

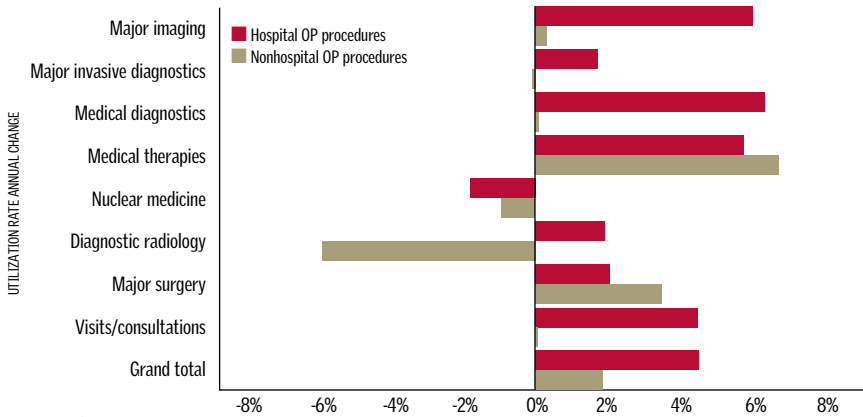
# FACTFILE

## Outpatient Trends

The growth of outpatient procedure volumes has been largely beneficial to hospitals, but for some procedure groups, hospital share has declined as nonhospital settings have shown share increases, notably in major outpatient surgery. Still, focusing on significant procedure groups, from 2007 to 2009, hospital-based outpatient utilization rates grew more rapidly (4.6% annually) than nonhospital providers (1.9%).

### HOSPITAL DEMAND GROWTH ADVANTAGE

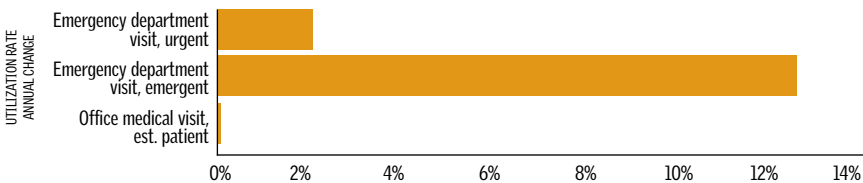
From 2007 to 2009, hospitals gained share in major imaging procedures, medical diagnostics, and visits/consultations (including ED visits). Nonhospital providers gained share in major outpatient surgery, and this advantage was slight (3.2% vs. 2.2% annual utilization growth). Approximately 45 procedure groups account for two thirds of outpatient revenue in a typical hospital.



SOURCE: Thomson Reuters.

### LARGE ED VISIT GROWTH

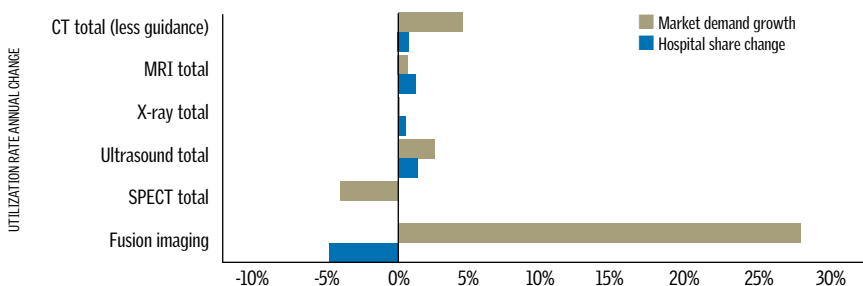
Utilization rates for the emergency department increased substantially between 2007 and 2009, with emergent visit rates increasing at more than 12% annually. Hospital-based physician office visits saw virtually no growth from a utilization rate perspective.



SOURCE: Thomson Reuters.

