



# DRCHSD Summit

Delta Region Community Health  
Systems Development Program

2023



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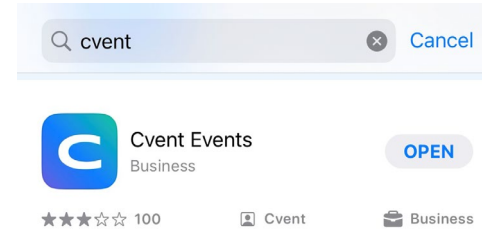
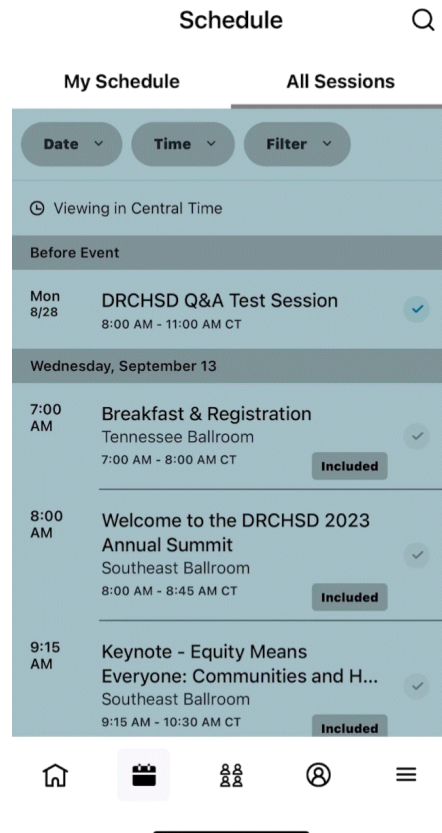
## Stability of Rural Healthcare: No Margin, No Mission



# DRCHSD Summit

Delta Region Community Health  
Systems Development Program | 2023

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# STABILITY OF RURAL HEALTHCARE: NO MARGIN, NO MISSION

Eric Rogers, Principal, FORVIS & Wade Gallon, Senior Consultant, Stroudwater

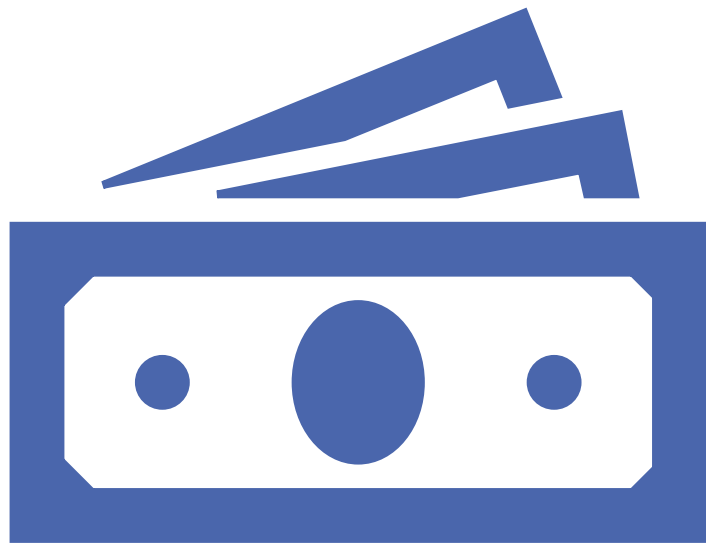


STROUDWATER

**FORVIS**

# No Margin, No Mission





## Revenue Maximization – Top Opportunities

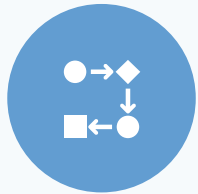
- Effective communication of services in the community
- Additional service offerings
- Revenue cycle improvement
- Medicare cost report
- 340B program participation
- Additional opportunities



# Communication of services



# Communication of services cont.



“I didn’t know I could get that done here?”



“My doctor referred me to Big Medical Center 45 minutes away”



“So and so said you had to go to Big Medical Center for that type of scan”



“They’re so small, I don’t think they do that here”



“Maybe they do that here, but Big Medical Center has a big building and fancy equipment so it must be better”



# Communication of services - Opportunities



## Community engagement

Community events

Local media (e.g., newspaper, radio, etc.)

Social media

Partnership with other local institutions (e.g., churches, community centers, etc.)

Word of mouth – patient experience and reputation



## Local provider engagement

Consistent outreach to local primary care providers

Involvement of ancillary department managers

Patient education

# Communication of services – Opportunities cont.

- Do we consistently engage with the community?
- Do we communicate when new providers begin practicing?
- Do we communicate our priorities and initiatives?
- Do we partner with other local agencies around community health?
- What is our reputation in the community?
- What is the patient experience at our organization?



# Additional Service Offerings

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- Common refrains:
  - It costs too much money
  - We don't have money in the budget for this
  - There's not enough time to evaluate
  - Our staff do not have capacity

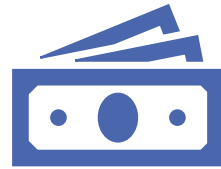


# Additional Service Offerings - Opportunities



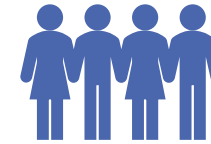
## Establish community need

- Market assessment
- Community Health Needs Assessment (CHNA)
- Common transfer reasons
- Local competition



## Evaluate financial feasibility

- Estimated cost (fixed vs. variable)
- Reimbursement
- Estimated volumes
- Impact to other areas



## Effective promotion in the community

# Revenue Cycle

- “You can’t manage what you don’t measure.” – Peter Drucker
- Starts with a “measurement culture”
  - Consistent revenue cycle meetings
    - Defined cadence, established owner(s) and sponsor(s)
  - Key Performance Indicators (KPIs)
  - Comparison to industry benchmarks, internal goals and past performance
  - Dashboards for monitoring
  - Sharing information throughout the organization

