



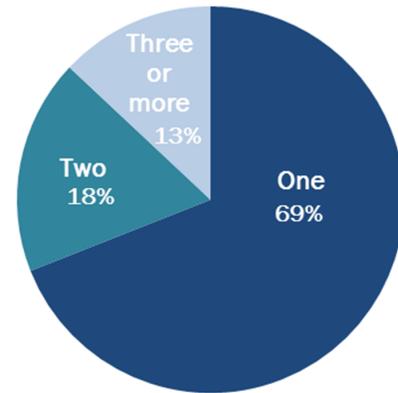
Wisconsin Emergency Department Utilization: Family Health Survey and Wisconsin Hospital Patient Data

This fact sheet uses 2015 Wisconsin Hospital Patient data and estimates from the Wisconsin Family Health Survey (FHS) to describe emergency department (ED) utilization by Wisconsin residents, reasons for seeking ED treatment, and other selected variables.

According to hospital patient data, there were over 1.7 million ED episodes by Wisconsin residents in Wisconsin hospitals in 2015. In total, over 1 million Wisconsin residents were treated in a Wisconsin ED at least once during the year.¹ This represents 18% of the total state population.²

As seen in Figure 1, 31% of Wisconsin residents who were treated in an ED were treated more than once that year. Of those treated in the ED, 13% had three or more visits in a year. Estimates from FHS show a similar distribution of ED visits in a 12-month period.

Figure 1: Number of ED Visits in 2015



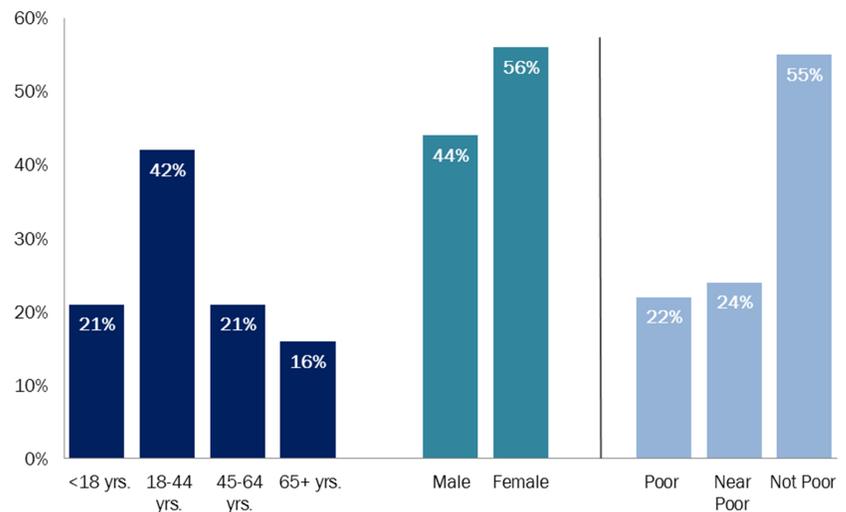
Source: Wisconsin Hospital Patient data, 2015

Characteristics of Patients Treated in the ED

As can be seen in Figure 2, people 18-44 years of age were the largest age group of those treated in the ED. Children under the age of 18 made up 21% of ED patients, and those age 65 and older made up 16% of ED patients. A greater proportion of those treated in the ED were female, with women making up 56% of all ED patients.

FHS data estimate that people living in low-income households (poor or near poor) made up 46% of ED patients.³ This is a higher percentage than would be expected based on the estimated proportion of Wisconsin residents living in low-income households (31%). An estimated 68% of patients who were treated in the ED three or more times in the past year lived in a low-income household.

