AMBULATORY AND OUTPATIENT CARE: Embracing Consumer Needs for Flexibility and Access
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We must seek ways to transform healthcare delivery to provide optimal health value and meet patients’ expectations of convenience. We all agree that consumers value convenience. But do we all agree with what convenience means? At Centura Health, we understand that accessibility is a critical factor in a consumer’s decision about outpatient services.

While hospitals and health systems are reengineering their ambulatory strategies to provide additional access points, we’ve recently learned that physical proximity doesn’t necessarily equal convenience. Consumers prefer to be promptly seen at their provider’s office, even if the office is farther than a retail clinic. In the absence of price discounts, consumers are willing to travel for prompt access. One practical implication of this finding: Same-day scheduling with primary care providers has emerged as a priority.

Something else we probably all recognize is the potential of population health management to benefit individuals and society. Yet population health management was only ranked in sixth position (35%) by respondents in the 2016 HealthLeaders Media Outpatient and Ambulatory Care Survey when asked what top three factors drive outpatient/ambulatory strategy. I suspect this is not a rejection of population health, but recognition that getting there requires more capital and more cooperation from providers and payers than anticipated.

Technology and consumer demand continue to influence and support a shift of services from the inpatient to outpatient setting. It is critical that our reimbursement models and incentives for ambulatory care evolve and align to value-based care. It was not surprising to see that respondents cited reimbursement uncertainty (55%) as the biggest challenge in outpatient care in the survey results.

Hospitals and healthcare systems must be willing to invest in new partnerships and ambulatory care models to break free from the mentality of only treating “sickness.” Instead of being only known for sick care, we’re building relationships and partnering with consumers. It’s about personalizing care to engage, empower, and educate consumers in their health and wellness journey.

I think we’re in agreement that outpatient and ambulatory care is good for patients, good for communities, and good for providers and health systems. And as technology continues to evolve, we will see more growth in outpatient—especially in orthopedics and oncology—and it will become even more critical to ensure that hospitals and health systems have a strategy to measure gaps in care. It’s a critical market share metric to understanding how we are improving the health of the communities we serve.
Ambulatory and outpatient care expansion continues to be driven by a broad range of industry factors. In fact, there are few healthcare activities that don’t, in some form or another, provide momentum to the trend.

The transition to value-based care, the ongoing battle to improve quality outcomes, and population health management can all be seen as contributing to ambulatory and outpatient growth. Likewise, provider business initiatives that focus on expanding market share and increasing revenue also play a role.

However, healthcare is ultimately about doing what is best for the patient, and as consumers, patients are increasingly seeking care closer to home, without having to wait to see a physician, and in more cost-effective settings. Improvements in medical technology have made some of this possible, but a change in provider thinking is also driving the trend. More and more, providers are listening to the voice of the consumer as they develop and execute their ambulatory and outpatient strategy.

"I think the reason for this is we’re looking at it through the eyes of the consumer," says Pam Nicholson, chief strategy officer and senior vice president at Centura Health, a Centennial, Colorado–based health system with 17 hospitals, 12 affiliate hospitals, and numerous urgent care centers, emergency rooms, and clinics, and the lead advisor for this Intelligence Report. "And with technology changing for medical care and how much can be done on an outpatient basis, and then looking at the convenience factor, you’re going to find consumers want it faster, closer, and right away, and that doesn’t always happen at an inpatient hospital."

Ambulatory/outpatient care strategy. Survey respondents indicate that two of the top three factors driving their organizations’ ambulatory and outpatient care strategy—increasing revenue (49%) and expanding market share (45%)—are key aspects of a fee-for-service model (Figure 1). However, the top response for factors driving organizations’ ambulatory/outpatient care strategy is improving quality and outcomes (54%), with responding to consumer-driven trends (40%) ranking fourth and population health management (35%) ranking sixth, which are all factors indicative of a value-based care model. Ambulatory and outpatient growth is clearly impacted by both models.
Interestingly, the response for population health management is down eight percentage points from last year's survey, where it ranked fourth. And although population health management makes the top three factors driving ambulatory/outpatient care strategy for approximately one-third of respondents, it remains a second-tier factor in this year's survey.

