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Emergency Room Usage

Background

Federal law requires that hospitals with emergency departments perform a medical examination on all patients to determine if a medical emergency exists, regardless of a patient's ability to pay. Based on a study conducted by the State's Legislative Audit Bureau in 2004, the number of fee-for-service medical assistance recipients visiting emergency departments increased by 9.2% from fiscal year 2000-01 to fiscal year 2001-02. For those covered by managed care providers, the increase was 23.9% over the same period of time. It is worth noting that a fairly small number of patients accounted for a substantial percentage of the visits. For example, 5.5% of fee-for-service recipients accounted for 27% of visits. While we do not have statewide data on the "presenting symptoms" that bring medical assistance patients to emergency departments, we do have a slice of data from Milwaukee County that corroborates that a substantial number of medical assistance patients use emergency departments as primary care homes.

Issues

- Emergency department services are expensive when compared to a primary care visit to a clinic or a physician office. Based on the most recent data from calendar year 2003, there were 1,550,595 emergency department encounters in Wisconsin. The average charge for each encounter (all payer sources) was \$674.69. The average charge for Medicaid, BadgerCare and General Assistance Medical Program (Milwaukee County) encounters was \$604.74 covering 332,888 encounters. In Milwaukee County alone, nearly 55% of emergency department encounters were for primary care services that could have been cared for in more appropriate primary care settings. The average charge for a primary care visit at a clinic or physician office is between \$100 - \$150.
- The Wisconsin legislature and the Governor's office are preparing to deal with the substantial Medicaid deficit in the biennial budget deliberations for 2005-07. Dollars spent on inappropriate emergency department usage will add to the growing Medicaid funding challenge.
- In many of our emergency departments at most times of the day, there is a backlog of patients needing services with waiting times up to four hours or more. Patients truly needing emergent care often have to wait for unacceptable periods of time.



Wisconsin Hospital Association, Inc.

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WHA Position

- Emergency department care is meant for emergent cases, not primary care. Emergency departments are not set up to be “case managers” and to provide continuity of care to patients. While physicians and other clinical caregivers do excellent work in our hospital emergency departments, primary care clinics and physician offices should be the primary care homes for people regardless of payer source.
- WHA supports local initiatives that encourage hospital partnerships with community clinics and local primary care physicians to assist communities to change patterns of behavior in terms of emergency department usage for primary care services. An example of such an initiative can be found in Milwaukee County, where the five health systems have come together with the four Federally Qualified Health Centers (FQHCs) to form an alliance to increase primary care capacity in the county for the Medicaid, BadgerCare and General Assistance population. The goal of the alliance is to increase access points, as well as extend hours of operation for the primary care clinics. The alliance is also assisting in the development of triage protocols for patients needing primary care homes more than emergent care.
- While WHA staff, member hospitals and their respective grassroots organizations will play a prominent role in the biennial budget debate around Medicaid funding, local primary care initiatives that serve a predominantly Medicaid population can be used to model care and demonstrate to the legislature that Wisconsin hospitals are part of the solution and not the problem. There is a demonstrable concern in many communities throughout Wisconsin that there is a growing “fast food” approach to health care that centers around convenience and the fact that emergency departments are open 24 hours day, seven days a week.

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Related Resources

- None available

Localize The Message

Be prepared to talk about:

- The impact that emergency department misuse has on emergency department crowding.
- The cost of emergency department visit versus a primary care visit.

