

Milwaukee County

2025 Primary Care Access and Utilization Study



MILWAUKEE HEALTH CARE

PARTNERSHIP



Table of Contents

Acknowledgements	i
Executive Summary.....	1
Introduction.....	3
Landscape Assessment	4
Primary Care Utilization and Perceptions.....	8
Cost and Coverage	15
Transportation	16
Supporting Access through Collective Action.....	18
Considerations.....	18

Acknowledgements

We acknowledge the contributions of the following individuals and organizations:

- **Sponsorship** from Aurora Health Care, Ascension Wisconsin, Froedtert ThedaCare and Children's Wisconsin through the Milwaukee Health Care Partnership Shared Community Investment Fund (SCIF)
- **Study Advisory Committee Members** (alphabetical order): Melissa Babler, City of Milwaukee Health Department; Ann Christiansen, Milwaukee Health Care Partnership; Andrew Dresang, Froedtert ThedaCare; Nicole Gonzalez, Ascension Wisconsin; Sam Green, Children's Wisconsin; Barbara Horner-Ibler, Free and Community Clinic Collaborative; Lyle Ignace, Gerald L. Ignace Indian Health Center; Tito Izard, Milwaukee Health Services, Inc.; Aleksandr Kladnitsky, Wisconsin Primary Health Care Association; Janice Litza, Ascension Wisconsin; Timber Quirk, Aurora Health Care; Julie Schuller, Sixteenth Street Community Health Centers; Amanpreet Sethi, Aurora Health Care; Brintha Vasagar, Progressive Community Health Centers
- **Organizations and sites** that contributed in other ways such as hosting focus groups, distributing flyers for individual interviews, or providing other input which informed this study

Executive Summary

The Milwaukee Health Care Partnership (MHCP) commissioned the **2025 Milwaukee County Primary Care Access and Utilization Study** to reexamine the primary care landscape amid evolving conditions in coverage, workforce, clinic stability, and patient utilization. The study builds on MHCP's shared priority to expand access to primary care for underserved residents and provides an updated, data-driven foundation to guide collective action.

Purpose and Approach

Recognizing that access to primary care is critical to equitable health outcomes, this mixed-methods assessment aimed to better understand the landscape, utilization, and consumer experience of primary care in Milwaukee County. The study integrates claims data, provider and site information, surveys, and focus group insights to examine four interrelated domains:

- 1. Landscape Assessment** – Primary care infrastructure, workforce, and distribution
- 2. Utilization and Perceptions** – How residents use and experience care
- 3. Cost and Coverage** – Insurance coverage and financial barriers
- 4. Transportation** – Travel and mobility as determinants of access

Data were gathered from MHCP member and partner organizations, the Wisconsin Health Information Organization (WHIO), Wisconsin Department of Health Services (DHS) Primary Care Program, Wisconsin Primary Health Care Association (WPHCA), the Behavioral Risk Factor Surveillance System, the 2024 Milwaukee County Community Health Needs Assessment (CHNA), Health Compass Milwaukee, and focus group insights facilitated by the Center for Urban Population Health (CUPH).

Key Findings

1. PRIMARY CARE LANDSCAPE AND WORKFORCE

Milwaukee County maintains a broad network of more than 150 primary care sites across health systems, federally qualified health centers (FQHC), free or charitable clinics, as well as other private provider groups. However, geographic gaps persist, notably in ZIP Codes 53206, 53219, 53224, and 53225, where few or no primary care clinics are located.

While overall physician supply, in counts and FTE, is close to state and national averages, distribution is uneven, leaving high-need areas with fewer physician FTEs per population. Primary care nurse practitioners (NP) and physician assistants (PA) strengthen capacity, but alignment between workforce placement and community need remains a challenge.

2. UTILIZATION AND CONSUMER PERCEPTIONS

FQHCs and free clinics continue to play a pivotal role in meeting care needs for uninsured and underinsured residents.

- **Free clinic** visits rose by 36% from 2023 to 2024, reflecting growing need and capacity.
- **FQHC utilization** showed modest growth (3%) from 2023-2024, but with patient counts increasing 17% over the past decade.

Claim data show that 60% of Medicaid enrollees in Milwaukee County had at least one primary care visit in 2023. This is comparable to statewide levels with higher primary care visit rates among children and older adults. Claim data shows most care for chronic conditions, including diabetes, hypertension, and depression, occur in outpatient clinics, not emergency settings. However, asthma and COPD remain exceptions, with over 10% of encounters still occurring in emergency departments, potentially signaling opportunities for improved outpatient management and patient education.

3. COST AND COVERAGE

Cost of services, whether real or perceived, was the top reason Milwaukee County CHNA survey respondents reported for not receiving needed care, emphasizing its impact as a barrier to access. Among survey respondents reporting medical debt, the highest prevalence (40%–48%) was observed in ZIP Codes with elevated Social Vulnerability Index scores and elevated percentages were also found among Black (46%) and Hispanic/Latino (37%) subgroups.

While nearly 95% of survey respondents report having insurance, disparities persist: only 77% of Hispanic respondents and 86% of low-income respondents report coverage. Gaps in coverage continuity, such as plan changes forcing patients to switch providers, emerged as a major disruptor of care continuity. In addition, focus group participants emphasized that insurance stability is critical to maintaining a trusted provider connection and that losing coverage often results in reliance on free or emergency care. Continued navigation and enrollment support services remain essential to mitigate these disruptions.

4. TRANSPORTATION

Transportation remains a significant and recurring barrier to accessing and maintaining care. Although 91% of survey respondents said they could reach their provider's office easily, focus group discussions revealed widespread frustration with unreliable or delayed public and non-emergency medical transportation, leading to missed appointments and sometimes clinic discharges.

Even short geographic distances, under four miles, can translate to 45 minutes of travel time by bus, compared to 7 to 9 minutes by car. This highlights persistent inequities in mobility and access, despite a robust public transit system and insurance or county-arranged ride services.

Conclusions and Opportunities

Overall, Milwaukee County's primary care infrastructure remains strong but unevenly distributed, with gaps driven by geography, workforce alignment, and social barriers than by total capacity. Community members generally value and seek primary care, yet transportation, insurance continuity, and cost of services continue to shape who can and does access care consistently.

The findings point to actionable opportunities for future collective work:

- **Enhance non-emergency medical transportation options** and reliability to address related challenges and ensure timely care.
- **Expand telehealth opportunities** in both availability and accessibility to help overcome geographic, transportation, and scheduling barriers in underserved areas.
- **Promote health literacy and patient education** to encourage early and appropriate use of health care services.
- **Expand navigation services and strengthen referral pathways** to support patients in connecting with appropriate providers and community resources.
- **Payment and insurance coverage advocacy** to promote policies and programs that reduce financial barriers to care.

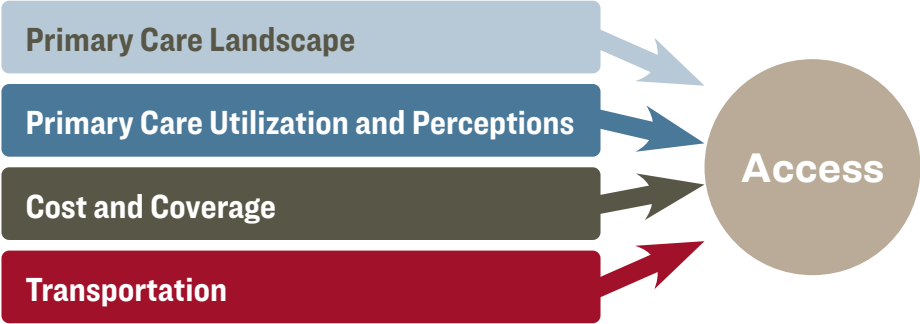
Through sustained collaboration, MHCP members and partners can build on these insights to ensure that Milwaukee County primary care services remain accessible, equitable, and responsive to the needs of the community.