For the most part, ambulatory and outpatient care strategy is proactive in nature. Only 14% of respondents say that protecting market share is one of the top three factors behind their strategy, and over three times as many respondents mention expanding market share (45%). This is consistent with the results in Figure 14, where 82% of respondents say that the industry shift to ambulatory/outpatient care represents an opportunity and only 11% see it as a threat.

**Ambulatory/outpatient care tactics.** It is apparent from survey results on ambulatory/outpatient care tactics (Figure 2) that respondents are paying particular attention to physician organizations as they look to expand their networks. For example, the top tactics respondents use to expand their ambulatory/outpatient network are to partner with physician organizations (52%), acquire or establish physician organizations (50%), and partner with community-based organizations (47%).

The responses for ambulatory/outpatient tactics such as acquiring or establishing urgent care clinics (32%) and convenient care clinics (26%) fall in the middle of the range. Interestingly, respondents show a preference for acquiring or establishing their own versus forming a partnership with an existing clinic, with responses for partnering with urgent care clinics (16%) and convenient care clinics (15%) having nearly half the response rate.

Here are selected comments from leaders regarding the extent to which the consumerization of healthcare has impacted their organizations' outpatient/ambulatory care strategies, and the changes they have made as a result.

“Customers are price shopping to a greater extent and wanting a greater level of convenience. We are studying alternative access and pricing strategies and experimenting with alternatives.”
—Chief financial officer at a medium hospital

“We opened five outpatient clinics in remote areas of our service area to increase access to primary care. We also initiated the use of specialty services not available to our area via telemedicine. We reached out to other community hospitals for partnerships to provide higher-level-of-care services not available in the current facility.”
—Director of inpatient services at a small hospital

“We are considering cash-and-carry surgery pricing to draw in high-deductible and overseas patients.”
—CEO at a medium physician organization

“The scheduling, accessibility, and ease of the entire process are all consumer-driven, and are dictating the design and build of the structures at the facility. Additional space has been added to the outpatient center, practice offices have been built in locations that provide for limited travel, and we have updated the O/P surgery areas. We have also relocated O/P services from the hospital to a building that has easier access for the patient and family.”
—Chief financial officer at a small hospital

“Our providers need to continue to flex their schedules to meet the needs of the consumer. This is a mindset shift that is difficult with providers because of the provider-centric model that we have had for so long.”
—CEO at a small hospital

“Consumerism is the primary driver of our new business model. We’re capturing revenues by supporting outpatient clinics with a need for patient engagement. We have aligned our new business strategy around this opportunity and eliminated some of our past services to leverage staff.”
—Executive director, partner, board member at a large physician organization
Ownership of clinics appears to be fairly stable. While 37% of respondents say they currently participate in convenient care clinics through ownership or partnership (Figure 3), only 14% not currently participating say they plan to in three years; nearly half (46%) have no intention of pursuing that tactic. Likewise, while 57% of respondents say they currently participate in urgent care clinics through ownership or partnership (Figure 4), only 10% say they plan to in three years, and 33% say they will not adopt that approach.

Note that, according to respondents, participation in urgent care clinics (57%) is greater than convenient care clinics (37%), and this is highest in health systems and large organizations. Urgent care clinics are attractive to these organizations because they admit patients with higher acuity levels, thus earning correspondingly higher reimbursement. They are also a more cost-effective alternative to an emergency department, a benefit to both hospitals and health systems. And for health systems and hospitals, this is an environment in which they have ample expertise.

Nicholson says that Centura Health has refined their ambulatory/outpatient strategy to focus more on urgent care than convenient care. “We probably have more than 30 freestanding EDs showing up on every corner in our market. And we’ve decided to come in with a different model because what we found is people go to those but they get a pretty high bill from an ED visit, and we were finding that the majority of the patients that were coming in were actually urgent care visits.

