



Emergency COVID Response Strained Hospitals, Delayed Regular Care

The Wisconsin Hospital Association Information Center (WHAIC) collects, analyzes and disseminates complete, accurate and timely data on hospital charges, utilization, quality and efficiency of the state's health care providers. As such, WHAIC is in a unique position to quantify and document the impact of the COVID-19 pandemic on Wisconsin's health care system.

The following report conveys a full year of COVID-related effects on the state's hospitals and health systems. The data points below, which are given full context and explanation in this report, underscore the ongoing challenges COVID-19 has created for Wisconsin hospitals as they responded to the pandemic on multiple fronts while continuing to provide care to non-COVID patients as able and permitted.

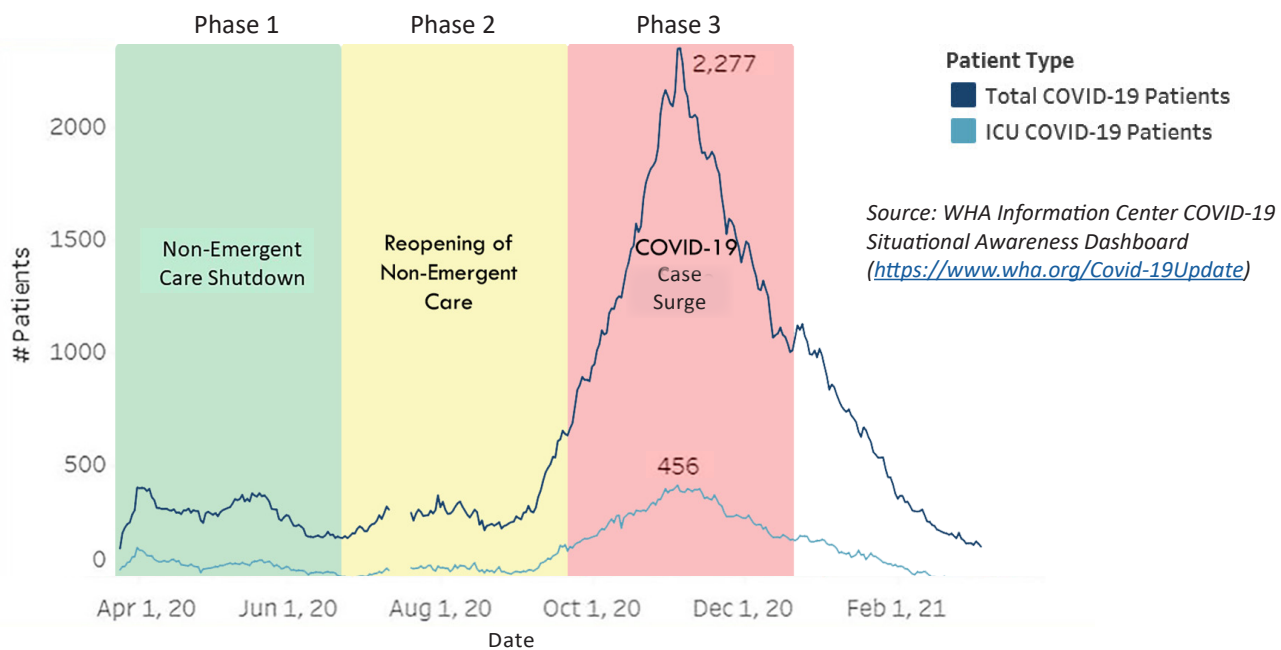
- **Impacts of three-month federal suspension of non-emergent care:**
 - » Non-emergent care and some diagnostics delayed
 - » Inpatient activity fell 19%
 - » Outpatient surgeries and procedures fell 45%
 - » Emergency department visits fell 30%
 - » \$2.5 billion in lost revenue
- **During the fourth-quarter COVID case surge, the majority of statewide inpatient volume was COVID-related, causing non-COVID care to plummet again:**
 - » Care required by hospitalized COVID patients crowded out other care and severely stressed the state's health care workforce
 - » Outpatient surgeries and procedures fell 13%
 - » Emergency department visits fell 20%
 - » Fear and stigma associated with COVID-19 deterred patients from seeking regular care

While more recent data show that hospital services are beginning to approach pre-pandemic levels, the long-term financial and health effects of cancelled or delayed regular care are significant.