Figure 2: Age, Sex, and Household Income of People Treated in the ED

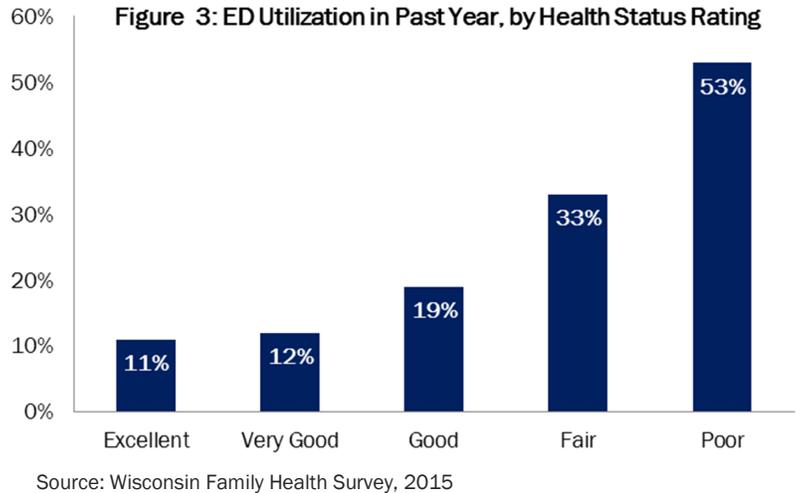


Source: Wisconsin Hospital Patient data, 2015

Source: Wisconsin Family Health Survey, 2015

1. Excludes Wisconsin residents who were treated in an emergency department outside Wisconsin.
2. Wisconsin Interactive Statistics on Health. <https://www.dhs.wisconsin.gov/wish/population/index.htm>
3. Poor is defined as less than 100% of the federal poverty level (FPL). Near poor is 100-199% FPL. Not poor is 200%+ FPL.

As indicated in Figure 3, FHS data showed a relationship between general health status and ED utilization. People generally in good health were less likely to have been treated in the ED than those in poorer health. Less than one-fifth of those in the top three categories of health (excellent, very good, good) were treated in the ED in the prior year. In contrast, over half of people in poor health were treated in the ED in the prior year.

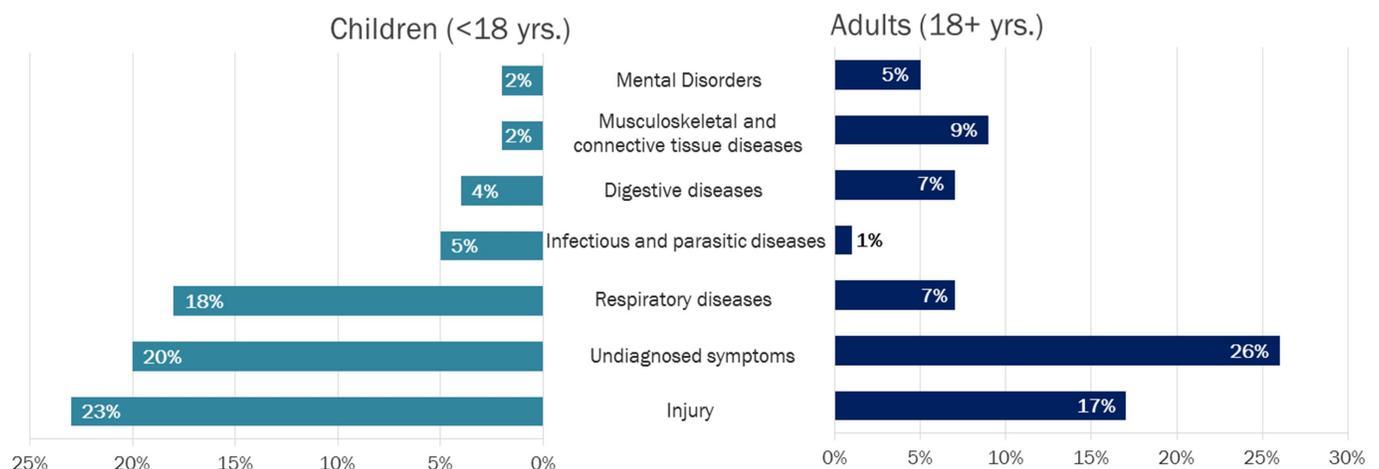


Reasons for ED Treatment

FHS data indicate the most common reasons reported for seeking treatment at the ED rather than a doctor’s office or clinic were (1) the problem was too serious for the doctor’s office or clinic to treat and (2) the patient’s regular doctor’s office or clinic was closed.

As can be seen in Figure 4, the most common principle diagnoses for those treated in the ED were injury, respiratory issues, and symptoms where a specific diagnosis could not be made. Children were treated in the ED for respiratory issues, injuries, and infectious and parasitic diseases at a higher rate than adults. Adults were treated in the ED for musculoskeletal and connective tissue diseases, digestive issues, mental health issues, and undiagnosed symptoms at a higher rate than children.

