Wisconsin

C-

Wisconsin's emergency medical system is robust, with above-average rankings for the *Medical Liability Environment* and *Access to Emergency Care*, along with low rates of injury. However, the state's *Disaster Preparedness* planning and policies related to the *Quality and Patient Safety Environment* are subpar.

Strengths. Wisconsin's *Medical Liability Environment* has a number of reforms in place that help ensure adequate access to care. Wisconsin boasts the lowest per capita rate of malpractice award payments in the nation (0.7 per 100,000 people), and the amounts of the awards themselves are generally well below average. In addition, the average medical liability insurance premiums for both primary care physicians and specialists are the fourth lowest in the country ($5,880 and $22,017, respectively). Wisconsin has placed caps on medical liability payments for non-economic damages and implemented a patient compensation fund. Periodic payments, which can lessen the burden of excessive award payments, are also required by the state.

Wisconsin has improved in *Public Health and Injury Prevention*, rising from below average on the 2009 Report Card to 20th in the nation. The state now has the fifth highest rate of childhood immunizations (81.5%), and the sixth highest rate of pneumonia vaccination among older adults (74%). Wisconsin does have some areas of concern, such as the second highest rate of accidental fall-related deaths in the nation (17.1 per 100,000 people), though dedicated funding is available to address injury prevention for older adults and children. The state also has a high rate of binge drinking among adults (24.3%).

Challenges. Wisconsin has slipped in the *Disaster Preparedness* rankings, largely by not keeping pace with other states. The state lacks some essential provisions that help ensure a quick disaster response and manage patient flow, including a statewide medical communication system with redundancy and a statewide patient tracking system. Wisconsin's planning processes do not include input from emergency physicians, and its Emergency Support Function 8 plan is not shared with essential hospital and emergency medical services personnel.

Wisconsin has some challenges in *Access to Emergency Care*, notably in access to behavioral health resources. The state has the second highest need for mental health care providers in the nation, with 3.4 additional full-time providers needed per 100,000 people to eliminate the shortage. More than 10% of the state's population has an unmet need for substance abuse treatment, the sixth highest in the country. These numbers, coupled with Wisconsin's high binge drinking numbers and above-average rates of alcohol-related traffic injuries, indicate that this is a critical gap in the state's overall health care system.

There is some evidence that Wisconsin's denizens are not enjoying equal access to preventive care. Wisconsin has one of the highest cardiovascular disease disparity ratios in the country: The state's American Indian/Alaska Native population is almost three times more likely to suffer from this chronic condition as the race or ethnicity least likely to do so. Wisconsin's HIV disparity is also stark, with Black individuals being about 13 times more likely to receive an HIV diagnosis than White individuals. The state needs to ensure that disadvantaged populations are receiving preventive care and education and have access to adequate treatment services.

Wisconsin has one of the lowest Medicaid reimbursement rates in the nation.

Recommendations. Overall, Wisconsin has a relatively strong emergency care system, but there are improvements that could be made. While the state has an average-sized health care workforce, its hospital capacity is lacking. Wisconsin has a below-average rate of staffed inpatient beds (264.6 per 100,000 people), and its low rate of intensive care unit beds (196.5 per 1 million people) is a contributor to its poor *Disaster Preparedness* score. An increase in hospital capacity could improve access to care in both every day and disaster situations.

	2009		2014	
	Rank	Grade	Rank	Grade
Access to Emergency Care	26	C-	19	C-
Quality & Patient Safety Environment	34	D+	31	C-
Medical Liability Environment	15	C+	18	C+
Public Health & Injury Prevention	31	D+	20	C+
Disaster Preparedness	17	B	39	F
OVERALL	27	C	21	C-

Wisconsin has one of the country's lowest Medicaid reimbursement rates, at only 65.9% of the national average. Increasing this rate will help ensure that the state can recruit and retain physicians willing to treat this vulnerable population.

