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**State of Wisconsin  
Governor Tony Evers**

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November 14, 2022

The Honorable Patrick Testin  
Chair, Committee on Health and Human Services  
131 South, State Capitol  
Madison, WI 53707

The Honorable Joe Sanfelippo  
Chair, Committee on Health  
314 North, State Capitol  
Madison, WI 53708

Dear Senator Testin and Representative Sanfelippo:

Wisconsin Stat. § 153.05(2s) directs the Department of Health Services (DHS) and the Department of Employee Trust Funds to jointly prepare an annual report on the activities of the Wisconsin Health Information Organization (WHIO). This report is submitted to the standing committees of the Legislature with jurisdiction over health issues, and can also be found online at [www.dhs.wisconsin.gov/library/p-01067.htm](http://www.dhs.wisconsin.gov/library/p-01067.htm).

Please find enclosed the 2021 annual report on the activities of WHIO. If you have any questions, please contact James G. Cooper, IS Business Automation-Specialist, DHS/Division of Medicaid Services, via email at [JamesG.Cooper@dhs.wisconsin.gov](mailto:JamesG.Cooper@dhs.wisconsin.gov).

Sincerely,

Handwritten signature of John Voelker.

John Voelker, Secretary  
Department of Employee Trust Funds

Sincerely,

Handwritten signature of Debra K. Standridge.

Debra K. Standridge, Deputy Secretary  
Department of Health Services

Enclosures



## **2021 Annual Report to the Wisconsin Legislature on the Wisconsin Health Information Organization**

**Submitted by the Department of Health Services, November 2022**

### **Executive Summary**

The Wisconsin Health Information Organization (WHIO) was founded in 2008 as a public private partnership to maintain a claims database and information system so that state government and private health care industry organizations would have access to a trusted, neutral source of data and information to improve the delivery of health care in Wisconsin. To ensure that the perspective of all stakeholders is considered, the WHIO maintains a multistakeholder Board of Directors which includes state government representatives. Over time, the WHIO has continued to build on this vision by increasing the amount of data available for analysis, transitioning to a state-of-the-art technology system in 2019, and expanding the products and services it provides.

In 2021, the WHIO supplied multiple customers with de-identified data and access to pre-built reports. Information was also made available to the public via the WHIO's InfoByte publications and a free report on preventable hospital admissions for patients with diabetes. In addition, several key initiatives benefited from the WHIO. To better understand the quality and cost of health care in Wisconsin, the WHIO participated in a multi-state study which compared the provision of low-value care in Wisconsin – services that do not improve patient outcomes and may cause harm – to three other states. The WHIO also created a custom DataMart to support the business communities need to identify high value physicians through the Physician Value Study, Version 2. In 2021, the WHIO initiated its focus on health equity when it released a novel new data file, the Socio-Economic Reference File (SERF), to its customers. The SERF will facilitate Wisconsin's ability to better understand health disparities so that new innovations can be created to serve its most vulnerable citizens. Finally, the WHIO supported multiple research projects including research on risk factors associated with COVID-19, an ongoing concern to all.

Inherent within the public private partnership model under which the WHIO was created, was the expectation that state government, and the private sector would fund the WHIO. The private sector has contributed data, human capital, and financial support throughout the WHIO's existence. WI State government continues to contribute the Medicaid data and representatives to the WHIO's Board of Directors but discontinued financial contributions after 2015. As a result, no state agency has access to the comprehensive health data necessary to make informed decisions about health care delivery in Wisconsin. The WHIO is well positioned to support critical information needs of state government so that policy considerations and resource allocation decisions will provide the greatest benefit to Wisconsinites.

### **Background**

In 2008, Wis. Stat. §153.01(3g) established a requirement for the Wisconsin Department of Health Services (DHS) to maintain a health care claims data repository and provide information

to the public on the quality and cost efficiency of health care in Wisconsin. The WHIO was established in 2008 as a 501(c)(3), public-private partnership to fulfill this role on behalf of DHS. Founding organizations of WHIO envisioned that: 1) the WHIO data and information would be accessible to all health care stakeholders to answer a variety of questions; 2) the WHIO would serve as a source of unbiased information; and 3) the cost to maintain the WHIO would be shared by state government and the private sector. Over time, the WHIO has grown its volume of data, the sophistication of its technology and the number of diverse uses of the WHIO information to understand the health care delivery system in Wisconsin and the health of Wisconsinites.

The WHIO is governed by a multi-stakeholder Board of Directors (BOD) that includes state agencies, commercial payers, provider organizations, physicians, business representatives, and technology representatives. The 2021 BOD included the organizations listed below.

- Department of Health Services
- Department of Employee Trust Funds
- The Alliance
- Benefits Services Group Analytics
- Business Health Care Group
- Marshfield Clinic Health System
- NeuGen (Wisconsin Education Association Trust and Health Tradition Insurance Company)
- Quartz Health Solutions
- United Health Care of WI
- Wisconsin Physicians Service Health Insurance
- Wisconsin Collaborative for Healthcare Quality
- Wisconsin Statewide Health Information Network

## **WHIO Information System Today**

In 2019, the WHIO transitioned its technology to a state-of-the-art, “big data” technology and made available to Wisconsin organizations new de-identified data marts, web-accessible reports and custom services under the product lines Intelligence Bank, Applied Insights, and Custom Analytics and Reporting. The WHIO’s information system was designed to include unique technical capabilities that are not available in other state All-Payer Claims Database (APCD) such as its ability to integrate different data types to create a more complete view of an issue. The WHIO information system today includes 443 million medical claims and 140 million pharmacy claims which represent over \$237 billion in health care spending dating back to 2017.

The WHIO includes eligibility, medical, and pharmacy data on Medicaid, Medicare Advantage, and commercial and self-funded employer health plans. Insurance claims are voluntarily submitted to the WHIO by DHS, multiple plans, and self-funded employers who are committed to high quality, lower cost, accessible health care in Wisconsin. In 2021, one additional health plan joined the WHIO. The WHIO is the only Wisconsin organization approved by the Center for Medicare and Medicaid Services (CMS) Qualified Entity Certification Program (QECF) and has received Medicare Fee-for-Service data filling a data gap that has existed in Wisconsin for many years.