### GAINS IN IMAGING, DIAGNOSTIC RADIOLOGY

Hospitals gained share in a growing market for CT and MRI imaging procedures between 2007 and 2009. But while fusion imaging (PET+CT) utilization rates had explosive growth (exceeding 25%), hospitals lost share of this procedure group to freestanding providers. One trade organization reported that the number of freestanding diagnostic imaging centers in United States has declined to 8,000 from a peak of 11,000-12,000 in 2007. The general decline in freestanding imaging share is likely driven by CMS payment regulations issued since 2007. Decline in SPECT volumes is consistent with other declining cardiovascular disease volumes.



SOURCE: Thomson Reuters.

## FEBRUARY 2010

### Top ED Diagnosis Discharges

While a visit to the emergency department may lead to admission, millions of patients are seen and discharged. These national statistics from AHRQ indicate the top first-listed diagnosis category by number of discharges for 2006.

RANK	DIAGNOSIS CATEGORY	TOTAL NUMBER OF DISCHARGES
1	Sprains and strains	6,375,245
2	Superficial injury, contusion	6,107,869
3	Other upper respiratory infections	5,285,382
4	Abdominal pain	4,381,653
5	Open wounds of extremities	3,697,836
6	Spondylosis, intervertebral disc disorders, other back problems	3,236,278
7	Nonspecific chest pain	3,018,660
8	Headache, including migraine	2,825,233
9	Open wounds of head, neck, and trunk	2,692,292
10	Skin and subcutaneous tissue infections	2,610,735
11	Other injuries and conditions due to external causes	2,523,135
12	Urinary tract infections	2,253,364
13	Otitis media and related conditions	2,009,210
14	Fracture of upper limb	1,865,505
15	Other connective tissue disease	1,859,837
16	Other lower respiratory disease	1,735,746
17	Disorders of teeth and jaw	1,697,623
18	Allergic reactions	1,505,722
19	Other nontraumatic joint disorders	1,474,080
20	Asthma	1,433,494
21	Noninfectious gastroenteritis	1,422,901
22	Nausea and vomiting	1,384,947
23	Viral infections	1,384,646
24	Other complications of pregnancy	1,372,938
25	Fever of unknown origin	1,262,799
26	Acute bronchitis	1,260,070
27	Chronic obstructive pulmonary disease and bronchiectasis	1,239,614
28	Other aftercare	1,192,525
29	Other gastrointestinal disorders	1,046,910
30	Calculus of urinary tract	1,009,217
31	Fracture of lower limb	906,327
32	Conditions associated with dizziness or vertigo	903,822
33	Residual codes, unclassified	892,571
34	Inflammation, infection of eye (except that caused by tuberculosis and sexually transmitted diseases)	858,323
35	Pneumonia (except that caused by tuberculosis and sexually transmitted diseases)	835,446

SOURCE: HCUPnet, Healthcare Cost and Utilization Project (HCUP), 2006. Agency for Healthcare Research and Quality, Rockville, MD. <http://hcupnet.ahrq.gov/> Accessed December 18, 2009.

