☞ **03hr_JC-Au_Misc_pt07f**

☞ Details: Use of Emergency Department Services by Medical Assistance Recipients

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2003-04
(session year)

Joint
(Assembly, Senate or Joint)

Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (November 2012)

168 Aurora Sinai Medical Center Inc **45,432 Total Visits**

ZIP Code	City	Count	Percent
53201	Milwaukee	76	0.17%
53202	Milwaukee	577	1.28%
53203	Milwaukee	99	0.22%
53204	Milwaukee	2,231	4.94%
53205	Milwaukee	4,594	10.17%
53206	Milwaukee	8,889	19.68%
53207	Milwaukee	249	0.55%
53208	Milwaukee	6,959	15.41%
53209	Milwaukee	2,538	5.62%
53210	Milwaukee	2,931	6.49%
53211	Milwaukee	127	0.28%
53212	Milwaukee	4,409	9.76%
53213	Milwaukee	67	0.15%
53214	Milwaukee	233	0.52%
53215	Milwaukee	1,043	2.31%
53216	Milwaukee	1,927	4.27%
53217	Milwaukee	46	0.10%
53218	Milwaukee	1,820	4.03%
53219	Milwaukee	159	0.35%
53220	Milwaukee	62	0.14%
53221	Milwaukee	156	0.35%
53222	Milwaukee	136	0.30%
53223	Milwaukee	436	0.97%
53224	Milwaukee	532	1.18%
53225	Milwaukee	740	1.64%
53226	Milwaukee	32	0.07%
53227	Milwaukee	72	0.16%
53228	Milwaukee	20	0.04%
53233	Milwaukee	3,986	8.83%
53234	Milwaukee	15	0.03%
53237	Milwaukee	2	0.00%
	Total	**45,163**	**100.00%**

Gender	Count	Percent
Female	25,991	57.21%
Male	19,441	42.79%
Total	**45,432**	**100.00%**

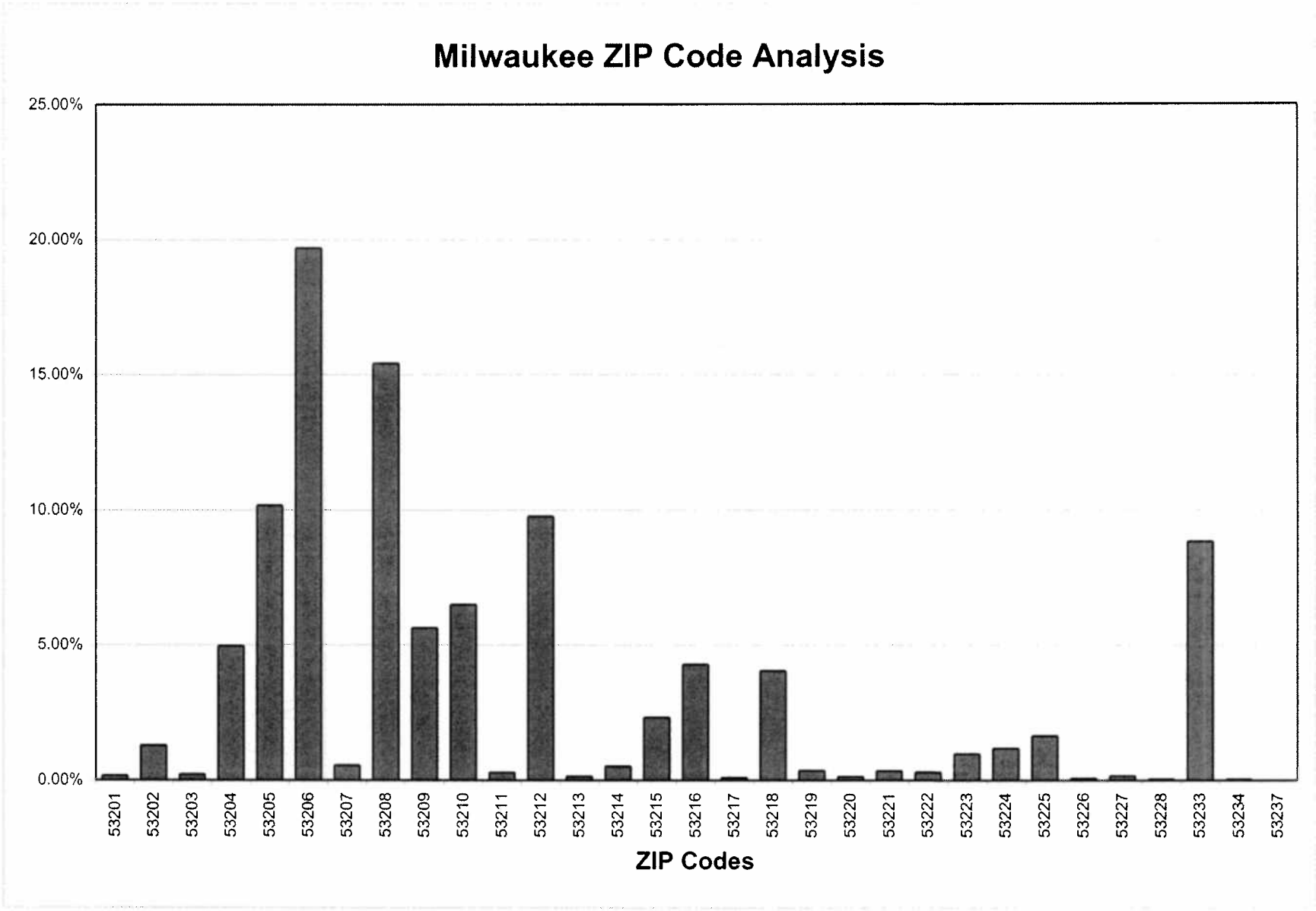
Day of Week	Count	Percent
Monday	7,140	15.72%
Tuesday	6,859	15.10%
Wednesday	6,693	14.73%
Thursday	6,398	14.08%
Friday	6,155	13.55%
Saturday	5,925	13.04%
Sunday	6,262	13.78%
Total	**45,432**	**100.00%**