The WHIO information system can address questions such as:

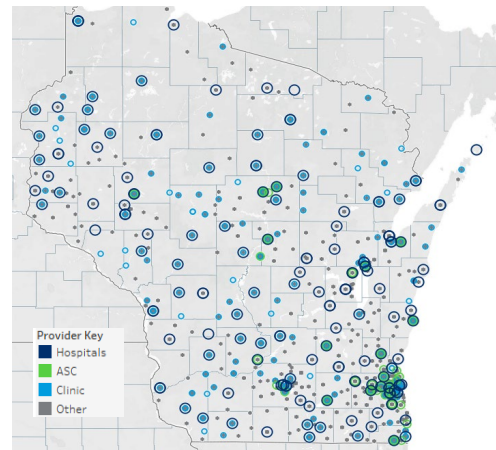
- Which drugs cost Wisconsinites the most? Which are the most expensive?
- How many people in Wisconsin are receiving opioids and for what condition(s)? Are individual physician prescribing practices within a specialty in line with their peers?
- How much does Medicaid pay for a hip surgery compared to commercial plans?

- Besides COVID-19, are there other communicable disease we should be watching for?
- Are more people using telehealth now than before the COVID-19 pandemic? Is telehealth used more often in certain parts of the state?
- Does a test or procedure cost the same regardless of where you receive the service?
- Are we creating superbugs by overusing antibiotics?

The WHIO is the only data system that can provide objective information on the full spectrum of care provided to Wisconsinites. The WHIO provides:

- Facts on preventive care, one-time treatments and chronic diseases
- Information on emergencies, hospitalizations, procedures, radiology and laboratory tests, transport services, and prescription medications
- Insights on Wisconsinites of all ages
- Reports by hospital, ambulatory surgery centers, urgent care centers, clinics, rehabilitation centers, home health services, long term care facilities, and individual clinicians
- Statistics on all communities in Wisconsin by organization, county, regions, and the entire state (Figure 1)

Figure 1. WHIO Data Coverage in WI



## 2021 WHIO Key Accomplishments

In 2021, the WHIO provided information on the impact of COVID-19 on our state, the value of the health care received in Wisconsin, data for health equity evaluation and research, and many other important topics to Wisconsin. Highlights of these accomplishments are below.

### Public Information – available on the WHIO Website ([www.whio.org](http://www.whio.org))

The WHIO distributed two InfoByte publications in 2021 including an expanded edition on COVID-19. *InfoByte: Special Edition, The Impact of COVID-19 in Wisconsin*, included information on the impact of COVID-19 on overall utilization of health care services, the average cost of a COVID-19 hospitalization, the impact of COVID-19 on wellness, chronic disease and mental health services, and insurance stability (Appendix A). *InfoByte: Telehealth Use in Wisconsin* was also released help Wisconsin’s leaders gain facts on the utilization of telehealth services in Wisconsin. InfoByte is a free publication that is distributed to hundreds of people and is available on the WHIO Website.

The WHIO also published the report, *Hospital Admission Rates for Short Term Complications of Diabetes: Comparison by Wisconsin Counties*. This report contains valuable information about the variation in hospital admissions for people who have diabetes where effective primary and community care can prevent the need for a hospital admission. This report was published in accordance with the WHIO’s requirements as a Qualified Entity under the CMS Qualified Entity Certification Program which allow the WHIO to receive Medicare Fee for Service data for Wisconsin.

## Health Care Value (Quality/Cost)

Multiple studies have shown that Wisconsin ranks in the top 10 states for health care quality due to the collective efforts of multiple organizations over the past 20 years. Wisconsin also ranks in the bottom (most expensive) 10 states for the cost of its health care.

Low Value Care (LVC) is defined as “patient care that offers no benefit in specific clinical scenarios, which can lead to patient harm and unnecessary spending.” Low Value Care is a quality, safety, health equity, and cost-efficiency issue that contributes to the inappropriate use of scarce health care workforce resources in Wisconsin.

In 2020, the WHIO participated in a multi-state research study conducted by the Value Based Insurance Design Health to determine if Low Value Care is present in Wisconsin and if so, how does Wisconsin compare to other states. The results of this research study were published in the white paper, *Utilization and Spending on Low Value Medical Care Across Four States, VOL2*, in May 2022. The study results are based on 48 Low Value Care measures included in the Milliman Waste Calculator that are consistent with Choosing Wisely – a national physician led initiative to reduce Low Value Care – and the US Preventive Services Task Force recommendations.

The study results indicate that Low Value Care in Wisconsin was similar to other states for these 48 measures and cost Wisconsinites \$129,197,000 in 2019 (Table 1). Further evaluation of Wisconsin’s results determined that of the 2,824,432 distinct people in the WHIO’s database, 31 percent or 875,573 people, received one or more low value care service in 2019. These dollars could have been spent on other activities that benefited Wisconsin.

Table 1. LVC Spending on Utilization for Commercial Plans, 2019

	Patient Waste Spend (in thousands \$)	Plan Waste Spend (in thousands \$)	Total Waste Spend (in thousands \$)	Total PMPM	Waste as % of Total Health Spending
Colorado	\$35,530	\$136,080	\$171,610	\$10.73	2.10%
Connecticut	\$24,466	\$137,456	\$161,922	\$9.45	1.93%
Utah	\$34,370	\$133,832	\$168,202	\$10.14	2.66%
Wisconsin*	N/A	N/A	\$129,197	\$9.77	2.36%
Total	\$94,366	\$536,565	\$630,931	\$10.02	2.22%

Notes: Percent total health spending is Total Waste Spend divided by Total Health Dollars (waste + non-waste) in commercial. \*Wisconsin estimated total spending based on standard pricing for commercial plans.

