



STATE OF WISCONSIN  
Department of Employee Trust Funds  
Robert J. Conlin  
SECRETARY

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

## Correspondence Memorandum

**Date:** January 15, 2021

**To:** Group Insurance Board

**From:** Rachel Carabell, Senior Health Policy Advisor  
Molly Heisterkamp, Wellness and Disease Management Program Manager  
Tom Rasmussen, Life Insurance Program Manager  
Brian Stamm, Deputy Director  
Office of Strategic Health Policy

**Subject:** Emergency Room Utilization Survey Analysis

**This memo is for informational purposes only. No Board action is required.**

### Overview of the Initiative

As part of its strategy discussions in 2020 ([Ref. GIB | 2.5.20 | 5](#)) and [Ref. GIB | 5.13.20 | 7b](#)), the Group Insurance Board (Board) discussed the strategic initiative to reduce Group Health Insurance Program (GHIP) costs for emergency room visits. The goal of the initiative is to reduce visits to the emergency room that are more appropriate for alternative sites of care, as well as lower cost. The initiative is broken into two parts:

- Part 1 focuses on an educational approach to reduce avoidable emergency room visits and is already underway.
- Part 2 will focus on improving access to alternative types of care and consideration of benefit changes or other incentives to encourage more appropriate use of the emergency room.

### Background

At its May 2020 meeting, the Board learned about an analysis conducted by IBM Watson Health (IBM) on emergency room use which found that 67% of emergency room visits, or 21,494 visits, may have been avoidable. Avoidable visits are either non-emergent, meaning they don't need to be addressed within 12 hours, or are emergent but could be treated effectively and safely in another care setting such as urgent care or a physician's office. This rate of avoidable emergency room visits is consistent with benchmark data from other IBM clients.

As part of the initiative, ETF surveyed GHIP members regarding their knowledge and use of emergency rooms, urgent care, telehealth, primary care, and nurse lines. The goal of the survey was to establish a baseline to evaluate the effectiveness of

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the strategic initiative by comparing results to a second survey in 2022. Survey results will also be used to help ETF focus education topics as part of this initiative.

### **Methods**

ETF developed the survey using the on-line survey tool, SurveyMonkey. ETF distributed the survey via email to active and retired members enrolled in GHIP and for whom ETF has email addresses on record. The email addresses that ETF has are voluntarily provided by members and not representative of all GHIP members. The total number of email addresses receiving the survey was 44,264; of which active employees totaled 24,859 and retired subscribers totaled 19,393.

ETF distributed the survey in two waves. The first wave occurred on July 14, 2020, which included approximately half the email addresses. The second wave took place two days later on July 16. On July 30, a reminder email was sent to those who had not yet responded to the survey. On August 14, ETF closed the survey to additional responses.

Before releasing the survey, ETF informed employers and members that the survey was coming by using its social media pages and newsletters, as well as sharing announcements at employer meetings.

### **Survey Responses**

Of the 44,262 survey invitations sent, ETF received 15,469 responses for a response rate of 34.95%. Throughout the remainder of this memo, those who responded to the survey will be referred to as “members.” Table 1 in the Appendix displays the study population’s responses in comparison to the overall target population (i.e., the subscriber population at the time of the survey).

### **Statistical Analysis**

The survey consisted of a maximum of 19 total questions, of which two allowed for unstructured free text. All questions and aggregated responses are listed in Table 7 in the appendix. Of the 17 structured questions, six were demographic questions to allow for the remaining 11 questions to be analyzed with different views of the data. The survey met statistically significant sample size requirements for five of the six demographic views. Over and under sampling of demographic populations within the study population in comparison to the target population was common throughout the different demographic views. However, due to the large survey response rate, the margin of error remained below the 3% cut point throughout the five demographics views used for analysis. Therefore, the survey provided a statistically valid sample despite the over and under sampling.

The five demographic views utilized are:

- If the member has dependent children
- If the member is an active employee or retiree
- If the member lives in or outside of Dane County

- The member's gender
- The age of the member within age brackets

Each of the questions were analyzed utilizing Relative Risk for statistical comparison using each of the demographic views. Relative Risk is used to compare the risk of an event occurring in one group to the risk of the event occurring in another group. ETF specifically used Relative Risk to assist in future targeted educational materials based on demographic characteristics. By condensing each of the questions into binary 2 x 2 tables, ETF computed the Relative Risk as follows:

		Outcome		
		Yes	No	Total
Exposure	Yes	a	b	a + b
	No	c	d	c + d
Total		a + c	b + d	

$$\text{Relative Risk} = ((a / (a + b)) / ((c / (c + d)))$$

For each calculation of Relative Risk, Confidence Intervals and P-values were calculated, using a 95% Confidence Level, to identify the strength of significance of the finding. The Relative Risks, Confidence Intervals, and P-values are split by demographic view and shown in Tables 2-6, located in the Appendix.