Payer	Count	Percent
GAMP	4,868	10.71%
Medicaid/BadgerCare	31,049	68.34%
Self-Pay	9,515	20.94%
Total	**45,432**	**100.00%**

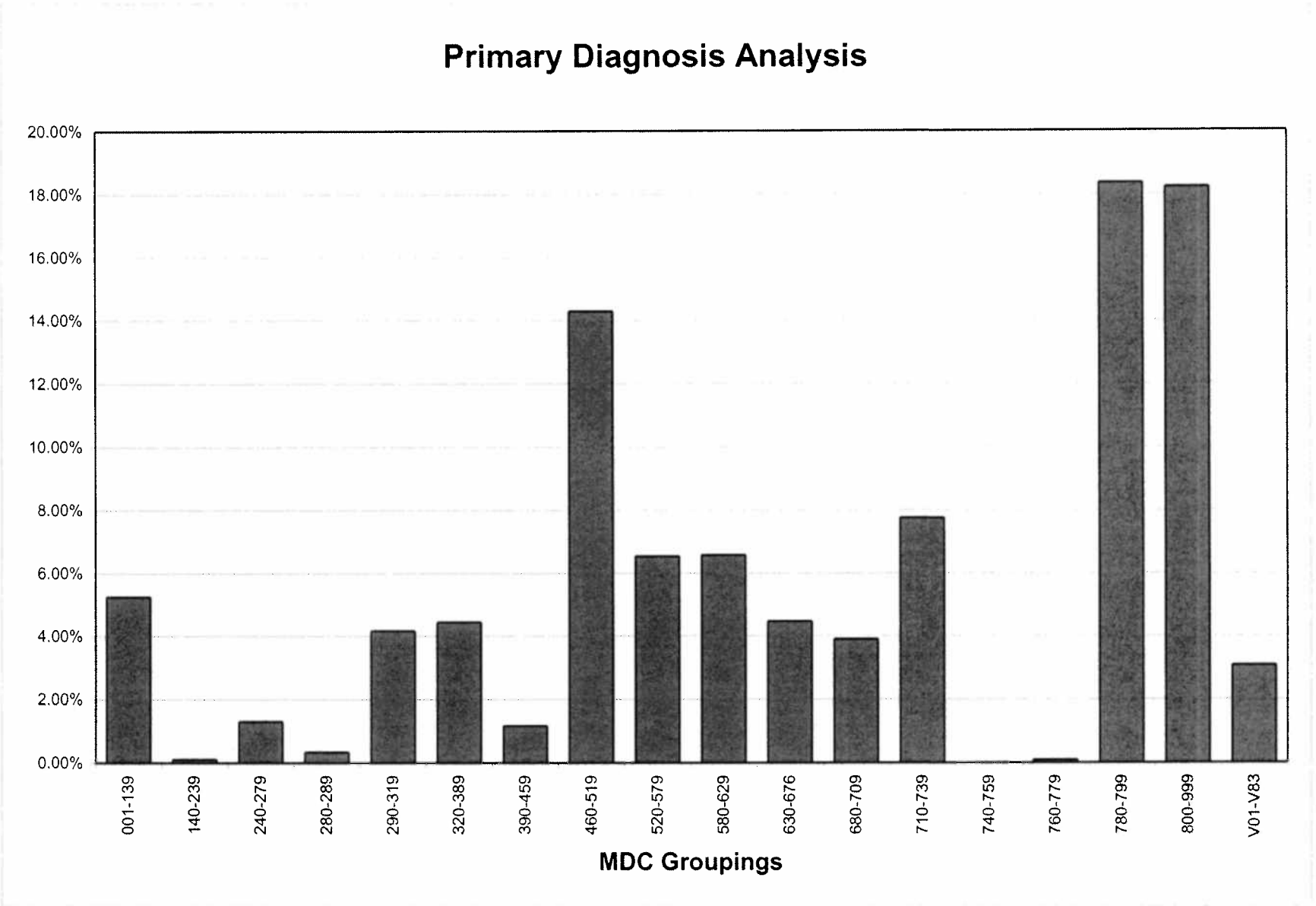
Age Group	Count	Percent
0 - 9	6,684	14.71%
10 - 19	6,447	14.19%
20 - 29	10,833	23.84%
30 - 39	8,033	17.68%
40 - 49	8,103	17.84%
50 - 59	3,406	7.50%
60 - 69	1,083	2.38%
70+	843	1.86%
Total	**45,432**	**100.00%**