Introduction

Primary care services have evolved and shifted in recent years. This includes changes in health insurance coverage, provider availability, workforce challenges, clinic volatility, and consumer utilization patterns, among others. Acknowledging this new and dynamic time, Milwaukee Health Care Partnership (MHCP) members identified the need to reassess the primary care landscape in Milwaukee to inform and/or affirm collective activities in support of our shared MHCP priority to increase access to primary care services for underserved populations in Milwaukee County.

In response, this 2025 Milwaukee County Primary Care Access and Utilization Assessment, developed by MHCP and its affiliates, intends to bring a renewed understanding of the primary care access landscape with a unique focus on consumer perception and actual utilization.

The assessment is organized into four key findings sections, each addressing a critical aspect of primary care access and utilization in Milwaukee County. The *Landscape Assessment* provides an overview of the primary care infrastructure, including clinic locations, provider ratios, wait times, and other workforce factors. The *Utilization and Perceptions* section analyzes how Milwaukee County residents use primary care and emergency services, supplemented by insights from focus groups and community survey feedback. The *Cost and Coverage* section examines insurance coverage patterns, challenges with cost of care, and overall financial barriers to accessing care. Finally, the *Transportation* section assesses how travel and mobility factors affect access to primary care services.



Methodology

This study implemented a mixed-methods approach, integrating quantitative data with qualitative analyses. Comparative analyses contextualized local findings against state and national benchmarks.

DATA TYPE	SOURCE(S)
Utilization Data	Wisconsin Health Information Organization (WHIO), Uniform Data System (UDS), MHCP member and partner report
Clinic and Provider Data	DHS Primary Care Program, National Plan and Provider Enumeration System (NPPES), MHCP members and partners report
Community Health Data	2024 Milwaukee County Community Health Needs Assessment (CHNA), Health Compass Milwaukee, Behavioral Risk Factor Surveillance System (BRFSS)
Qualitative Data	Center for Urban Population Health (CUPH), 2024 Milwaukee County CHNA qualitative findings, MHCP member and partner report input

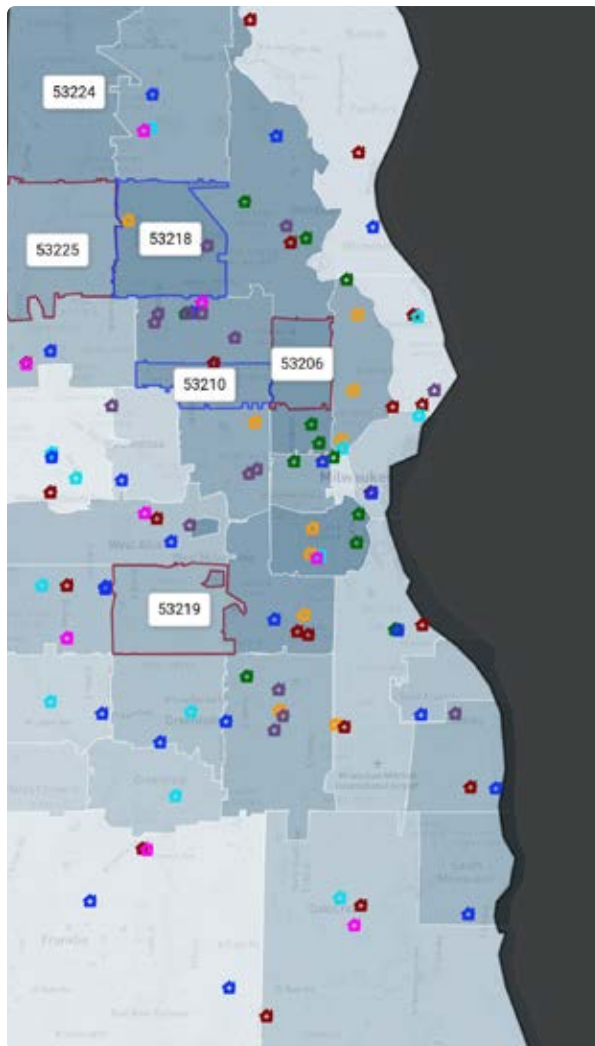
Landscape Assessment

Geographic Distribution of Primary Care Clinics

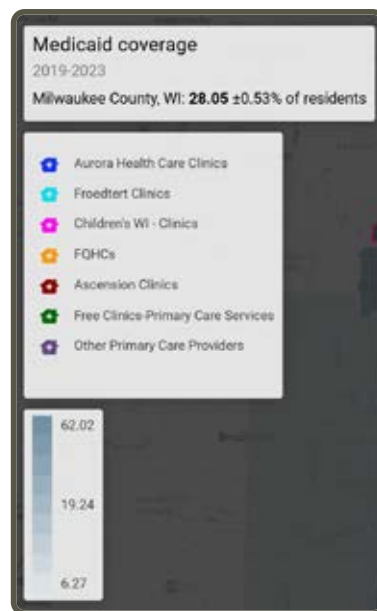
To comprehensively assess Milwaukee County’s primary care landscape, this study evaluated the geographic availability of primary care sites, the ratio of clinicians to population, clinician demographics, wait times, and scheduling processes. Understanding these elements helps lay the groundwork for exploring how Milwaukee County residents experience and use primary care services.

Milwaukee County’s outpatient primary care network includes over 150 primary care sites classified into four categories: health system clinics, federally qualified health centers (FQHC), free and charitable clinics, and other primary care providers such as private practices. As shown on the map, health system clinics are largely found on Milwaukee County’s outer edges, while maintaining some presence in more central neighborhoods, including downtown Milwaukee. FQHCs are intentionally clustered in underserved areas of the county, most notably in ZIP Codes 53204 and 53212. Free and charitable clinics are similarly positioned in the central city and underserved communities to expand access in higher-need areas, including ZIP Codes 53204, 53205, 53209, and 53233, among others. The addition of private and independent clinics further increases options throughout most of the county

Outpatient Primary Care Sites, Milwaukee County, 2024



These distribution patterns demonstrate significant primary care clinic presence across Milwaukee County as a whole, while also highlighting gaps. ZIP Codes 53206, 53219, 53224, and 53225 notably have no physical primary care clinics, and 53210 and 53218 offer limited options. Focus group participants further emphasized these gaps. When asked about services or supports they wished their clinics would provide, participants named “clinic sites in more communities.”



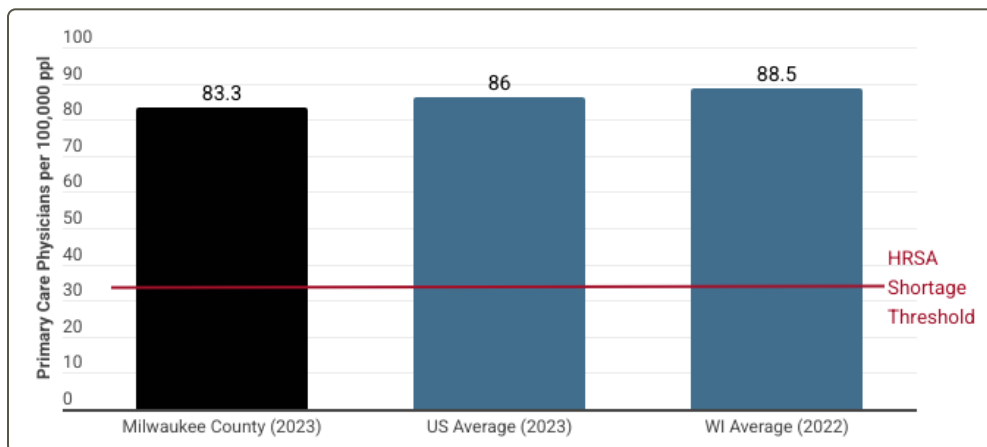
Source: NPPES NPI Registry, DHS Primary Care Program, and publicly available data