2020: The Shutdown and Reopening

As COVID-19 spread across the nation and surged in Wisconsin in late 2020, the effects of the pandemic on the state’s hospitals and health systems and their patients varied according to the phases of the crisis. The Wisconsin Hospital Association Information Center’s (WHAIC’s) online data dashboard was created in April 2020 to illustrate the daily and trended impact of COVID-19 on Wisconsin. It captures the measurable effects of the pandemic on hospital service delivery during three distinct stages of the pandemic thus far: non-emergent care shutdown (April 1 – June 30, 2020); reopening of non-emergent care (July 1 – Sept. 30, 2020); and COVID-19 case surge (Oct. 1 – Dec. 31, 2020).

This report draws upon WHAIC’s COVID dashboard and hospital and health system data to quantify and characterize the effects of COVID-19 on patient health and hospital operation in 2020, providing a basis for discussions of how best to respond to and recover from this unprecedented health crisis.



About the WHAIC

Formed in 2003, the Wisconsin Hospital Association Information Center (WHAIC) is dedicated to collecting, analyzing and communicating complete, accurate and timely data from the state’s hospitals and ambulatory surgery centers. These data include charges, utilization and quality, making WHAIC an important source for using data to enable smart health care decision making and policy development.

WHAIC quickly turns data into actionable insights through visualization tools and analyzes data to evaluate health care services, patient populations, utilization, staffing and other important areas. WHAIC’s online COVID-19 dashboard, which reports daily hospitalizations, testing, cases, deaths and equipment capacity, is one example of WHAIC’s work that has logged more than 1 million page views since it was created in April 2020.

WHAIC is the only hospital association-affiliated entity in the country to attain the status of Certified Qualified Entity under the Center for Medicare & Medicaid Services’ Qualified Entity Certification Program. This enables WHAIC to receive Medicare hospital, physician and prescription drug claims data to help improve care. Learn more at whainfocenter.com.

Phase 1: Non-Emergent Care Shutdown (April 1 - June 30, 2020)

Both the Centers for Medicare & Medicaid Services and the U.S. Department of Health and Human Services directed hospitals to suspend non-emergent care in March to curtail virus spread and to preserve capacity for an expected surge of patients. Hospitals and health systems canceled or postponed diagnostic tests, health screenings and surgeries in response.

Why the Federally Directed Shutdown:

- Shortage of personal protective equipment (PPE) for medical staff
- Proactive measure to stop virus spread
- Opening hospital beds for anticipated case surge

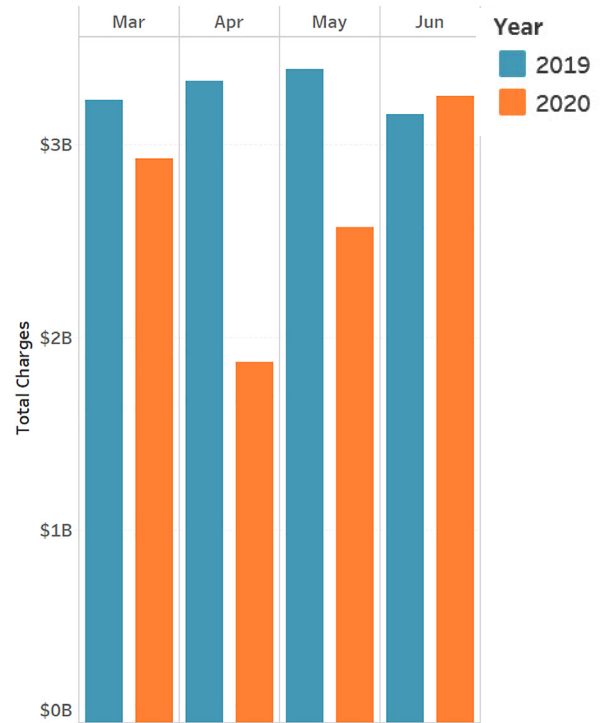
What Happened:

