Ohio

C+

Increased *Access to Emergency Care* and an improved *Medical Liability Environment* contribute to Ohio's overall success. However, the state has failed to improve on *Public Health and Injury Prevention* and its *Disaster Preparedness* has worsened compared to other states.

Strengths. Ohio continues to support *Access to Emergency Care*, having increased the numbers of emergency physicians; many categories of specialists, such as neurosurgeons and orthopedists; and registered nurses since the 2009 Report Card. The state also has excellent access to accredited chest pain centers (5.6 per 1 million people) and physicians who accept Medicare (3.8 per 100 Medicare beneficiaries).

Ohio improved somewhat with regard to its *Quality and Patient Safety Environment*, moving from 21st to 15th place. The state has a funded emergency medical services (EMS) medical director and uses Centers for Disease Control and Prevention guidelines for its state field trauma triage protocols. Ohio also maintains a statewide trauma registry and has destination policies in place for trauma patients. Being the birthplace of emergency medicine training, the state performs strongly with regard to the rate of emergency medicine residents (36.3 per 1 million people). Ohio's hospitals contributed to the state's overall grade: 96.7% have adopted electronic medical records, 66.2% collect data on patient race and ethnicity and primary language, and 56.9% have or are planning to implement a diversity strategy.

Ohio has improved with regard to its *Medical Liability Environment*, having implemented apology inadmissibility laws, expert witness rules, and a cap on non-economic damages. While average medical liability insurance premiums remain higher than the national average, they are reduced compared to the previous Report Card: The $16,458 average premium for physicians represents a 28.5% decrease, while the $58,665 average premium for specialists is 36.9% less.

Challenges. Ohio continues to struggle with regard to *Public Health and Injury Prevention*, having the fifth highest infant mortality rate in the nation (7.7 per 1,000 live births) and the ninth highest infant mortality disparity ratio, which indicates that the infant mortality rate for non-Hispanic Black infants is 3.1 times greater than the mortality rate for the race with the lowest rate. More than a quarter of Ohio's adults smoke cigarettes, placing them eighth worst in the nation. The state also lacks key traffic safety provisions, including a helmet use requirement for all motorcycle riders, a ban on handheld cellphone use for all drivers, and adult seatbelt laws covering all seats.

Recommendations. While Ohio showed improvement with regard to the *Medical Liability Environment*, measures should be taken to ensure that policies currently in place are maintained and strengthened. The state should investigate implementation of liability protections for care mandated by the Emergency Medical Treatment and Labor Act that require clear and convincing evidence of negligence in a malpractice case. This would alleviate concerns that providers may have with high-risk emergency patients and encourage specialists to provide needed on-call services in the emergency department. Ohio should also amend its current collateral source rules by ensuring that damages may be offset by the amount of collateral source payments received.

Ohio must address the growing lack of access to behavioral health services.

Despite its overall positive performance in *Access to Emergency Care*, Ohio must address the growing lack of access to behavioral health services. The proportion of adults with an unmet need for substance abuse treatment has increased since the 2009 Report Card, and the state has the 10th highest rate of poisoning-related deaths, which includes overdoses. At the same time, the proportion of adults with no health insurance has increased, further limiting access to primary, mental, and behavioral health care. While Medicaid coverage increased for adults, Medicaid fee levels decreased compared to the national average, posing an additional challenge to accessing primary and behavioral health care for this population.

	2009		2014	
	Rank	Grade	Rank	Grade
Access to Emergency Care	14	C+	5	B-
Quality & Patient Safety Environment	21	B-	15	B-
Medical Liability Environment	18	C	6	B+
Public Health & Injury Prevention	27	C-	22	C-
Disaster Preparedness*	36	C-	51	F*
OVERALL	18	C	7	C+

Ohio's grade in the Disaster Preparedness category is based largely on survey responses provided by the state that were discovered to be inaccurate just prior to release of the Report Card. Those original survey responses were used to calculate the state's grade of F and are also used in the compilation of the summary statistics for all states. While too late for inclusion in the Report Card's calculations or the printed version of the Report Card, the following data page has been amended to reflect Ohio's revised responses. The revisions would have likely improved the state's Disaster Preparedness grade to a C or C- and the overall state grade would likely remain the same or improve to a B-.