Primary Care Physician and Clinician Ratios

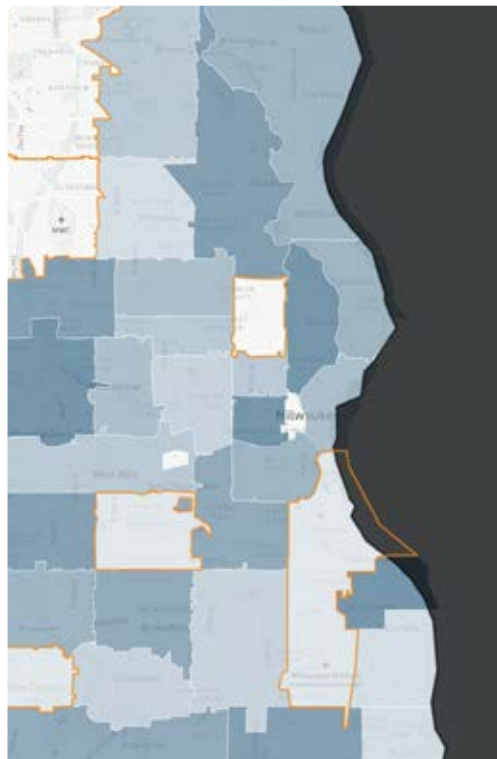
Mapping the geographic distribution of primary care clinics within Milwaukee County offers valuable insight into the physical reach of primary care services but does not capture clinician capacity. Clinician capacity and availability are key indicators of access. To understand this indicator, it is important to consider both the ratio of clinicians to population and how clinicians are distributed throughout the county.

Data obtained from the Wisconsin Primary Health Care Association (WPHCA) and the Wisconsin Department of Health Services (DHS) Primary Care Program indicate that Milwaukee County has 773 individual primary care physicians (excluding obstetricians and gynecologists), representing approximately 616 full-time equivalents (FTE) of direct patient care. This equates to one physician FTE per 1,500 residents, or 83.3 physicians per 100,000 residents, a ratio that is slightly below both state (88.5) and national (86) averages in recent years.

Primary Care Physician Rates (physician count per 100,000 people)



Source: US Average from AAMC U.S Physician Workforce Data Dashboard; WI Average from AMA Physician Professional Data



Distribution of Primary Care Physicians FTE (rate per 100,000), Milwaukee County, 2023

Source: WPHCA and DHS Primary Care Program



The geographic distribution of physician FTE across Milwaukee County is notably uneven. Considerable variation exists by ZIP Code, with areas such as 53226, 53212, and 53233 exhibiting relatively high physician FTE per 100,000 residents, while others have rates as low as 0 to 1.5 FTE per 100,000.

ZIP Codes with low rates of physician FTE, below the county average, largely correlate with high-need communities experiencing elevated Social Vulnerability Index (SVI) scores.

ZIP Code	Number of Clinic Sites	Physician FTE per 100,000	Social Vulnerability Index
53204	6	65.4	90.9
53205	2	42.6	88.1
53218	2	15.6	85.3
53206	0	0	84.3
53215	4	102.8	83.7
53216	8	63.1	79.6
53224	0	0	75.8
53209	5	107.7	75.5
53210	1	50.8	71.6
53219	0	2.8	54.2

Source: WPHCA and DHS Primary Care Program (HPSA survey); NPPES NPI Registry; Publicly available data

In addition to physicians, nurse practitioners (NP) and physician assistants (PA) play an increasingly significant role in the delivery of primary care. These clinicians enhance access, support team-based models of care, and contribute to improved continuity and patient experience. Data collected from MHCP member organizations and partner clinics demonstrate that the inclusion of these clinicians increases primary care capacity across the county by at least 30%.

The access challenge for Milwaukee County lies in the distribution of services and the alignment of workforce resources with community needs, rather than an overall clinician supply shortage. To improve access to primary care services for all populations, and particularly those in most need, in Milwaukee County, strategies must consider how workforce composition and geographic placement intersect to shape equitable access.

Workforce Characteristics, Wait Times, and Scheduling Patterns

In data gathered by WPHCA and the DHS Primary Care Program for the Health Professional Shortage Area (HPSA) Survey, a subset of physicians voluntarily responded to demographic questions. The racial and ethnic composition of physicians in Milwaukee County differs from both the county population and national averages. Among the 255 physicians who self-reported, 71% identified as White, 13.7% as Asian, 6.3% as Black, and 6.3% as Hispanic. Compared with the Milwaukee County population (48.8% White, 4.7% Asian, 25.7% Black, 16.7% Hispanic), White and Asian physicians are overrepresented, while Black and Hispanic physicians are underrepresented.

When compared to national primary care physician data (56% White, 17% Asian, 5% Black, and 6% Hispanic), Milwaukee County primary care physicians represented in this data are predominantly White and have fewer Asian physicians than the national average. Representation of Black and Hispanic physicians in Milwaukee County is roughly similar to national levels but still low relative to the local population demographics.

These patterns indicate differences between the demographics of Milwaukee's primary care workforce and the communities it serves, particularly for Black and Hispanic residents. Provider diversity influences quality of care, patient

outcomes, and equitable access. Intentional efforts to increase provider diversity and promote cultural responsiveness can enhance patient trust and strengthen connections with the local population.

Another key access indicator is time to appointment, measuring how long patients must wait from the moment they request an appointment to the actual visit. Timely access to primary care appointments is critical for addressing health concerns early, reducing avoidable emergency department visits, containing costs, and supporting positive patient health outcomes.

When assessing appointment availability within a 10 mile radius for a Medicaid patient in 53206, a ZIP Code with no primary care clinics, most health system sites in range offered appointments within one to two days either virtual or in person. While select clinics had a notably longer wait time with virtual appointments available in 20 days and in person appointments in 2.5 months, this was the exception rather than the norm. These wait times were generally consistent across both youth and adult patient populations.

Federally Qualified Health Centers (FQHC) demonstrated variability in appointment availability. Some FQHCs offered same-day primary care appointments for both new and established patients, whereas others typically scheduled appointments in two to three weeks.

Free and charitable clinics in Milwaukee County also reported variable wait times, influenced by staffing levels, patient volumes, and patient acuity. Several clinics indicated that primary care appointments could generally be scheduled within one to two weeks. In some cases, clinics temporarily paused new patient intake to prioritize individuals already under care. Additionally, multiple free clinics provide walk-in services, allowing patients to receive same-day care regardless of current patient volumes.

Focus group participants shared that they have a long-standing relationship with their primary care physician and had no issues getting in to see their care provider.

