

Emergency Medicine's Wisconsin Emergency

Whether it's our quality of life, our unemployment rates, our dairy industry, the quality of our schools and healthcare, or our sports teams, Wisconsin consistently prides itself on being among the best in the nation.

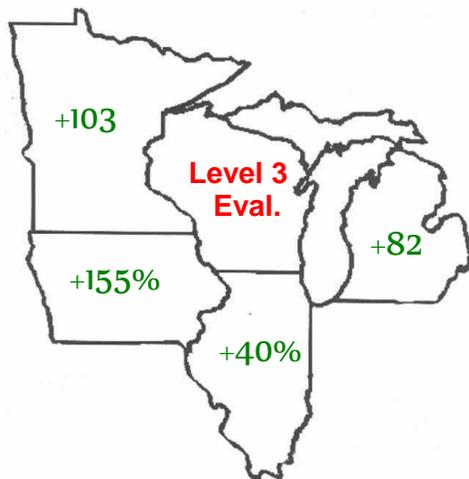
Shockingly, we are at the very bottom in one area critical to our quality of life: compensation for Emergency Physicians through our Medicaid-related programs. Wisconsin pays far less than all of our border states; less even than West Virginia, Mississippi and New Mexico. As a result, Wisconsin is increasingly struggling to recruit and retain Emergency Physicians.

When we think of the Emergency Department, the first images we conjure are those we see on TV or in movies: a helicopter unloading a patient covered in blood; an ambulance unloading a heart attack victim; or a car screeching to a halt carrying a woman about to give birth.

Of course, Emergency Departments serve those roles. But in the reality that rarely makes the script, Wisconsin's Emergency Departments and Emergency Physicians are also:

- The front lines in the battle against heroin, opioids and other drugs overdoses;
- Frequently the first stop for patients suffering acute mental illnesses who may be a danger to themselves and their families; and
- Though not intended for this purpose, they are by default the first point of entry for thousands of patients with non-life-threatening illnesses who often have no insurance or do not understand where else they can go to see a physician.

Nearly all Wisconsin Emergency Departments are staffed by Emergency Physicians—medical doctors with both general and highly-specialized medical training to care for patients with all kinds of life-threatening emergencies, as well as patients with myriad non-life-threatening conditions.



2016 Rates for Level 3 Evaluation (most common ER visit) for conditions like influenza, concussion, cut needing stitches, etc. Wisconsin is 50th nationally.

Unlike other physician-specialties, Emergency Physicians do not have a regular patient base – they serve whoever comes in. That means an Emergency Physician's practice is highly portable– s/he can easily move to another state and practice immediately without waiting to build a base of patients

As the number of Medicaid-related patients increases, the contrast between Wisconsin and our border states is increasingly stark. It is not hard to see why our neighbors are positioned to poach away our Emergency Physicians.

We NEED our front line emergency medical specialists, and to ensure we can keep them, we must become competitive.

Please help us prevent an Emergency in Emergency Medicine.