## Results

Three general categories of results were identified by ETF staff in their analysis:

- Emergency room and urgent care knowledge and use
- Telehealth and nurse line knowledge and use
- Primary care provider services knowledge and use

### Emergency Room and Urgent Care Knowledge and Use

74.3% of members responded that they were either very or extremely confident in their knowledge of when to use the emergency room and 76.4% with urgent care. Looking at the different demographic views for these questions, there was either little or no statistically significant differences between the cohorts being compared. The term "cohort" is used to signify a group in comparison to the alternate group within a demographic view. For example, a cohort of members who are active employees in comparison to a cohort who are retired.

When asked if they knew how to find the nearest emergency room, 96.8% of members responded positively, however, this value dropped to only 89.4% for urgent care. Once again, when considering the different demographic views for these questions, there was either little or no statistically significant differences between the cohorts being compared.

When asked which health care option they would use when they needed medical care quickly, 65.6% of members responded they would consider the emergency room and 82.9% of members responded they would consider an urgent care.

When asked if they had visited an emergency room within the past year, 22.3% of members responded positively. The results showed that individuals with dependent children were 32% more likely to have visited an emergency room in comparison to those without dependent children (Table 2). When asked if they had visited an urgent care within the past year, 34.5% of members responded positively. The responses showed that individuals with dependent children were 58% more likely to have visited an urgent care than those without dependent children, 41% more likely for active employees, and 30% less likely for individuals age 60 and over (Appendix Tables 2, 3, and 6).

#### Telehealth and Nurse Line Knowledge and Use

When asked which healthcare options they would consider if they needed medical care quickly, 38.8% indicated they would consider telehealth and 43.4% indicated they would consider a nurse line.

Using a five-point scale, 34.8% of members responded that they were either very or extremely confident in their knowledge of when to use telehealth. The response showed individuals with dependent children were 15% more likely to feel confident in telehealth than those without dependent children, 30% more likely in individuals living in Dane County, and 28% less likely for individuals who reported their gender as male (Appendix Tables 2, 4, and 6). When asked the same question but focusing on nurse line confidence, 45.7% of members responded that they were either very or extremely confident with knowledge of when to use a nurse line. The response showed that members living in Dane County are 32% more likely to be confident and males are 19% less likely to be confident (Appendix Tables 4 and 5).

When asked if they had utilized telehealth services this year, 23% of members responded positively. Individuals with dependent children were 30% more likely to respond stating they had used telehealth than those without dependent children, 19% more likely for active employees, 65% more likely for individuals living in Dane County, 19% less likely for individuals who identified their gender as male, and 18% less likely for individuals age 60 and over (Appendix Tables 2-6). When asked if they had utilized a nurse line within the year, 39.1% of members responded positively. Individuals with dependent children were 38% more likely to respond stating they had used a nurse line than those without dependent children, 23% more likely for active employees, 35% more likely for individuals living in Dane County, and 20% less likely for individuals age 60 and over (Appendix Tables 2 – 4, 6).

When asked whether they have signed up for telehealth, only 18% responded positively. Individuals living in Dane County were 51% more likely to have signed up for telehealth; 40% more likely for those with dependent children; 28% more likely for active

employees and 27% more likely for those under the age of 60 (Appendix Tables 2-4, 6). 13% of members responded that they did not have reliable internet access, a requirement for telehealth services. For those having used telehealth, common reasons individuals liked it included the ease and convenience, limited exposure to others/potential viruses in the community, speed of getting a prescription ordered and the quick response from providers. Recommendations for improvement included more education on when and how to use telehealth, easier process/more user friendly/accessible, more transparency related to costs and billing, more time with provider who is more familiar with patient record for more personal experience, and more technology like the ability to take blood pressure, temperature, or other diagnostic capabilities.

Fewer than 50% of members responded stating they knew how to access a nurse line. Individuals with dependent children were 19% more likely to know how to access a nurse line, 24% more likely for individuals living in Dane County, and 20% less likely for individuals age 60 and over (Appendix Tables 2, 4, and 6).

#### Primary Care Physician Services Knowledge and Use

When asked if they have a primary care provider and knew the name of that provider, members responded with overwhelmingly positive responses of 95.5% and 93.6%, respectively. Significant differences were not identified between cohorts within the various demographic views. 78.6% of members reported having had a routine physical or checkup within the past year. Members ages 60 and over were 18% more likely to report a physical or checkup within the past year than members under age 60 (Appendix Table 5).

When asked if they were aware that it might be possible to get a same-day appointment with their primary care provider, only 50.4% of members responded positively and only 37.5% reported having had a same-day appointment. Members with dependent children were 15% more likely to report knowledge of same-day services in comparison to members without dependent children (Appendix Table 2).

#### **Discussion**

The survey findings showed the demographic most likely to use both the emergency room and urgent care are members with dependent children. This reaffirms similar findings provided by the IBM analysis which found young children have the highest rate of avoidable emergency room visits. These findings confirm that ETF's efforts to increase awareness of other sites of care for parents with dependent children should remain a priority.