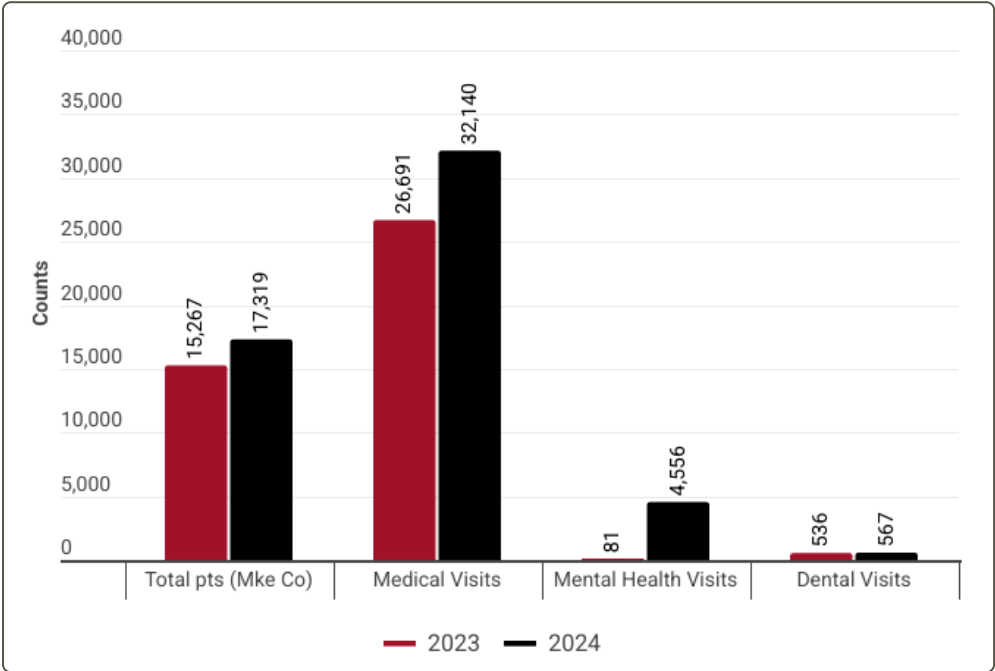
While appointment availability varied across the broader delivery system (health system clinics, FQHCs, and free or charitable clinics), access to timely primary care appointments is largely possible, with no significant geographic outliers. Focus group participants affirmed this data, reporting little difficulty securing timely primary care, indicating that wait times did not emerge as a significant barrier to primary care access in this study. Focus group participants did however elevate a challenge with technology-based scheduling systems, noting they preferred interaction with a person when scheduling or receiving reminder calls.

Primary Care Utilization and Perceptions

Free and community clinics provide free and low-cost medical services to uninsured and underinsured individuals in the community with a commitment to providing accessible, high-quality care for high-risk populations. In addition to providing direct health care services, free clinics play a pivotal role in supporting the broader well-being of patients. Staff often assist with securing insurance coverage if they are eligible and help connect patients to other social support resources. This holistic approach helps address the underlying social determinants of health, positioning these clinics as both medical providers and trusted partners in fostering stability for vulnerable populations.

In 2024, more than 17,000 unique Milwaukee County patients were served by free clinics to meet medical, dental, and/or mental health needs. Utilization data demonstrates a significant increase in medical, behavioral health, and dental visits at free clinics from 27,308 in 2023 to 37,263 in 2024. This indicates an increased need for services offered at free clinics, as well as the growing capacity required of these clinics to meet the needs of the uninsured and underinsured community in Milwaukee County.

Free and Charitable Clinic Utilization, Milwaukee County, 2023 and 2024



Source: Data reported by clinics to Wisconsin Association of Free and Charitable Clinics (WAFCC)

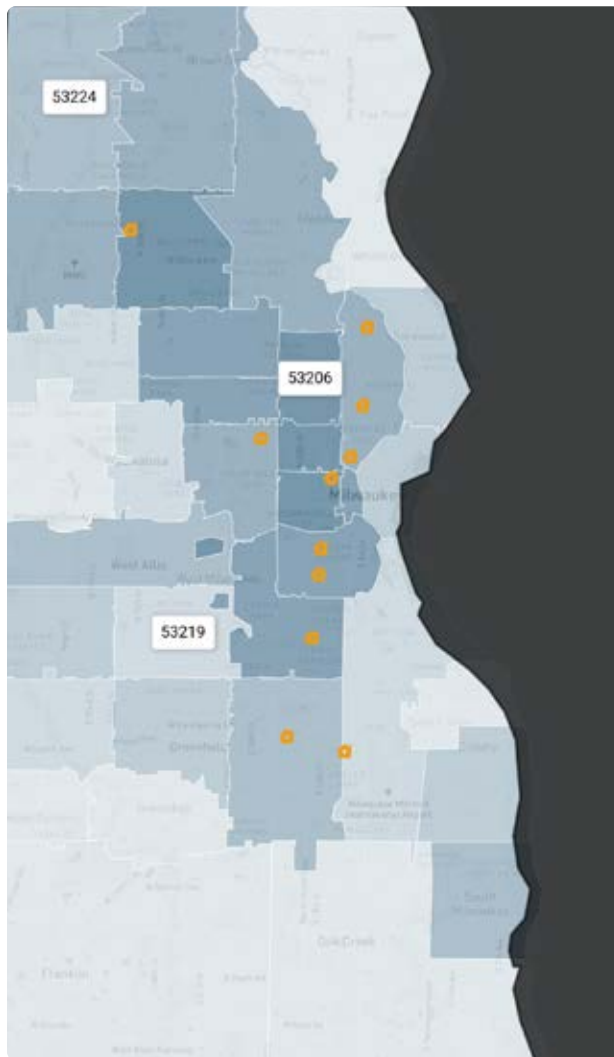
Federally Qualified Health Centers (FQHC) in Milwaukee County also experienced modest growth in both patient reach and service utilization from 2023 to 2024. The total number of patients served increased from 93,387 to 96,136, representing approximately 3% growth over the year. Total patients over the last ten years, however, have grown from 82,186 to 96,136, reflecting an overall increase of about 17%, highlighting the sustained expansion of FQHC services in the community.

Medical service utilization at FQHCs remained largely stable, rising slightly from 68,861 visits in 2023 to 69,761 visits in 2024. This suggests that demand for primary medical care has been consistently met. Mental health services experienced a modest increase, with visits growing from 12,190 to 12,398, indicating gradual growth in behavioral health utilization among FQHC patients.

Overall, FQHCs in Milwaukee County have maintained stable access to medical and mental health services. As a significant provider of care for low-income, uninsured, or underinsured people in Milwaukee County, the decade-long trend demonstrates FQHCs' sustained role in meeting the evolving health needs of the community.

A gap analysis using 2023 UDS data was conducted of ZIP Codes without primary care clinic sites to better understand how residents without geographically near clinics access care, and what percentage seek out a nearby FQHC for clinical needs. In ZIP Code 53224, 18.8% of low-income residents utilized FQHC services in a nearby ZIP Code, as compared to 35.4% in 53206 and 24.8% in 53219. While these findings highlight the important role FQHCs play in providing access to primary care for low-income populations across geographic boundaries, they also raise the question of where the remaining 65 to 75% of low-income residents in these ZIP Codes are seeking care. Further analysis of other primary care location types, including free clinics, health system clinics, and private providers, would be needed to better understand where the other 65 to 75% of the low-income residents are accessing services, or if at all.

Community Health Center Sites, Milwaukee County, 2024



Low-Income Residents Seeking Care at a Community Health Center (2023)