In 2021, the WHIO created a custom DataMart for the Business Health Care Group’s second Physician Value Study. The results indicated that Wisconsin could have saved \$382,350,000 per year if the primary care physicians and specialist performing ten

Table 2. Annual Cost & Potential Cost Savings

	Primary Care Physicians	10 Specialist Procedures	PCPs + Specialist Procedures
Total Annual Cost	\$810M	\$681M	\$1.49B
Annual Savings	\$324.7M (40%)	\$57.65M (8.5%)	\$382.35M (25.7%)

procedures in the lower 50<sup>th</sup> percentile had performed like their peers in the upper 50<sup>th</sup> percentile (Figure 2). These results are consistent with the previous study which found that \$394,500,000

per year could have been saved and quality of care improved using a similar scoring system. This study, which used WHIO data, indicates that more patients could have received the evidence based care they deserve, at a lower cost. Lack of affordable health insurance and health care has decreased access to care for many citizens, and the state's ability to retain and attract new businesses.

## **Health Equity**

In July 2021, the WHIO became a collaborator in the Healthy Metric program ([www.healthymetric.org](http://www.healthymetric.org)). The goal of Healthy Metric is to reduce health disparities and improve health in Wisconsin. To achieve this goal, Healthy Metric connects health systems, payers, and communities with academic institutions to build sustainable systems that measure, monitor, and reduce disparities through best practices and evidence-based innovations. Additional collaborators in the Healthy Metric program include the UW-Madison School of Medicine and Public Health, Medical College of Wisconsin, Marshfield Clinic Research Institute, and the Wisconsin Collaborative for Healthcare Quality. This program is funded by the Wisconsin Partnership Program and Advancing a Healthier Wisconsin Endowment. The first Health Metric reports will be released in 2022.

In support of its commitment to health equity, the WHIO created and released the Socio-Economic Reference File (SERF) to its database customers in 2021. The SERF is a de-identified reference data file that contains data elements obtained by the American Community Survey and the Area Deprivation Index for each insured life in the WHIO's information system. This data can be used in conjunction with the WHIO's Standard Integrated Data file and the Enhanced Data file to evaluate health disparities and inequities in the delivery of health care services. The WHIO is currently using the SERF in its evaluations and has distributed the SERF to five organizations with two additional organizations expected to receive the SERF in 2022. The SERF is available to all the WHIO's database customers at no cost so that more information can be learned about disparities in Wisconsin.

## **Research**

The WHIO is supporting several research studies, including research on risk factors related to COVID-19, by providing de-identified data and other services. These research studies will contribute to our collective knowledge of COVID-19, and other important diseases and treatments as these results are published. The WHIO data is well positioned to support research today and into the future due to its large volume of data, as well as technical enhancements to the data that facilitate a researcher's ability to analyze a patient population over time.

## **Strategic Uses of WHIO that State Leaders Should Embrace Now**

As Wisconsin continues its forward-thinking tradition, the health needs of its citizens and the economic health of the state remain top of mind. Examples of high priority issues that could be informed by the WHIO are below.

**Rural Health Issues** - The WHIO information system contains data on every community in Wisconsin. The WHIO uses various methods to compare the delivery of health care services in

rural communities to suburban and urban areas of the state including the ability to create comparisons of rural underserved, rural, and rural advantaged populations. As Wisconsin develops policies to improve the health care delivery system in rural Wisconsin, knowing where resources are needed most will be critical.

**Public Health Surveillance** - It is difficult to know if an emerging viral or bacterial infectious agent has entered Wisconsin or if an existing public health threat is growing or spreading to new sub-populations. The WHIO data could be used to create an alert system by regularly combing the data for “signals” of an emerging epidemic. If a system of this type had been in place when COVID-19 entered Wisconsin, actions to address this threat to our citizens and economic stability could have been started earlier.

**Opioid and Substance Misuse** - Alcohol, Fentanyl, Methamphetamines, and other substance use continues to cause human suffering and excess economic burden in Wisconsin. Research on substance misuse has indicated that a multi-pronged approach will be needed to address this epidemic including the ability to combine disparate data sets to create a wholistic view of the root causes so that impactful policies and programs can be employed.

**Reduce Prescription Drug Prices** - As drug manufacturers bring new medications to the market or increase the price of medications that are widely used by consumers, the WHIO could prioritize high-cost drugs for state funded insurance groups to use in their contract negotiations and reduce the cost of medications paid for by the State.

**Antibiotic Stewardship** - It is well known that the overuse of antibiotics to treat infections is the root cause of superbugs – mutated strains for which there are few treatment alternatives – and antibiotic resistance. In addition to this health impact, the overuse of antibiotics is wasteful spending. A February 2021 poll of provider organizations conducted by DHS indicates that only half of the respondents have improvement activities to address antibiotic prescribing, and that these efforts are hampered by a lack of reports that compare their prescriber behaviors to peer group to know what is possible. The WHIO is partnering with the DHS Antibiotic Stewardship Program to provide reports on the use of antibiotics for medical and dental services in Wisconsin in 2022.

## **Considerations for Future State Support**

At its inception, the State’s portion of the WHIO’s funding was provided through the Physician Office Visit Data Program fee. In 2012, this fee was discontinued without an alternative state funding mechanism. In response, the WI Division of Medicaid Services obtained a 2013-2015 grant from CMS to fulfill the state’s funding commitment to the WHIO. Since 2016, the WHIO has received funding from the private sector with a small amount of project-based funding from state agencies, while fulfilling the Chapter 153 requirements on behalf of the DHS.

Over 20 states now have an APCD that is fully or partially funded by their state government to pay for projects that their state leaders and state agencies are supporting with information from their APCD, and to ensure the ongoing viability of their APCD. These states use their APCD to inform policy decisions, to monitor their investment in state funded programs, and to better understand the health care delivery system in their state, one of the largest industries in most states.