# KPIs example

## Revenue Cycle Metrics:

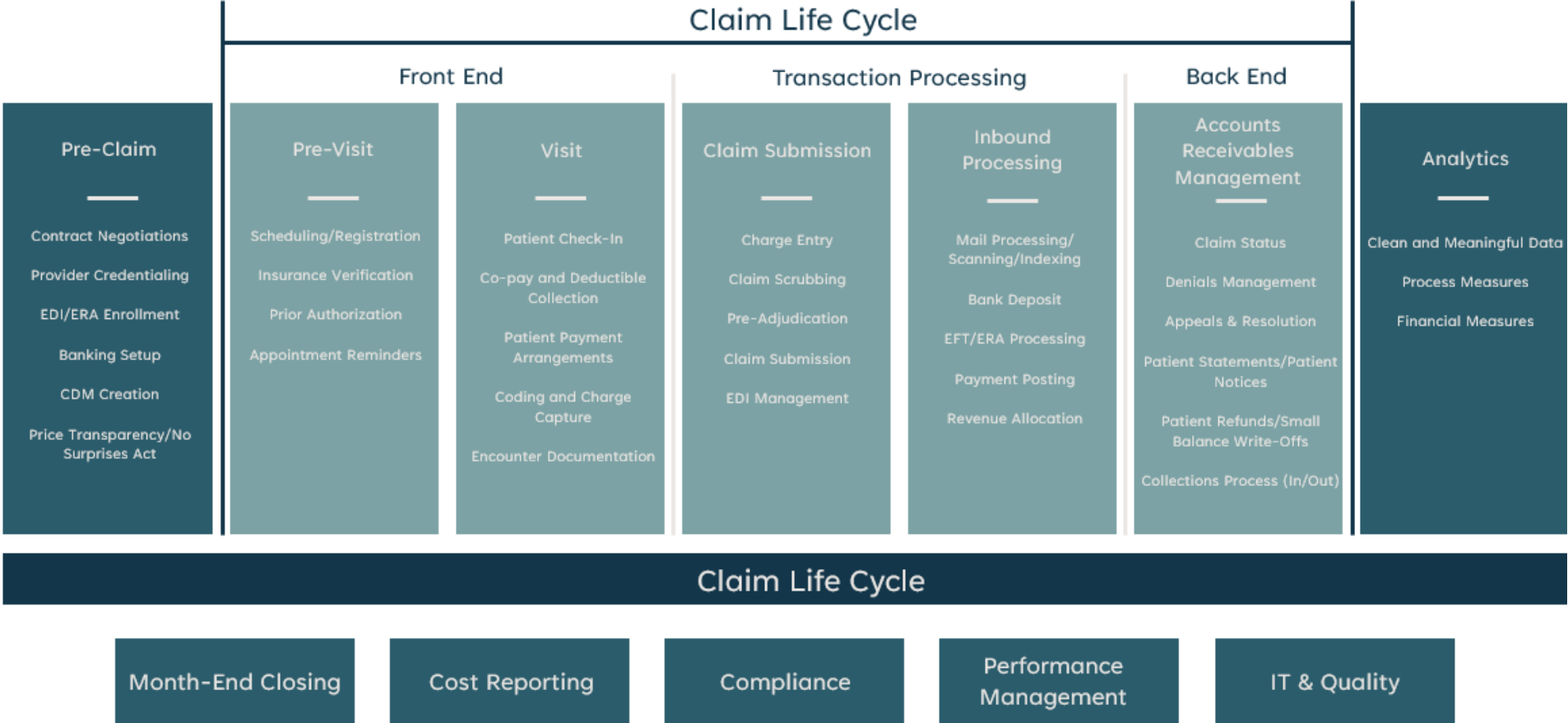
Revenue Cycle Financial Measures	Calculation:	Goal
Days in Gross Accounts Receivable	Total Gross AR / (Total Gross Revenue/# of Days)	45
Days in Net Accounts Receivable	Net AR / (Net Patient Revenue / # of Days)	45
Accounts Receivable > 90 Days	\$ Value of AR>90 days / Total Gross AR	20%
Gross Cash Collections to Total Gross Revenue	Cash Collected / Total Gross Revenue	25%
Percentage of Unbilled Receivables	Gross Unbilled Accounts Receivable / Total Gross AR	20%
Bad Debt % to Gross Revenue	Bad Debt / Total Gross Revenue	3%
Charity % to Gross Revenue	Charity Care / Total Gross Revenue	1%
Revenue Cycle Process Measures	Calculation:	Goal
Registration % Correct	1 - (Registration Errors / Patients Registered)	95%
Clean Claims From Bill Editor	Clean Billed Claims / Total Billed Claims	95%
Up-front Deductible and Co-pay Collections (Point of Service Collections)	Point of Service Collections	based on Patient Co-Pay amount trends
Claim Acceptance Rate	Dollar Value of Denials / Total Gross Revenue	95%
Days in total discharged not submitted to Payor	Dollar Value of Claims Discharged but not Submitted to Payor / Average Gross Patient Revenue	5
Scheduled OP Services that are Pre-registered	# of Pre-Registered OP / Total Scheduled OP Patients	95%
Self-pay Patients that Receive Education on Charity Care and Financial Counseling	Self Pay Pts Received Education on Charity Care and Financial Counseling / Total Self-Pay Patients	95%



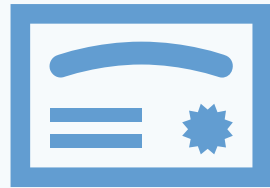
# Measurement Tools

Sample Hospital Name							
	Goal	FY2022 YTD	Jan-23	Feb-23	Mar-23	Apr-23	FY2023 YTD
Number of days in period		365	31	28	31	30	90
Cash Goal	100% of 3 mo pr net rev	\$ 1,756,802	\$ 1,521,459	\$ 1,642,907	\$ 1,538,282	\$ 1,391,683	\$ 4,702,648
Cash Collections		\$ 1,971,948	\$ 1,680,392	\$ 1,489,575	\$ 1,750,692	\$ 883,753	\$ 4,920,659
% of Cash Goal	100%	● 112%	● 110%	● 91%	● 114%	● 64%	● 105%
Self-Pay Collections		\$ 49,821	\$ 41,056	\$ 30,111	\$ 36,793		\$ 35,987
Total POS Cash Collections		\$ 7,254	\$ 2,742	\$ 8,920	\$ 6,581		\$ 6,081
% of Total Self-Pay Collections	>15%	● 15%	● 7%	● 30%	● 18%	● 0%	● 17%
Gross Patient Revenue		\$ 160,574,132	\$ 14,227,967	\$ 14,392,383	\$ 15,564,350	\$ 10,363,172	\$ 14,728,233
Average Daily Revenue		\$ 439,929	\$ 458,967	\$ 514,014	\$ 502,076	\$ 345,439	\$ 163,647
Total A/R (including inhouse and credit balances)		\$ 32,314,294	\$ 26,355,787	\$ 24,585,783	\$ 20,033,445	\$ 27,324,085	\$ 23,658,338
Days in A/R - Gross	< 40	● 73.45	● 57.42	● 47.83	● 39.90	● 79.10	● 48.39
Insurance A/R \$ > 90 Days		\$ 7,134,002	\$ 5,109,800	\$ 6,068,690	\$ 2,826,451		4,668,314
% of Total A/R	< 15-20 %	● 22%	● 19%	● 25%	● 14%	● 0%	● 19%
All A/R \$ >90 days (includes Self-Pay)		\$ 9,976,000	\$ 8,689,922	\$ 8,710,464	\$ 9,386,715		8,929,034
% of Total A/R	< 20-25 %	● 31%	● 33%	● 35%	● 47%	● 0%	● 38%
DNFB	< 5 Days	● 8.42	● 8.42	● 6.32	● 4.97	● 9.00	● 6.57
DNFC	< 3 Days	● 7.58	● 7.58	● 4.45	● 2.75	● 3.00	● 4.93
Gross Denials \$ written off		\$ 530,877	\$ 232,596	\$ 97,506	\$ 79,842		136,648
% of gross patient revenue	< 2%	● 0%	● 2%	● 1%	● 1%	● 0%	● 1%
Bad Debt transfers			\$ 789,093	\$ 528,767	\$ 759,585		692,482
% of bad debt gross patient revenue	< 8%		● 6%	● 4%	● 5%	● 0%	● 5%

# Revenue Cycle Management



# Revenue Cycle - Opportunities



## Pre-visit

Data collection: Patient demographics, insurance verification, etc.