The survey findings identified that members feel very or extremely confident with their knowledge of when utilization of emergency rooms and urgent care is appropriate, however, IBM's findings indicate that 67% of select emergency room services are avoidable. This signifies that members are fairly confident in their decisions, but these

decisions may be made based on inaccurate or incomplete information, hence there is a strong opportunity to educate members.

The survey findings highlight an opportunity for altering healthcare consumer behavior by redirecting care to both telehealth and nurse lines. Despite rapid growth in utilization during the pandemic, fewer than half of members indicated that they would consider telehealth or a nurse line if they needed medical care quickly, which coincides with the low levels of confidence in when it is appropriate to use either telehealth or nurse lines. Fewer than 50% of respondents know how to access a nurse line and only 18% had signed up for telehealth services (e.g., a portal or app). This supports the work team's focus on education for members on how to access and utilize alternate sites of care. With the large opportunities that exist with telehealth and nurse line education, it will remain valuable to utilize a variety of communication channels to appeal to the diverse member population.

The survey results show a higher than expected number of members identifying as having a primary care provider and over three quarters of members having had a routine physical within the past year. This information indicates that additional efforts focusing on driving members towards their primary care providers may have limited results. This correlates with IBM's findings which show that 87% of emergency room visits are associated with individuals who only go to the emergency room once in a year. The survey results show that members are getting appropriate maintenance care, but struggle in picking the appropriate level of care in acute situations.

Despite nearly all the members knowing their primary care provider and interacting with them within the past year, only half of the members were aware of the possibility of making a same day appointment with their primary care provider. Even fewer have ever called and had a same day appointment. This highlights an opportunity for future member education to make members aware of the possibility of successfully making same day appointments.

In the process of analysis on the survey results, it became clear that a single, all-encompassing approach for educational efforts will not be effective. The demographic views show differences between cohorts, therefore educational outreach will need to be customized to match consumer needs and expectations.

### **Limitations**

The first limitation with the survey results is due to missing email addresses for the subscriber population. ETF was only able to email roughly 40% of the overall population due to incomplete contact data. The email addresses that ETF has are voluntarily provided by members and therefore not representative of all GHIP members.

A second limitation with the survey results is due to the structure of question 1, which asked members which site of care they would consider if they needed care quickly. The

question was written clearly, however, the survey allowed members to choose all available options that applied to their situation. Only after receiving the results did it become apparent that ETF could not determine which members chose which combinations of the answers available. This eliminated ETF's ability to perform statistical analysis on the results. With that said, total response count was collected for each of the answer options, which will be useful for policy decisions.

A third limitation with the survey results is due to not achieving an appropriate statistical power within the demographic view focusing on the health plan to whom the member subscribes. Of the 12 health plan options, eight did not receive enough survey responses to meet the appropriate statistical power required for analysis. In future surveys, ETF will leave the survey open until enough responses are achieved by each health plan and/or condense the available answer options from plan name to organization name (e.g., combine the results from HealthPartners Health Plan and Robin with HealthPartners, into a single category for HealthPartners). While these efforts are expected to help mitigate this problem in future surveys, achieving an acceptable margin of error may continue to be difficult with low enrollment plans until a more robust subscriber contact database is developed.

A fourth limitation with the survey results revolves around the unknown impact the COVID-19 pandemic had on the responses from members. We have data showing a rapid uptick in telehealth utilization that parallels study data indicating that telehealth and virtual visits nearly tripled during the first part of the pandemic.<sup>1</sup> Numerous reports also indicate emergency room use was down in early 2020, because patients avoided health care facilities likely to have COVID-infected patients.<sup>2, 3, 4</sup> The survey was sent during the pandemic and asks members to recall experiences from prior to and during the pandemic. ETF staff members have reason to believe the pandemic has impacted the results but have no way of quantifying or adjusting for the severity of the impact.

In addition to the limitations described above, there are three sources of potential bias that need to be acknowledged within the analysis of the study.

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<sup>1</sup> Alliance of Community Health Plans. (2020, August 01). Breakdown of Changes in Consumers' Health Care Behavior. Retrieved January 14, 2021, from <https://achp.org/research-breakdown-of-changes-in-consumers-health-care-behavior-during-covid-19/>.

<sup>2</sup> Molly M. Jeffery, PhD; Gail D'Onofrio, MD, MS; Hyung Paek, MD; Trends in Emergency Department Visits and Hospital Admissions in Health Care Systems in 5 States in the First Months of the COVID-19 pandemic in the US., *JAMA Intern Med.* 2020;180(10):1328-1333. doi: [10.1001/jamainternmed.2020.3288](https://doi.org/10.1001/jamainternmed.2020.3288)

<sup>3</sup> Hartnett KP, Kite-Powell A, DeVies J, et al. Impact of the COVID-19 Pandemic on Emergency Department Visits — United States, January 1, 2019–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:699–704. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923e1>external icon.

