

WHITE PAPER

HSG

YOUR PRIMARY MEASUREMENT OF PATIENT LOYALTY
AND REVENUE GROWTH

Patient Share of Care: Share of Wallet for Healthcare

SEPTEMBER 2021

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About HSG

HSG builds high-performing physician networks so Health Systems can address complex changes with confidence.

SERVICES



PHYSICIAN STRATEGY

Driving a common strategic focus with engaged physicians.



PHYSICIAN LEADERSHIP

Identifying and engaging strong physician leaders is integral to the network's development and success.



PERFORMANCE IMPROVEMENT

Improving the performance of employed physician networks.



NETWORK INTEGRITY

Leveraging HSG Physician Network Integrity Analytics® to create and monitor patient acquisition and retention strategies.



PHYSICIAN COMPENSATION

Aligning physician compensation with Health Systems and employed network goals.

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Words from the Team

Dear Colleague:

This whitepaper was created to outline best-practices for measuring, reporting, and building strategy around Patient Share of Care. While hospitals and health systems continue to utilize inpatient market share as their primary driver of strategy development, HSG Patient Share of Care™ is a revenue-based metric that comprehensively evaluates the total spend of a patient on their healthcare services (inpatient, outpatient, ambulatory, post-acute, etc.). Just as other industries utilize measures for “Share of Wallet,” Patient Share of Care should be a health system’s primary metric to measure performance and inform strategic plan development.

Healthcare systems must be able to measure their capture of the total patient spend on healthcare services in their markets. This is critical under both a fee-for-service or fee-for-value reimbursement environment. Different strategies are required to optimize patient attraction and retention from different patient cohorts. A health system’s primary care patient population requires different strategies to maximize revenue growth compared to an individual in the market that has never stepped foot in a health system’s site of care. Patient Share of Care enables an organization to comprehensively understand how differing patient populations are currently utilizing healthcare services in the market, so strategies can be developed to maximize patient attraction and retention.

We hope you find this whitepaper useful in evaluating and enhancing your current internal processes. If you need an outside perspective, HSG can partner with you to build and execute your Patient Share of Care measurement, reporting, and strategic growth strategy development.

We look forward to any feedback you have.



DJ Sullivan



Travis Ansel

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Patient Share of Care should be a health system’s **primary metric to measure patient loyalty and inform strategic plan development.**



SUMMARY

About Patient Share of Care

HSG Patient Share of Care™ provides health systems with a comprehensive view of their capture of the total patient healthcare dollar. Given the shift in health system revenues from inpatient to outpatient, and ambulatory, and the strategic desire for health systems to control the ambulatory market to increase clinical continuity, being able to comprehensively understand what part of the overall healthcare dollar a health system controls in each care setting is critical to building effective strategy and monitoring/managing performance.

HSG Patient Share of Care™ leverages all-payer, all-sites-of-care claims data - by aggregating and manipulating line-level patient claims data, HSG is able to provide client health systems with customized claims data-based performance measurements and benchmarks for current total market share performance and facilitate development of strategies for improving overall client performance as well as service line and market performance.

PAYER MEASUREMENTS

- Commercial
- Medicare Advantage
- Medicare Fee-for-Service
- Medicaid

SITE OF CARE MEASUREMENTS

- Inpatient
- Outpatient
- Ambulatory
- Physician Office



FIGURE 1: PATIENT SHARE OF CARE FRAMEWORK SAMPLES

Share of Care Frameworks	Sample Observation
Overall Health System Patient Share of Care	Client Health System captured 30.8% of the total healthcare spend (inpatient, outpatient, ambulatory) within its seven-county service area in Q1 2021. This increased from 30.3% in Q4 02020, resulting in a projected increase of \$25M in patient revenue.
Service Line and Sub-Service Line Patient Market Share	<p>Client Health System captured 61.5% of the total healthcare spend (inpatient, outpatient, ambulatory) for services within its Heart/Cardiovascular service line in Q1 2021. This increased from 59.4% in Q4 02020 resulting in a projected increase of \$8M in patient revenue.</p> <p>Highest patient retention was Diagnostic Cath (74.6%) and Medical Cardiology (77.8%). Lowest retention was in Vascular Surgery (48.6%).</p>
Access Point Patient Market Share	Client Health System captured 27% of the total healthcare spend for hospital outpatient services in Q1 2021. This percentage was 26% for hospital inpatient services and as low as 12% for physician office-based services. Hospital Outpatient sites of care increased to 28.2% in Q2 02021 resulting in a projected increase of \$9.5M in patient revenue.
Population-Based Patient Market Share	Client Health System captured 71.4% of the total healthcare spend (inpatient, outpatient, ambulatory) from the 90,000 unique primary care patients affiliated with its 150 employed primary care providers in Q1 2021. This increased from 69.6% in Q4 2020 resulting in a projected increase of \$11M in patient revenue.