53224

18.8%

Main clinic: **Milwaukee Health Services, Inc.**

53206

35.4%

Main clinic: **Progressive Community Health Centers**

53219

24.8%

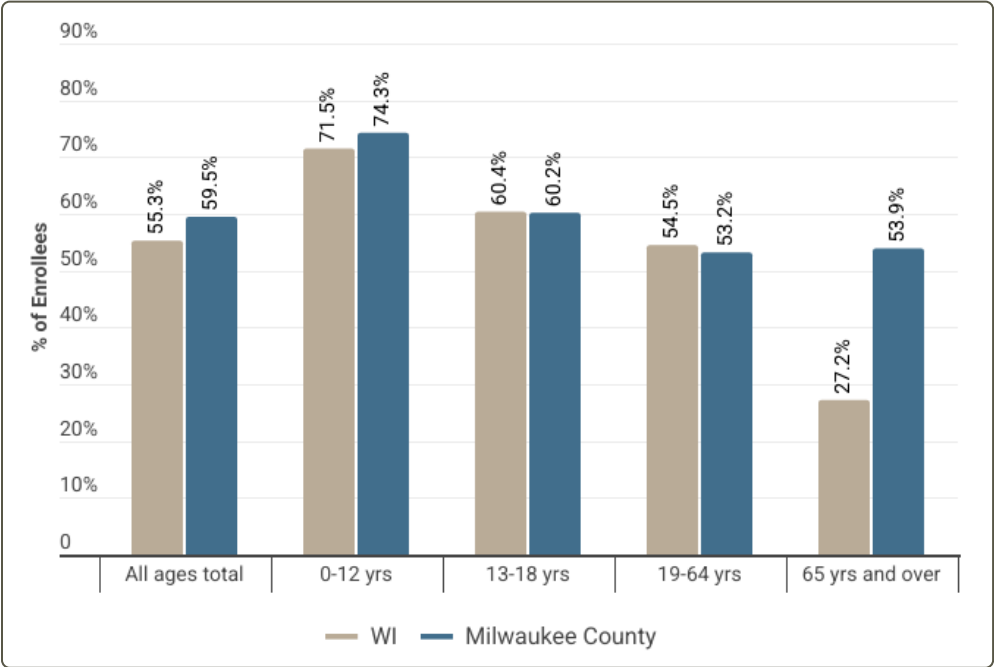
Main clinic: **Sixteenth Street Community Health Centers**

Source: Health Center Program Uniform Data System (UDS)

Medicaid Primary Care Utilization

An examination of primary care visit claim data sourced from the Wisconsin Health Information Organization (WHIO) provides further insight into patterns of health care utilization across different regions and age groups of Medicaid enrollees. When this data is stratified by age and compared across Milwaukee County and the State of Wisconsin, Milwaukee County Medicaid enrollees exhibit rates of primary care visits that are comparable to state rates, with slightly higher utilization in the 0 to 12 years age group. However, a notable exception exists for those 65 years and older, where the visit rate is 53.9% in Milwaukee County, more than double the state average of 27.2%. Such a significant difference raises important questions about what factors in Milwaukee County may be contributing to this. Possibilities include a more supportive infrastructure, services catered to this age group, or more dual-eligible managed care plans that strongly encourage primary care engagement.

Primary Care Visit Rate for Medicaid Enrollees, Milwaukee County and Wisconsin Comparison, 2023



Source: WHIO

Broadly across age groups, primary care visit rates among Medicaid enrollees in Milwaukee County reflect meaningful engagement, though rates remain modestly below national Medicaid benchmarks of roughly 70 to 80% of enrollees having at least one visit per year. These findings suggest that while many enrollees are connected to primary care, there is a measurable gap compared with national patterns in annual visit rates.

Primary Care Conditions: Location of Treatment

A key indicator of access is the use of appropriate settings to address primary care-related needs and conditions, such as treating and managing a diabetes diagnosis at a primary care clinic, versus the use of an emergency department. The Wisconsin Health Information Organization (WHIO), which maintains a comprehensive health claims database, conducted a focused analysis of health insurance claims to study patterns of billable care for insured individuals. Their analysis looked at health claims across the full range of health care settings to understand Milwaukee County residents' utilization patterns for primary care-related treatment.

For this study, the Primary Care Access and Utilization Study Committee identified conditions that are widely agreed upon to fall within the scope of primary care: chronic obstructive pulmonary disease (COPD), obesity, asthma, hypertension,

diabetes, attention deficit hyperactivity disorder (ADHD), and depression. These are conditions for which timely and consistent primary care follow-up makes a significant difference in long-term outcomes. These are also conditions for which people may present in higher-cost settings, such as emergency rooms and urgent care centers, when patients face barriers to accessing their primary care providers.

A recurring question has been whether patients turn to urgent care or emergency rooms out of convenience or whether these visits reflect deeper issues such as access barriers, gaps in care coordination, or a lack of understanding about where to seek care. This analysis was designed to shed light on these patterns by identifying where, in practice, patients are being treated for these conditions.

Obesity-related visits were the most concentrated in primary care, with 70% of claims occurring in outpatient medical clinics and no measurable utilization of urgent care. This likely reflects that obesity management typically occurs during scheduled visits rather than in response to acute episodes.

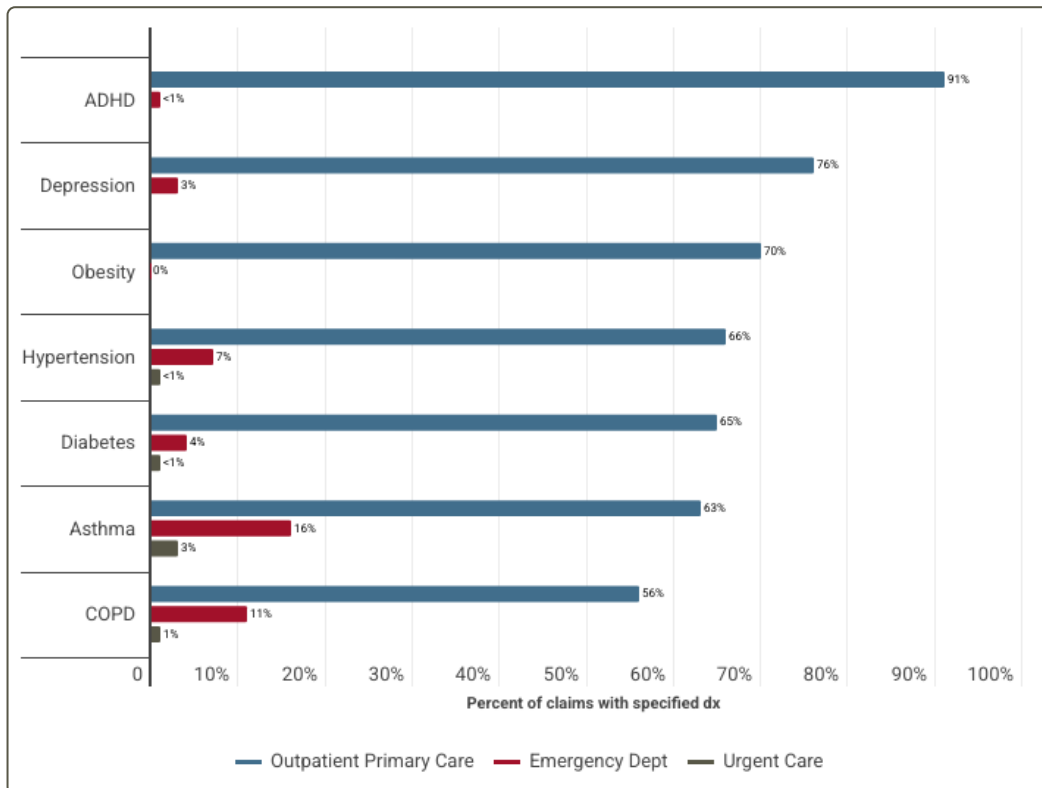
For hypertension, 66% of visits were managed in outpatient clinics, 7% occurred in emergency departments, and less than 1% in urgent care settings.

Diabetes showed a similar pattern, with 65% of visits taking place in outpatient clinics and less than 1% of encounters occurring in urgent care.

COPD, a condition often requiring long-term management and monitoring, had 58% of claims associated with outpatient medical clinics. However, 11% of encounters occurred in emergency departments and 1% in urgent care settings.

Asthma followed a similar pattern, with increased emergency department use. While 63% of asthma-related visits occurred in outpatient medical clinics, 16% were treated in emergency departments, and 3% came from urgent care centers, reflecting the episodic nature of asthma and sudden flare-ups that may drive same-day care.

