on non-economic damages	No
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	No
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	0.0
Adverse event reporting required	No
Hospital-based infections reporting required	No
Mandatory quality reporting requirement	Yes
% of counties with E-911 capability	83.3
Uniform system for providing pre-arrival instructions	Yes
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	0.0
% of hospitals with electronic medical records	12.0
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	70
Number of Joint Commission reviewed sentinel events per 1M pop. (1995-2006)	29

**PUBLIC HEALTH & INJURY PREVENTION F**

Traffic fatalities per 100,000 pop.	37.9
% of traffic fatalities alcohol related	41.0
Front occupant restraint use (%)	72.2
Helmet use required for all motorcycle riders	No
Child safety seat/seat belt legislation (10 points possible)	6
% of children immunized, aged 19-35 months	75.5
% of adults aged 65+ who received flu vaccine in the last 12 months	70.8
% of adults aged 65+ who ever received pneumococcal vaccine	69.7
Fatal occupational injuries per 1M workers	149.6
Homicides and suicides (non-motor vehicle) per 100,000 pop.	20.8
Unintentional fall-related fatal injuries per 100,000 pop.	8.3
Unintentional fire/burn-related fatal injuries per 100,000 pop.	0.7
Unintentional firearm-related fatal injuries per 100,000 pop.	0.6
Gun-purchasing legislation (8 points possible)	0
% of tobacco settlement funds spent on health-related services and programs	100.0
Total injury prevention funds per 1,000 pop.	\$0.00
Unintentional injury prevention funds per 1,000 pop.	\$0.00
Intentional injury prevention funds per 1,000 pop.	\$0.00
Fall injury prevention funds per 1,000 pop.	\$0.00
Infant mortality rate per 1,000 live births	6.8
% of adults with BMI > 30	23.3
Current smokers, % of adults	21.6
Binge alcohol drinkers, % of adults	16.7

**DISASTER PREPAREDNESS C**

Per capita federal disaster preparedness funds	\$25.96
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	Yes
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	63
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	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	Yes
Bed surge capacity per 1M pop.	650.3
Burn unit beds per 1M pop.	0.0
ICU beds per 1M pop.	226.2
Verified burn centers per 1M pop.	0.0
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes
Nurses registered in ESAR-VHP per 1M pop.	NR
Physicians registered in ESAR-VHP per 1M pop.	NR
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel	Yes, Yes
State or regional strike teams or medical assistance teams	No
Additional liability protections for health care workers during a disaster	Civil, not clearly defined
% of RNs that received any emergency training	44.2
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	