

GENERAL MEDICINE AND GENERAL SURGERY

Service Line Snapshot

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SERVICE LINE LANDSCAPE

A progressive approach to general medicine will be essential to transition from a hospital-based product to one that focuses on the total cost of care. In this area rife with chronic conditions, value will hinge on strong ambulatory strategy (eg, care coordination, risk screening, e-visits, health coaches) and alignment with primary care physicians and other community-based providers. Future contracts founded in shared risk promise an abundance of general medicine cases. But effective disease management will be needed to convert these cases into clinically appropriate, financially desirable, long-term volumes.

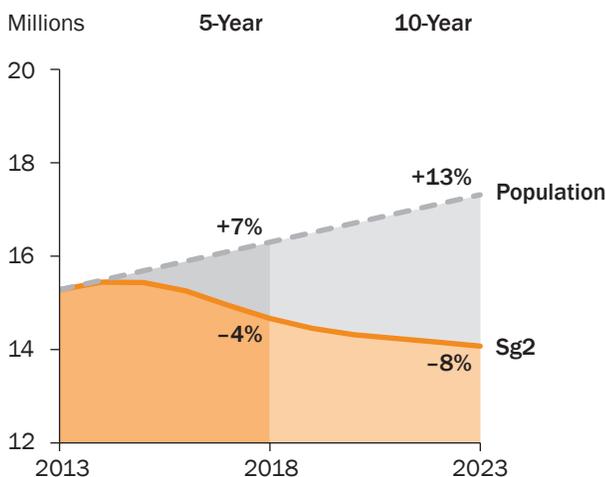
In general surgery, increased efficiency and quality across the care continuum will be essential. Leading providers are adopting a comprehensive, standardized approach to better manage patients before and after surgery. Presurgical screening with targeted interventions, combined with the adoption of best practices postoperatively, will help improve clinical outcomes and reduce average length of stay (ALOS), complications, readmissions and total costs.

TOP TRENDS

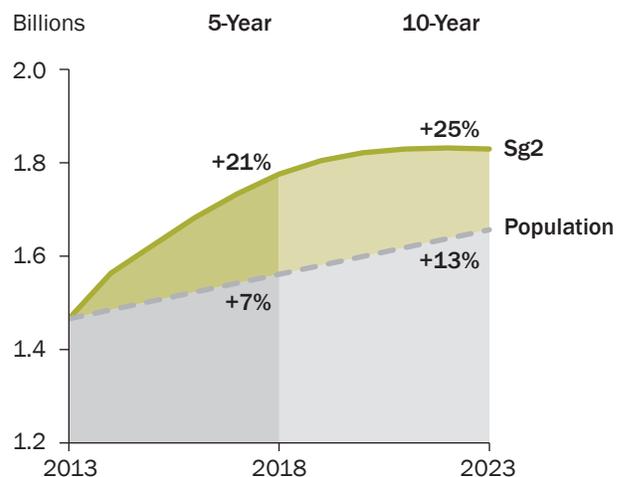
- Risk-based contracts reinforce the imperative for chronic disease management with programs that include behavioral health services, home visits, remote monitoring and ongoing education.
- Readmission penalties impact a greater number of hospitals than expected, underscoring the challenges hospitals face in managing transitions and driving organizations to reevaluate how they strategize to reduce readmissions.
- Outpatient care redesign (eg, e-visits, telehealth, group visits) enhances productivity, access and patient engagement.
- In 2013, Cleveland Clinic named bariatric surgery a top medical innovation with a major impact on improving patient care.
- Observation visits for general medical and postoperative surgical conditions are increasing.
- Initiatives such as Choosing Wisely and the medical home are emphasizing evidence-based care and expanding efforts to reduce unnecessary care.
- More health systems are experimenting with team-based primary care, with all team members functioning at the top of their licenses.

US MARKET FORECAST

Inpatient General Medicine/General Surgery Discharges 2013–2023



Outpatient General Medicine/General Surgery Volumes 2013–2023



Note: Analysis excludes 0–17 age group.

Sources: Impact of Change® v13.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2013.