“So we’ve developed a model that is an urgent and emergency center but you go in and you see the same doctor. And you start out as an urgent care patient and then based on clinical protocols, if it’s a true emergency, then you’re notified that this is an emergency and the billing will be appropriate for an emergency visit versus an urgent care visit.

“We’ve developed a model that is an urgent and emergency center but you go in and you see the same doctor. And you start out as an urgent care patient and then based on clinical protocols, if it’s a true emergency, then you’re notified that this is an emergency and the billing will be appropriate for an emergency visit versus an urgent care visit.”

“But we’re finding that close to 70% of the visits in some of our facilities are actually urgent care, so they get a normal urgent care bill. And the payers love it, the consumer loves it, and it’s very convenient. And what we’ve actually found is we’re having higher acuities show up at our hospital EDs, and the avoidable ED visits are showing up at the urgency centers.”

Greatest financial contribution. According to respondents, the ambulatory/outpatient care areas offering the greatest financial contribution today (Figure 5) are surgery centers (25%), specialty care (24%), and primary care (19%). Surgery centers and specialty care provide significant contributions because they provide care for patients with higher acuity levels than the other ambulatory/outpatient areas, which can result in higher reimbursements.

Looking out three years, the top three areas making the greatest contribution remain the same, but the order is
different (Figure 6). Notably, primary care (28%) has the highest response, followed by surgery centers (27%), and specialty care (20%). The response for primary care is up nine points from 19% today (Figure 5), the largest increase of any area. This is perhaps an indication of the impact of healthcare reform and the trend toward population health.

On the other hand, headed in the opposite direction is the response for imaging centers, which is down nine percentage points to 7%. This likely reflects the ongoing provider emphasis on cost containment initiatives.

“We’re seeing a large shift to outpatient, and we see that also in a lot of our systems of care, especially around oncology,” says Nicholson. “In orthopedics, we’re starting to see same-day surgeries that are pretty intense that have always been inpatient. So we are definitely seeing that shift.”

**Net patient revenue and capital investment.**

Responses indicate that the ratio of net patient revenue now from inpatient acute care (44%) versus ambulatory/outpatient care (56%) is slightly higher for ambulatory/outpatient care (Figure 7). Note that factors such as an organization’s size or status as a for-profit or nonprofit leads to some variations in the ratio.

Based on net patient revenue, for example, a greater share of small organizations (63% versus 37%) than medium (49% versus 51%) and large (40% versus 60%) organizations have higher ambulatory/outpatient care revenue than inpatient acute care revenue. Further, a greater share of for-profit organizations (68% versus 32%) have higher ambulatory/outpatient care revenue than inpatient acute care revenue compared with nonprofit organizations (50% versus 50%).

Respondents have an optimistic outlook for net patient revenue from ambulatory/outpatient care within the next three years (Figure 8), saying they expect that the average net patient revenue ratio for ambulatory/outpatient care will grow seven percentage points to 63%. Revenue from inpatient acute care will decline seven percentage points to 37%.

Based on net patient revenue, increases in ambulatory/outpatient care revenue within three years compared with the ambulatory/outpatient revenue results for now are correlated with organizational size: large organizations increase 13 percentage points to 53%, medium organizations increase 11 percentage points to 60%, and small organizations increase 3 percentage points to 66%.

Given respondent expectations for growth in ambulatory/outpatient care revenue, it is perhaps not surprising that responses for capital budget investment ratios follow a similar pattern (Figure 10). Respondents indicate that their organizations’ capital budget investment ratio now is weighted more toward ambulatory/outpatient care (60%) than inpatient acute care (40%).
Further, based on net patient revenue, a greater share of small organizations (67% versus 33%) than medium (53% versus 47%) and large (45% versus 55%) organizations have higher capital budget investment in ambulatory/outpatient care than inpatient acute care. And responses indicate that for-profit organizations (72% versus 28%) have higher capital budget investment in ambulatory/outpatient care than inpatient acute care compared with nonprofit organizations (55% versus 45%). These results are similar to those in Figure 7 for net patient revenue ratio now.