<sup>4</sup> Boserup, Brad; McKenney, Mark, MD, MBA; and Elkbuli, MD, MPH; The impact of the COVID-19 pandemic on emergency department visits and patient safety in the United States, *Am J Emerg Med.* 2020 Sep; 38(9): 1732–1736. Published online 2020 Jun 6. doi: [10.1016/j.ajem.2020.06.007](https://doi.org/10.1016/j.ajem.2020.06.007)

- **Selection Bias:** Individuals who responded to the survey have the capacity and willingness to respond to an electronic survey. Therefore, individuals who responded are inherently different from those who did not respond, could not respond, or were never sent the survey due to not sharing their contact information. ETF is actively working on growing their membership contact database, which in the long run will help reduce the impact of the described selection bias.
- **Recall Bias:** The survey, by design, requires members to answer questions based on their recollection of events that occurred up to one year in the past. The survey results are therefore dependent on the accuracy of self-reported experiences, some of which are more likely to be remembered than others. While it is difficult to eliminate recall bias from retrospective studies, the impact of this bias has been dampened by collecting data from multiple sources in the overall ER utilization project. The survey results are just one source of data among many that ETF staff are using to guide possible intervention actions.
- **Social Desirability Bias:** Members participating in a survey with sensitive questions tend to provide socially desirable responses rather than truthful responses. ETF attempted to mitigate the impact of this bias through careful question design focusing on word choice and by keeping survey results anonymous.

### **Conclusion**

With a high response rate, the survey proved to be an effective way to collect member feedback and input on their knowledge and use of the different sites of care. Coupling survey responses with claims data will be useful in measuring the impact of ongoing educational efforts. The findings support the communication plans that are underway, including a focus on when and how to access different sites of care, particularly when members are faced with symptoms or situations with high probability of being able to be treated somewhere other than the emergency room.

Staff will be available at the Board meeting to answer any questions.

Attachment: Appendix – Emergency Room Utilization Survey Results



## Appendix – Emergency Room Utilization Survey Results

**Table 1.** Survey Response Demographics

	Target Population		Study Population		Margin of Error
	Total	Percentage	Total	Percentage	
<b>Dependent Children</b>					
Has dependent children	36,937	33.69%	3,368	22.51%	1.60
Does not have dependent children	72,686	66.31%	11,596	77.49%	0.83
<b>Employee Status</b>					
Active Employee	79,395	72.71%	6,685	44.86%	1.15
Retiree	29,798	27.29%	8,216	55.14%	0.92
<b>County</b>					
Lives in Dane County	46,977	42.85%	5,752	40.87%	1.21
Does not live in Dane County	62,646	57.15%	8,322	59.13%	1.00
<b>Gender</b>					
Male	51,938	47.38%	6,279	42.98%	1.16
Female	57,685	52.62%	8,331	57.02%	0.99
<b>Age</b>					
60+	36,817	33.59%	9,356	63.99%	0.88
<60	72,806	66.41%	5,265	36.01%	1.30
<b>Health Plan</b>					
Quartz	36,063	18.07%	3,869	25.98%	1.49
WEA Trust	25,815	12.94%	3,549	23.83%	1.53
Dean	20,203	10.13%	2,575	17.29%	1.80
Network Health	7,815	3.92%	835	5.61%	3.21
GHC of South-Central Wisconsin	6,582	3.30%	729	4.89%	3.42
United Healthcare	6,305	3.16%	2,454	16.48%	1.55
HealthPartners	2,708	1.36%	343	2.30%	4.95
Prevea 360	1,111	0.56%	172	1.15%	6.87
Medical Associates	1,099	0.55%	108	0.73%	8.96
GHC of Eau Claire	935	0.47%	133	0.89%	7.87
MercyCare	601	0.30%	76	0.51%	10.52
Robin	386	0.19%	51	0.34%	12.80

## Appendix - Emergency Room Utilization Survey Results

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**Table 2.** Results from Having Dependent Children Compared to No Dependent Children

	RRs (CI)	P-value	# of Observations
Confidence in ER Use Knowledge	1.01 (0.98, 1.03)	0.5733	14,662
Confidence in Nurse Line Use Knowledge	1.10 (1.06, 1.15)	<0.0001	14,393
Confidence in PCP Use Knowledge	1.03 (1.01, 1.06)	0.0037	14,888
Confidence in Telehealth Use Knowledge	1.15 (1.09, 1.21)	<0.0001	14,271
Confidence in UC Use Knowledge	1.05 (1.03, 1.07)	<0.0001	14,757
Telehealth Utilization	1.30 (1.22, 1.38)	<0.0001	15,085
Signed up for Telehealth	1.40 (1.30, 1.51)	<0.0001	14,939
Reliable Internet	1.06 (1.04, 1.07)	<0.0001	15,052
Recommend Telehealth	1.10 (1.03, 1.19)	0.0069	3,454
Have a PCP	0.98 (0.97, 0.99)	<0.0001	15,045
Name of PCP	0.96 (0.95, 0.97)	<0.0001	14,938
Knowledge of Same-day Appointment	1.15 (1.11, 1.19)	<0.0001	14,997
Physical or Checkup Within the Last Year	0.86 (0.84, 0.88)	<0.0001	14,998
Nurse Line Utilization	1.38 (1.33, 1.44)	<0.0001	15,009
Knowledge of Nurse Line Access	1.19 (1.15, 1.23)	<0.0001	15,038
Use of Nurse Line in the Future	1.11 (1.08, 1.14)	<0.0001	15,008
Where to find the UC	1.07 (1.05, 1.08)	<0.0001	15,047
How to find an UC's Hours	1.11 (1.09, 1.12)	<0.0001	15,020
UC use in the Last Year	1.58 (1.51, 1.65)	<0.0001	15,018
Use of UC in the Future	1.07 (1.06, 1.09)	<0.0001	15,002
Where to find the ER	1.01 (1.01, 1.02)	<0.0001	14,913
ER Within the Last Year	1.32 (1.23, 1.41)	<0.0001	14,937