MDC	Count	Percent
001-139	2,385	5.25%
140-239	48	0.11%
240-279	592	1.30%
280-289	156	0.34%
290-319	1,891	4.16%
320-389	2,018	4.44%
390-459	530	1.17%
460-519	6,491	14.29%
520-579	2,967	6.53%
580-629	2,983	6.57%
630-676	2,030	4.47%
680-709	1,770	3.90%
710-739	3,517	7.74%
740-759	5	0.01%
760-779	42	0.09%
780-799	8,336	18.35%
800-999	8,277	18.22%
V01-V83	1,394	3.07%
Total	**45,432**	**100.00%**

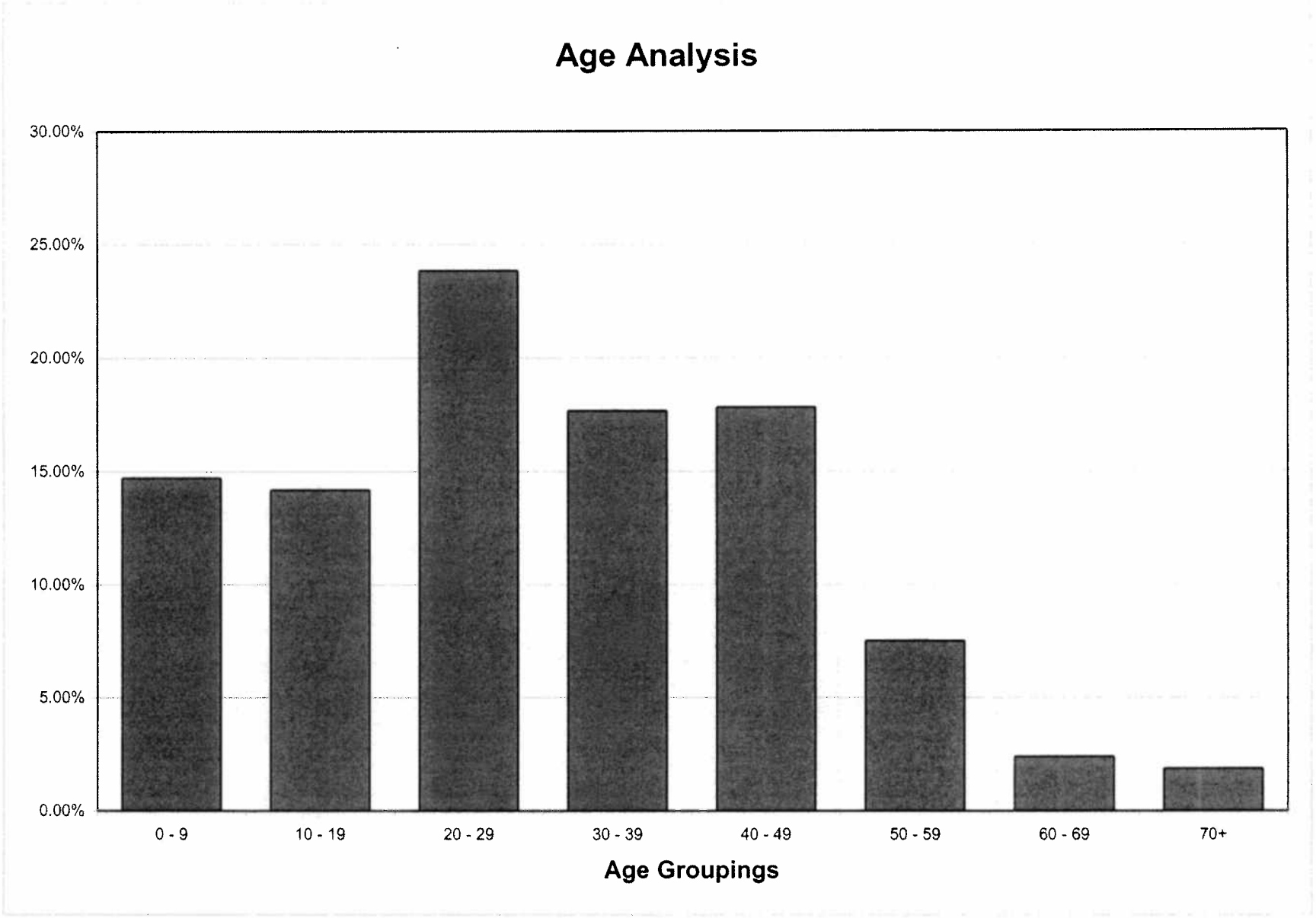
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
168 Aurora Sinai