## Summary

In 2021, the WHIO expanded its value to Wisconsin by increasing the number and complexity of projects supported. But more can be accomplished. While there are many factors that contribute to high health care costs, paying for care that is not supported by research, fueled by a fee-for-service payment system, is one area that everyone can agree runs counter to Wisconsin's tradition of innovation. Wisconsin's recovery from the COVID-19 pandemic and its ability to reshape communities and the business environment will require comprehensive, unbiased health care information. The WHIO is the only Wisconsin data asset that can provide the information needed to inform cutting edge payment models, improvement activities, and research so that Wisconsin remains an attractive place to live and work.

As the federal and other state governments have gained an understanding of the value of information derived from their APCDs, maximizing the value of the WHIO is an investment in Wisconsin's knowledge infrastructure. The WHIO is poised to meet Wisconsin's demands for data and information today and into the next decade.



## Appendix A: InfoByte: Special Edition, The Impact of COVID-19 in Wisconsin

# SPECIAL EDITION: THE EFFECT OF COVID-19 IN WISCONSIN

Courtesy of the Wisconsin Health Information Organization

September 2021

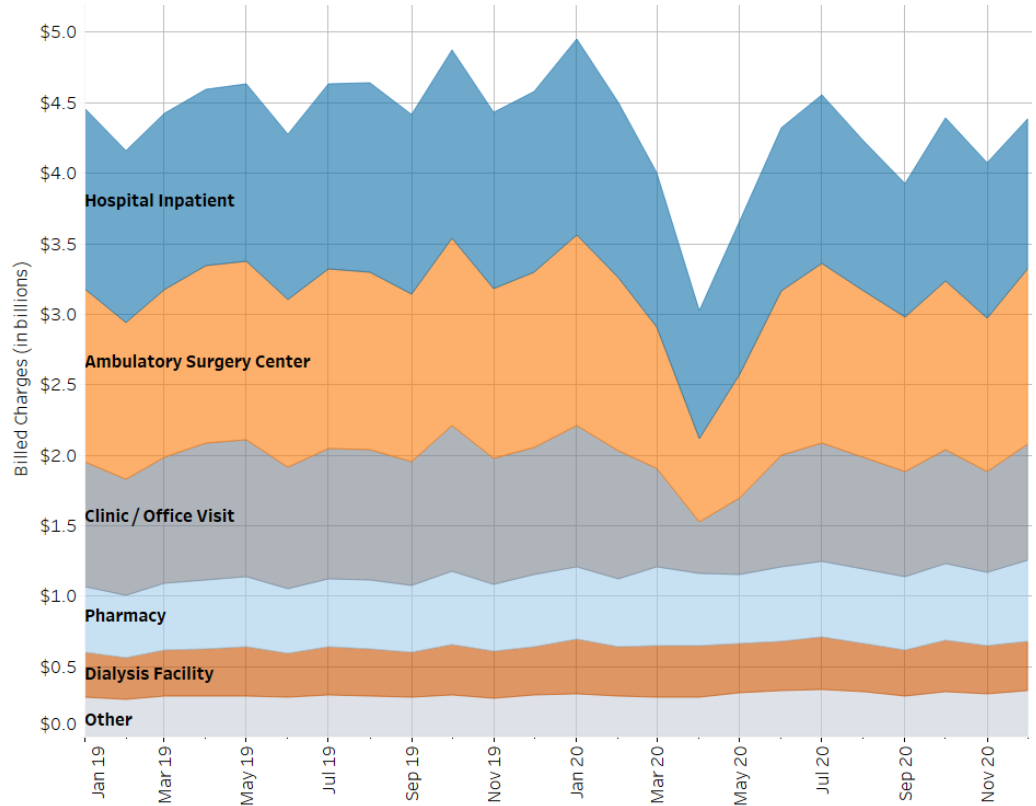


The COVID-19 pandemic has affected all aspects of life including the health of Wisconsinites, the use of health care services, and the economics of health care. This special edition InfoByte provides a snapshot of the pandemic's impact and Wisconsin's progress towards recovery.

The Wisconsin Health Information Organization (WHIO) houses Wisconsin's All-Payer Claims Database, dedicated to better health, health care and health care value gained from objective information. The WHIO includes data on about 4.9 million insured lives voluntarily contributed by WI insurers, employers, and the Medicaid program.

**Questions? Contact the WHIO at 608-442-3876 or [info@whio.org](mailto:info@whio.org).**

Monthly Charges by Type of Service (in billions of dollars)



Annual Charges by Type of Service (in billions of dollars)

	2019	2020	Change	% Change
Hospital Inpatient	\$15.2	\$13.4	(\$1.8)	-11.8%
Ambulatory Surgery Center	\$14.7	\$13.3	(\$1.4)	-9.5%
Professional/Office	\$11.0	\$9.1	(\$1.9)	-17.3%
Pharmacy	\$5.8	\$6.3	\$0.5	8.6%
Dialysis Facility	\$4.0	\$4.3	\$0.3	7.5%
Other	\$3.4	\$3.7	\$0.3	8.8%
<b>Total</b>	<b>\$54.1</b>	<b>\$50.1</b>	<b>(\$4.0)</b>	<b>-13.7%</b>

A high-level view of charges for health care services indicates that not all services were equally affected by the COVID-19 pandemic. Hospitalizations, office visits and ambulatory surgery center services experienced a large decrease in utilization between March-June 2020, while access to prescription drugs and dialysis services remained relatively stable. Overall, billed charges were 13.7% lower in 2020 compared to 2019 with the largest percentage reduction in office visits.

**COVID-19 Hospitalization Adjusted Average Charges**

It is important to quantify the financial impact that the COVID-19 pandemic is having on WI. While there are countless direct and indirect costs, the WHIO estimated the cost of hospitalizations through August 27, 2021. The table shows adjusted average charges for a COVID-19 hospitalization by type of insurance. These figures closely reflect what was paid. Using these and other data, an estimate of the total cost of hospital care is provided below. The number of hospitalizations was obtained from the WI Department of Health Services Website ([www.dhs.wisconsin.gov/covid-19/cases/htm#hospitalizations](http://www.dhs.wisconsin.gov/covid-19/cases/htm#hospitalizations)).