## Appendix - Emergency Room Utilization Survey Results

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**Table 3.** Results from Being an Active Employee Compared to Retired

	RRs (CI)	P-value	# of Observations
Confidence in ER Use Knowledge	0.98 (0.96, 1.00)	0.0751	14,600
Confidence in Nurse Line Use Knowledge	1.04 (1.01, 1.08)	0.0190	14,334
Confidence in PCP Use Knowledge	1.01 (0.99, 1.03)	0.3988	14,823
Confidence in Telehealth Use Knowledge	1.14 (1.09, 1.19)	<0.0001	14,209
Confidence in UC Use Knowledge	1.02 (1.00, 1.04)	0.0182	14,691
Telehealth Utilization	1.19 (1.12, 1.26)	<0.0001	15,008
Signed up for Telehealth	1.28 (1.20, 1.38)	<0.0001	14,869
Reliable Internet	1.03 (1.01, 1.04)	<0.0001	14,981
Recommend Telehealth	1.10 (1.03, 1.17)	0.0073	3,442
Have a PCP	0.97 (0.96, 0.98)	<0.0001	14,977
Name of PCP	0.95 (0.94, 0.95)	<0.0001	14,875
Knowledge of Same-day Appointment	1.06 (1.03, 1.10)	0.0008	14,933
Physical or Checkup Within the Last Year	0.87 (0.86, 0.89)	<0.0001	14,934
Nurse Line Utilization	1.23 (1.18, 1.28)	<0.0001	14,945
Knowledge of Nurse Line Access	1.05 (1.01, 1.08)	0.0059	14,972
Use of Nurse Line in the Future	1.09 (1.07, 1.12)	<0.0001	14,944
Where to find the UC	1.04 (1.03, 1.05)	<0.0001	14,981
How to find an UC's Hours	1.08 (1.06, 1.09)	<0.0001	14,954
UC use in the Last Year	1.41 (1.35, 1.47)	<0.0001	14,952
Use of UC in the Future	1.05 (1.04, 1.07)	<0.0001	14,936
Where to find the ER	0.99 (0.98, 1.00)	0.0011	14,850
ER Within the Last Year	1.09 (1.03, 1.16)	0.0047	14,872

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**Table 4.** Results from Living in Dane County Compared to Living Outside of Dane County

	RRs (CI)	P-value	# of Observations
Confidence in ER Use Knowledge	0.98 (0.96, 1.00)	0.0609	13,571
Confidence in Nurse Line Use Knowledge	1.32 (1.27, 1.36)	<0.0001	13,345
Confidence in PCP Use Knowledge	1.00 (0.98, 1.02)	0.8697	13,757
Confidence in Telehealth Use Knowledge	1.30 (1.24, 1.36)	<0.0001	13,231
Confidence in UC Use Knowledge	1.01 (0.99, 1.03)	0.2727	13,657
Telehealth Utilization	1.65 (1.55, 1.75)	<0.0001	13,927
Signed up for Telehealth	1.51 (1.40, 1.62)	<0.0001	13,801
Reliable Internet	1.10 (1.09, 1.11)	<0.0001	13,900
Recommend Telehealth	0.89 (0.83, 0.96)	0.0021	3,196
Have a PCP	1.02 (1.01, 1.03)	<0.0001	13,897
Name of PCP	1.01 (1.00, 1.02)	0.0179	13,805
Knowledge of Same-day Appointment	1.03 (0.99, 1.06)	0.1110	13,854
Physical or Checkup Within the Last Year	0.93 (0.91, 0.95)	<0.0001	13,854
Nurse Line Utilization	1.35 (1.30, 1.41)	<0.0001	13,869
Knowledge of Nurse Line Access	1.24 (1.20, 1.28)	<0.0001	13,894
Use of Nurse Line in the Future	1.22 (1.19, 1.25)	<0.0001	13,867
Where to find the UC	1.02 (1.01, 1.03)	0.0011	13,899
How to find an UC's Hours	1.05 (1.03, 1.06)	<0.0001	13,875
UC use in the Last Year	0.94 (0.90, 0.98)	0.0082	13,874
Use of UC in the Future	1.01 (1.00, 1.03)	0.0351	13,859
Where to find the ER	0.97 (0.97, 0.98)	<0.0001	13,777
ER Within the Last Year	0.92 (0.86, 0.98)	0.0086	13,798