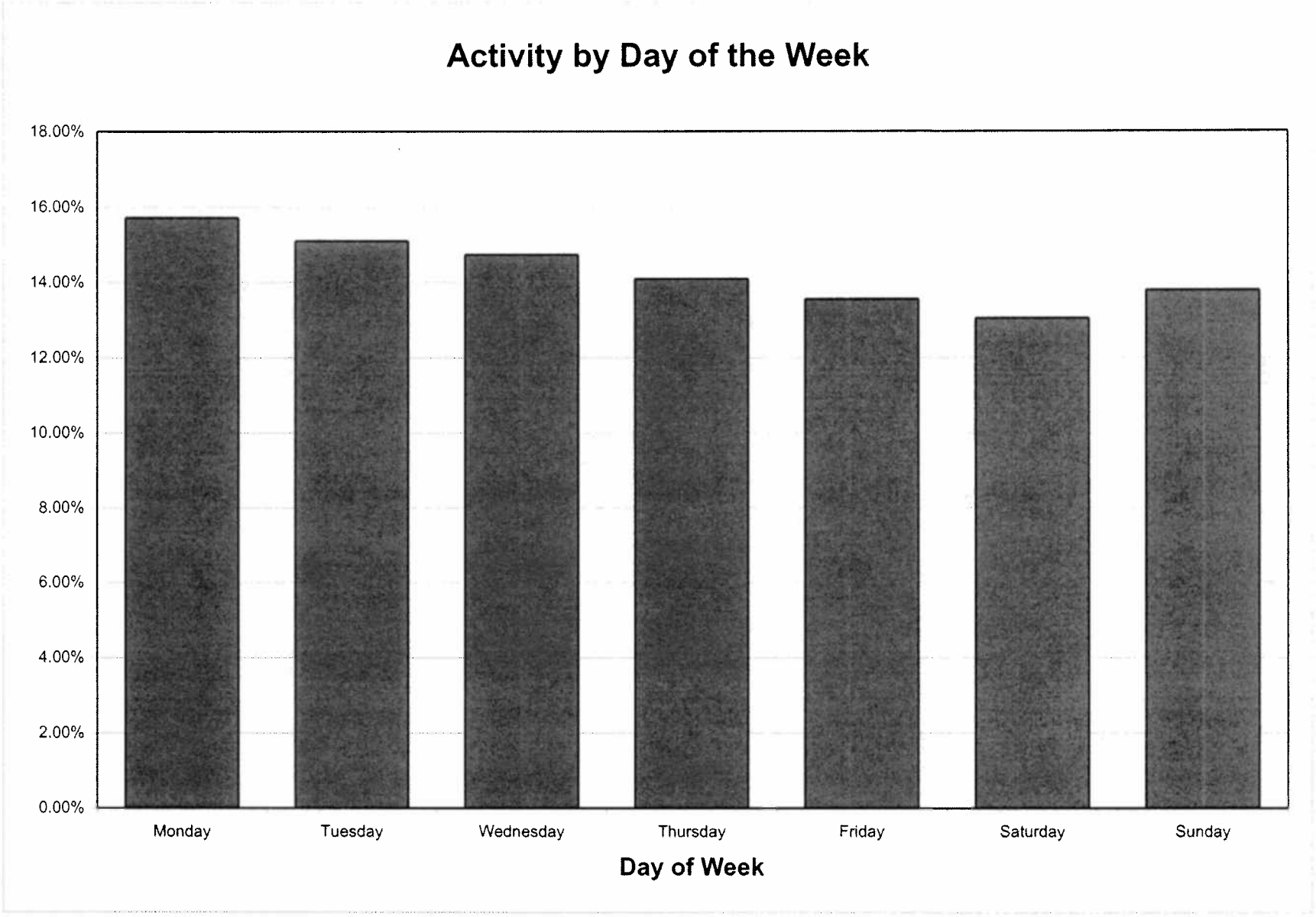
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
168 Aurora Sinai