Patient Responsibility communication

Prior authorization

Appointment reminders

Provider credentialing



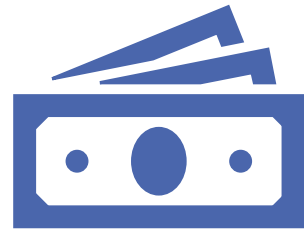
## Point-of-service collections (e.g., co-pays)

Patient communication

Financial assistance

Patient education

# Revenue Cycle - Opportunities in charges



## Charge capture

Charge reconciliation

Clinical manager ownership/accountability

Education/industry best practice



## Third-party contracts

Keeping an inventory

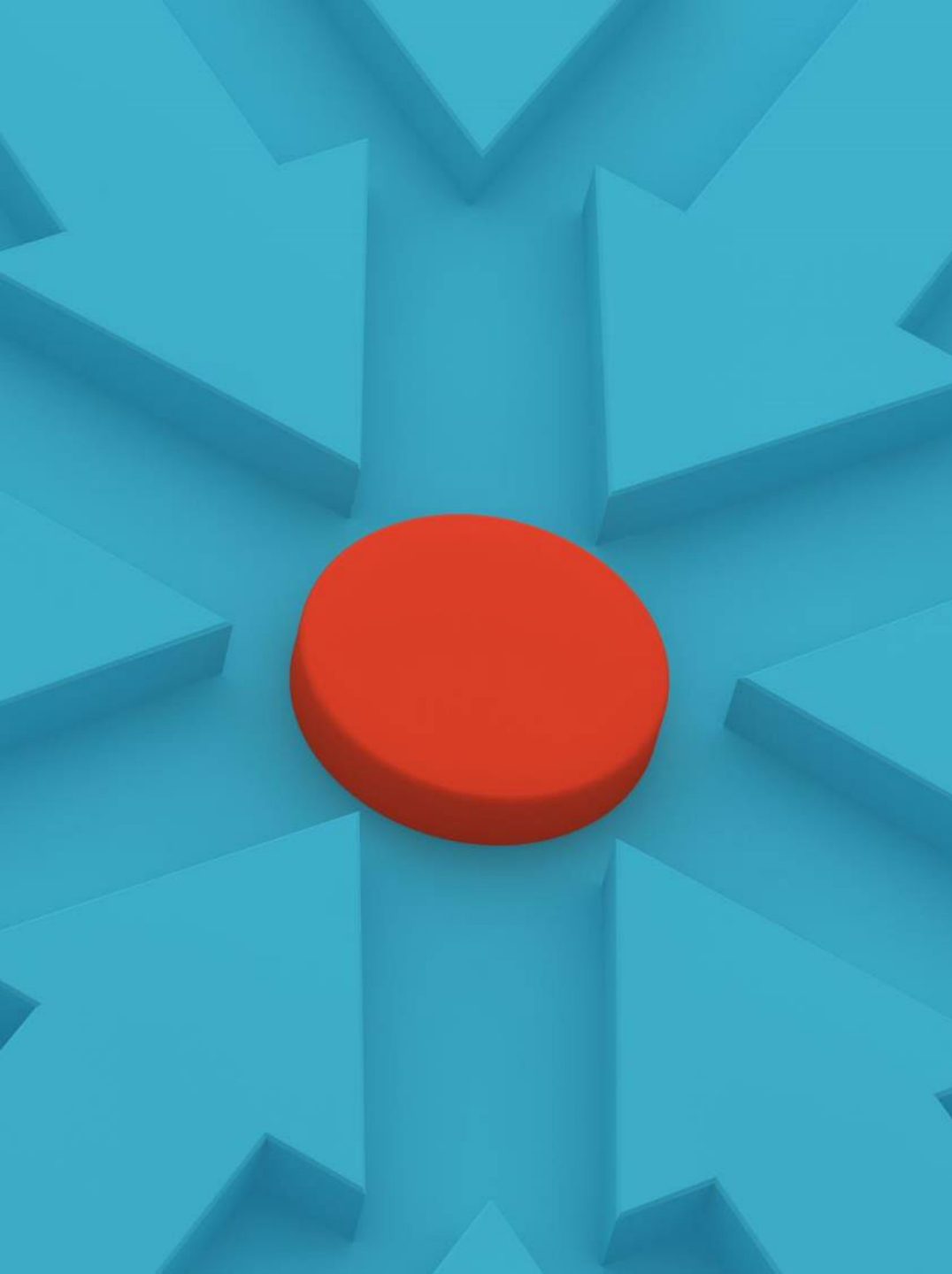
Payment review

Negotiations

# Revenue Cycle – Opportunities in Denials

- Denials Management
  - Tracking by type
  - Benchmarking denial rates
  - Coordinating with external vendors
  - Root cause analysis/mitigation
  - Appeals success
  - Denials team meeting (potentially separate from revenue cycle committee meetings)





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## Revenue Cycle - Opportunities for Chargemaster

- Chargemaster
  - Consistent reviews
  - Strategic pricing
  - Greater visibility due to recent regulations