Primary Care Conditions by Place of Service, Milwaukee County, 2022-2023 Service Dates



Source: WHIO

Claim data on behavioral health conditions was also analyzed, demonstrating high usage in outpatient settings. For ADHD, 91% of visits were documented in outpatient medical settings, reflecting that ADHD is largely managed as an ongoing, planned course of care. For depression, 76% of visits occurred in outpatient clinics, 3% in emergency departments, and 5% in psychiatric facilities, highlighting both episodic crises and the need for specialized care. No urgent care claims were identified for treatment of ADHD or depression. While the overall proportion of emergency department visits for depression is low, these encounters may represent serious episodes that indicate gaps in access to timely mental health care.

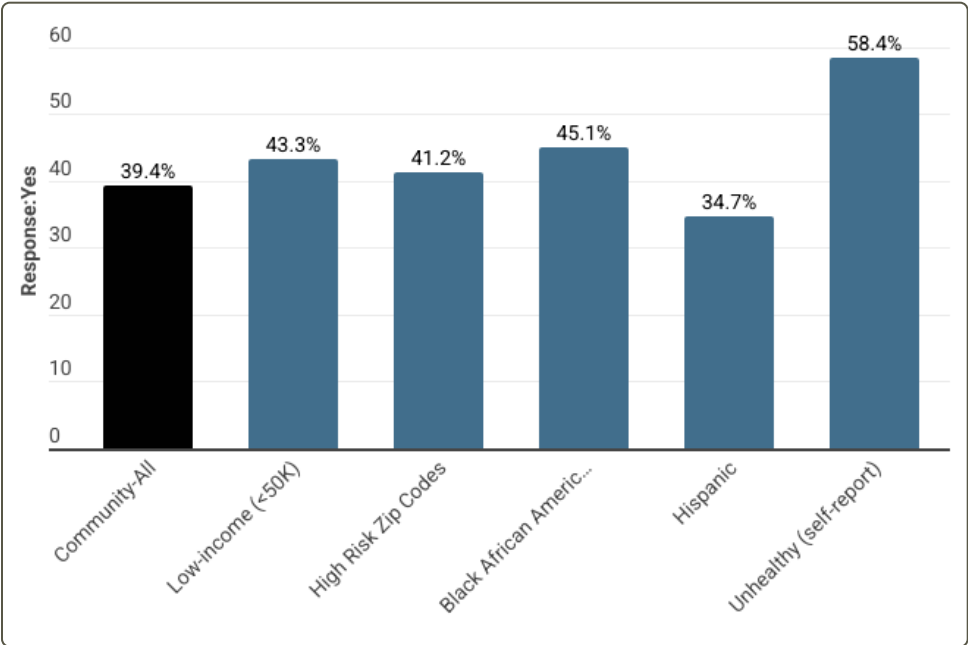
Overall, the claim data demonstrates that the majority of care to address the identified conditions is taking place in outpatient medical clinics. These findings, however, do not negate the reality that even a small percentage of “inappropriate” emergency department usage is a significant financial and workforce burden on emergency departments.

The findings also elevate notable exceptions where emergency room use remains significant. Asthma and COPD stand out as conditions where over 10% of encounters still take place in emergency departments. These conditions, which can involve sudden flare-ups and breathing crises, may be particularly sensitive to issues such as after-hours availability of care, access to medications, and patient education about early warning signs. The presence of a small percentage of urgent care use for COPD and asthma underscores that some patients are using intermediate settings for same-day care, but these visits remain a small fraction of total care. The high rates of emergency care for asthma suggest an opportunity to focus on preventive strategies and improved access to timely outpatient management.

Insights from the 2024 Milwaukee County Community Health Needs Assessment (CHNA) and study focus groups provide additional context on consumer perceptions around emergency department utilization.

A subset of the 2024 Milwaukee County CHNA community health survey questions focused specifically on issues related to accessing health care services. Survey participants were asked whether they had visited a hospital emergency room or an urgent care facility within the past twelve months. The findings revealed that 39% of all respondents reported making at least one such visit in the preceding year.

2024 CHNA Survey Question: In the past 12 months, did you go to a hospital emergency department (ED) or urgent care?



Source: 2024 CHNA

Survey data also revealed that emergency department and urgent care utilization rates were disproportionately higher among certain demographic and socioeconomic subgroups. Specifically, 45.1% of Black/African American respondents indicated that they had accessed emergency or urgent care services within the past year. Similarly, 43.3% of respondents who identified as having low income reported using these services. The most pronounced utilization rate was observed among those who self-reported being in “unhealthy” health status, where 58.4% of this subgroup sought care through an emergency department or urgent care setting.

These findings suggest a strong correlation between perceived health status and reliance on acute care, with additional variation associated with race and income. Notably, analysis of responses from specific demographic groups revealed further nuance: for both low-income and Hispanic/Latino subgroups, the third most frequent reason for unmet health care needs, following cost-related barriers, was a lack of insurance coverage, highlighting persistent gaps in health care coverage for these populations.

For individuals who answered yes to the initial question regarding emergency department or urgent care use, a follow-up question examined the reasons why these facilities were chosen over a primary care physician’s office or a community clinic. Respondents were asked to select their top three reasons for this decision. Across the survey population as a whole, and consistently within more vulnerable subgroups, three primary themes emerged. The most frequently cited reason was that the health concern arose outside of regular clinic operating hours, leaving an emergency department or urgent care center as the only available option. The second leading reason was the perception of a life-threatening event which prompted respondents to seek immediate, higher-level care. The third commonly reported factor was related to barriers in accessing primary care in a timely manner, specifically the difficulty of securing an appointment due to long wait times.

In contrast to these survey findings, insights gathered through the study focus groups did not entirely align with the patterns identified in the broader community survey. Participants in the focus groups reported that they rarely seek care in urgent care centers or emergency departments and instead reserve these services for particular circumstances. These circumstances included situations such as accidents, sudden and severe infections such as ear infections or urinary tract infections, or the onset of symptoms consistent with a heart attack or stroke. Overall, participants expressed a preference for scheduling appointments with their primary care providers in advance when possible, and they described deliberate efforts to avoid using ED or urgent care services unless absolutely necessary. This sentiment was echoed in the Spanish-language focus groups, whose participants also emphasized that their first course of action was to arrange an appointment with a physician unless faced with an urgent or emergent situation.

“What people don’t understand is when you go to the emergency [department], it’s got to be an emergency.”

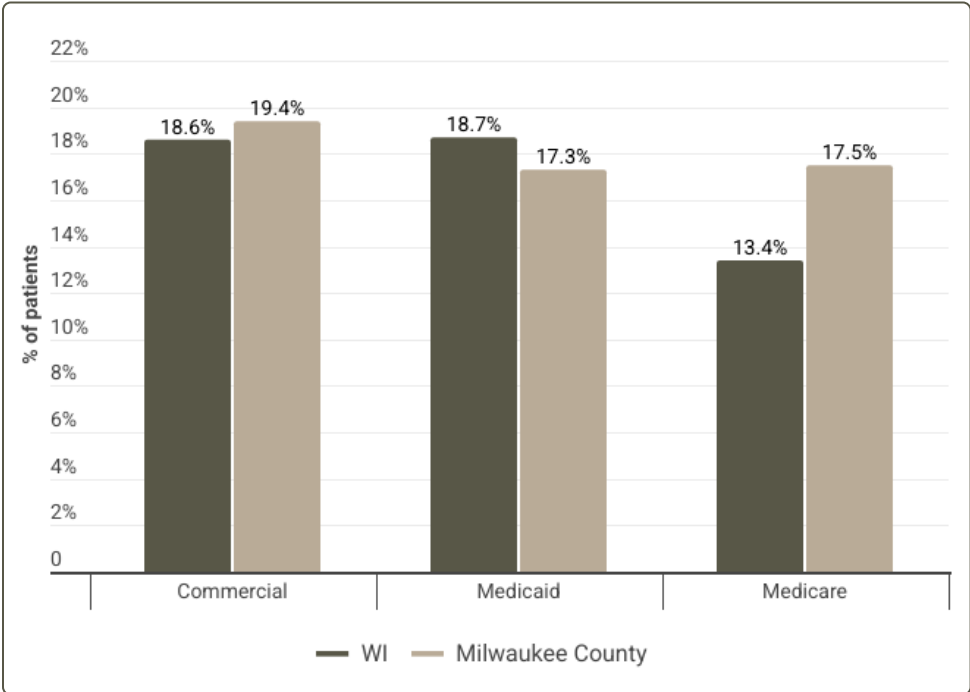
The comprehensive findings of both claims data and survey responses offer a nuanced understanding of patterns in acute care use. While the survey results point to structural barriers, such as after-hours availability and long wait times for primary care appointments as drivers of emergency and urgent care use, the focus group narratives highlight a subset of patients who actively avoid these settings unless circumstances are severe. Additionally, claims data suggest that Medicaid enrollees are largely using appropriate settings for primary care-identified conditions. These contrasting findings suggest that although structural barriers do exist and influence health care-seeking behaviors, there are variations in how different community members navigate the health care system based on their experiences, preferences, and perceived urgency.