2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
168 Aurora Sinai

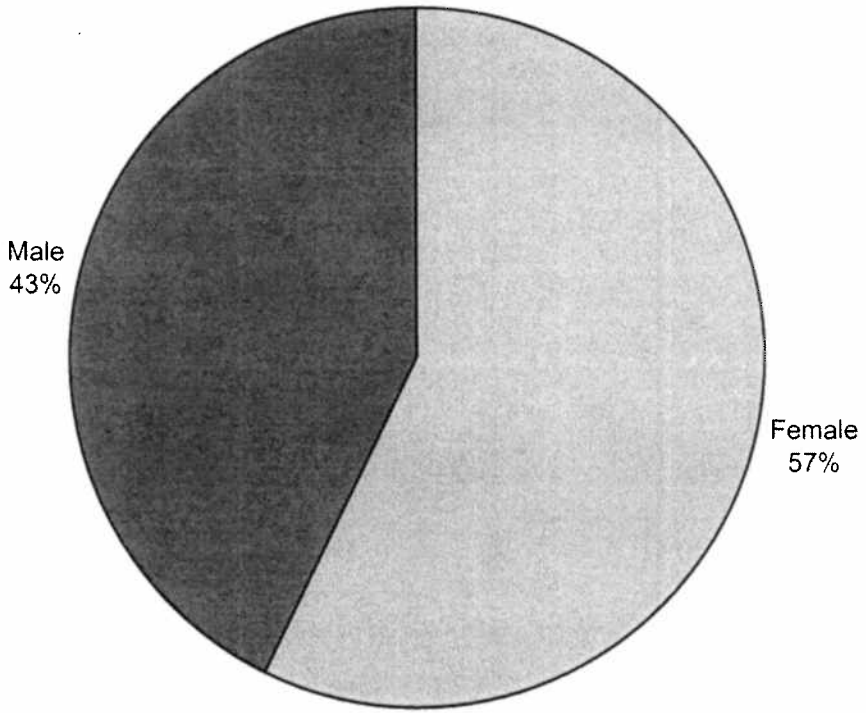


2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
168 Aurora Sinai



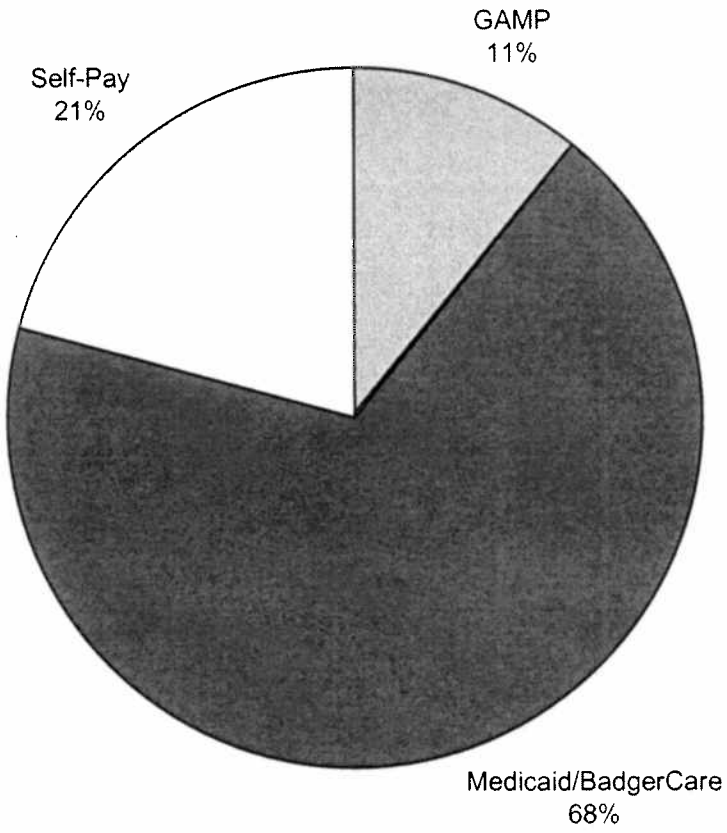
2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
168 Aurora Sinai

Gender Analysis



2003 EMS Data Analysis
Medicaid, GAMP, Self Pay
168 Aurora Sinai

Payer Analysis

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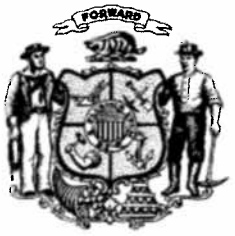

FORWARD

State tackles emergency room misuse

By JOE MANNING
jmanning@journalsentinel.com

Posted: Jan. 30, 2004

State officials will begin exploring ways to stem the inappropriate use of hospital emergency rooms by patients who are covered under public assistance health care plans.

Wisconsin spent an average of $20 million a year over the last five years to care for Medicaid and BadgerCare patients who went to hospital emergency rooms but were not admitted for treatment, according to a state audit released Friday.

Emergency room care is among the most expensive types of care, and the growing use of hospital emergency rooms for non-emergencies is cited as one of the reasons for soaring health care costs.

The state audit looked at patients' visits that didn't require hospitalization, but the review could not confirm - without examining medical charts - whether any of the emergency room visits were medically unnecessary and would have been better treated in a doctor's office or clinic, said Paul Stuiber, program evaluation director in the Legislative Audit Bureau.