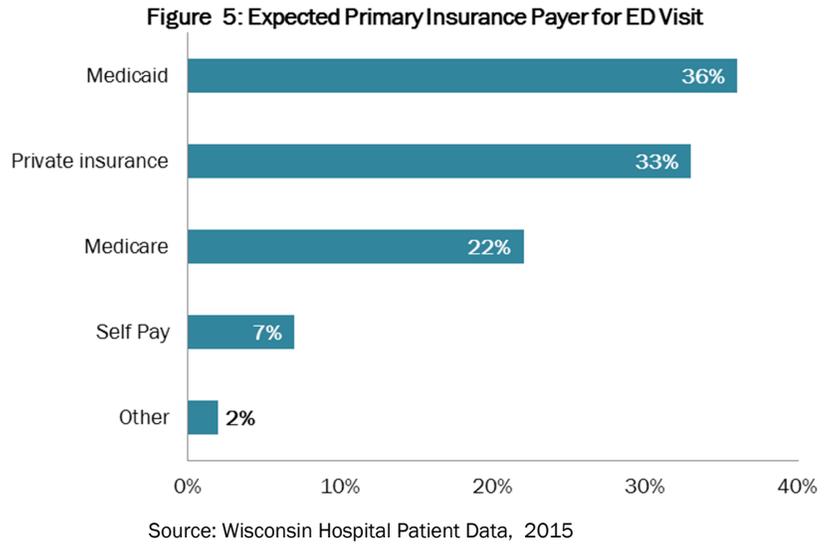
Figure 4: Principle Diagnosis for ED Visit, by Age



Source: Wisconsin Hospital Patient Data, 2015

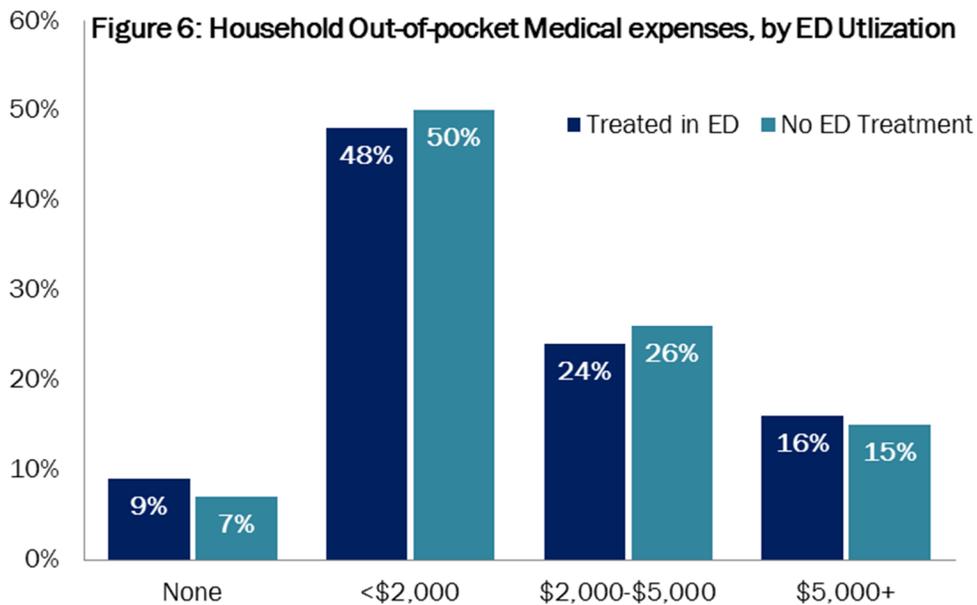
Health Insurance and Medical Expenses

Hospitals report the expected primary payer at the time of patient discharge. This payer will be the first one billed, though there may also be a second payer. As seen in Figure 5, private health insurance and Medicaid were the most common expected primary payer for ED visits, making up over two-thirds of all ED visits. Medicare was the expected primary payer for 22% of ED visits. Seven percent of ED visits were not expected to be billed to any insurance provider.



According to FHS data, people who had been treated in the ED were more likely to also live in a household with medical debt that was being paid off over time or that the family was unable to pay at all. Forty-three percent of people treated in the ED had household medical debt, compared to only 30% of those who had not been treated in the ED in the past year.

In terms of annual household out-of-pocket medical expenses, Figure 6 shows that there was no significant difference in out-of-pocket medical expenses for those treated in the ED compared to those who had not received ED treatment. About half of people, whether or not they had been treated in the ED, had household out-of-pocket medical expenses that totaled less than \$2,000 for the year.



Source: Wisconsin Family Health Survey, 2015