- Inpatient activity down 19% compared to 2019
- Outpatient surgeries and procedures down 45% compared to 2019
- Emergency department visits down 30% compared to 2019

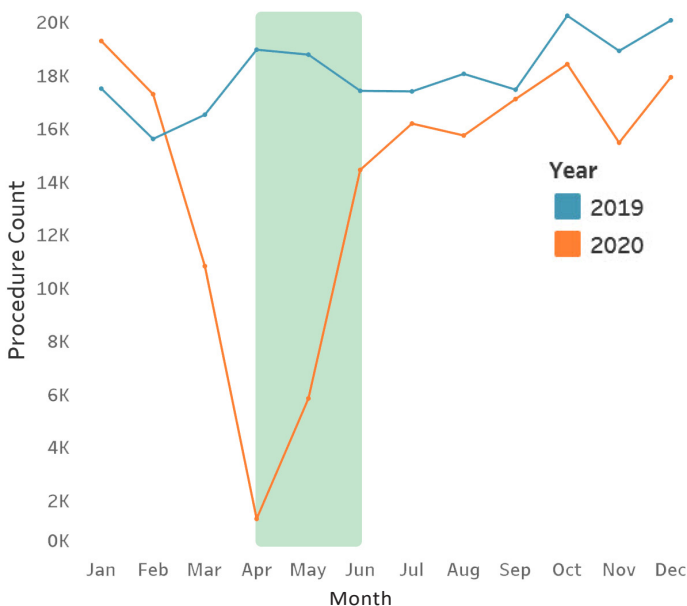
Health Impact: Non-emergent procedures and preventive health care delayed

Hospital Impact: \$2.5 billion in lost revenue for Wisconsin hospitals

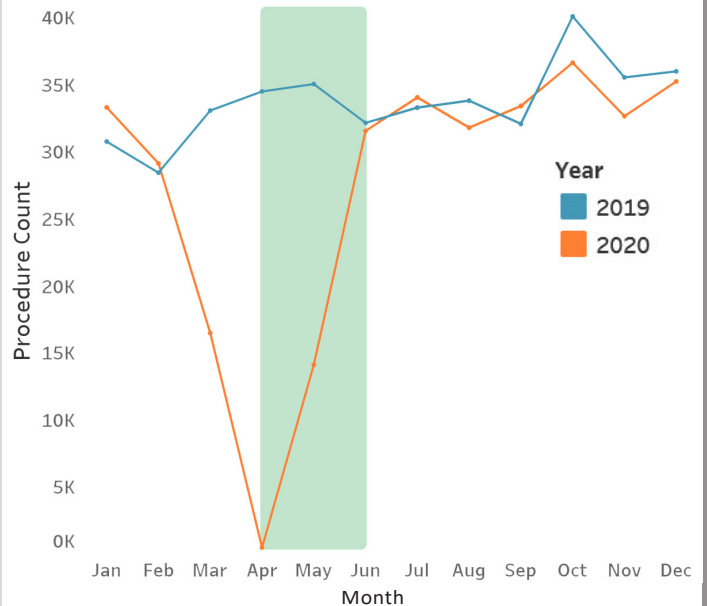
Financial Impact of Shutting Down Non-Emergent Services



Colonoscopy and Biopsy - Phase 1



Mammogram - Phase 1



Phase 2: Reopening of Non-Emergent Care (July 1 - Sept. 30, 2020)

As virus spread appeared to slow down and PPE availability began to improve, hospitals and health systems began to welcome patients back, although many seemed wary of COVID and hesitant to seek care.