Patient Share of Care: Overall Health System-Level Patient Market Share

Measuring Patient Share of Care at an overall-market level allows for a health system to understand its positioning in the market for all sites of care. This metric is frequently utilized as a Strategic Plan Objective – as all strategic planning actions should drive up the overall capture of patient healthcare dollar spend.

Repeating the Patient Share of Care measurement over time gives health systems the ability to measure the performance of their strategic plan. It also allows the health system to understand if growth is occurring due to growth in the market, or if it is directly acquiring share of patient healthcare dollars through competition.

FIGURE 2: PATIENT SHARE OF CARE – BY MARKET

Market	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Overall Market	70.2%	71.4%	68.7%	69.7%
County A	66.2%	65.6%	65.2%	67.1%
County B	73.4%	72.6%	73.7%	74.4%
County C	77.4%	78.9%	76.4%	73.3%
County D	69.9%	70.5%	69.0%	70.5%

FIGURE 3: PATIENT SHARE OF CARE – BY SERVICE LINE

Service Line and Sub-Service Lines	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Cardiovascular	22.2%	22.6%	23.1%	23.2%
Cardiology - Interventional	17.2%	17.6%	17.9%	17.7%
Cardiology - Non-Invasive	31.6%	32.4%	33.0%	33.6%
Cardiology - CV Surgery	27.0%	26.5%	26.9%	27.1%
Cardiology - Vascular Surgery	18.0%	19.1%	19.8%	20.4%
Cardiology - Electrophysiology	18.0%	18.5%	18.8%	19.3%
Cardiology - Imaging and Diagnostics	55.2%	56.5%	57.5%	58.1%

Patient Share of Care: Service Line and Sub-Service Line-Level Patient Market Share

Measuring Patient Share of Care at the service line, specialty and procedure levels gives health systems the ability to measure the impact of associated service line and provider strategies, as well as provide greater context to Marketing and Business development strategies.

Comparison of service lines against one another also provides context to the relative success, or lack thereof, of a service line's ability to attract and retain patients.

FIGURE 4: PATIENT SHARE OF CARE – BY ACCESS POINT

Access Point	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Overall Access Points	23.1%	23.5%	24.1%	24.4%
Hospital Inpatient	26.0%	27.6%	28.6%	29.0%
Hospital Outpatients	28.0%	29.1%	30.2%	30.9%
Ambulatory Health Care Facilities	5.1%	5.4%	5.9%	6.0%
Physician Offices	13.6%	14.1%	14.4%	14.5%
Other Access Points	3.7%	3.6%	3.9%	4.0%

Patient Share of Care: Access Point Market Share

Measuring Patient Share of Care at the facility access point (inpatient, outpatient, ambulatory health care facilities, physician offices, other access points), gives health systems the ability to measure the impact of their patient access strategies, as well as provide insight into access points where they are more or less competitive in the marketplace. Comparison of access points against one another also provides context to the relative success, or lack thereof, of a health system's ability to attract and retain patients within different sites of care.

Patient Share of Care: Population-Based Market Share

Measuring Patient Share of Care for the primary care patients that are on the panels of a health system's employed primary care providers provides insight into a health system's ability to retain "controllable" patients within its care network; while also identifying access or service gaps that result in closely-tied primary care patients seeking care outside of the network. Driving overall patient dollar capture starts with Primary Care – if a health system is not successful in retaining these patients, it will likely not be successful overall.