ACTION STEPS TO DRIVE VALUE

- Do not ignore the inpatient setting when strategizing to reduce readmissions.
 - Address “post-hospital syndrome” by reducing patient stressors, such as deconditioning, nutritional deficiencies, sleep disruption and altered mental status.
 - Focus on all diseases, rather than on just the conditions defined by the Hospital Readmissions Reduction program.
- Complete your portfolio of diabetes services.
 - Recognize the growing imperative to effectively manage your diabetic population to control system costs, reduce avoidable care and improve quality outcomes.
 - Offer an integrated metabolic program that includes medical, behavioral and, possibly, surgical treatment options.
- Expand palliative and end-of-life care beyond the traditional consultation model.
 - Jump-start your palliative care program with physician education on primary palliative care.
 - Ensure palliative care providers are accessible 24/7 in the inpatient and outpatient settings.

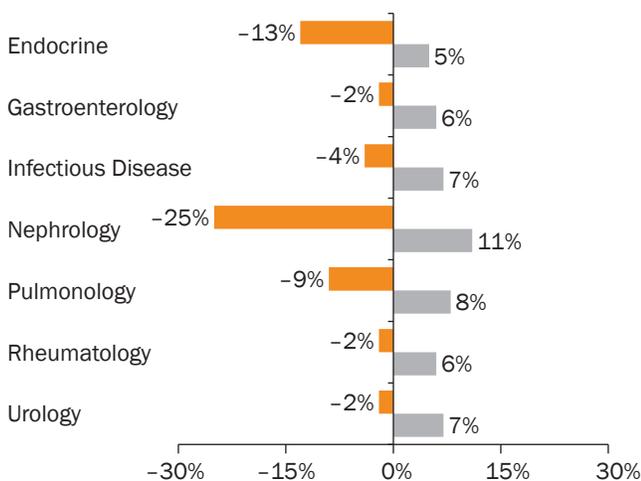
BENCHMARKS

Standard Performer Benchmarks for Value Indicators in Selected Adult Service Lines and CARE Families Large Community Hospital Peer Group

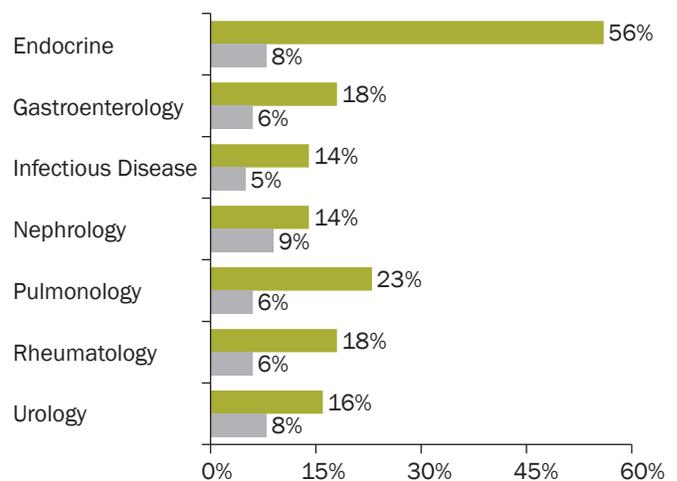
	PAAs	ALOS (Days)	Variable Direct Cost per Case	30-Day Readmissions
Overall GM/GS	34.4%	4.9	\$4,904	12.9%
Pneumonia	70.5%	5.7	\$5,129	14.0%
COPD	81.3%	4.4	\$3,582	17.3%
Diabetes	97.4%	4.6	\$4,312	16.7%
Bariatric Surgery	N/A	3.8	\$8,553	2.5%

CARE = Clinical Alignment and Resource Effectiveness; COPD = chronic obstructive pulmonary disease; GM/GS = general medicine/general surgery; PAA = potentially avoidable admission. Sources: Sg2 Comparative Database, 2013; Sg2 Analysis, 2013.

Inpatient General Medicine/General Surgery Discharges 2013–2018



Outpatient General Medicine/General Surgery Volumes 2013–2018



■ Sg2 Inpatient Forecast
 ■ Population-Based Forecast
 ■ Sg2 Outpatient Forecast

Note: Analysis excludes 0–17 age group.

● Anticipate the Impact of Change

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