Looking ahead three years, respondents say that their organizations’ capital budget investment ratio (Figure 11) will continue to lean more toward ambulatory/outpatient care (67%) than inpatient acute care (33%).

Sounding a familiar theme, based on net patient revenue, a greater share of small organizations (69% versus 31%) than medium (65% versus 35%) and large (57% versus 43%) organizations have higher capital budget investment in ambulatory/outpatient care than inpatient acute care. Further, a greater share of for-profit organizations (79% versus 21%) have higher capital budget investment in ambulatory/outpatient care than inpatient acute care compared with nonprofit organizations (62% versus 38%). These results are similar to those in Figure 8 for net patient revenue ratio in three years.

Challenges to ambulatory/outpatient care strategy.

According to respondents, the top challenges impacting their organizations’ ambulatory/outpatient strategy (Figure 12) are reimbursement uncertainty (55%), aligning physicians (49%), and up-front costs (45%). Note that financial matters are responsible for two of the top three responses, which suggests that respondents are concerned that revenues from ambulatory/outpatient activities won’t be sufficient to cover initial investment costs.

The response for aligning physicians (49%) ranks second for ambulatory/outpatient strategy challenges, an indication of the difficulties providers encounter as they seek to blend both employed and independent physicians into their networks and organizational strategy.

“We really believe in a pluralistic model when it comes to physicians. Not everything works for everybody. But we think if we’re all aligned on optimizing health and we’re all moving toward that, there can be models to make that happen, and we’ve found them to be pretty successful.”

Greatest competitive threat. Survey responses indicate that the greatest competitive threats to respondent organizations in three years (Figure 13) are physician practices and organizations (23%), retail medicine (15%), and surgery centers (13%). The results are somewhat similar to last year’s survey: retail medicine (21%), physician practices and organizations (20%), and convenient care clinics (13%).
Based on net patient revenue, a greater share of large organizations (33%) than medium (15%) and small (12%) organizations cite retail medicine as a threat. Further, retail medicine is the top threat overall for large organizations; the top threat for small (23%) and medium (27%) organizations is physician practices and organizations.

Nicholson says that retail medicine is also an opportunity for providers. “We partnered with Walgreens in Colorado. And the way that we’re partnered is to make sure that we’re integrated. So if somebody from our network goes to a Walgreens healthcare clinic, we make sure that information goes back to their primary care physician so the PCP knows. And the PCP also has the ability to offer that type of information. So that’s the only way we think that it works; otherwise, you just add to the fragmentation of healthcare.”

Respondents overwhelmingly say that the industry shift to ambulatory/outpatient care represents an opportunity for their organization (82%), and only 11% say it is a threat (Figure 14). Note that a greater share of health systems (16%) and hospitals (10%) than physician organizations (4%) say it is a threat.

The strong response for ambulatory/outpatient care as an opportunity suggests that few providers see the shift as a disruptive trend. Interestingly, physician organizations, which exist almost exclusively in the ambulatory/outpatient care domain, see little cause for concern despite all the outside interest (4% see it as a threat and 4% don’t know). In fact, they are among the most bullish on the trend—92% see it as an opportunity.

“We're building solutions that meet consumers’ needs,” Nicholson says of Centura Health’s ambulatory/outpatient care strategy. “We are partnering with our providers to optimize health value and changing the way that patients are engaging by educating and empowering them across the care continuum and supporting them in their health journey.”

Jonathan Bees is senior research analyst for HealthLeaders Media. He may be contacted at jbees@healthleadersmedia.com.
The top three factors driving ambulatory/outpatient care strategy are improving quality and outcomes (54%), increasing revenue (49%), and expanding market share (45%). The results are comparable to last year’s survey.

Interestingly, the response for population health management comes in at 35%, which ranks it sixth. This is down eight percentage points from last year’s survey, where it ranked fourth. While population health management makes the top three factors driving ambulatory/outpatient care strategy for approximately one-third of respondents, it remains a second-tier factor.