FIGURE 4: PATIENT SHARE OF CARE – BY PRIMARY CARE REGION

Primary Care Patient Population	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Overall Primary Care Population	70.2%	71.4%	68.7%	69.7%
Primary Care Region A	66.2%	65.6%	65.2%	67.1%
Primary Care Region B	73.4%	72.6%	73.7%	74.4%
Primary Care Region C	77.4%	78.9%	76.4%	73.3%
Primary Care Region D	69.9%	70.5%	69.0%	70.5%

The Imperative to Measure Patient Share of Care

CURRENT STATE OF PERFORMANCE MEASUREMENT AND MANAGEMENT FOR HEALTH SYSTEMS

Traditionally, health systems have cobbled together piecemeal performance metrics to understand their overall performance within a service area. Inpatient market share data reported by state hospital associations, along with data from internal systems such as EMRs has been leveraged to get a sense of the system's overall position in the market. However, these limited approaches have not been able to provide health systems with answers to questions that truly paint a clear picture of how the health system is performing relative to its competition when the entire market is taken into account. These questions include:

- How much of the total care delivered to patients in our service area does our health system provide?
- What is our overall outpatient and ambulatory market share?
- How well do we keep our patients in our network?
- Where do patients seek care outside of our system for outpatient and ambulatory care?

With the healthcare environment rapidly moving towards more outpatient and ambulatory services and less inpatient – this is a significant threat to the ability of health systems to monitor and manage their performance. Given the imperative for profitable growth that all health systems have – as expenses grow and reimbursement declines – it is critical for health systems to comprehensively understand the dynamics of how patients utilize the care continuum within a market and build their strategic plans around growing their total capture of the market.

CONSUMER “SHARE OF WALLET” UTILIZATION OUTSIDE OF HEALTHCARE

Share of Wallet is a revenue-based measurement that gauges depth of a customer relationship and is utilized by top consumer goods organizations around the globe. In simplest terms, Share of Wallet relates to the portion of money spent by customers on an organization's products and services compared to the total they spent on all products and services in the same category. An organization's portion is their Share of Wallet. **Share of Wallet is a very strong indicator of brand preference enabling an organization to measure the total size of the market and potential growth.** It also enables the organization to build strategies to directly grow Share of Wallet and be able to measure the success and return-on-investment of doing so.

While Share of Wallet is effectively utilized in most industries, it has not historically been effectively utilized in healthcare. Inpatient market share has historically, and continues to be, the driving metric for strategy development in health systems across the country – as it is frequently the only comprehensively collected and reported metric available to most health systems. This has resulted in health systems having blind spots in the Outpatient and Ambulatory settings; which is critical to address given these settings now account for more than half of a health system's total revenue generation.

PATIENT SHARE OF CARE – A COMPREHENSIVE SHARE OF WALLET METRIC FOR HEALTH SYSTEMS

Growth in claims data availability and aggregation have created the opportunity for health systems to begin to measure their patient attraction and retention in the outpatient and ambulatory setting, and as such the ability to measure total patient market share or "Patient Share of Care." Akin to Share of Wallet, Patient Share of Care answers the question – "how much of the total healthcare dollar are we capturing" - providing healthcare organizations an opportunity to measure a patient population's total healthcare spend and what percentage is being captured by the system--inclusive of inpatient, outpatient, and ambulatory sites of care.



Akin to Share of Wallet,
Patient Share of Care
answers the question –
**“how much of the
total healthcare dollar
are we capturing” ...**

Defining the Right Patient Share of Care Metrics for Your Health System

“MARKET-BASED” POPULATION METRICS - OVERVIEW

Organizations should be taking a market-based approach to identifying a patient population, and measuring the total healthcare spend of those patients – at the overall market level, access point, service line level and sub-service line level. Measuring the percent capture of the total patient spend in a predefined geographic area, typically a hospital/health system’s strategic service area, can support an organization in understanding how well their strategic plan is, or isn’t, working and identify competitive threats to profitability.



**OVERALL MARKET
MEASURE**

How much of the total patient spend in our market are we capturing?

Overall market measures are broadly applied to a health system’s service area, as well as submarket definitions that compose the overall market. This allows a health system to understand its capture of the patient healthcare dollar from all sites of care within its overall market or targeted geographic markets. Measuring this metric over time and integrating it into executive, system and hospital-level dashboards creates a focus on comprehensive patient attraction and retention strategies and supports continuous growth.



**ACCESS POINT
MEASURE**

How does our patient retention differ by patient access point?

Reporting measures by patient access point allows the health system to understand its strengths and weaknesses in patient attraction and retention in relationship to its competition as well as in relation to each of their patient access points. Large variation in access point measures (e.g. Hospital Inpatient 35% retention vs. Physician Office 70% retention) can emphasize access, patient education, or consumer preferences and provide a clear picture on return-on-investment for addressing patient education and access issues or developing new sites of care.