### Upcoming Topic:

> Niche Technologies

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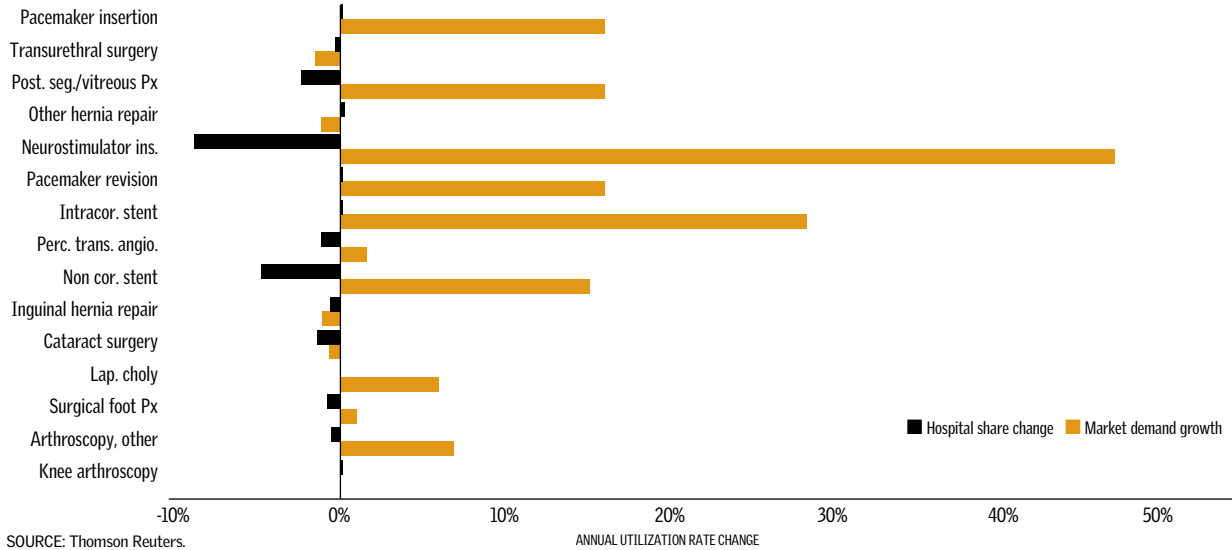
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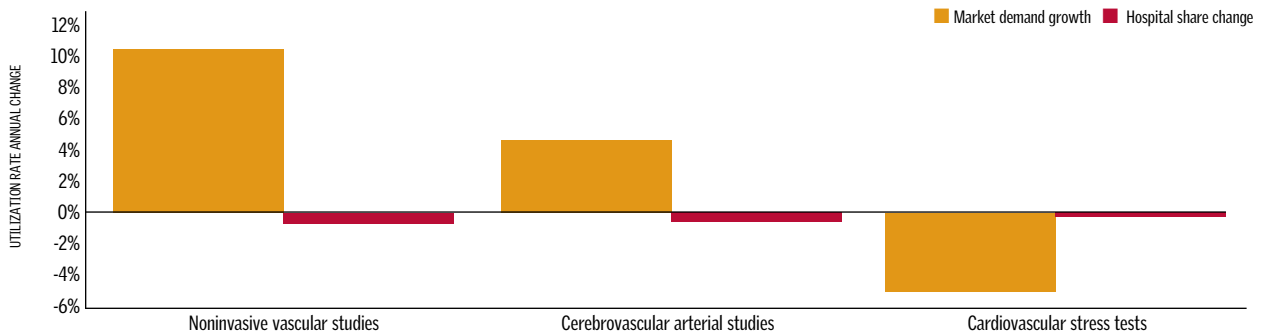
## MAJOR SURGERY: GAINS AND LOSSES

In major outpatient surgeries, hospitals tended to lose share. Ophthalmologic procedures continue to leave the hospital outpatient setting. Arthroscopic surgery for non-knee joints grew robustly (6.7% annually), but hospitals lost share. Non-coronary stent placement increased rapidly, with hospitals losing substantial share (-4.9%). The dramatic growth in neurostimulator insertions may be attributable to changes that CMS made to APC billing in 2007, which substantially increased payments for many of these procedures. Hospitals did see an increase, but ultimately lost share because they were outstripped by increases in office volume.



## MEDICAL DIAGNOSTICS: SHARES GROW, WITH EXCEPTIONS

Hospitals generally grew market share in medical diagnostics, but with important exceptions. Some key procedure groups (noninvasive vascular studies, cerebrovascular arterial studies) saw substantial utilization rate growth, with small hospital share decreases. Cardiovascular stress tests had market utilization rate declines.



## INVASIVE DIAGNOSTICS: MAINTAINING SHARE

Hospitals have maintained share in most major invasive diagnostic procedure groups, but there are some nuances. Total market demand for colonoscopies and upper GI endoscopies is increasing. In both procedure groups, hospitals have been able to maintain or slightly increase shares. Market demand for cystourethroscopy has declined slightly, but hospitals have increased share of this procedure. Left cardiac catheterization utilization rates declined nearly 3% on an annual basis between 2007 and 2009.

