CASE STUDY MEASURING OUTMIGRATION OF ORT



MEASURING OUTMIGRATION OF ORTHOPEDIC PATIENTS FROM A HEALTH SYSTEM'S PATIENT BASE

Summary

A 25-bed critical access hospital with 50+ employed providers and a strong regional presence was performing due diligence related to potential development of their own orthopedic program. To supplement their efforts, they desired a deep-dive analysis into outmigration of orthopedic patients in their region. The health system is geographically located in a region where patients have many options for healthcare services in a 30-minute radius and often cross state lines for services. Traditional market share has always proved inadequate as data was not easily shared among hospital associations and always lacked ambulatory service data. The hospital is closely aligned with a significant number of primary care providers in the region providing them touch points with most of the population base.

Challenge

Measurement of Patient Share of Care at the orthopedic service line, orthopedic procedure, and orthopedic provider levels was intended to identify most significant areas of patient leakage at each. Outcomes of analysis would be utilized to develop a patient retention tactics that supported their overall orthopedic service line development strategy.

HSG PATIENT SHARE OF CARE PROCESS

- 1. Service facilities were categorized into "In Network" or "Out of Network" entities as it related to site of service and alignment with the health system. Current orthopedic providers in the market were also category as "Aligned" or "Not Aligned" with the health system.
- 2. All health system employed or closely aligned primary care providers in the market (\approx 40) were included.
- 3. A patient cohort was created based on established office visits with any of the health system employed or closely aligned primary care providers.
- 4. All claims associated with those patients were analyzed over a 2-year timeframe and rolled into an overall orthopedic service line with breakdowns by sub-service lines, orthopedic procedures, and individual rendering providers.



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WHAT HSG FOUND

For overall orthopedic services in the region, only 21% of volume was being provided at "In Network" facilities with 40+% of patient services being provided at tertiary facilities 30 to 45 minutes from the main hospital location. 59% of services going to tertiary facilities were for general orthopedic procedures and were categorized as incremental patient retention opportunities from the engagement. 41% of services to tertiary facilities were categorized as non-incremental opportunities as patients were leaving the market for specialized orthopedic services that the health system does not provide at their facilities.

The second highest volume of patient services (14%) were provided by a regional competitor with only moderate orthopedic coverage in the hospital's direct service area and inconsistent orthopedic coverage overall. This volume was also identified as an incremental patient retention opportunity. HSG Patient Share of Care processes specifically discovered nearly 40% incremental patient retention opportunities for the health system. This data supported their plan to develop their own orthopedic program which is now in progress.

Measurement is planned to be ongoing to continually measure implementation success and redefine the service line strategy as needed.

<u>APPLYING HSG PATIENT SHARE OF CARE TO YOUR ORGANIZATION</u>

HSG, leaders in physician alignment and integration, partner with health system leadership teams to understand strategic issues and executive-level questions about patient retention before recommending an approach based around **HSG Patient Share of Care**.

To learn more about HSG's approach and get a complementary **HSG Patient Share of Care** report for providers in your market, contact DJ Sullivan or Eric Andreoli.



DJ SULLIVANDirector

(502) 814-1198 DJSullivan@HSGadvisors.com



ERIC ANDREOLI Director

(502) 814-1193 EAndreoli@HSGadvisors.com