**SERVICE LINE AND
SUB-SERVICE LINE
MEASURES**

What service lines present the best opportunity to keep patients in our system?

Breaking down overall market measures into measurements by service line allows the health system to understand its strengths and weaknesses in patient attraction and retention in relationship to its competition as well as in relation to other internal service lines. Large variation in service line performance (e.g. Heart 60% retention vs. Musculoskeletal 38% retention) can emphasize access, capability, or consumer preference issues and provide a clear picture on return-on-investment for addressing issues or incrementally investing within the service line. Similarly, measuring sub-service line performance and identifying issues such as a health system capturing 40% of Medical Cardiology while retaining only 23% of Cardiac Electrophysiology could identify access or capability gaps within the service line, as well as highlight business development or marketing opportunities.

"POPULATION-BASED" METRICS - OVERVIEW

Measuring Patient Share of Care for targeted patient subsets within a given market allows a health system to measure its performance for a key group of patients and tailor its strategies for patient retention of care within the health system. Typically, there are three main cohorts of manageable populations that each should have their own Patient Share of Care measurement – Primary Care Patients, Emergency Department Patients, and Urgent/Immediate Care Patients. Many health systems also develop other custom patient cohorts to review and track across the care continuum to identify their utilization patterns. Each patient population requires different strategies and tactics to improve a health system's ability to attract new patients while also retaining patients already utilizing their services.



PRIMARY CARE
PATIENTS

How loyal are our established patients on our primary care provider panels?

Patients utilizing your primary care physicians and APPs on a regular basis are inclined to be your most loyal patient base. These are traditionally patients that are willing to utilize services predominantly based on physician and advanced practice provider recommendations. Internal processes and workflows need to be optimized so that patients can easily remain within the system. You should expect to have Patient Share of Care for this patient population to be the highest among the three. This is a health system's lowest hanging fruit for increasing overall patient retention within the system.



**EMERGENCY
DEPARTMENT**
PATIENTS

Where do our ED patients receive care after receiving services at our facilities?

Emergency department (ED) patients are traditionally less loyal than primary care patients. Patient Share of Care for this grouping will be extremely variable by health system as patient loyalty is going to be strongly associated with brand recognition and internal workflows to assist ease of transition to subsequent sites of care. Building internal processes to educate patients about different sites of service and capabilities within each while building internal follow-up plans for patients with true emergent care needs can provide opportunities to increase current capacities while simultaneously maximizing your ability to retain patients.



URGENT/IMMEDIATE
CARE PATIENTS

What opportunities exist to maximize retention of patients utilizing our urgent care locations?

Urgent or immediate care patients are typically the least loyal of any of the patient cohorts defined. Urgent care patients are often the most educated on service offerings and most likely to shop around for healthcare services. Patient Share of Care for this population can be expected to be the lowest of any patient cohort. These patients are least likely to be brand loyal but more focused on ease of access. Educating these patients while they are in your sites of care on your providers' capabilities and skillsets will be critical to influencing healthcare spend decisions.

Leveraging Patient Share of Care

Once a health system can properly measure Patient Share of Care for distinct patient populations and develop strategies to maximize patient retention within the system, implementation of the strategies is where the real work begins. **Internal education and reporting mechanisms required to operationalize Patient Share of Care metrics throughout the health system is no easy task but can be extremely effective if done well.** Data distribution and strategy development is most valuable when flowing through key stakeholder groups within the organization. The areas that have produced the most immediate impacts in increasing a health system's Patient Share of Care include the executive leadership team, strategic planning and provider recruitment departments, marketing departments, along with employed medical group leadership. Each of these groups require different insights to properly implement meaningful strategies.