The audit said officials in the Department of Health and Family Services, along with hospitals and managed care providers, are "taking steps to study and reduce the number of emergency department visits for minor injuries and illnesses."

Those steps may include requiring patients to pay fees when receiving treatment in emergency rooms.

The audit also comes at a time when hospitals are trying to eliminate costly and inappropriate use of emergency services for minor ailments. St. Joseph Medical Center is charging $150 per ER visit, and Aurora Sinai Medical Center is steering non-emergency patients to clinics and doctor's offices.

State Rep. Suzanne Jeskewitz (R-Menomonee Falls) said she asked for the audit because of concerns raised by hospitals about inappropriate use of emergency rooms by Medicaid patients.

The audit, however, did not show "a trend of a lot of people abusing the system," said Jeskewitz, who co-chairs the audit committee.

Stuiber said nationally about 12% of visits to emergency departments result in patients being admitted. Among the Medicaid patients in the audit, 13% of patients were admitted for treatment, he said.

Medical professionals told auditors that many patients reported going to an emergency room when their physicians' offices were closed.

The audit found that 5.5% of Medicaid patients in 2002 accounted for 27% of emergency room visits. One recipient, alone, made a total of 379 emergency room visits that year.

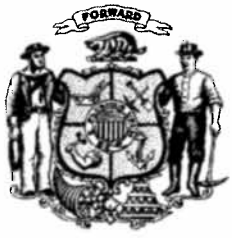
To cut down on abuses, the health agency should develop a policy of telling people when they sign up for medical assistance not to use an emergency room for care of minor ailments, Jeskewitz said. Hospitals can also set up clinics to treat minor ailments, she added.

Last fiscal year, $3.6 billion was spent for the care of medical assistance patients in Wisconsin. Medicaid and BadgerCare are funded 38% by Wisconsin taxes and 62% with federal dollars.

In fiscal year 1997-98, Wisconsin had 539,477 people receiving medical assistance. That number grew to 709,442 in fiscal year 2001-02.

From the Jan. 31, 2004 editions of the Milwaukee Journal Sentinel


WISCONSIN STATE LEGISLATURE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http://milwaukee.bizjournals.com/milwaukee/stories/2004/10/25/story2.html?page=1

EXCLUSIVE REPORTS

From the October 22, 2004 print edition

Hospitals hone emergency room policies to stop unnecessary visits

Erik Brooks

A controversial initiative aimed at keeping people with minor medical problems out of emergency rooms is being expanded to other hospitals across Milwaukee County.

The new emergency room referral strategy, first introduced at Aurora Sinai Medical Center and St. Michael Hospital in Milwaukee earlier this year, was unveiled at St. Francis Hospital in early October with plans to expand the initiative to other hospitals in the county, including St. Joseph Regional Medical Center and St. Luke's Medical Center, by early 2005, hospital industry officials said.

The triage plan, developed by a committee of hospital representatives and emergency-room physicians, toughens patient referral practices already used in many area emergency rooms. The committee, led by the Wisconsin Hospital Association's metro Milwaukee region, is also looking for ways to expand capacity at local community health clinics to support the increased referrals of patients who have been seeking their primary care at hospital emergency rooms.

Under the old referral policy, a patient showing up at an emergency room with a sore throat would receive a medical assessment and, even if the diagnosis is something as minor as the common cold, would still receive hospital treatment. Under the new policy, a patient seeking treatment for minor medical problems at the emergency room would be referred immediately to a doctor or clinic after the initial assessment.

The policy is controversial because it causes hospitals to strike a delicate balance between what is truly a patient's medical emergency and referring out what is not.

Critics, including primary care physicians and some hospital officials, contend the new policy will hurt the poor and the uninsured, those patients who are most likely to view the emergency room as their only source of medical care. Such patients will have to look elsewhere for treatment, which may include already overburdened community clinics or other emergency rooms that do not subscribe to the stricter triage policy.

Officials at the hospitals implementing the policy say it will encourage patients to get the proper level of care for their ailments. If they don't have a medical emergency, they should not seek the costly service of an emergency department for common medical problems. The average emergency room visit costs $823 in the Milwaukee area, compared with $100 to $150 for a visit to a primary care doctor's office.

Unnecessary visits

More than half of all emergency room visits made to Milwaukee-area hospitals in 2003 were not for true medical emergencies, according to Bill Bazan, vice president of metro Milwaukee for the Wisconsin Hospital Association, Madison. The new triage process begins with a doctor or nurse giving a medical assessment to each person who shows up at the hospital emergency department, a screening that is required by federal law.

Those cases requiring emergency care get it. Those who do not are referred elsewhere for treatment, be it a clinic owned by the health system or another in the community.

"We'll even give patients a cab ride, if they need it," said Bob Speer, regional director of community partnerships for Covenant Healthcare System Inc., Milwaukee, the parent of St. Francis, St. Joseph and St. Michael hospitals, all in Milwaukee.