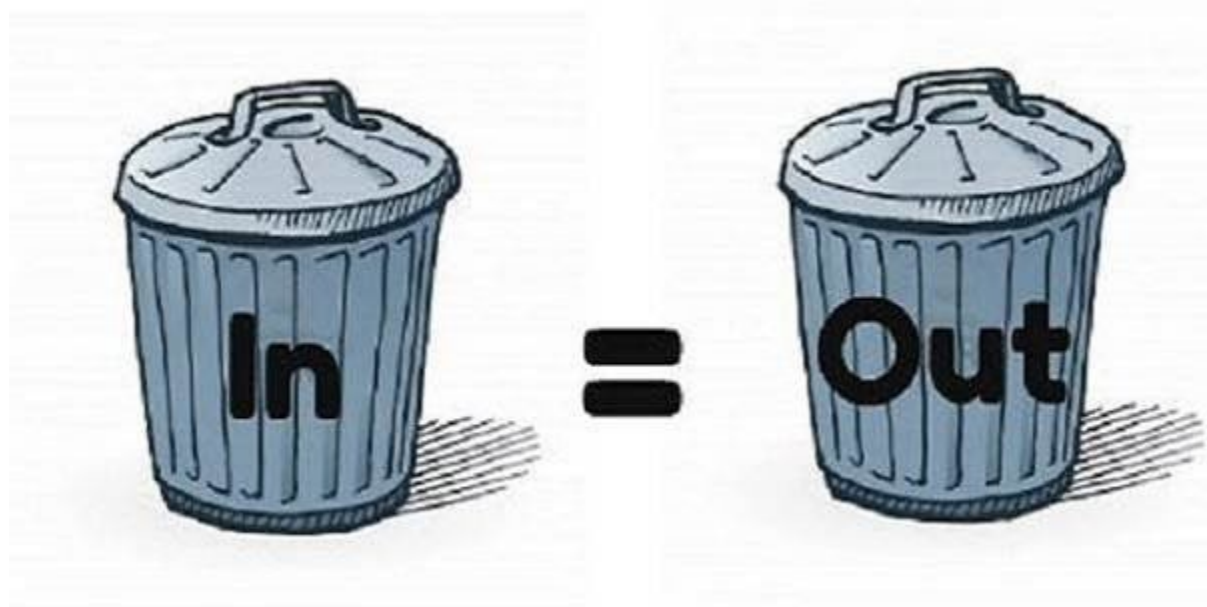


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## Medicare Cost Report

- Accurately filing a Medicare cost report (and in some cases Medicaid cost report) can potentially help hospitals maximize reimbursement
- CAHs
  - Cost-based reimbursement
- PPS
  - Add-on payments (e.g., DSH)
- Both
  - Medicare bad debts

# Medicare Cost Report cont.



# Medicare Cost Report - Opportunities



- CAHs
  - Expense and revenue “mapping”
  - Overhead cost allocations
  - Related party adjustments
  - Provider compensation reporting
  - Provider-Based Rural Health Clinic (PB-RHC) reporting
  - Interim cost report filing
- PPS Hospitals
  - DSH adjustment
  - Other add-on payments
  - Wage index

# Medicare Cost Report – Opportunities cont.

- Medicare Bad Debts
  - Available for a range of facilities (including CAHs, PPS hospitals and clinics)
  - Medicare reimburses 65% of allowable patient responsibility amounts for Medicare patients
  - Biggest challenges/areas of opportunity:
    - Documentation
    - Returning accounts from collection agencies
    - Compiling a compliant bad debt listing
    - “Dual-eligible”/”Free Care”/”Traditional” – understanding the differences

# 340B Program Participation

- Who qualifies?
  - Critical Access Hospitals (CAHs)
  - Prospective Payment System (PPS) hospitals as follows:
    - Disproportionate Share Hospitals (DSH) - disproportionate share adjustment percentage greater than 11.75%
    - Sole Community Hospitals (SCH) - disproportionate share adjustment percentage greater than 8%
    - Rural Referral Centers (RRC) - disproportionate share adjustment percentage greater than 8%
    - Children's and Freestanding Cancer Hospitals - disproportionate share adjustment percentage greater than 11.75% or eligible through separate indigent care calculation
  - Federally Qualified Health Centers (FQHCs)
  - Other health centers and clinics as identified in statute
  - For-profit hospitals can't participate



# 340B Program - Opportunities

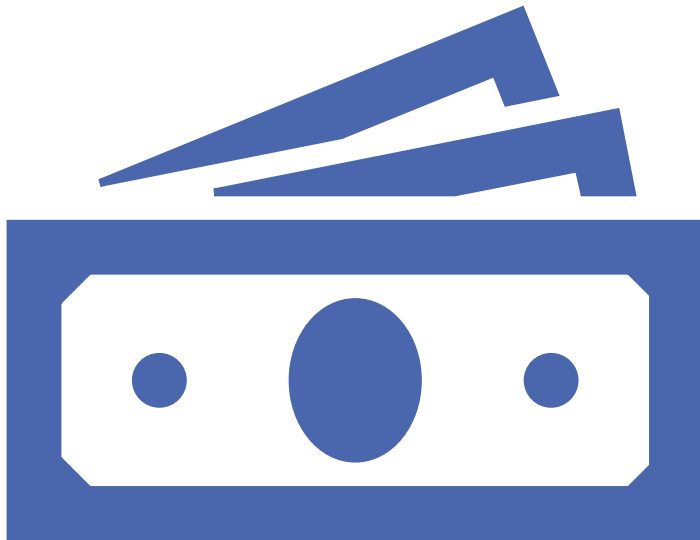
- Contract pharmacy arrangements
  - In some cases, limited opportunity exists given current 340B drug manufacturer restrictions
  - Additional data reporting
- Referral capture (specialty referrals)
  - Similarly, there may be restrictions
- Provider-Based Entity Clinic designation
  - Provider-based vs. freestanding



# Additional Opportunities

- Patient Centered Medical Home (PCMH) designation for eligible provider practices
  - Potential enhanced payments, often, though not exclusively, in the form of a Per-Member, Per-Month (PMPM) arrangement
- Chronic Care Management Programs
  - Medicare Chronic Care Management (CCM), Principal Care Management (PCM), etc.
  - Medicare Annual Wellness Visits (AWVs)
- Grant opportunities

# Expense Management – Top Opportunities



- Labor productivity efficiencies
- Physician compensation redesign and productivity alignment
- Employee benefits and brokers
- GPO, Supplies and Purchased Services
- Pharmacy: Formulary, PBM and Rebates

# Post-COVID Margins

2023 Q2 operating margins improved, but remain underperforming:

- Labor and NonLabor Expenses
- Volumes stabilizing/OP growth
- Business Office challenges
  - Increased Bad Debt and Charity Care
  - Denials and DRG downgrades
  - Turnover, inexperience and productivity challenges