Ambulatory and outpatient care strategy is mostly proactive in nature. Only 14% of respondents say that protecting market share is one of the top three factors behind their strategy, and over three times as many respondents mention expanding market share (45%). This is consistent with the results in Figure 14, where 82% of respondents say that the industry shift to ambulatory/outpatient care represents an opportunity and only 11% see it as a threat.
The top tactics respondents use to expand their ambulatory/outpatient network are to partner with physician organizations (52%), acquire or establish physician organizations (50%), and partner with community-based organizations (47%). The responses are nearly identical to last year’s survey.

Respondents have a distinct preference for acquiring or establishing urgent care clinics (32%) and convenient care clinics (26%) compared with partnering with them. Responses for partnering are nearly half the rate for urgent care clinics (16%) and convenient care clinics (15%).
Thirty-seven percent of respondents say their organizations participate in convenient care clinics through ownership or partnership, and 14% say they plan to within three years. Nearly half (46%) say they don't participate. The results are nearly identical to last year's survey.

A greater share of health systems (46%) and hospitals (38%) than physician organizations (19%) say their organizations participate in convenient care clinics. Further, based on net patient revenue, a greater share of large organizations (50%) than medium (40%) and small (36%) organizations say their organizations do this.
Fifty-seven percent of respondents say their organizations participate in urgent care clinics through ownership or partnership, and 10% say they plan to within three years. Thirty-three percent say they don’t participate. The results are comparable to last year’s survey.

A greater share of health systems (73%) than hospitals (49%) and physician organizations (40%) say their organizations participate in urgent care clinics. In addition, based on net patient revenue, a greater share of large organizations (83%) than medium (64%) and small (46%) organizations say their organizations do this.

Participation in urgent care clinics (57%) is greater than convenient care clinics (37%), and this is highest in health systems and large organizations. Urgent care clinics are attractive to these organizations because they admit patients with higher acuity levels, thus earning correspondingly higher reimbursement. They are also a more cost-effective alternative to an emergency department, a benefit to both hospitals and health systems. And for health systems and hospitals, this is an environment in which they have expertise.
Survey results show that surgery centers (25%), specialty care (24%), and primary care (19%) are the top areas respondents cite for greatest financial contribution today. Responses are nearly identical to last year’s survey, although last year specialty care (26%) topped surgery centers (24%).

Based on net patient revenue, a greater share of large organizations (35%) than medium (30%) and small organizations (20%) mention surgery centers.
FIGURE 6: **Greatest Financial Contribution in Three Years**

Which area of ambulatory/outpatient care do you expect to be delivering your organization the greatest financial contribution three years from now?

- **Primary care** 28%
- **Surgery centers** 27%
- **Specialty care** 20%
- **Imaging centers** 7%
- **Office-based surgery** 4%
- **Physical therapy** 3%
- **Other** 3%
- **Don’t know** 9%

Base = 230

In three years, primary care (28%), surgery centers (27%), and specialty care (20%) are the top areas respondents say will produce the greatest financial contribution. The response for primary care is up nine points from 19% today (Figure 5), the largest increase of any area. This is perhaps an indication of the impact of healthcare reform and the trend toward population health.

Headed in the opposite direction is the response for imaging centers, which is down nine percentage points to 7%, likely reflecting the ongoing emphasis being given to cost containment initiatives.
Responses indicate that the average net patient revenue ratio for inpatient acute care (44%) versus ambulatory/outpatient care (56%) now favors ambulatory/outpatient care by 12 percentage points. The results for ambulatory/outpatient care are three percentage points higher than in last year’s survey.

Based on net patient revenue, a greater share of small organizations (63% versus 37%) than medium (49% versus 51%) and large (40% versus 60%) organizations have higher ambulatory/outpatient care revenue than inpatient acute care revenue. Note that compared with last year’s results, the percentages for ambulatory/outpatient care revenue increased slightly for small organizations (58% versus 42%), remained flat for medium organizations (48% versus 52%), and declined slightly for large organizations (45% versus 55%).