Hospital officials said the new policy adheres to guidelines set forth in the 1986 federal Emergency Medical Treatment and Active Labor Act. The law obligates hospitals with Medicare certification to provide a medical screening for all those who show up at emergency rooms. Hospitals then must stabilize those requiring emergency care.
Bazan said hospital officials would like to introduce the new triage strategy at every Milwaukee County hospital, except for Children's Hospital of Wisconsin, in the next three to four months.

Emergency room physicians and hospital administrators from the area's four major health care systems -- Covenant, Aurora Health Care, Columbia St. Mary's, and Froedtert & Community Health -- have been meeting with primary care clinic operators and community advocates to hone the concept for more than a year.

Not all hospitals from those systems are adopting the new policy. Officials at Columbia St. Mary's Inc. in Milwaukee and Froedtert Hospital in Wauwatosa have not committed to implement the plan.

Leo Brideau, chief executive officer of Columbia St. Mary's Inc., has questioned whether Aurora and Covenant's use of the policy is part of the reason why emergency room visits, particularly among the uninsured and low-income patients covered by the government Medicaid program, are up 11 percent so far in 2004 at Columbia Hospital and St. Mary's Hospital on Milwaukee's east side.

While patients often do get referrals at the Froedtert emergency room, even minor cases will still be treated there, said Dr. Dan DeBehnke, medical director for the emergency department at Froedtert.

Slipping through the cracks

Aurora unveiled its new triage policy at Sinai, the city's only downtown Milwaukee hospital, in early 2004, but has been slower to roll it out at its other Milwaukee County locations, including St. Luke's on the city's south side, said Paul Nannis, vice president of government and community relations for Aurora.

Crowded clinics have made it difficult for hospitals to refer patients with minor medical problems to those clinics.
"We know we still have problems," Nannis said. "There are occasionally patients who end up at the wrong clinic, or just slip through the cracks."

Nannis said the problem will get better over time as primary care access improves.

In the meantime, patients are indeed slipping through the cracks, said John Bartkowski, chief executive officer of the Sixteenth Street Health Care Clinic, one of four area clinics that receives federal funding to treat uninsured and low-income patients. Those who show up at hospitals may have tried already to see a primary care physician at a clinic, only to be turned away because of capacity issues before heading to the emergency room for care.

"Then the patients become very frustrated," Bartkowski said. "Ultimately it postpones the problem until it is an emergency."

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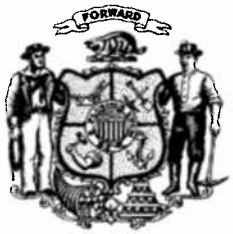

FQHC in Milw.
- 4 federally qualified health clinics

Cost-Based Medicaid
↳ no malpractice needs
↳ fed. govts buying power for Rx.

Health systems in SE WI?
→ Aurora, Child, Cove., Froed, Columbia-St. Mary, Aurora

- $8.85M fed to increase capacity. - none to hospitals - operational dollars over 3 years. - Amalga shower? grant Writer
  → 200 page grant, submit in October, if accepted - Spring '05
  ↳ 1st National Collaborative Health Care Plan

** - Hospitals - $1.7M in cash to help clinics over & above $8.85M

Bricks
- Fundraise to build additional facilities for 16th St. Comm Ctr
  ↳ needs $5.5M (½ may come from hospitals)
- Additional $5.5M needed for other 3 clinics

- New Markets tax credit?
  $100M - Wisconsin has qualified for econ. development
  ↳ FQHC could qualify for loan for bricks & mortar projects.

?. Case mgmt resp. of HMO's for Medicaid patients determined
↳ only pay $25 to hosp. if not an actual emerg.

- Primary Care Alliance of Milw. Cnty - group's name to work on systemic changes.

3 - for profit - { Orthopedic Hospital — Columbia/Phy
Mill Heart Hospital - Metcalf/Phy
WI Heart Hospital - Covenant/Phy

WI Corp. structure - some parts are for profit inside the non-profit

Emergency Rm

EMS

Tied ambulance system -
(Seattle)

Cost Shifting -

Police Dept - should have

Jan WIC? ^ need State

Alice O'Connor - Calif. Cal. Book

Austin Tx - Capitation system → Angie

✓ uninsured

Michigan - Russ
1) Saw Mi sent fees -
Administrative

Rural -
What are States doing with ER'S

Emergency Room Care

Emergency medical condition problem —

Medicaid underfunded —

entitled —

Jump from Hosp. to Hosp.

33% Safety Hosp.