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**Table 5.** Results from Being a Male Gender Compared to Female

	<b>RRs (CI)</b>	<b>P-value</b>	<b># of Observations</b>
Confidence in ER Use Knowledge	1.05 (1.03, 1.07)	<0.0001	14,318
Confidence in Nurse Line Use Knowledge	0.81 (0.78, 0.84)	<0.0001	14,056
Confidence in PCP Use Knowledge	0.92 (0.90, 0.94)	<0.0001	14,539
Confidence in Telehealth Use Knowledge	0.72 (0.69, 0.76)	<0.0001	13,942
Confidence in UC Use Knowledge	0.99 (0.97, 1.01)	0.2266	14,412
Telehealth Utilization	0.81 (0.76, 0.86)	<0.0001	14,726
Signed up for Telehealth	0.83 (0.77, 0.89)	<0.0001	14,594
Reliable Internet	1.01 (1.00, 1.02)	0.1394	14,699
Recommend Telehealth	0.79 (0.74, 0.86)	<0.0001	3,376
Have a PCP	0.98 (0.97, 0.99)	<0.0001	14,693
Name of PCP	0.97 (0.97, 0.98)	<0.0001	14,588
Knowledge of Same-day Appointment	0.86 (0.83, 0.89)	<0.0001	14,646
Physical or Checkup Within the Last Year	0.99 (0.98, 1.01)	0.4506	14,647
Nurse Line Utilization	0.84 (0.80, 0.87)	<0.0001	14,658
Knowledge of Nurse Line Access	0.93 (0.90, 0.96)	<0.0001	14,687
Use of Nurse Line in the Future	0.92 (0.90, 0.95)	<0.0001	14,657
Where to find the UC	0.98 (0.97, 0.99)	0.0002	14,696
How to find an UC's Hours	0.96 (0.95, 0.97)	<0.0001	14,670
UC use in the Last Year	0.93 (0.89, 0.98)	0.0038	14,668
Use of UC in the Future	1.00 (0.99, 1.02)	0.4434	14,653
Where to find the ER	1.00 (1.00, 1.01)	0.1851	14,567
ER Within the Last Year	1.08 (1.02, 1.15)	0.0144	14,591

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**Table 6.** Results from Having an Age 60 and Above Compared to Below Age 60

	RRs (CI)	P-value	# of Observations
Confidence in ER Use Knowledge	1.00 (0.98, 1.02)	0.7287	14,331
Confidence in Nurse Line Use Knowledge	0.98 (0.95, 1.02)	0.3781	14,071
Confidence in PCP Use Knowledge	1.01 (0.99, 1.03)	0.2558	14,550
Confidence in Telehealth Use Knowledge	0.86 (0.82, 0.90)	<0.0001	13,954
Confidence in UC Use Knowledge	0.97 (0.96, 0.99)	0.0063	14,421
Telehealth Utilization	0.82 (0.77, 0.87)	<0.0001	14,737
Signed up for Telehealth	0.73 (0.68, 0.78)	<0.0001	14,602
Reliable Internet	0.97 (0.96, 0.98)	<0.0001	14,709
Recommend Telehealth	0.80 (0.75, 0.86)	<0.0001	3,225
Have a PCP	1.03 (1.02, 1.04)	<0.0001	14,704
Name of PCP	1.06 (1.05, 1.07)	<0.0001	14,597
Knowledge of Same-day Appointment	0.92 (0.89, 0.95)	<0.0001	14,656
Physical or Checkup Within the Last Year	1.18 (1.15, 1.20)	<0.0001	14,655
Nurse Line Utilization	0.80 (0.77, 0.84)	<0.0001	14,667
Knowledge of Nurse Line Access	0.95 (0.91, 0.98)	0.0011	14,696
Use of Nurse Line in the Future	0.91 (0.89, 0.94)	<0.0001	14,666
Where to find the UC	0.96 (0.95, 0.98)	<0.0001	14,708
How to find an UC's Hours	0.91 (0.90, 0.93)	<0.0001	14,678
UC use in the Last Year	0.70 (0.67, 0.73)	<0.0001	14,675
Use of UC in the Future	0.94 (0.93, 0.95)	<0.0001	14,660
Where to find the ER	1.01 (1.01, 1.02)	0.0001	14,573
ER Within the Last Year	0.93 (0.97, 0.99)	0.0240	14,597