A greater share of for-profit organizations (68% versus 32%) than nonprofit organizations (50% versus 50%) have higher ambulatory/outpatient care revenue than inpatient acute care revenue. Compared with last year’s survey, the percentage for ambulatory/outpatient care revenue increased eight percentage points for for-profit organizations, and stayed the same for nonprofit organizations.
In three years, what will be your estimated net patient revenue ratio for inpatient acute care versus ambulatory/outpatient care?

**FIGURE 8: Estimated Net Patient Revenue in Three Years**

Inpatient acute care: 37%

Ambulatory/outpatient care: 63%

Base = 149

Respondents expect that the average net patient revenue ratio for inpatient acute care will decline seven percentage points to 37% in three years, and ambulatory/outpatient care will grow seven percentage points to 63%.

Based on net patient revenue, a greater share of small organizations (66% versus 34%) than medium (60% versus 40%) and large (53% versus 47%) organizations have higher ambulatory/outpatient care revenue than inpatient acute care revenue in three years.

Based on net patient revenue, increases in ambulatory/outpatient care net patient revenue compared with the results for now are correlated with organizational size: large organizations increase 13 percentage points to 53%, medium organizations increase 11 percentage points to 60%, and small organizations increase 3 percentage points to 66%.
The top two market share metrics for ambulatory/outpatient care are number of visits to facilities (53%) and patient revenue (51%). Third on the list is number of procedures performed (40%).

Based on net patient revenue, a greater share of large organizations (33%) than medium (25%) and small organizations (14%) say that patient revenue share is most important. This is an indication that large organizations that dominate the care continuum in their markets are looking to grow by capturing a greater share of the continuum's activities, rather than focusing mainly on driving volume-based activities.
Respondents say that their organizations’ capital budget investment ratio now is weighted more toward ambulatory/outpatient care (60%) than inpatient acute care (40%).

Based on net patient revenue, a greater share of small organizations (67% versus 33%) than medium (53% versus 47%) and large (45% versus 55%) organizations have higher capital budget investment in ambulatory/outpatient care than inpatient acute care. These results are similar to those in Figure 7 for net patient revenue ratio now.

Responses indicate that for-profit organizations (72% versus 28%) have higher capital budget investment in ambulatory/outpatient care than inpatient acute care compared with nonprofit organizations (55% versus 45%).
In three years, respondents indicate that their organizations’ capital budget investment ratio will continue to be weighted more toward ambulatory/outpatient care (67%) than inpatient acute care (33%).

Based on net patient revenue, a greater share of small organizations (69% versus 31%) than medium (65% versus 35%) and large (57% versus 43%) organizations have higher capital budget investment in ambulatory/outpatient care than inpatient acute care. These results are similar to those in Figure 8 for net patient revenue ratio.

Responses indicate that for-profit organizations (79% versus 21%) have higher capital budget investment in ambulatory/outpatient care than inpatient acute care compared with nonprofit organizations (62% versus 38%).
Respondents say that the top challenges impacting their organizations' ambulatory/outpatient strategy are reimbursement uncertainty (55%), aligning physicians (49%), and up-front costs (45%). Note that financial matters are responsible for two of the top three responses, indicating that respondents are concerned that revenues from ambulatory/outpatient activities won't be sufficient to cover initial costs.

The response for aligning physicians (49%) places it second for ambulatory/outpatient strategy challenges, an indication of the difficulties providers encounter as they seek to blend both employed and independent physicians into their networks and organizational strategy.

Interestingly, a greater share of respondents from physician organizations (42%) than hospitals (24%) and health systems (29%) cite regulatory constraints.
Physician practices and organizations (23%), retail medicine (15%), and surgery centers (13%) are the greatest competitive threats to respondent organizations in three years. The results are somewhat similar to last year’s survey: retail medicine (21%), physician practices and organizations (20%), and convenient care clinics (13%).