The state could enhance its liability environment and encourage specialists to provide critical on-call services to emergency patients by enacting special liability protections for Emergency Medical Treatment and Labor Act (EMTALA)-mandated emergency care.

Wisconsin could improve the policies and procedures in its *Quality and Patient Safety Environment*, particularly those that help first responders and emergency physicians treat vulnerable patients. The state currently does not have a uniform system for providing pre-arrival instructions, nor does it have triage and destination policies in place for stroke or ST-elevation myocardial infarction (STEMI) patients. Putting such policies in place would help ensure that these patients receive the time-sensitive and evidence-based care needed for a better prognosis.

ACCESS TO EMERGENCY CARE	C-
Board-certified emergency physicians per 100,000 pop.	9.0
Emergency physicians per 100,000 pop.	11.8
Neurosurgeons per 100,000 pop.	2.0
Orthopedists and hand surgeon specialists per 100,000 pop.	9.7
Plastic surgeons per 100,000 pop.	1.9
ENT specialists per 100,000 pop.	3.7
Registered nurses per 100,000 pop.	988.3
Additional primary care FTEs needed per 100,000 pop.	1.4
Additional mental health FTEs needed per 100,000 pop.	3.4
% of children able to see provider	95.2
Level I or II trauma centers per 1M pop.	1.7
% of population within 60 minutes of Level I or II trauma center	93.2
Accredited chest pain centers per 1M pop.	3.3
% of population with an unmet need for substance abuse treatment	10.2
Pediatric specialty centers per 1M pop.	7.7
Physicians accepting Medicare per 100 beneficiaries	3.9
Medicaid fee levels for office visits as a % of the national average	65.9
% change in Medicaid fees for office visits (2007 to 2012)	1.0
% of adults with no health insurance	11.8
% of adults underinsured	7.1
% of children with no health insurance	5.8
% of children underinsured	19.8
% of adults with Medicaid	10.6
Emergency departments per 1M pop.	23.2
Hospital closures in 2011	0
Staffed inpatient beds per 100,000 pop.	264.6
Hospital occupancy rate per 100 staffed beds	62.5
Psychiatric care beds per 100,000 pop.	24.4
Median minutes from ED arrival to ED departure for admitted patients	204
State collects data on diversion	No

MEDICAL LIABILITY ENVIRONMENT	C+
Lawyers per 10,000 pop.	13.0
Lawyers per physician	0.5
Lawyers per emergency physician	11.1
ATRA judicial hellholes (range 2 to -6)	1
Malpractice award payments/ 100,000 pop.	0.7
Average malpractice award payments	$243,703
Databank reports per 1,000 physicians	7.8
Provider apology is inadmissible as evidence	No
Patient compensation fund	Yes
Number of insurers writing medical liability policies per 1,000 physicians	4.7
Average medical liability insurance premium for primary care physicians	$5,880
Average medical liability insurance premium for specialists	$22,017
Presence of pretrial screening panels	No
Pretrial screening panel's findings admissible as evidence	N/A
Periodic payments	Required
Medical liability cap on non-economic damages	>$500,000
Additional liability protection for EMTALA-mandated emergency care	No
Joint and several liability abolished	Partially
Collateral source rule, provides for awards to be offset	Yes, No offset
State provides for case certification	No
Expert witness must 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	No
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	8.6
Adverse event reporting required	No
% of counties with E-911 capability	98.6
Uniform system for providing pre-arrival instructions	No
CDC guidelines are basis for state field triage protocols	Yes (2011)
State has or is working on a stroke system of care	Yes
Triage and destination policy in place for stroke patients	No
State has or is working on a PCI network or a STEMI system of care	Yes
Triage and destination policy in place for STEMI patients	No
Statewide trauma registry	Yes
Triage and destination policy in place for trauma patients	Yes
Prescription drug monitoring program (range 0-4)	1
% of hospitals with computerized practitioner order entry	83.2
% of hospitals with electronic medical records	98.5
% of patients with AMI given PCI within 90 minutes of arrival	93
Median time to transfer to another facility for acute coronary intervention	54
% of patients with AMI who received aspirin within 24 hours	99
% of hospitals collecting data on race/ ethnicity and primary language	70.0
% of hospitals having or planning to develop a diversity strategy/plan	60.0