Telehealth Utilization for Insured Patients

The COVID-19 pandemic accelerated the use of telehealth services across the country, including in Milwaukee County. As in-person visits became limited during periods of high transmission, health care systems and providers quickly pivoted and adopted virtual platforms to maintain care, establishing telehealth as a lasting feature of the health care delivery system.

This study assessed current utilization of telehealth in primary care settings. Telehealth utilization stratified by payor type (Commercial, Medicaid, and Medicare) shows Medicare beneficiaries in Milwaukee County exhibit particularly higher rates of telehealth use, with 17.5% of outpatient users engaging in virtual care compared to 13.4% statewide. This may reflect targeted efforts to support older adults during and after the pandemic, as well as higher levels of provider and patient comfort with remote care options, and adequate access and knowledge on the use of technology. Telehealth usage among Medicaid and commercially insured outpatient users in Milwaukee remains more closely aligned with statewide averages.

Telehealth patients, Milwaukee County, 2023 Service Dates



Source: WHIO

When examining the reasons for telehealth visits, behavioral health services account for 50% of all telehealth utilization. This emphasizes telehealth’s increasingly vital role in addressing mental health needs. Virtual behavioral health visits can offer a more accessible and consistent means of support, particularly when integrated within primary care delivery. It also elevates the opportunity for increased usage in primary care.

Cost and Coverage

Health care coverage and affordability play a pivotal role in Milwaukee County residents' ability to access and navigate the health care delivery system. Coverage enables more timely and consistent use of primary and preventive care services and can reduce financial barriers. Approximately one-third of Milwaukee County residents are covered under state Medicaid, and approximately 7% of residents remain uninsured in 2024. Patients with reliable coverage are more likely to establish ongoing relationships with providers and seek care before conditions become urgent.

The 2024 Milwaukee County CHNA community health survey revealed that 94.6% of respondents reported having a health insurance plan, suggesting a high level of coverage across Milwaukee County. However, when examining key subgroups, notable disparities emerged. Low-income respondents and respondents living in high-risk ZIP Codes reported having insurance at a significantly lower rate of 86.5% and 86.6% respectively. Coverage among Black/African American respondents was relatively high at 93%, closely aligning with the overall average. In contrast, the Hispanic population reported significantly lower coverage, with only 77.3% indicating they had insurance. Additionally, 92% of individuals who self-identified as being in poor health reported having a health plan.

Focus group discussions underscored how strongly residents associate health insurance with their ability to receive consistent and coordinated care. Participants repeatedly described that having insurance was directly tied to whether they could access and keep a primary care physician. While the majority of participants currently had health insurance, some stated that when there was a gap in having insurance, they would have to rely on free clinics, urgent care clinics, or emergency departments for any health needs.

Participants also shared that changes in their insurance plan, such as moving from one insurer to another, could create significant disruptions in their care. In several cases, their established primary care provider did not accept the new insurance, requiring them to find a new provider. This process can be confusing and time-consuming, leading to delayed appointments, difficulties transferring records, and a sense of starting over with someone unfamiliar with their medical history. The subgroup survey response differences and focus group insights underscore persistent gaps in insurance coverage that may affect access to care, particularly among Hispanic and low-income communities.

Importantly, coverage alone does not eliminate cost as a barrier as patients may remain hesitant to seek care due to high copays, deductibles, or other out-of-pocket expenses. Survey findings indicate that while 27% of Milwaukee County respondents reported having medical debt, these percentages were substantially higher (40%-48%) in underserved ZIP Codes including 53206, 53216, 53218, 53225, and 53235, and among Black (46%) and Hispanic/Latino (37%) subgroups.

These experiences highlight that while insurance coverage is essential, the stability and continuity of that coverage, along with affordability of care are all critical to maintaining strong connections with primary care and achieving better health outcomes.

Access to, and retention of, a primary care physician was linked to having health insurance access in focus group discussion.

Transportation

Reliable transportation is a foundational element of equitable health care access. Ensuring that clinics are located near accessible public transit lines, or that residents have dependable transportation options, is particularly vital in under-resourced communities where personal vehicle ownership may be out of reach. Barriers to transportation repeatedly surfaced as a central theme in the 2024 Milwaukee County Community Health Needs Assessment (CHNA) focus groups and key informant interviews, and in this study's focus groups. Respondents across groups emphasized that the lack of accessible, timely, and affordable transit often prevents people from seeking or maintaining essential care.