Based on net patient revenue, a greater share of large organizations (33%) than medium (15%) and small (12%) organizations cite retail medicine as a threat. Further, retail medicine is the top threat overall for large organizations; the top threat for small (23%) and medium (27%) organizations is physician practices and organizations.
More than three-quarters (82%) of respondents say that the industry shift to ambulatory/outpatient care represents an opportunity for their organization; only 11% say it is a threat. A greater share of health systems (16%) and hospitals (10%) than physician organizations (4%) say it is a threat.

The high response for the ambulatory/outpatient care shift as an opportunity indicates that few providers view the shift as a disruptive trend. Interestingly, physician organizations, which exist almost exclusively in the ambulatory/outpatient care domain, see little cause for concern despite all the outside interest (4% see it as a threat and 4% don’t know). In fact, they are among the most bullish on the trend (92% see it as an opportunity), which is perhaps an indication that they have confidence in their understanding of the ambulatory/outpatient care business.
METHODOLOGY

The 2016 Outpatient and Ambulatory Care Survey was conducted by the HealthLeaders Media Intelligence Unit, powered by the HealthLeaders Media Council. It is part of a series of monthly thought leadership studies. In September 2016, an online survey was sent to the HealthLeaders Media Council and select members of the HealthLeaders Media audience at healthcare provider organizations. A total of 230 completed surveys are included in the analysis. Base size varies between 125 and 230 according to respondents’ knowledge of the question. The margin of error for a base of 230 is +/-6.5% at the 95% confidence interval.

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The HealthLeaders Media Intelligence Unit, a division of HealthLeaders Media, is the premier source for executive healthcare business research. It provides analysis and forecasts through digital platforms, print publications, custom reports, white papers, conferences, roundtables, peer networking opportunities, and presentations for senior management.

Intelligence Report Senior Research Analyst
JONATHAN BEES
jbees@healthleadersmedia.com

Executive Vice President
ELIZABETH PETERSEN
epetersen@blr.com

Publisher
CHRIS DRISCOLL
cdriscoll@healthleadersmedia.com

Editorial Director
BOB WERTZ
bwertz@healthleadersmedia.com

Marketing Specialist, Intelligence Unit
AMANDA WAGNER
awagner@healthleadersmedia.com

Managing Editor
ERIKA BRYAN
ebryan@healthleadersmedia.com

Assistant Managing Editor
MARY STEVENS
mstevens@healthleadersmedia.com

Senior Client Services Manager
CATHLEEN LAVELLE
clavelle@healthleadersmedia.com

Intelligence Report Contributing Editor
DEBRA BEAULIEU
dbeaulieu@healthleadersmedia.com

Intelligence Report Design and Layout
KEN NEWMAN

Intelligence Report Cover Art
DOUG PONTE
dponte@healthleadersmedia.com

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RESPONDENT PROFILE

TITLE

Respondents represent titles from health systems, hospitals, and physician organizations.

Base = 230

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<th>Percentage</th>
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<td>Senior leaders</td>
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<td>Clinical leaders</td>
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<td>Financial leaders</td>
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<td>Information leaders</td>
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TYPE OF ORGANIZATION

Base = 230

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<td>Health System (IDN/IDS)</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Physician Org (MSO, IPA, PHO, Clinic)</td>
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NUMBER OF BEDS

Base = 87 (Hospitals)

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<tr>
<td>200–499 (Medium)</td>
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<td>500+ (Large)</td>
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NUMBER OF SITES

Base = 91 (Health systems)

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<td>6–20 (Medium)</td>
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NUMBER OF PHYSICIANS

Base = 52 (Physician org)

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<td>10–49 (Medium)</td>
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<td>52%</td>
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REGION


MIDWEST: North Dakota, South Dakota, Nebraska, Kansas, Missouri, Iowa, Minnesota, Illinois, Indiana, Michigan, Ohio, Wisconsin

SOUTH: Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, Kentucky, Florida, Georgia, South Carolina, North Carolina, Virginia, West Virginia, DC, Maryland, Delaware


Respondents represent titles from health systems, hospitals, and physician organizations.
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