Why Hospitals Could Reopen:

- Federal government rescinded its hospital shutdown/Wisconsin did not issue its own similar restrictions
- PPE supplies improved
- Limited virus spread

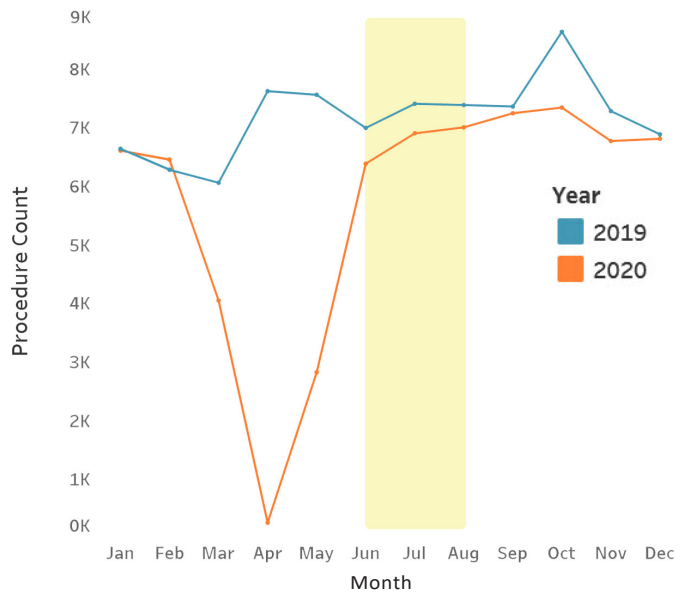
Proceeding Cautiously:

- Total inpatient activity down 5% compared to 2019
- Outpatient surgeries and procedures down 1% compared to 2019
- Emergency department visits down 1% compared to 2019

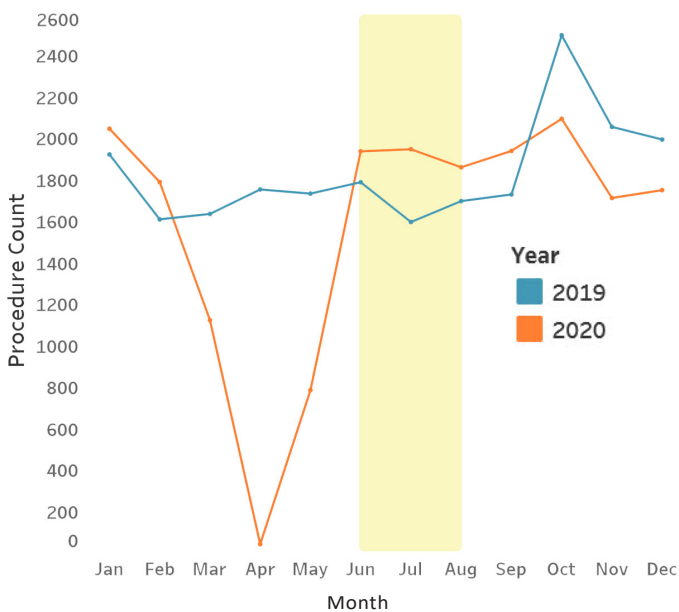
Health Impact: Lingering hesitancy to seek care due to COVID stigma, but things began to improve

Hospital Impact: Hospitals are able to provide full range of care again and worked to encourage patients not to put off care. Recovered some lost revenue, albeit under challenging and very cautious circumstances.

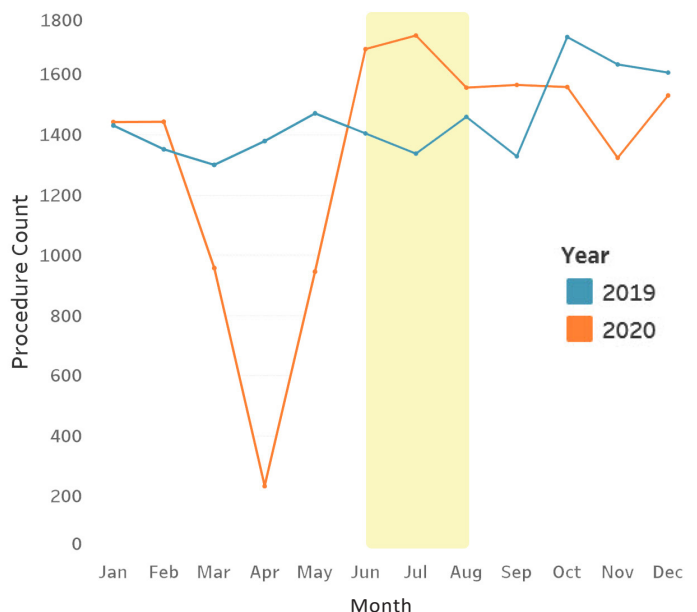
Cataracts Procedures - Phase 2



Knee Replacement - Phase 2



Hip Replacement - Phase 2



Phase 3: COVID-19 Case Surge (Oct. 1 - Dec. 31, 2020)

Rampant virus spread in late 2020 caused COVID-19 hospitalizations to spike dramatically, straining the state’s entire health system, and patients again were hesitant to seek care. Health systems were severely stressed, and COVID-19 patients supplanted, or “crowded out,” other health care services.