Approximately 50% of hospitals posted negative operating margins in 2022

## Expenses Remain High

*Expense growth per adjusted discharge/\*Calendar Day  
(Jul 2020 - Jul 2023)*

**Labor\*** 19%

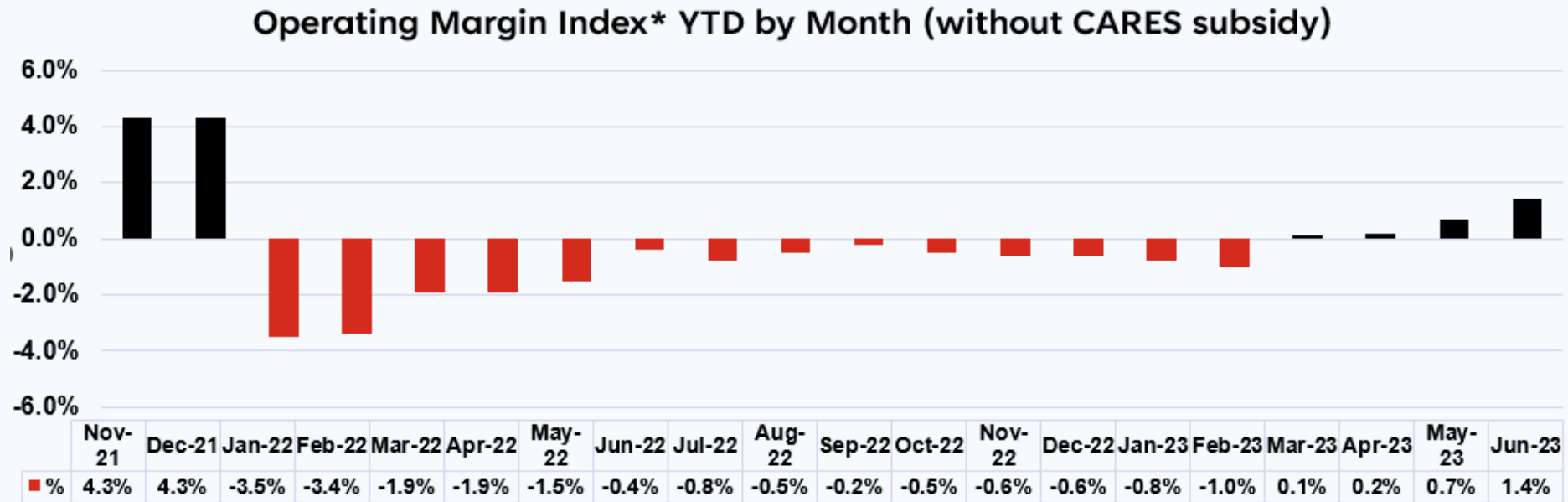
**Supplies** 22%

**Drug Costs** 24%

**Purchased Services** 20%

KH, July 2023; "National Hospital Flash Report"

# National Margin Results



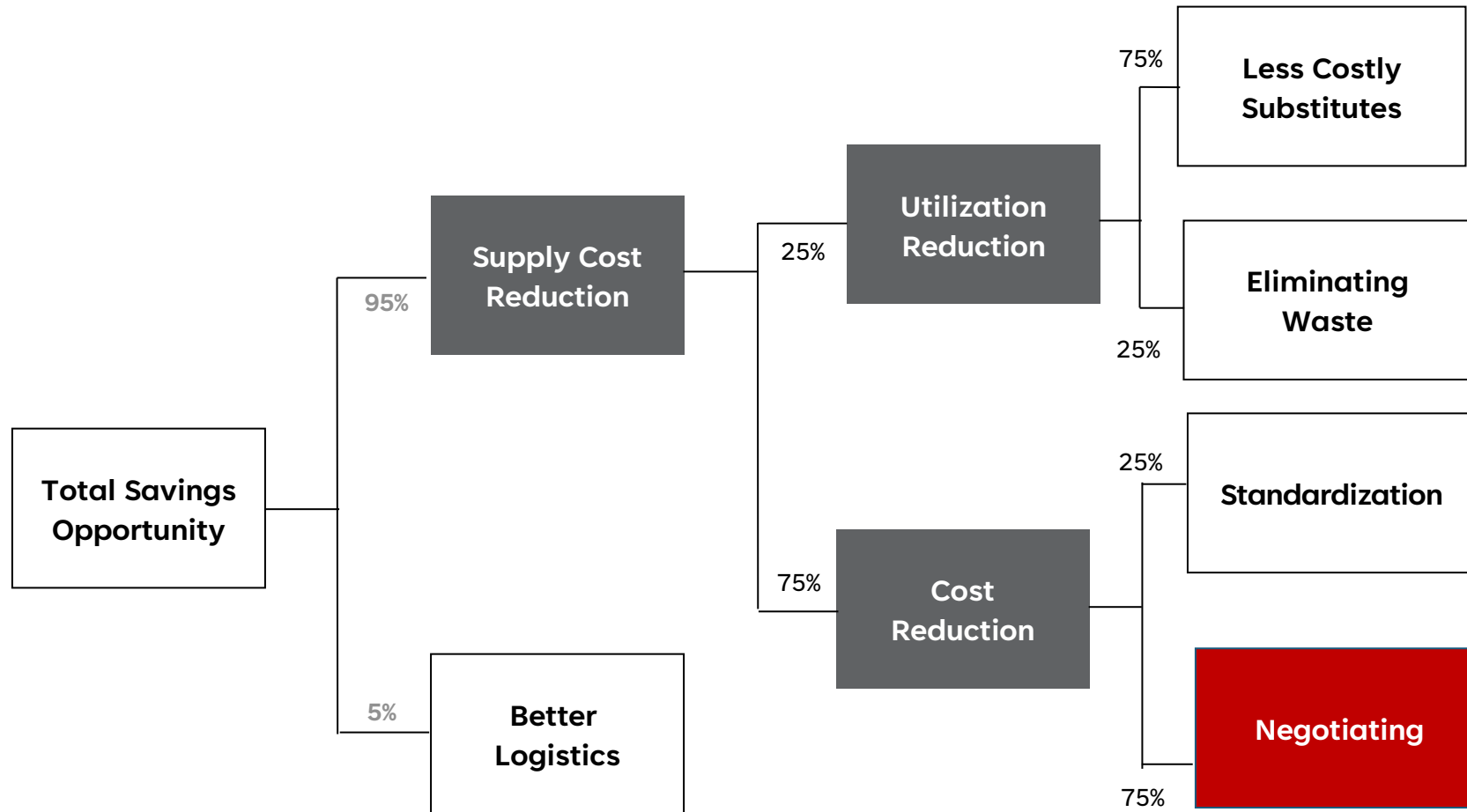
\* Comprised of national median of results adjusted for allocations to hospitals from corporate, physician and other entities. National Hospital Flashreport, March 2023 KH

# NonLabor Cost Management

- The supply chain for most hospitals is vast and complex. However, with the right strategy and skills, it can be leveraged to generate reliable savings.
- Average cost reduction initiatives increase margins by 1% to 3% of NPSR.
- Common initiatives include:
  - Med/Surg supplies
  - Medical devices
  - Pharmaceuticals
  - Food & nutrition
  - Lab reagents and blood
  - Employee benefits
  - Utilities
  - Biomed & Service Contracts
  - Technology
  - Purchased Services