	Commercial	Medicaid	Medicare
Hospital Inpatient	\$32,132	\$12,455	\$8,594
Pharmacy	\$1,727	\$1,382	\$852
Ambulatory Surgery Center	\$3,634	\$1,754	\$1,507
Emergency Services	\$666	\$377	\$321
Professional/Office	\$881	\$584	\$537
Laboratory	\$116	\$73	479
Urgent Care	\$151	\$70	\$65
Other	\$219	\$404	\$90
<b>Total</b>	<b>\$39,525</b>	<b>\$17,099</b>	<b>\$12,045</b>

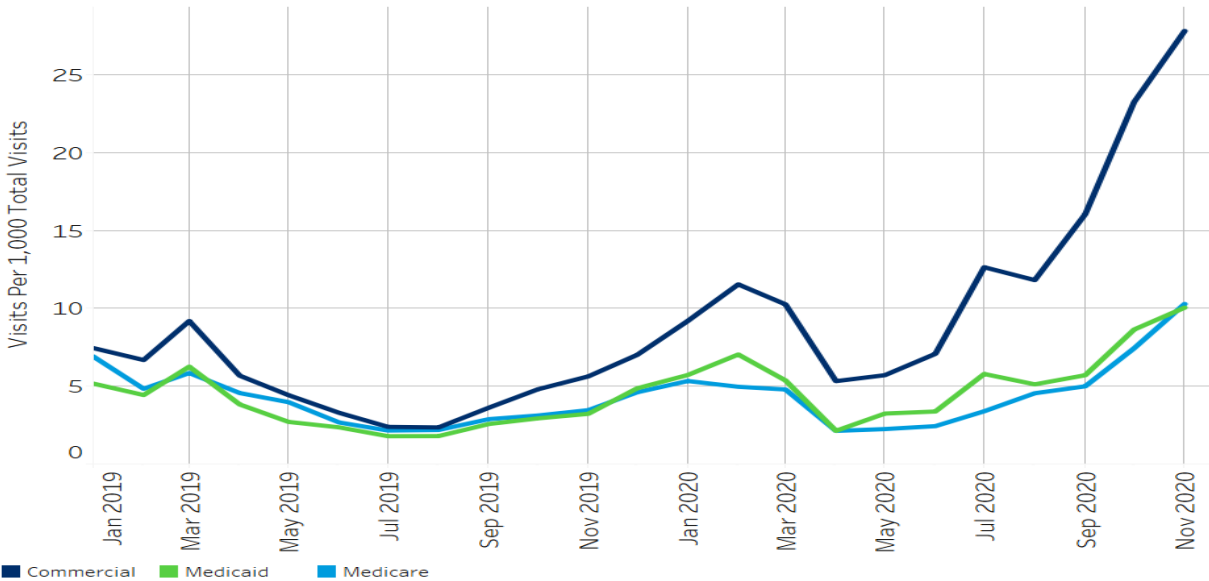
**\$14,750 X 35,448 = \$522,858,000**

Adjusted, Weighted  
per Hospitalization Charge

Hospitalizations  
as of 08-27-2021

Estimated Total Hospitalization Charges

**Services for Viral and Bacterial Respiratory Diseases Including COVID-19**

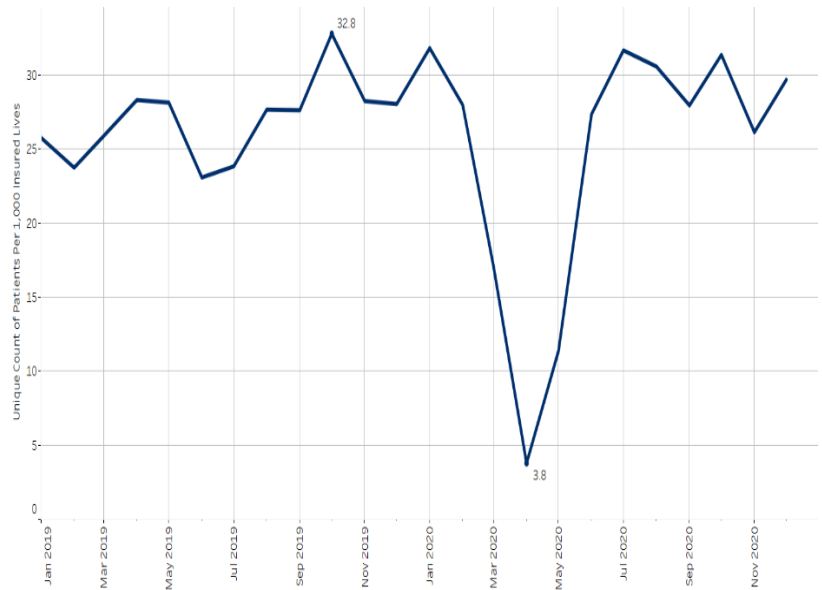


Wisconsin generally experiences an increase in viral and bacterial respiratory care utilization in the winter months. In May 2020, the American Medical Association released a new billing code specific to COVID-19. However, prior to that time, COVID-19 care was billed as viral or bacterial respiratory disease. This graph depicts higher utilization for viral and bacterial respiratory care, including COVID-19, in the commercial population starting in March of 2020, and an increase in the Medicaid and Medicare populations beginning in July 2020.