A Real Surge:

- Health systems severely stressed, with 76 hospitals reaching peak capacity in November
- Hundreds of patients ready for discharge to nursing homes had to remain in hospital beds due to nursing home intake restrictions
- Waiting rooms and ambulance bays converted for patient care in some places
- ICU beds at or near capacity in parts of the state
- Many hospitals experienced serious workforce shortages
- Staff overwhelmed with patient surge

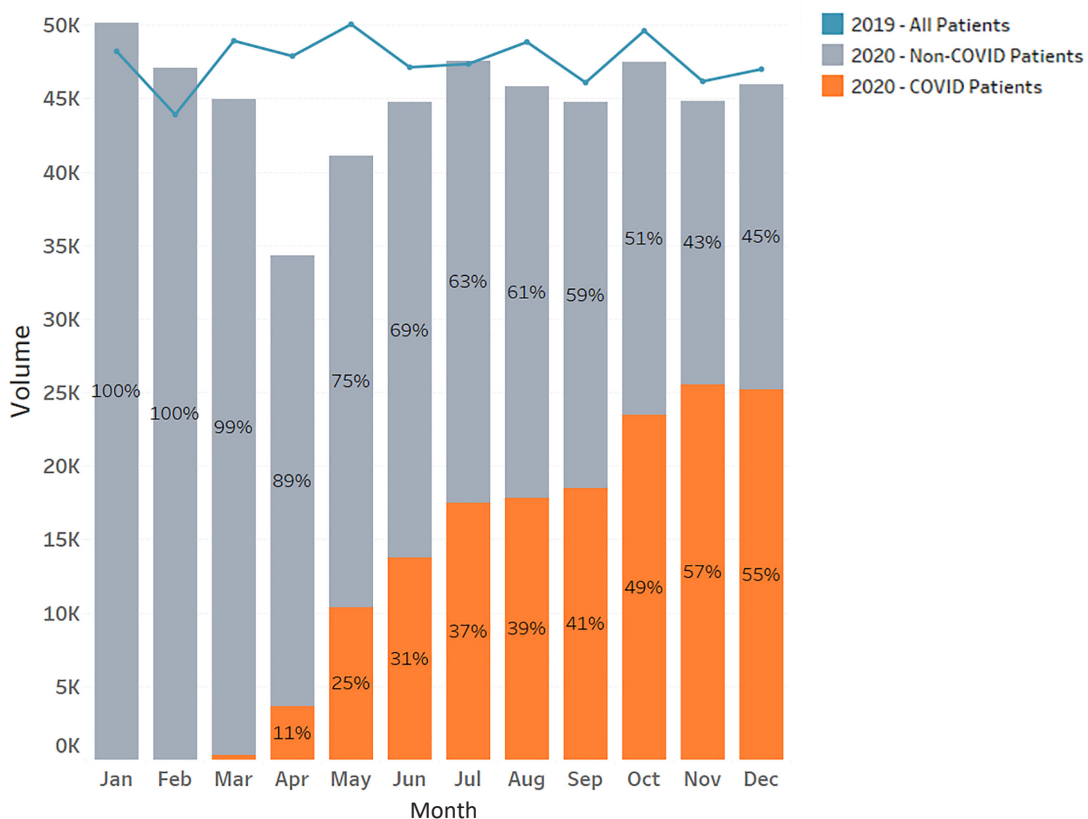
Non-COVID Care Plummets, Again:

- Outpatient surgeries and procedures fall 13% compared to 2019
- Emergency department visits fall 20% compared to 2019
- Fear and stigma associated with COVID patients in hospitals deterred patients from seeking regular care

Health Impact: As COVID-19 cases climbed, inpatient volume was down 9% and never did return to 2019 levels, again delaying certain kinds of care and increasing long-term health risks

Hospital Impact: Hospital COVID patients requiring inpatient and/or intensive care increased dramatically, which crowded out other non-COVID health care services and created significant staffing challenges.