**Table 7.** Results from Medical Care When You Need it Fast: Understanding Your Point of View Survey

Q1: Which healthcare options would you consider if you needed medical care quickly? Please select all that apply.						
Telehealth visit					38.76%	
Urgent Care visit					82.88%	
Emergency Room visit					65.62%	
Same-day appointment with Primary Care Physician (PCP)					75.87%	
Nurse Line call					43.41%	
Q2: On a scale from 1 to 5 with "1" being "not at all confident" and "5" being "extremely confident," how confident are you in your knowledge of which care option is best depending on your situation?						
		1	2	3	4	5
Same-day appointment with Primary Care Physician (PCP)		5.09%	5.78%	15.05%	28.73%	45.35%
Urgent Care visit		2.59%	4.76%	16.23%	37.03%	39.39%
Nurse Line call		10.31%	16.26%	27.67%	23.14%	22.62%
Emergency Room visit		3.47%	6.61%	15.58%	29.76%	44.58%
Telehealth visit		17.23%	19.35%	28.58%	19.29%	15.55%
Q3: Have you used your plan's Telehealth service this year?						
Yes		23.06%				
No		76.94%				
Q4: Telehealth is a service covered under your health plan where a provider can assess and treat certain conditions through electronic communications rather than an in-person visit. Many health plans require members to register or "sign up" before using Telehealth. Have you signed up for your plan's Telehealth service?						
Yes		18.08%				
Not yet, but I plan to soon		21.98%				
I prefer not to sign up		22.63%				
I do not know		37.30%				
Q5: Telehealth visits require reliable internet access. Do you have reliable internet access?						
Yes		87.30%				
No		10.19%				

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I do not know 2.51%

Q6: On a scale of 1 to 10, how likely are you to recommend Telehealth to a friend or family member?

Not at all likely										Extremely likely	
0	1	2	3	4	5	6	7	8	9	10	
3.24%	1.63%	3.04%	4.10%	4.27%	13.66%	8.16%	12.52%	18.42%	10.17%	20.80%	

Q7: What one thing could be improved that might make you consider trying Telehealth again?

1252 Open Ended Responses Captured

Q8: What one thing did you like best about using Telehealth?

1640 Open Ended Responses Captured

Q9: Primary Care Providers (PCP) are physicians or clinics that serve as a first point of contact for coordinating a patient's preventative and diagnostic care. Please select "yes," "no," or "I do not know" for the PCP questions below.

	Yes	No	I do not know
Do you have a PCP?	95.51%	2.73%	1.76%
Do you know the name of your PCP?	93.64%	4.85%	1.51%
Have you seen your PCP for a routine physical or checkup within the last year?	78.60%	20.31%	1.09%
Did you know that it might be possible to get a same-day appointment with your PCP?	50.43%	30.60%	18.97%
Have you ever called your PCP and had a same-day appointment?	37.58%	58.15%	4.27%

Q10: A nurse line is a free resource for when you have medical questions and need advice. Please select "yes," "no," or "I do not know" for the nurse line questions below.

	Yes	No	I do not know
Do you know how to access a nurse line from your health plan or provider?	49.82%	39.29%	10.89%
Have you used a nurse line?	39.12%	57.65%	3.23%
Would you use a nurse line in the future?	63.35%	8.90%	27.75%

Q11: Urgent Care is an option when you need care quickly and can't reach your primary doctor or need to be seen outside of regular office hours. Please select "yes," "no," or "I do not know" for the Urgent Care questions below.



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	Yes	No	I do not know
Do you know where to find the Urgent Care closest to you?	89.44%	8.43%	2.12%
Do you know how to find an Urgent Care location's open hours?	83.73%	12.16%	4.11%
Have you visited an Urgent Care in the last year?	34.55%	63.65%	1.80%
Would you use Urgent Care in the future?	86.75%	2.61%	10.64%

Q12: Emergency Rooms are designed to treat conditions that require immediate action, are severe, and may be life-threatening. Please select "yes," or "no" for the Emergency Room questions below.

	Yes	No
Do you know where to find the Emergency Room closest to you?	96.80%	3.20%
Have you visited an Emergency Room within the last year?	22.34%	77.66%

Q13: Which of the following best describes you? Note that "Local" employers include cities, townships, villages, school districts, and technical colleges.

State Employee	26.73%
Local Employee	5.94%
UW Employee	12.09%
UW Graduate Assistant	0.10%
State Retiree	50.01%
Local Retiree	5.13%

Q14: Which health plan do you subscribe to?

Dean Health Plan	17.29%
Group Health Cooperative of Eau Claire	0.89%
Group Health Cooperative of South-Central Wisconsin	4.89%
HealthPartners Health Plan	2.30%
Medical Associates Health Plan	0.73%
MercyCare Health Plan	0.51%
Network Health	5.61%
Prevea360	1.15%
Robin with HealthPartners	0.34%

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UnitedHealthcare	16.48%
Quartz	25.98%
WEA Trust	23.83%

Q15: In which Wisconsin county do you live?