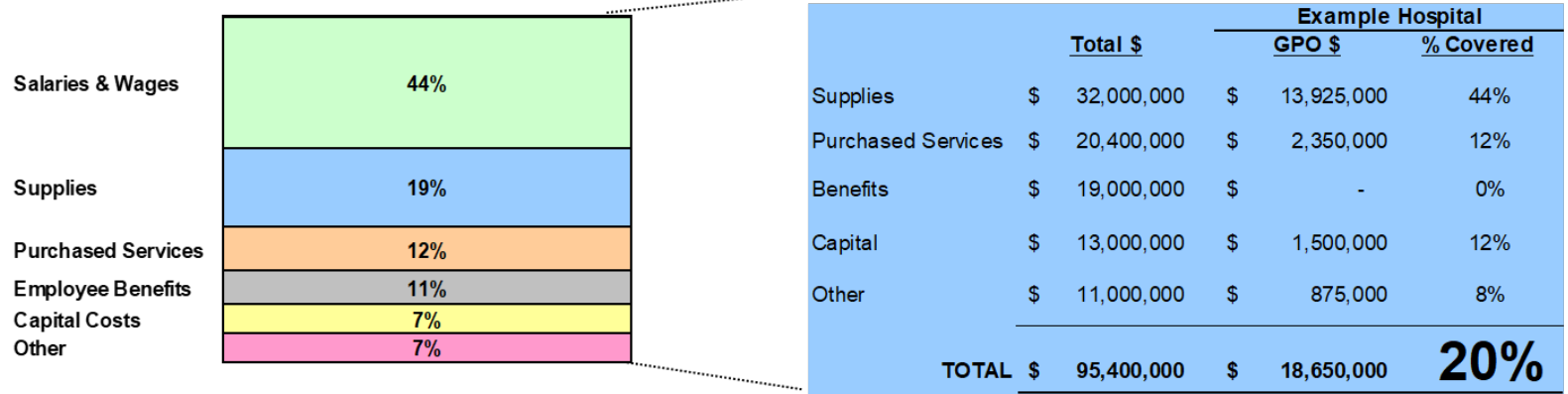


# The Art of the Deal





# GPOs



Source: HIDA and Arthur Andersen

Outside GPO		Complement GPO		Replaced GPO	
Furniture	\$ 18,000	Plastic/ paper	\$ 28,000	Office Supplies	\$ 132,000
Maint- Clin (2)	\$ 96,000	Bed Rentals*	\$ 126,000	Forms	\$ 63,000
Cleaning	\$ 10,000	Radiology (4)	\$ 165,000	Surg- Ortho (3)	\$ 217,000
Telecomm	\$ 89,000	Lab (5)	\$ 208,000	Surg- Card (4)	\$ 128,000
Maint- Bldg (2)	\$ 37,000	Surgery (4)*	\$ 86,000		
Cardiac (3)	\$ 110,000	Surgery (6)	\$ 123,000		
Surgery (8)	\$ 168,000	Dietary*	\$ 91,000		
Dietary (3)	\$ 31,000				
Agency (6)	\$ 306,000				
Other	\$ 207,000				
<b>29 Contracts</b>	<b>\$1,072,000</b>	<b>22 Contracts</b>	<b>\$ 827,000</b>	<b>9 contracts</b>	<b>\$ 540,000</b>
	44%		34%		22%

**TOTAL \$2,439,000**

# Myth Busters

Self contracting is futile

Contracting for high technology areas is a waste of time

I don't have the resources to generate savings on my own

Mfg	Description	Old Price	Old Spend	New Price	New Spend	Savings
Dart	8 oz foam cup	\$ 12.04	\$ 6,287.05	\$ 11.23	\$ 5,862.08	\$ 424.99
Tyco	30x36 black liner (now HD 24x33)	\$ 21.01	\$ 23,275.23	\$ 18.60	\$ 20,608.80	\$ 2,666.43
Tyco	38x58 Xhvy liner	\$ 17.39	\$ 18,222.12	\$ 9.57	\$ 10,029.36	\$ 8,192.76
Tyco	40x46 Red Printed Liner	\$ 15.32	\$ 3,553.48	\$ 13.37	\$ 3,101.84	\$ 451.64
GP	Natural multifold towel	\$ 12.83	\$ 38,364.00	\$ 12.39	\$ 37,046.10	\$ 1,317.90
GP	Natural singlefold towel	\$ 13.42	\$ 483.00	\$ 12.39	\$ 446.04	\$ 36.96
			\$ 90,185		\$ 77,094	\$ 13,091
						15%

Item#	Description	Current Price	Target Price	Target Savings \$	Target Savings %
7770723	INTERBODY DEVICE EXP 23X7X10	\$ 4,500	\$ 3,836	\$ 664	14.8%
74200001260	IMPLANT SI JOINT CAGE 12X60MM	\$ 3,960	\$ 2,178	\$ 1,782	45.0%
7770728	SPACER 7X28 LORDOTIC ELEVATE	\$ 4,500	\$ 3,960	\$ 540	12.0%
8880823	SPACER ELEVATE X-LOR 23X8MM	\$ 4,500	\$ 3,838	\$ 662	14.7%
KPX203AB	TAMP BONE SPINAL KYPHO 20X3	\$ 2,700	\$ 2,768	\$ (68)	-2.5%
7510200	GRAFT KIT BONE IN FUSE SMALL	\$ 3,990	\$ 3,843	\$ 147	3.7%
7510400	GRAFT KIT BONE IN FUSE MEDIUM	\$ 5,460	\$ 5,094	\$ 366	6.7%
54740105545	SCREW SOLERA 5.5X45	\$ 800	\$ 606	\$ 194	24.3%
74200001250	IMPLANT SI JOINT CAGE 12X50MM	\$ 3,960	\$ 2,038	\$ 1,922	48.5%
54740105555	SCREW SOLERA 5.5X55	\$ 800	\$ 505	\$ 295	36.9%
	<b>Totals</b>	<b>\$ 35,170.00</b>	<b>\$28,666.00</b>	<b>\$6,504.00</b>	<b>18.5%</b>

# Pharmacy

- P&T Committee and formulary
- Biosimilar utilization
- Medical Oncology
  - IP Rx
  - Oncology GPO
  - Patient Assistance Programs for Medicaid
  - Medicaid Carve-In (clean site)

Activity Code_Desc	IP Vol	Unit Charge
Rituximab 50242-0053-06 Total	131	\$ 11,786.01
Pegfilgrastim 55513-0190-01 Total	99	\$ 10,129.55
Rituximab 50242-0051-21 Total	175	\$ 2,399.04
Neulasta PF on Body Injector Syringe Total	24	\$ 11,505.42
Ipilimumab 00003-2328-22 Total	3	\$ 73,080.00
Pemetrexed 00002-7623-01 Total	26	\$ 7,875.89
Bortezomib 63020-0049-01 Total	44	\$ 4,606.18
Bevacizumab 50242-0061-01 Total	20	\$ 7,443.78
Keytruda 4ml Vial Total	6	\$ 12,948.00
Denosumab 55513-0730-01 Total	15	\$ 5,018.46
Leuprolide Depot (3 Month) 00074-3346-01 Total	6	\$ 8,839.09
Infliximab 57894-0030-01 Total	8	\$ 2,913.32
Daratumumab 400mg/20ml Vial Total	4	\$ 5,551.20
Bevacizumab 50242-0060-01 Total	10	\$ 1,869.95
Denosumab 55513-0710-01 Total	6	\$ 2,560.88
Nivolumab 100mg/10ml Total	2	\$ 7,327.82