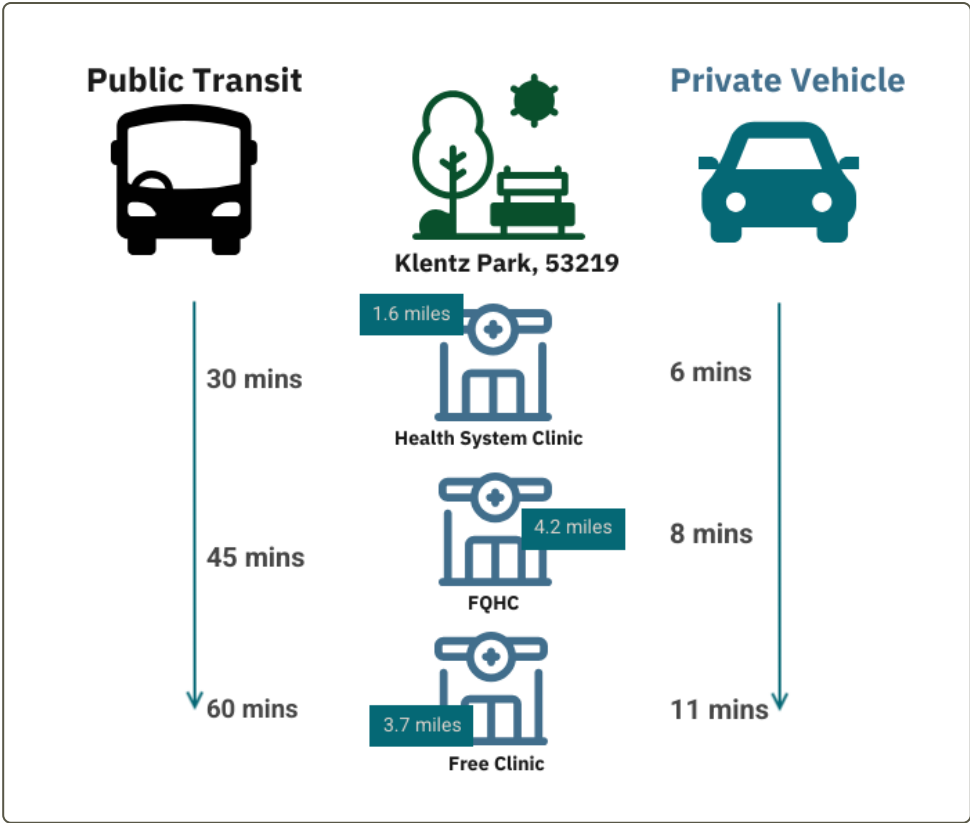
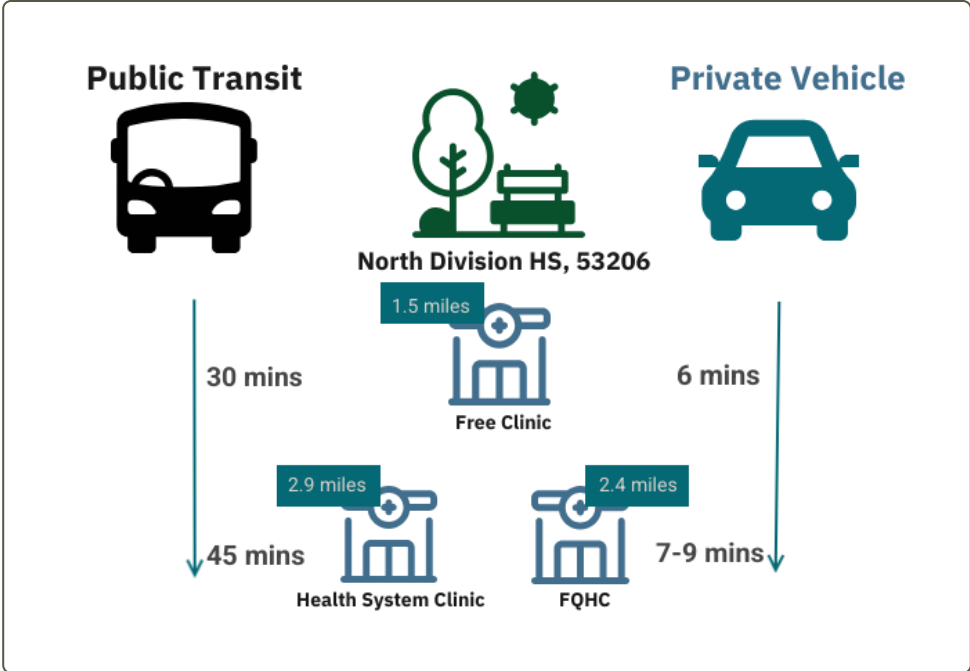
While the 2024 Milwaukee County CHNA community health survey found that 91% of all respondents reported being able to easily get to their health care provider or clinic, a deeper look at subgroup responses revealed more variability. Among those identified as low-income, 85% said they could access their provider easily. This figure was slightly higher for individuals living in high-risk ZIP Codes (87%) and Black/African American respondents (89%), but was notably lower among Hispanic respondents (83%) and those who self-identified as being of “unhealthy” status (82%). These disparities highlight that transportation-related barriers to care are not evenly distributed and impact already vulnerable populations more acutely.

These findings align with what was shared in the study focus groups conducted at free clinics, Federally Qualified Health Centers (FQHC), and a homeless sanctuary. Many participants shared the challenges with relying on public transportation or rideshare programs, sometimes arranged through their insurance or the county, to attend health care appointments. These transportation options, while available, are often described as unpredictable and stressful. Participants shared that buses frequently run late, routes are altered with little notice, and in some cases, transportation does not arrive at all. This inconsistency creates a cascade of challenges for patients who may already be struggling with complex health care needs and competing life priorities.

The consequences of these delays are significant. Participants described the stress and disappointment of missing appointments despite their best efforts. They also noted that some clinics enforce strict “no-show” or late-arrival policies that can lead to being dropped as a patient. These experiences were often described as disheartening, particularly when patients felt they had done everything possible to attend. Transportation challenges also include the geographic location of certain services. It was noted that specialty care, in particular, was often challenging to reach as services were frequently located outside of the city. This made it difficult, or even impossible, to access given limited bus lines into suburban areas.

A comparison of public and private travel time to a clinic illustrates that public transportation availability, while important, does not equate to equitable access. ZIP Code 53219 has no primary care clinics within its geography, but nearby clinics within 1.6 to 3.7 miles. Even at this relatively short distance, on public transit, it would take a patient up to 30 minutes to get to the nearest health system clinic and up to 60 minutes to the nearest free clinic. By contrast, it would take only 6 to 11 minutes with a private car.

While public transportation is essential, it does not fully eliminate access barriers, particularly when travel time itself imposes a significant burden. As such, ensuring that patients have access to reliable and convenient transportation stands as a crucial strategy for improving health outcomes and reducing gaps in care.



Supporting Access through Collective Action

The findings from this study highlight both the strengths and ongoing challenges in primary care access and utilization across Milwaukee County. The members and partners of the Milwaukee Health Care Partnership (MHCP) continue to implement a range of collaborative strategies that address access barriers and support equitable care.

- **Coverage and Enrollment via the Milwaukee Enrollment Network (MKEN)** – facilitating enrollment in Medicaid and other coverage programs.
- **Connect to Care Program** – linking patients to appropriate primary care and medical homes.
- **Free and Community Clinic Collaborative (FC3)** – strengthening the volunteer safety net of free and charitable clinics.
- **Health Center Support and Capacity Building** – enhancing infrastructure, workforce, and operational capacity within community health centers.
- **Specialty Access for Uninsured Program (SAUP)** – facilitating referrals from primary care to specialty care for uninsured patients.

Through these shared initiatives and programs, MHCP continues to actively address both structural and systemic barriers to accessing care. Together, these strategies highlight the impact of collaboration across health systems, community clinics, and public entities to support access across the community.

In addition to these ongoing initiatives, the study identifies opportunities for future collective action to further reduce barriers and improve access:

- **Non-Emergency Medical Transportation** – addressing travel challenges to ensure timely care through strengthening transportation options (ride share partnerships, shuttle programs, etc.) and revisiting strict attendance policies.
- **Expand Telehealth Opportunities** – increase availability and accessibility of telehealth to support primary care services, helping overcome geographic, transportation, and scheduling barriers.
- **Health Literacy for Primary Care Services** – improving patient understanding of how and when to access care.
- **Navigation Services and Established Referral Pathways** – supporting patients in connecting with appropriate providers and community resources.
- **Payment and Insurance Coverage Advocacy** – promoting policies and programs that reduce financial barriers to care and promote equitable access.

Together, these ongoing initiatives and future opportunities reflect the strength of a coordinated, multi-sector approach to improving primary care access in Milwaukee County. By addressing both immediate barriers such as insurance coverage and transportation, and long-term structural challenges, MHCP members and partners are working to improve on current strengths and advance new initiatives to further improve health care access and outcomes for Milwaukee County.

Considerations

This report draws on a limited set of surveys, focus groups, and available external data sources, each capturing a portion of the experiences of Milwaukee County residents. Additionally, the data sources span different time frames which may limit direct comparability across findings. While every effort was made to provide a comprehensive and current assessment of primary care access, certain issues of concern to specific populations may not be fully represented in this report.



MILWAUKEE HEALTH CARE

PARTNERSHIP

400 W. River Woods Parkway Milwaukee, WI 53212 414-585-4923 mkehcp.org

Established in 2007, the Milwaukee Health Care Partnership (MHCP) is a public/private consortium dedicated to improving health care for low-income, underserved populations in Milwaukee County, with the aim of improving health outcomes, advancing health equity and lowering the total cost of care.