① State Wide info system — W. H

② Standards —

③

Model — Pilot —

Lack in system — Sandy Mahoney

Angie — $100,000 + Fed. — governors budget —

Back up specialities ER —

Specialists are there but don't Want to be on Call —

Left – How. Croft

~~Bill Bogan's grandmother" Age may or may not be~~

Howard Croft

– Dispel myths

① ER dept census is passive – increasing utilizate

– increasing barriers to care, outside typical health care system – can always come to ER

↳ numerous barriers – complex – MH., Ed.,

② Barriers to care do not make ER use inappropriate if only means to obtaining health care

i.e. ③ Job shadow – Because of HAAMP $35 enrollment fee – didn't ended up in ICU w/acute diabetic issues from lack of insuli

i.e. ④ 1½ yr. old w/ dog bite on face – took 2½ hr calling friends & asking for favors to get a plastic surgeon to treat

↳ ended up w/facial infection from long wait for care

Sue – Barriers

→ ? limited hours

Sen. Cowel – Other areas – Chicago? What are they doing?

↳ RWJ report in AZ, we can learn from other surrounding states

↳ Need to exp. ER dept first hand

Sen. Cowels – Badgerlare issue –

↳ Good program, what's going on is as we cover more people ↑ not enough primary care providers, more difficult to get in to see on non ER basis.

Sue – Diff. to get specialists?

– Survey soon – dwindling, diff., to get a hold of, – frustrating

Richard Shrimp - ripple effect situation
→ about quality of care, how to get care, will come back to where they can
→ funnel effect - in pre hosp. care - refuse transport - people calling ambulance to get Rx filled
↳ referral centers → go to the ER - if don't want to or can't deal w/??
or problem → answer → go to the ER
→ system is breaking down
→ EMTALA wording

• Kelley Rosati
- Agree w/whats been said, happy to be part of work group
- Medicaid HMO
↳ imp for access for

Sue - Case Mgmt?
→ not perfect, has improve

Sue - Successes?
↳ can provide extensive documentation

• Sen. Gauch
- ER docs very dedicated, enthusiastic → Best of the crop but have to work in the worst system of care.
- Patients treated w/respect regardless of situation
- Encouraged members to spend time w/ER docs
? What can we do to improve conditions
* ? What should we do as policy makers to reduce non-urgent ER use
- S/B ashamed that we only reimb @ .15 cents on the dollar, was 18 yrs ago
* - must take another look at GME, going in wrong direction

• Alice O'Connor -

UCLA – Head Start Parents – provided a guid
"What to do when your child
48% drop in ER 37.5
– 1 of only six States w/o a medical mal practice problem.

Darling – met w/ Drs in her district.

1) ER should have the right to say this is not an emerg – will not treat
2) So many amb. called for not emerg – again ↑ ; Amb drivers Trained professional should be able to be 1st line of defense
   ↳ Earlier testimony, educational component necessary to [redacted] barriers to treatment mentioned earlier.

12/7/04

- Mark Moody
- Bill Falco
- – WILAS
- Rich Paul
- John Whitcomb
- Peggy R
- Howard Croft
- Jan & Paul Stuber
- Angie
- Russ Peterson

Sue – talked about shadowing Dr. Croft.
– 105 primary care doctors shortages in the City of Milw.
– EMTALA – if burden ends, becomes an ethical question on how to proceed.

Moody – hearing you say EMTALA is not problem
GAO report on safety net hospitals?
↳ 33% of nations hospitals – risk of closing
↳ Sinai & St Michels
↳ Aurora 6% – medicaid
2% – uncompensated

Ideas

Dr Croft – alot of what we do is duplicative sys
↳ statewide database for info needed – WI Health Institute working on this * 3M playing
↳ patients med, allergies, EKG's, immunizations

Dr Whitcomb – most exp patients are mentally ill, go to every hospital

Moody – statewide database or you could have standards

↳ business practices are the real problem, Dr & Hosp – technology exists
↳ cost prohibition for some

PAR – Is there a model?

Angie – Depts budget recommendations
↳ case managers

? Lock-in program? Sandy – Med. Dir. for Medicaid
↳ similar to foster care program – give medical people info – pilot prog
↳ need help w/ the pilot?

↳ Fair reimbursement – hopefully will make it easier to get "on-call" specialist – very difficult to get coverage – affects everyone – not just MA patients
↳ part of prob is reimb; part no need for specialists to be on staff at hospitals; part shortage in general of specialists – less providers – what are other states doing?

Russ – ER – 20% or less
Docs –
Dentists
↳ $50M less to pharmacies in next budget

Dr. Croft – can't bill multiple codes even if have to treat multiple problems.

Dr. Whitcomb – EMS not allowed to make screening decisions – other states (Co?)
↳ cost shifting from police departments – need nurses in PD to do basic screening, etc.

ER Use/Peggy

- Nationally, issue - only only charge for an ER visit - even if multiple problems to treat
  i.e, broken leg & internal injury
  - ER specialists available/willing to be on call

→ W/I the bureau.
→ Congressional delegation

- Wants to raise the issues, no specifics
- Optometrist/Opthamologists issues
- Get to know you

5/18th

Budget expert Bill Rancher