Item Description	VOL	Unit Price	Total	Low Savings	High Savings
MPB KEYTRUDA 100MG/4ML SDV 2 Tot	622	\$ 10,235	\$ 6,366,164	\$ 147,018	\$ 390,491
BRIDION INJ 200MG/2ML 10	509	\$ 1,033	\$ 525,727	\$ 199,776	\$ 299,664
EXPAREL INJ 266MG/20ML DS 10	33	\$ 3,450	\$ 114,826	\$ 22,965	\$ 51,672
ENTEREG CAP 12MG (D/S INST) 30	8	\$ 5,455	\$ 43,642	\$ 10,000	\$ 25,000
SAMSCA TAB 15MG 10 DS	4	\$ 5,176	\$ 20,704	\$ 10,000	\$ 15,000
				\$ 389,759	\$ 781,827



## Pharmacy cont.

- Focus on the high-spend therapeutic classes by understanding trends to better manage costs. Examples:
  - Antineoplastics (cancer), autoimmune/inflammatory conditions, diabetes, critical care (plasma/fluid products - albumin or IvIG)
    - These are areas that have high utilization and expect prices to continually increase
    - Large changes in rheumatology (Humira coming off patent) & more biosimilar usage
  - Specialty products are going to make up more of total spend (traditionally IV products but increasingly seeing self-administered formulations)
    - Both inpatient & outpatient settings. Be prepared to manage both pharmacy & medical benefits
    - Important to support prior authorizations, patient financial assistance and leverage 340B to drive revenue/optimize reimbursement
- Monitor drug shortages - identify critical meds and plan accordingly

# Clinical Variability Case Study

## Observations

107 OP Laparoscopic Cholecystectomy analyzed  
8 physicians

Average cost per case **best 3 physicians** is **\$5,895**

Average cost per case **3 highest cost** is **\$9,059**



## Insights

- Showing physicians where they stand compared to their peers can be effective in improvement
- 3 physicians exceed the 3 best performing physicians by 20% in cost per case in sample
- Total cost gap of \$149,052 between top and bottom 3 performers
- 50% improvement **reduces costs by \$75,000**
- Clinical variability over all cases could provide minimum **cost savings of \$750,000**

## Implementation

- Physician champion and buy-in
- Identify best practices of top performers
- Information sharing with lower performers
- Coaching

# Employee Benefits

- HR leaders overwhelmed last 2 years
- Brokers
  - Does your broker have your best interests in mind? Will they be a fiduciary?
  - Benchmark broker spend: Medical \$2 - \$3 PMPM and PBM \$2 - \$2.50 PMPM
  - Ancillaries: Commission or flat fee?
- Stop loss thresholds
  - Most are \$350K individual limit (versus overall). Key is collaboration with carrier
  - Typical opportunity is 10% - 35% savings
- Short term disability
  - Consider premium-based, voluntary program (through carrier) rather than hospital funded benefit. Can create PTO misalignment and abuse incentives
- Employee Assistance Programs: Pharmacy and Medical charitable services/foundations





Category	Rebate per Rx
Retail Brand	\$200 - \$220
R90 Brand	\$300 - \$700
Mail Brand	\$600 - \$900
Specialty Brand	\$2,600 - \$3,800

# Pharmacy Benefits Manager

- What are the rebates...and where are they going?
- Gamesmanship Lever: Defining “Specialty Drugs” and establishing rebate bands
- Specialty Rx is ~ 2% - 3% of total Rx count and should have avg of \$2,600 - \$3,800 rebate per Rx
- Other considerations
  - Spread pricing
  - Step therapy
- Typical PBM savings 15% - 20%

# Recent Non-Labor Case Studies

## Regional Health System



- \$4.5M savings from GPO comprehensive competitive review process
- Pharmacy redesign and therapeutics committee implemented new protocols and controls
- Biomed and IT eliminated 23% of cost (\$MM) through negotiations and eliminating non-value add services
- Purchased Services redefined service delivery models in security, housekeeping, dietary, and facilities to increase service levels and decrease costs
- Redefined operational approval and capital financing processes.
- **\$32M** savings in 9 months with \$12.5M savings in non labor.

## Midsized Community Hospital



- 30% - 40% savings in physician preference items (PPI) categories of: total joints, trauma and neurostimulators
- \$464,000 in ED revenue charge capture
- New GPO affiliation reduced med/surg costs by 22% (over \$1M annually)
- Supply costs down more than 7.5% as volumes increased 10%
- Reversed years of negative margins to breakeven for FY20
- **\$3.5M** savings in 1<sup>st</sup> year



# Recent Non-Labor Case Studies cont.

## Midsized Hospital Affiliated with AMC



- \$498,000 savings with incumbent GPO
- Reduced PPI \$240,000 without a change in supplier or products
- Reduced reference lab costs by more than 33%
- Reduced property tax by \$135,000
- Facilities and utilities savings of \$93,500
- **\$2.1M** savings in 1st year with 8:1 ROI in following years