### Adult Wellness/Physical Exams (age ≥18 years)

#### Screening Mammograms

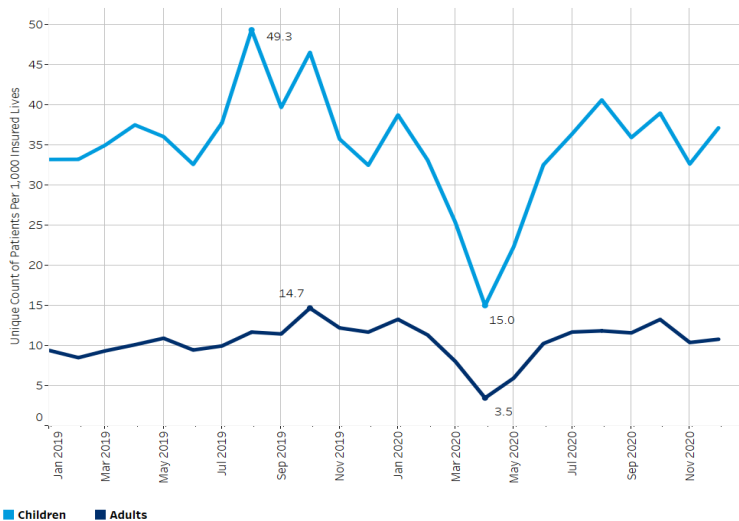
	2019 Rate	2020 Rate	Percent Change
January	4.9	6.1	23.6%
February	4.5	5.5	20.2%
March	5.3	3.0	-42.5%
April	5.6	0.1	-98.5%
May	5.6	2.0	-64.2%
June	4.7	5.4	15.1%
July	4.7	6.0	27.5%
August	5.4	5.8	7.6%
September	5.2	5.1	-0.5%
October	6.6	6.1	-8.4%
November	5.7	5.3	-7.0%
December	6.0	6.8	14.2%



At the start of the COVID-19 pandemic, emergency services were a top priority for patients and provider organizations. As provider organizations adapted their clinics to provide safe care to all patients and their staff, the provision of preventive care resumed in May 2020. Preventive care is important to identify disease in its earlier stages where treatments are more effective and recommended immunizations can prevent diseases. While preventive care rates were relatively stable in 2019, rates in 2020 indicate that the decrease during the early months of the COVID-19 pandemic were not fully addressed by the end of 2020.

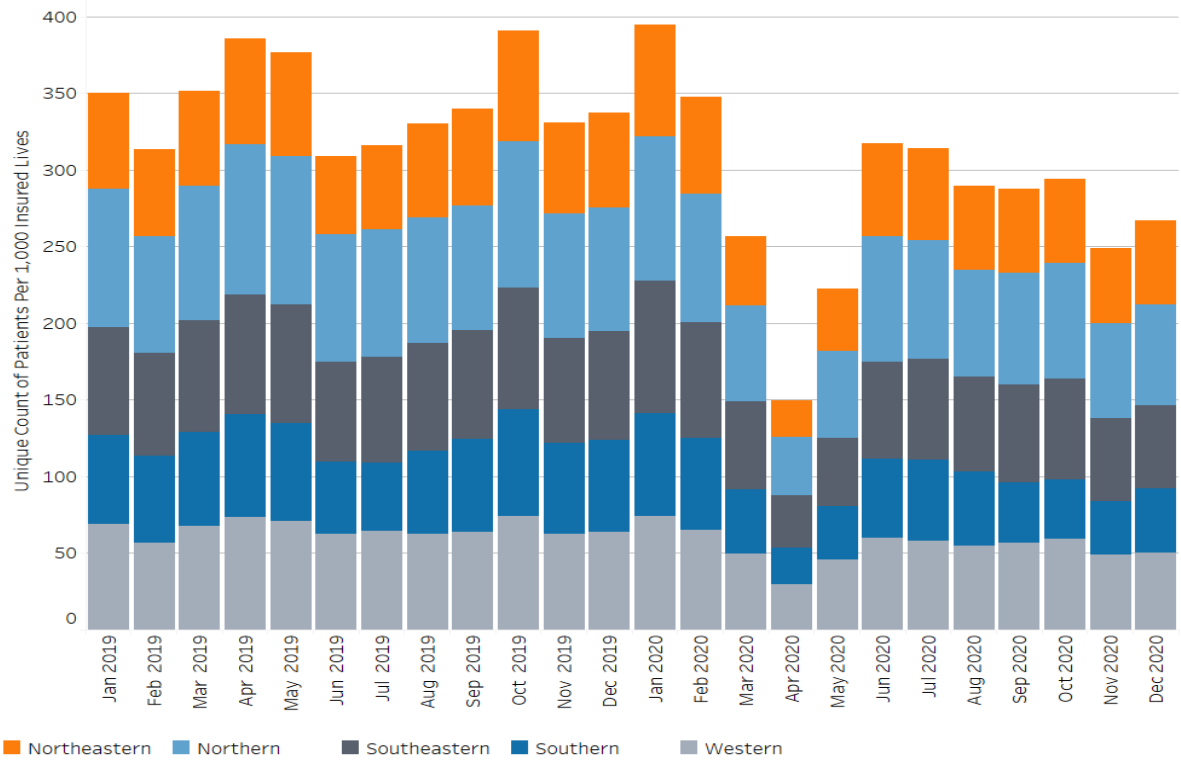
### HIV Screening (age 18-65 years)