PUBLIC HEALTH & INJURY PREVENTION	C+
Traffic fatalities per 100,000 pop.	8.9
Bicyclist fatalities per 100,000 cyclists	2.1
Pedestrian fatalities per 100,000 pedestrians	2.5
% of traffic fatalities alcohol related	39
Front occupant restraint use (%)	79.0
Helmet use required for all motorcycle riders	No
Child safety seat/seat belt legislation (range 0-10)	8
Distracted driving legislation (range 0-4)	2
Graduated drivers' license legislation (range 0-5)	0
% of children immunized, aged 19-35 months	81.5
% of adults aged 65+ who received flu vaccine in past year	56.5
% of adults aged 65+ who ever received pneumococcal vaccine	74.0
Fatal occupational injuries per 1M workers	28.7
Homicides and suicides (non-motor vehicle) per 100,000 pop.	16.1
Unintentional fall-related fatal injuries per 100,000 pop.	17.1
Unintentional fire/burn-related fatal injuries per 100,000 pop.	0.8
Unintentional firearm-related fatal injuries per 100,000 pop.	0.1
Unintentional poisoning-related fatal injuries per 100,000 pop.	9.0
Total injury prevention funds per 1,000 pop.	$218.55
Dedicated child injury prevention funding	Yes
Dedicated elderly injury prevention funding	Yes
Dedicated occupational injury prevention funding	No
Gun-purchasing legislation (range 0-6)	0.5
Anti-smoking legislation (range 0-3)	3
Infant mortality rate per 1,000 live births	5.8
Binge alcohol drinkers, % of adults	24.3
Current smokers, % of adults	20.9
% of adults with BMI >30	27.7
% of children obese	13.4
Cardiovascular disease disparity ratio	2.8
HIV diagnoses disparity ratio	13.6
Infant mortality disparity ratio	2.6

DISASTER PREPAREDNESS	F
Per capita federal disaster preparedness funds	$4.72
State budget line item for health care surge	Yes
ESF-8 plan shared with all EMS and essential hospital personnel	No
Emergency physician input into the state planning process	No
Public health and emergency physician input during an ESF-8 response	Yes
Drills, exercises conducted with hospital personnel, equipment, facilities per hospital	1.9
Accredited by the Emergency Management Accreditation Program	No
Special needs patients in medical response plan	Yes
Patients on medication for chronic conditions in medical response plan	Yes
Medical response plan for supplying dialysis	Yes
Mental health patients in medical response plan	Yes
Medical response plan for supplying psychotropic medication	Yes
Mutual aid agreements with behavioral health providers	Local-level
Long-term care and nursing home facilities must have written disaster plan	Yes
State able to report number of exercises with long-term care or nursing home facilities	No
"Just-in-time" training systems in place	County- or city-wide
Statewide medical communication system with one layer of redundancy	No
Statewide patient tracking system	No
Statewide real-time or near real-time syndromic surveillance system	Yes
Real-time surveillance system in place for common ED presentations	In metro areas
Bed surge capacity per 1M pop.	1101.6
ICU beds per 1M pop.	196.5
Burn unit beds per 1M pop.	4.7
Verified burn centers per 1M pop.	0.2
Physicians in ESAR-VHP per 1M pop.	31.8
Nurses in ESAR-VHP per 1M pop.	182.0
Behavioral health professionals in ESAR-VHP per 1M pop.	37.0
Strike teams or medical assistance teams	No
Disaster training required for essential hospital, EMS personnel	No, Yes
Liability protections for health care workers during a disaster (range 0-4)	4
% of RNs received disaster training	36.6

NR = Not reported
N/A = Not applicable