## Small Community Hospital



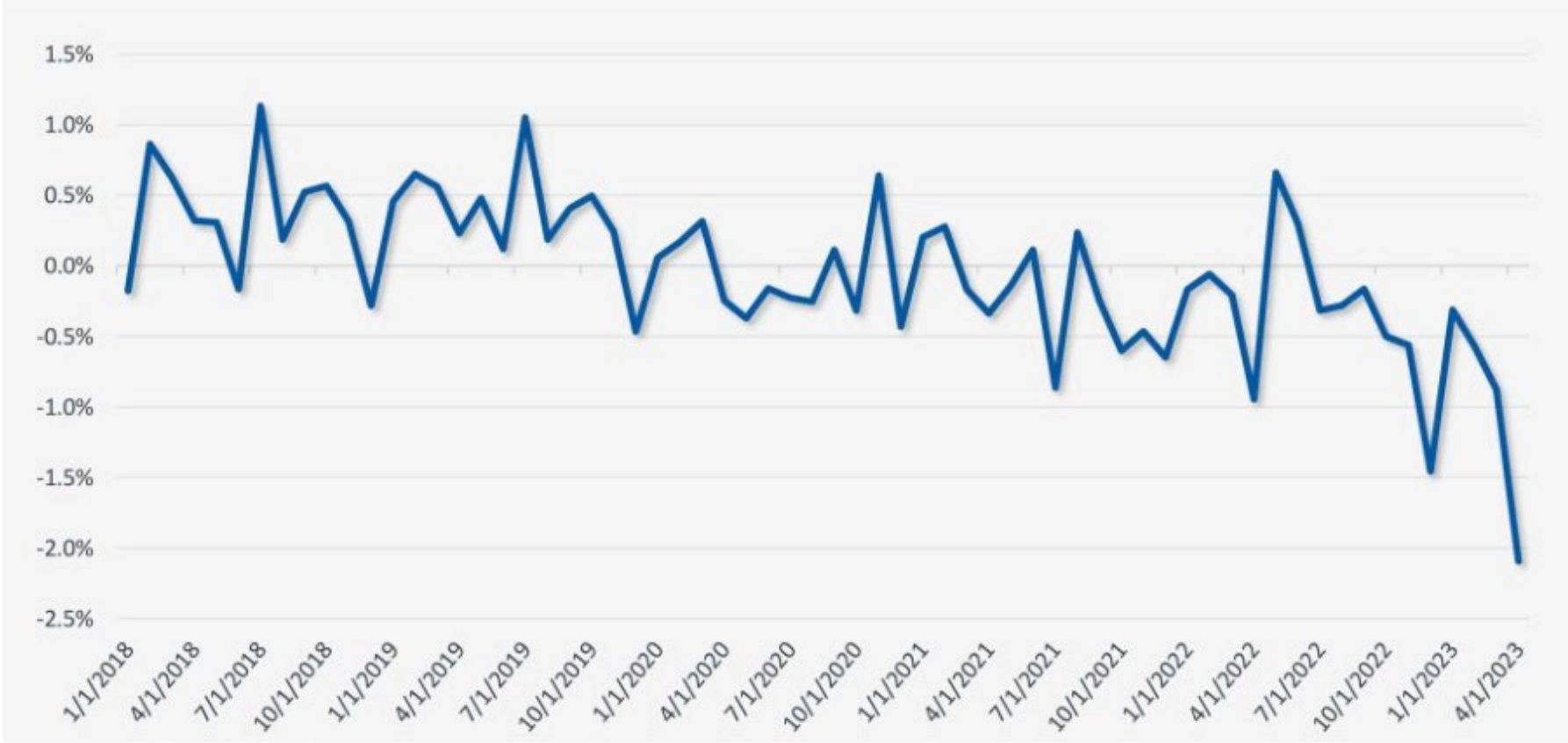
- 65 bed rural hospital
- Change in GPOs was not preferred due to internal staff changes. Savings of \$400,000 achieved through coloration with incumbent to optimize offering.
- PPI: shoulders and implement protocols
- Retail capture of 340B prescriptions. Software setup errors and orphan drug errors corrected and rebilled. Savings \$750,000.
- Pharmacy Benefits Management had been renegotiated twice in the past two years, yet J-Code rebates were still withheld. Savings achieved with the incumbent totaling \$260,000, or 25%.
- Reduced rates of collection agency 28% while increasing liquidation rates by 38%. Savings over \$600,000.

# Labor

- Total labor costs (salaries, benefits and contract labor) approximately 15% higher than pre-pandemic levels and Labor Ratios averaging 55%-60% of NPSR.
- **Executive Considerations**
  - Wage increases
  - Contract labor (rates, count, mileage restrictions)
  - Employee health benefits
  - Span of control
  - Turnover and associated costs
  - Remote and hybrid work
  - Leveraging technology
- Labor productivity and rebasing: COVID impact on benchmarking, units of service, and drivers of variance

# Recent Labor Reductions

Figure 1: Net Employee Percentage Change by Month



Source: Kaufman, Hall & Associates, LLC

# Labor Recommendations



Rethinking job duties:  
General Operations  
Assistant

Internal  
agency/marketplace

Remote and hybrid  
positions/departments

New staffing models  
and skill mix

HR policies for pay  
mechanisms: OT,  
Premium, Weekend,  
Disaster

Ghost hours

International  
recruitment: nursing  
and physicians

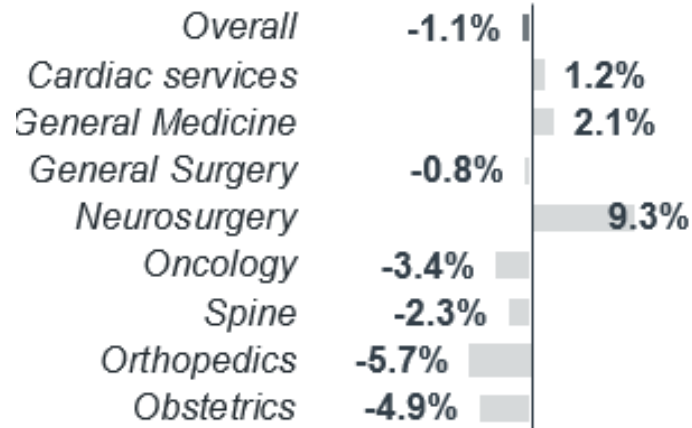
Efficiencies from  
Automation and EHR  
optimization

Update labor  
productivity tools

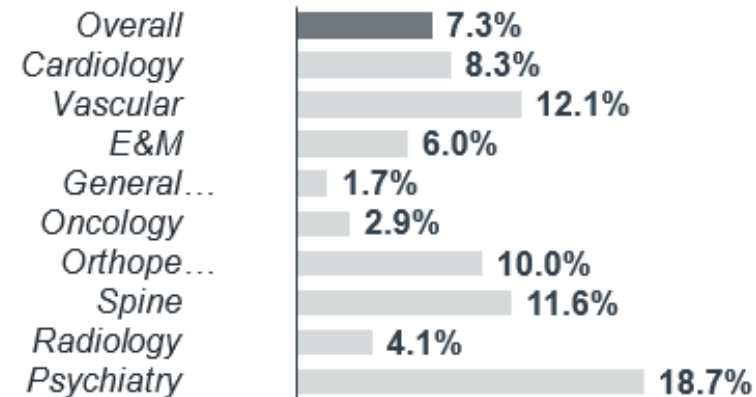
# Service Line Rationalization

- 5-year growth outlook favors ambulatory providers
- Payer pressures fueling shift from IP to OP/Ambulatory settings impacting revenues.
- Significant competition in OP/Ambulatory space
- HOPD revenues at risk

**Inpatient volume growth, 2021 - 2026**



**Outpatient volume growth, 2021 - 2026**



Source: 2022 Advisory Board Market Scenario Planner

THANK YOU



STROUDWATER

**FORVIS**

Navigating the Top Threats  
Facing Rural Healthcare  
3:00 – 4:00 pm  
Southeast Ballroom



**DRCHSD Summit**

Delta Region Community Health  
Systems Development Program

2023