#### Adult & Child Immunizations (excluding influenza vaccinations)



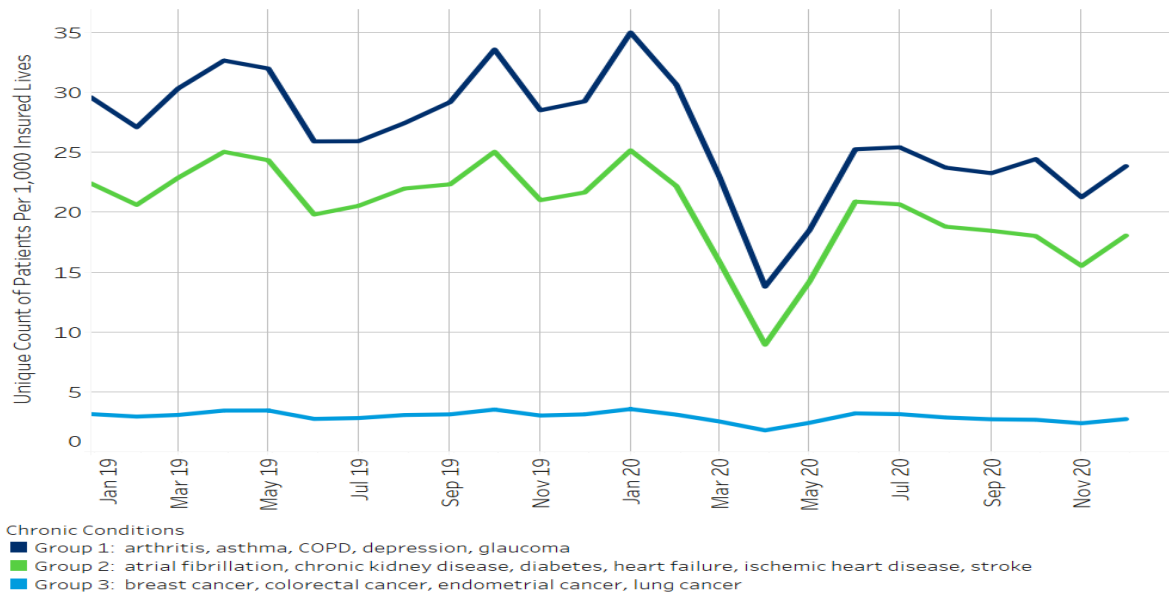
	2019 Rate	2020 Rate	Percent Change
January	3.0	3.5	14.8%
February	2.9	3.0	2.1%
March	2.9	2.3	-18.1%
April	3.1	1.5	-50.2%
May	2.9	1.9	-36.0%
June	2.6	2.6	-0.9%
July	2.9	3.0	5.6%
August	3.0	3.0	-1.8%
September	2.9	2.7	-7.5%
October	3.3	2.8	-14.0%
November	2.8	2.4	-13.5%
December	2.8	2.7	-3.9%

### Office Visits for Chronic Disease Care by Wisconsin Region



Ongoing medical care for people with chronic diseases helps to develop skills and coping strategies that reduce complications and improves their quality of life. Based on the 15 chronic conditions used in this evaluation, all Wisconsin regions experienced a decrease in office visits for chronic disease management services in 2020. The graph below indicates that people with cancer had the smallest disruption in their services.

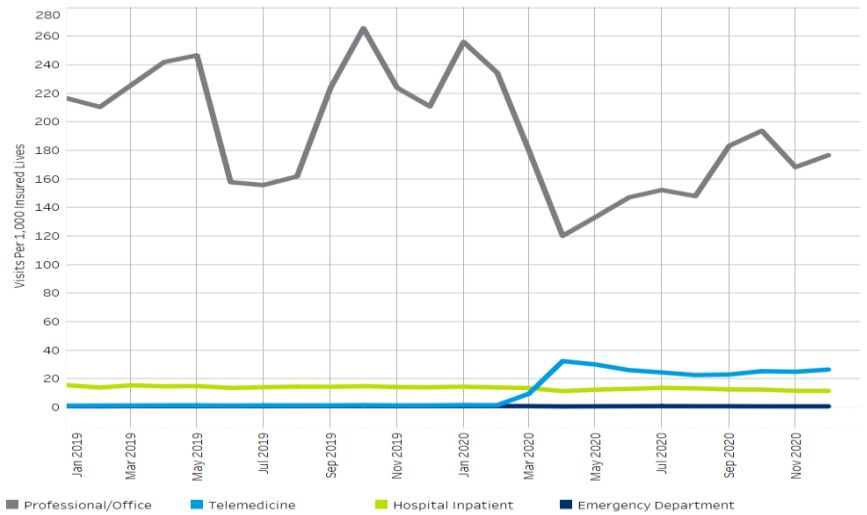
### Office Visits for Chronic Disease Care by Disease Group



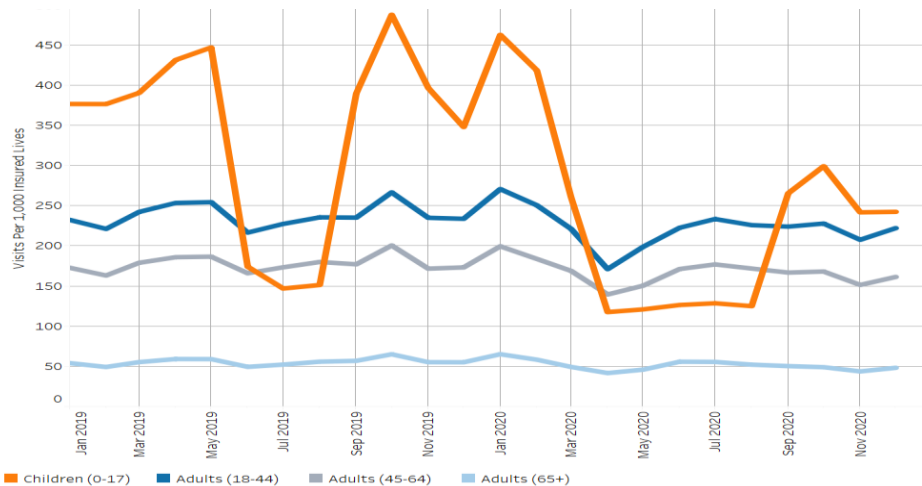
**Chronic Conditions**  
 ■ Group 1: arthritis, asthma, COPD, depression, glaucoma  
 ■ Group 2: atrial fibrillation, chronic kidney disease, diabetes, heart failure, ischemic heart disease, stroke  
 ■ Group 3: breast cancer, colorectal cancer, endometrial cancer, lung cancer

COVID-19 had minimal effect on the rate of behavioral health hospitalizations compared to 2019, but office visits fell quickly when the pandemic hit and did not return to pre-COVID levels. As shown in the graph to the right, telehealth helped to fill a portion of this gap. The WHIO's March 2021 InfoByte on Telehealth indicated that behavioral health services are the most common use of telehealth in WI.