- **EXECUTIVE LEADERSHIP** – Executive leadership teams should have Patient Share of Care for each of the patient cohorts defined as a KPI on their monthly or quarterly dashboards. Every top executive across the country can tell you their health system inpatient market share, the same should be true for their Patient Share of Care. Having constant insight into patients not utilizing a health system's services, or those that are flowing in and out of the system is crucial to ensuring long-term growth. Patients leaving from a health system who already utilize services are the most immediate opportunity for incremental revenue growth. Executive teams need to have that information at their fingertips.
- **STRATEGIC PLANNING AND PROVIDER RECRUITMENT** – The strategic planning department of the health system, which has responsibilities over medical staff development planning, leverages Patient Share of Care data to support their specialty and primary care recruitment efforts based on the type of patient leakage occurring based on provider specializations and service capabilities. Data reporting and insights are also very valuable in short and long-term service line development initiatives as you can quickly identify where patients are utilizing care, the total spend on those service offerings, and understand the expected return that would exist from investing in development of a specific service offering.
- **MARKETING** – Marketing departments require detailed information into how patients are utilizing healthcare based on geography, service lines and provider types. Targeted and detailed Patient Share of Care data provides marketing departments with the tools required to develop detailed advertising and physician outreach efforts, which often result in measurable improvements in patient retention.
- **EMPLOYED MEDICAL GROUP LEADERSHIP** – A health system's employed medical group is the most important asset. In the evolving healthcare environment, the employed network will be the core of long-term health system success. Having full clarity on how patients engage with employed providers, the total amount they spend on their healthcare services, and how much our health system captures will enable employed medical group leadership with the insights required to build a financially sustainable network of providers that are creating long-term value for the health system.

Case Study: Market-Based Patient Share of Care

REGIONAL HEALTH SYSTEM

CLIENT DESCRIPTION

Multi-hospital regional health system with approximately \$1.2B revenue in a competitive, urban market.

PATIENT SHARE OF CARE DEFINITION:

- All patients seeking care in the surrounding seven-county strategic service area identified by the health system within a rolling 12-month period.
- Total healthcare spend for the patients was captured for each of the following categories:
 - Overall
 - Service Line and Sub-Service Line
 - Payer Type (Governmental vs. Commercial)
 - Access Point Type (Hospital Inpatient, Hospital Outpatient, Ambulatory Healthcare Facilities, Physician Offices, Other Access Points)

PATIENT SHARE OF CARE FINDINGS

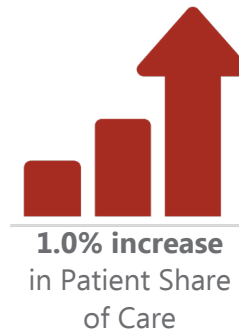
Market	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Overall Market	30.0%	30.3%	30.7%	31.0%
County A	42.1%	42.4%	42.5%	42.5%
County B	35.0%	35.5%	35.9%	36.4%
County C	32.0%	32.2%	32.5%	32.2%
County D	18.4%	18.6%	18.3%	18.4%
County E	19.5%	19.8%	20.1%	20.1%
County F	22.1%	22.3%	22.4%	22.5%
County G	28.1%	28.2%	28.3%	28.6%

Access Point	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Overall Access Points	30.0%	30.3%	30.7%	31.0%
Hospital Inpatient	27.6%	28.1%	28.3%	28.5%
Hospital Outpatients	32.6%	32.8%	33.1%	33.4%
Ambulatory Health Care Facilities	8.2%	8.4%	8.4%	8.5%
Physician Offices	18.5%	18.8%	19.4%	19.6%
Other Access Points	4.4%	4.5%	4.6%	4.6%

Service Line and Sub-Service Lines	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Orthopedics	27.5%	27.8%	28.0%	28.2%
Orthopedics - Joint Replacement	21.1%	21.4%	22.0%	22.2%
Orthopedics - Sports Medicine	27.9%	28.1%	27.9%	28.2%
Orthopedics - Surgical Trauma	22.5%	22.8%	22.8%	23.1%
Orthopedics - Other Surgical	27.1%	27.2%	27.4%	27.4%
Orthopedics - General Medical	11.5%	12.4%	12.9%	13.1%
Orthopedics - Imaging and Diagnostics	38.4%	38.8%	39.0%	39.1%

OVERALL IMPACT TO THE ORGANIZATION

The overall health system has experienced a 1.0% increase in Patient Share of Care in 6 months. This is estimated at a \$12M increase in expected patient reimbursement from patients in their seven-county service area.