Adams	0.29%	Douglas	0.53%	Kewaunee	0.18%	Ozaukee	0.85%	Taylor	0.11%
Ashland	0.17%	Dunn	0.80%	La Crosse	1.74%	Pepin	0.11%	Trempealeau	0.31%
Barron	0.32%	Eau Claire	2.30%	Lafayette	0.44%	Pierce	0.48%	Vernon	0.17%
Bayfield	0.32%	Florence	0.04%	Langlade	0.13%	Polk	0.14%	Vilas	0.39%
Brown	2.37%	Fond Du Lac	1.76%	Lincoln	0.48%	Portage	1.46%	Walworth	1.13%
Buffalo	0.12%	Forest	0.10%	Manitowoc	0.31%	Price	0.46%	Washburn	0.37%
Burnett	0.12%	Grant	1.30%	Marathon	0.74%	Racine	1.74%	Washington	0.84%
Calumet	0.30%	Green	1.16%	Marinette	0.19%	Richland	0.28%	Waukesha	3.16%
Chippewa	1.07%	Green Lake	1.15%	Marquette	0.52%	Rock	2.37%	Waupaca	0.76%
Clark	0.12%	Iowa	0.81%	Menominee	0.00%	Rusk	0.06%	Waushara	0.54%
Columbia	2.64%	Iron	0.12%	Milwaukee	5.63%	St. Croix	0.52%	Winnebago	3.00%
Crawford	0.39%	Jackson	0.30%	Monroe	0.47%	Sauk	1.55%	Wood	0.55%
Dane	40.87%	Jefferson	1.66%	Oconto	0.29%	Sawyer	0.18%		
Dodge	1.51%	Juneau	0.51%	Oneida	0.71%	Shawano	0.22%		
Door	0.50%	Kenosha	0.84%	Outagamie	1.35%	Sheboygan	0.58%		

Q16: How many child dependents are listed on your health plan?

0	77.49%
1	8.79%
2	9.01%
3	3.24%
4	1.00%
5	0.25%
6	0.10%
7	0.03%
8	0.03%

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9	0.01%
10	0.01%
More than 10	0.02%

Q17: Please select age in years for each child. "Infant" refers to children less than one-year-old. Please enter ages for the 10 youngest children if there are more than 10 children covered by your health plan.

Age	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Infant	3.89%	2.33%	4.09%	2.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1	4.17%	2.58%	1.53%	5.49%	4.55%	9.09%	20.00%	0.00%	0.00%	0.00%
2	4.50%	4.00%	3.58%	5.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	3.32%	4.50%	2.30%	6.59%	4.55%	9.09%	0.00%	33.33%	0.00%	0.00%
4	3.32%	4.75%	3.58%	1.10%	0.00%	9.09%	0.00%	0.00%	0.00%	0.00%
5	4.11%	5.25%	4.86%	2.20%	4.55%	18.18%	0.00%	0.00%	0.00%	0.00%
6	4.17%	4.00%	6.65%	3.30%	18.18%	18.18%	20.00%	0.00%	0.00%	0.00%
7	4.84%	4.50%	6.14%	3.30%	9.09%	0.00%	40.00%	0.00%	0.00%	0.00%
8	4.90%	4.16%	6.91%	7.69%	0.00%	9.09%	0.00%	66.67%	0.00%	0.00%
9	4.79%	5.83%	4.60%	6.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
10	4.90%	7.16%	5.63%	6.59%	13.64%	0.00%	0.00%	0.00%	0.00%	25.00%
11	5.46%	6.00%	6.65%	5.49%	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%
12	5.52%	7.41%	6.91%	4.40%	13.64%	0.00%	20.00%	0.00%	0.00%	0.00%
13	6.02%	7.66%	7.93%	4.40%	4.55%	18.18%	0.00%	0.00%	0.00%	0.00%
14	6.36%	6.83%	7.16%	7.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
15	8.56%	8.83%	6.65%	15.38%	9.09%	9.09%	0.00%	0.00%	0.00%	0.00%
16	8.50%	6.16%	7.93%	7.69%	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%
17	12.67%	8.08%	6.91%	4.40%	9.09%	0.00%	0.00%	0.00%	0.00%	75.00%
18	9.02%	16.16%	12.73%	12.50%	8.33%	0.00%	0.00%	0.00%	0.00%	50.00%
19	9.83%	10.46%	11.52%	16.67%	16.67%	0.00%	0.00%	0.00%	0.00%	0.00%
20	9.42%	17.43%	17.58%	14.58%	16.67%	0.00%	0.00%	0.00%	0.00%	0.00%
21	12.51%	14.26%	14.55%	12.50%	33.33%	33.33%	0.00%	0.00%	0.00%	0.00%
22	13.97%	14.74%	10.91%	8.33%	8.33%	0.00%	0.00%	0.00%	0.00%	0.00%

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23	12.10%	13.63%	12.73%	12.50%	0.00%	66.67%	100.00%	0.00%	0.00%	0.00%
24	15.11%	7.61%	10.30%	14.58%	8.33%	0.00%	0.00%	0.00%	0.00%	0.00%
25	15.84%	4.60%	6.67%	4.17%	8.33%	0.00%	0.00%	100.00%	0.00%	0.00%
26	2.19%	1.11%	3.03%	4.17%	0.00%	0.00%	0.00%	0.00%	100.00%	50.00%

Q18. What is your age?

Under 18	0.05%
18 - 29	0.99%
30 - 39	5.98%
40 - 49	9.83%
50 - 59	18.55%
60 +	62.89%
I prefer not to answer	1.72%

Q19: With which gender do you most identify?

Man	42.23%
Woman	56.04%
Transgender	0.05%
Other	0.07%
I prefer not to answer	1.61%