ACCESS TO EMERGENCY CARE	B-
Board-certified emergency physicians per 100,000 pop.	11.7
Emergency physicians per 100,000 pop.	15.7
Neurosurgeons per 100,000 pop.	2.4
Orthopedists and hand surgeon specialists per 100,000 pop.	9.7
Plastic surgeons per 100,000 pop.	2.3
ENT specialists per 100,000 pop.	3.6
Registered nurses per 100,000 pop.	1081.3
Additional primary care FTEs needed per 100,000 pop.	1.0
Additional mental health FTEs needed per 100,000 pop.	0.3
% of children able to see provider	95.3
Level I or II trauma centers per 1M pop.	2.0
% of population within 60 minutes of Level I or II trauma center	99.3
Accredited chest pain centers per 1M pop.	5.6
% of population with an unmet need for substance abuse treatment	8.9
Pediatric specialty centers per 1M pop.	2.7
Physicians accepting Medicare per 100 beneficiaries	3.8
Medicaid fee levels for office visits as a % of the national average	81.0
% change in Medicaid fees for office visits (2007 to 2012)	16.6
% of adults with no health insurance	15.2
% of adults underinsured	8.1
% of children with no health insurance	8.7
% of children underinsured	17.3
% of adults with Medicaid	9.7
Emergency departments per 1M pop.	15
Hospital closures in 2011	1
Staffed inpatient beds per 100,000 pop.	325.0
Hospital occupancy rate per 100 staffed beds	62.1
Psychiatric care beds per 100,000 pop.	25.1
Median minutes from ED arrival to ED departure for admitted patients	270
State collects data on diversion	No

MEDICAL LIABILITY ENVIRONMENT	B+
Lawyers per 10,000 pop.	14.1
Lawyers per physician	0.5
Lawyers per emergency physician	8.9
ATRA judicial hellholes (range 2 to -6)	1
Malpractice award payments/ 100,000 pop.	1.5
Average malpractice award payments	$273,667
Databank reports per 1,000 physicians	14.8
Provider apology is inadmissible as evidence	Yes
Patient compensation fund	No
Number of insurers writing medical liability policies per 1,000 physicians	3.1
Average medical liability insurance premium for primary care physicians	$16,458
Average medical liability insurance premium for specialists	$58,665
Presence of pretrial screening panels	Voluntary
Pretrial screening panel's findings admissible as evidence	No
Periodic payments	At court's discretion
Medical liability cap on non-economic damages	$350,001 -500,000
Additional liability protection for EMTALA-mandated emergency care	No
Joint and several liability abolished	Yes
Collateral source rule, provides for awards to be offset	Yes, No offset
State provides for case certification	Yes
Expert witness must be of the same specialty as the defendant	Yes
Expert witness must be licensed to practice medicine in the state	Yes

QUALITY & PATIENT SAFETY ENVIRONMENT	B-
Funding for quality improvement within the EMS system	No
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	36.3
Adverse event reporting required	Yes
% of counties with E-911 capability	100.0
Uniform system for providing pre-arrival instructions	No
CDC guidelines are basis for state field triage protocols	Yes (2006)
State has or is working on a stroke system of care	Yes
Triage and destination policy in place for stroke patients	No
State has or is working on a PCI network or a STEMI system of care	No
Triage and destination policy in place for STEMI patients	No
Statewide trauma registry	Yes
Triage and destination policy in place for trauma patients	Yes
Prescription drug monitoring program (range 0-4)	3
% of hospitals with computerized practitioner order entry	84.2
% of hospitals with electronic medical records	96.7
% of patients with AMI given PCI within 90 minutes of arrival	95
Median time to transfer to another facility for acute coronary intervention	61
% of patients with AMI who received aspirin within 24 hours	99
% of hospitals collecting data on race/ ethnicity and primary language	66.2
% of hospitals having or planning to develop a diversity strategy/plan	56.9