UTILIZATION OF PATIENT SHARE OF CARE WITHIN THE SYSTEM

	EXECUTIVE LEADERSHIP	<ul style="list-style-type: none"> Baseline measurement was utilized to create a 3-year target for growth within the seven-county region. Patient Share of Care has been incorporated into the health system leadership dashboard and is updated quarterly for the overall health system and seven priority service lines.
	STRATEGIC PLANNING AND PROVIDER RECRUITMENT	<ul style="list-style-type: none"> Patient Share of Care was measured for thirty-five service lines and sixty-six sub service lines health system wide – inclusive of everything from cardiovascular services to outpatient labs and E&M office visits. Top sites of service and providers of care have been measured over time and compared to internal production metrics to identify service line growth opportunities, provider recruitment priorities, and patient retention opportunities.
	MARKETING	<ul style="list-style-type: none"> Patient Share of Care has been extremely variable across geographies and service lines. Gaps in patient retention have been identified to re-shape strategic priorities. Reporting by service line and geographic region has been valuable in physician outreach, geo-marketing, and advertising efforts.
	EMPLOYED MEDICAL GROUP LEADERSHIP	<ul style="list-style-type: none"> Market-Based Approach is guiding the prioritization of Employed Group geographic service placement and intensity of provider deployment.

Case Study: Population-Based Patient Share of Care

PRIMARY CARE PATIENT POPULATION

CLIENT DESCRIPTION

State-wide health system with 500+ employed primary care and urgent care providers representing more than 250,000 unique patient lives.

PATIENT SHARE OF CARE DEFINITION:

- All patients who have at least one established visit with an employed primary care or urgent care provider within a rolling 12-month time frame
- Total healthcare spend for the patients was captured for each of the following categories:
 - Overall
 - Service Line and Sub-Service Line
 - By zip code of primary care provider

PATIENT SHARE OF CARE FINDINGS

Primary Care Patient Population	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Overall Primary Care Population	64.6%	66.7%	68.7%	69.7%
Primary Care Region A	66.4%	66.9%	67.0%	67.1%
Primary Care Region B	72.2%	73.1%	73.7%	74.4%
Primary Care Region C	70.7%	71.1%	71.7%	72.2%
Primary Care Region D	69.4%	69.9%	70.3%	70.5%
Primary Care Region E	48.2%	48.9%	49.9%	50.4%

Service Line and Sub-Service Lines	Reporting Period			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Neurosciences	65.4%	65.8%	66.5%	66.8%
Neurosciences-Spine/Back	61.6%	58.2%	59.8%	61.5%
Neurosciences-Neurology	74.7%	73.6%	74.2%	73.8%
Neurosciences-Strokes	77.2%	77.8%	78.5%	78.6%
Neurosciences-Craniotomy	81.2%	81.0%	81.5%	81.6%
Neurosciences-Sleep Studies	89.4%	90.2%	91.5%	92.8%
Neurosciences-Imaging and Diagnostics	58.2%	59.2%	60.5%	61.7%

UTILIZATION OF PATIENT SHARE OF CARE WITHIN THE SYSTEM

	EXECUTIVE LEADERSHIP	<ul style="list-style-type: none"> Incorporated Patient Share of Care performance into the health system leadership dashboard and is updated quarterly for the overall health system based on employed group region and access point (primary care vs. urgent care).
	STRATEGIC PLANNING AND PROVIDER RECRUITMENT	<ul style="list-style-type: none"> Top sites of service and providers of care have been measured over time and compared to internal production metrics to identify service line growth opportunities, provider recruitment priorities, and patient retention opportunities.
	MARKETING	<ul style="list-style-type: none"> Patient Share of Care has been extremely variable across geographies and service lines. Gaps in patient retention have been identified to re-shape strategic priorities. Reporting by service line and geographic region has been valuable in physician outreach, geo-marketing, and advertising efforts.
	EMPLOYED MEDICAL GROUP LEADERSHIP	<ul style="list-style-type: none"> Market-Based Approach has led to Employed Medical Group requiring Manageable Population Approach for patients entering employed physician network sites of care (primary care, urgent care, etc.)

OVERALL IMPACT TO THE ORGANIZATION

The overall health system has experienced a **5.1% increase in Patient Share of Care in the past 18 months**. This is estimated at a **\$54M increase in expected patient reimbursement** from patients that are on their primary care patient panels or being seen in their urgent care locations.



The logo consists of the letters 'HSG' in a bold, white, sans-serif font. The 'H' and 'S' are connected, and the 'G' is slightly separated. Below the letters is a short horizontal white line.

HSG

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