COVID Crowds Out Other Care

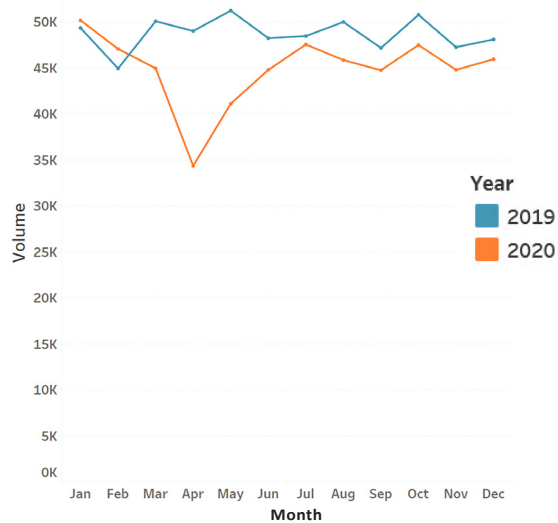


Summary

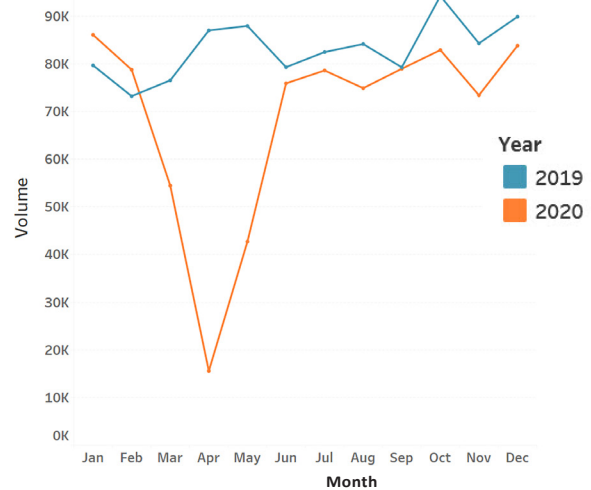
2020 was an immensely challenging year for Wisconsin's health care industry. The data contained in this document underscores the challenges and adaptability of space, staff, time and energy within hospitals as they became the front line of Wisconsin's response to the pandemic.

Full-year 2020 data show the effects COVID-19 had on Wisconsin hospital operations, with wide swings in patient volumes reflected in inpatient, outpatient and emergency room data highlighting pressures created by various phases of the pandemic.

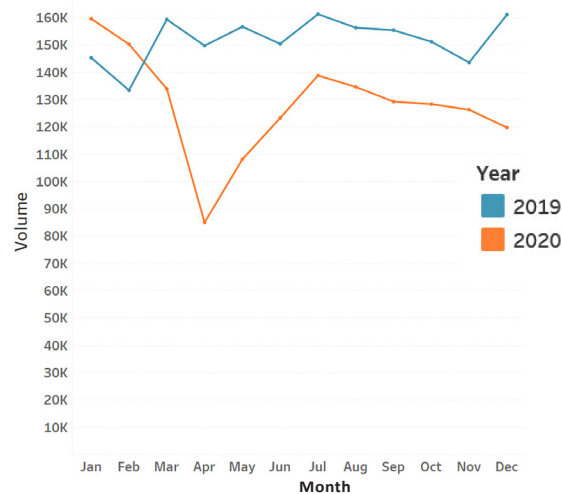
Volume Year Over Year Compare - Inpatient



Volume Year Over Year Compare - Outpatient Surgery



Volume Year Over Year Compare - Emergency Department



People with underlying medical conditions may have avoided or delayed care out of concern for contracting COVID-19. This delay in care increases the risk of medical emergency, prolongs physical discomfort and may have future health effects yet unknown. While services across the continuum of care partially recovered, they still tracked below 2019 levels.