### Mental Health Services by Location of Care



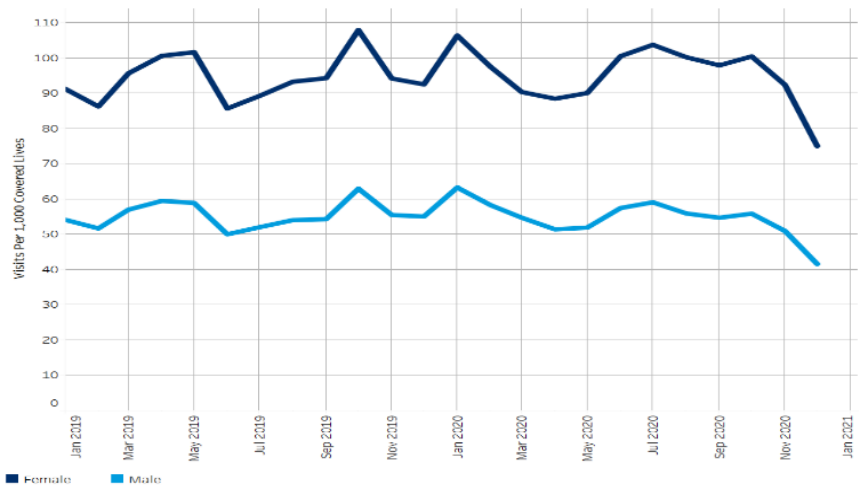
### Mental Health Hospitalizations and Clinic Visits by Age Group



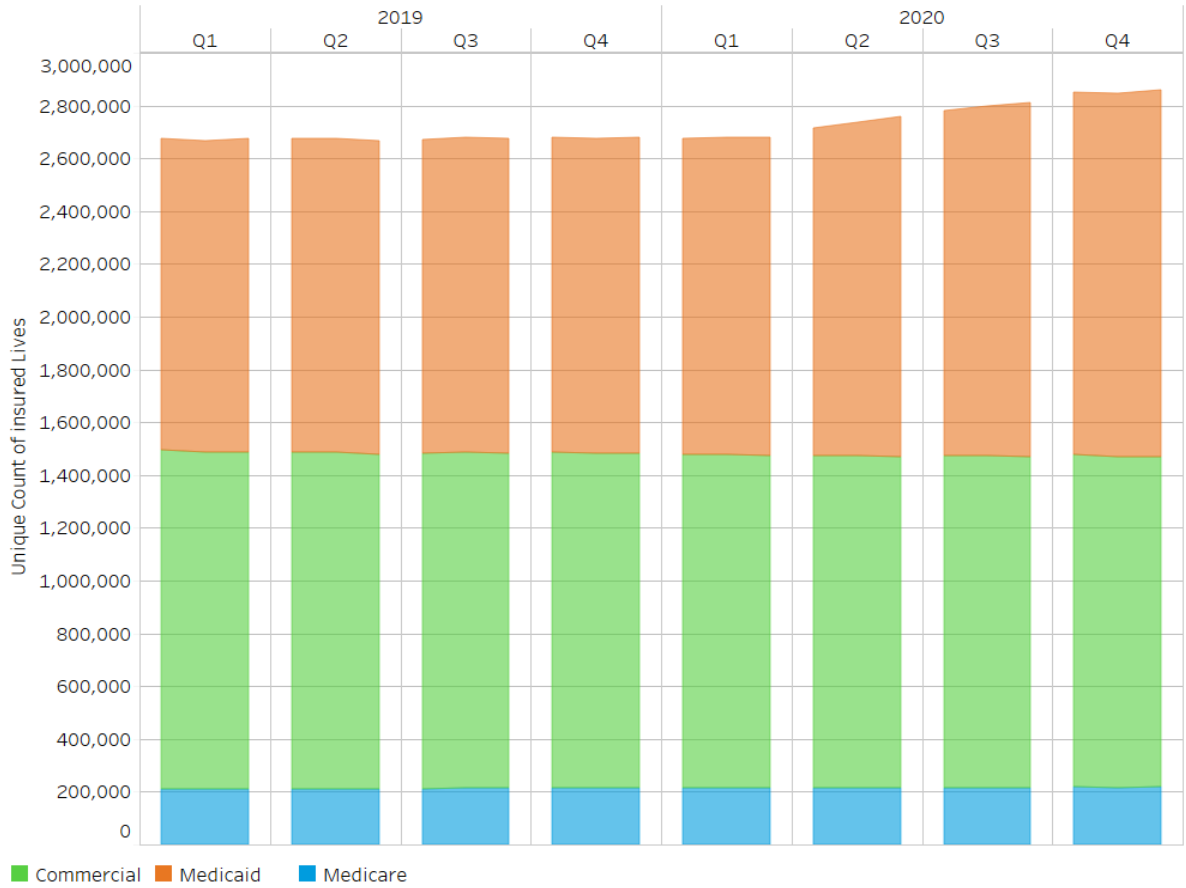
A deeper dive into inpatient and clinic visits for mental health conditions confirms that there was minimal change in these rates for all age groups except children. The rate of childhood hospitalizations and clinic visits for mental health conditions also demonstrates a seasonal influence in 2019 and 2020.

The COVID-19 pandemic required changes to everyday life such as social distancing and attending school from home. These changes can be stressful to adults and children. The graph on the left shows a prolonged peak in services for depression and anxiety in March-October 2020.

### Services for Depression and Anxiety



### Insurance Eligibility



Insurance coverage in Wisconsin remained relatively stable throughout the COVID-19 pandemic despite a statewide economic slowdown that resulted in furloughs and layoffs. Medicaid enrollment increased in 2020 as existing Medicaid members remained eligible for benefits with many choosing to continue their coverage.

Scientific Note: The graphs and tables in this publication include 2019 and 2020 information so that pre-COVID-19 comparisons are available. Many of the rates are normalized rates using a per 1000 insured lives scale. Normalizing a rate provides a common scale which allows for averaging and makes it easier to compare results.

**The WHIO would like to thank the organizations that submit their data to the WHIO. It is their commitment to improving the health of Wisconsinites and Wisconsin's health care delivery system that has made this information possible.**

**For more information about the WHIO, please contact us at 608-442-3876 or [info@whio.org](mailto:info@whio.org).**