PUBLIC HEALTH & INJURY PREVENTION	C-
Traffic fatalities per 100,000 pop.	8.4
Bicyclist fatalities per 100,000 cyclists	5.1
Pedestrian fatalities per 100,000 pedestrians	3.7
% of traffic fatalities alcohol related	35
Front occupant restraint use (%)	84.1
Helmet use required for all motorcycle riders	No
Child safety seat/seat belt legislation (range 0-10)	4
Distracted driving legislation (range 0-4)	1
Graduated drivers' license legislation (range 0-5)	0
% of children immunized, aged 19-35 months	80.6
% of adults aged 65+ who received flu vaccine in past year	61.4
% of adults aged 65+ who ever received pneumococcal vaccine	69.9
Fatal occupational injuries per 1M workers	26.9
Homicides and suicides (non-motor vehicle) per 100,000 pop.	16.6
Unintentional fall-related fatal injuries per 100,000 pop.	10.1
Unintentional fire/burn-related fatal injuries per 100,000 pop.	1.1
Unintentional firearm-related fatal injuries per 100,000 pop.	0.2
Unintentional poisoning-related fatal injuries per 100,000 pop.	14.5
Total injury prevention funds per 1,000 pop.	$339.15
Dedicated child injury prevention funding	Yes
Dedicated elderly injury prevention funding	Yes
Dedicated occupational injury prevention funding	Yes
Gun-purchasing legislation (range 0-6)	1
Anti-smoking legislation (range 0-3)	3
Infant mortality rate per 1,000 live births	7.7
Binge alcohol drinkers, % of adults	20.1
Current smokers, % of adults	25.1
% of adults with BMI >30	29.7
% of children obese	17.4
Cardiovascular disease disparity ratio	2.2
HIV diagnoses disparity ratio	11.9
Infant mortality disparity ratio	3.1

DISASTER PREPAREDNESS	F*
Per capita federal disaster preparedness funds	$4.05
State budget line item for health care surge	No
ESF-8 plan shared with all EMS and essential hospital personnel	Yes
Emergency physician input into the state planning process	Yes
Public health and emergency physician input during an ESF-8 response	Yes
Drills, exercises conducted with hospital personnel, equipment, facilities per hospital	1.5
Accredited by the Emergency Management Accreditation Program	Yes
Special needs patients in medical response plan	Yes
Patients on medication for chronic conditions in medical response plan	Yes
Medical response plan for supplying dialysis	Yes
Mental health patients in medical response plan	Yes
Medical response plan for supplying psychotropic medication	Yes
Mutual aid agreements with behavioral health providers	State-level
Long-term care and nursing home facilities must have written disaster plan	Yes
State able to report number of exercises with long-term care or nursing home facilities	Yes
"Just-in-time" training systems in place	Statewide
Statewide medical communication system with one layer of redundancy	Yes
Statewide patient tracking system	Yes
Statewide real-time or near real-time syndromic surveillance system	Yes
Real-time surveillance system in place for common ED presentations	Statewide
Bed surge capacity per 1M pop.	388.4
ICU beds per 1M pop.	387.4
Burn unit beds per 1M pop.	10.3
Verified burn centers per 1M pop.	0.5
Physicians in ESAR-VHP per 1M pop.	3.0
Nurses in ESAR-VHP per 1M pop.	232.3
Behavioral health professionals in ESAR-VHP per 1M pop.	16.3
Strike teams or medical assistance teams	No
Disaster training required for essential hospital, EMS personnel	No
Liability protections for health care workers during a disaster (range 0-4)	3
% of RNs received disaster training	36.2

NR = Not reported
N/A = Not applicable