

FACTFILE

About the Data

Truven Health Analytics MarketScan (MSCAN) maintains a database of inpatient and outpatient claims data extending back 10 years. Using MSCAN and the Physician/Supplier Procedure Summary (PSPS) database, representing 100% of all physician bills submitted to Medicare per year for all services, we tracked procedures by site of service for the years 2004–2014. We focused on procedures where there was a dramatic inpatient-to-outpatient shift. These databases were also used to relate procedures to the appropriate Medicare diagnosis-related group (DRG).

The Truven Health Projected Inpatient Database (PIDB) was used to examine the ALOS trends by DRG.

Inpatient-to-outpatient shifts are estimated by combining the following:

1. Procedures that are associated with a DRG, and their respective percent occurrence (MSCAN)
2. Historic data from PSPS and MSCAN to estimate:
 - a. Trends within total number of encounters, which changes a procedure's percent within DRG.
 - b. Trends in percent of inpatient encounters

ALOS is estimated by combining the following from PIDB:

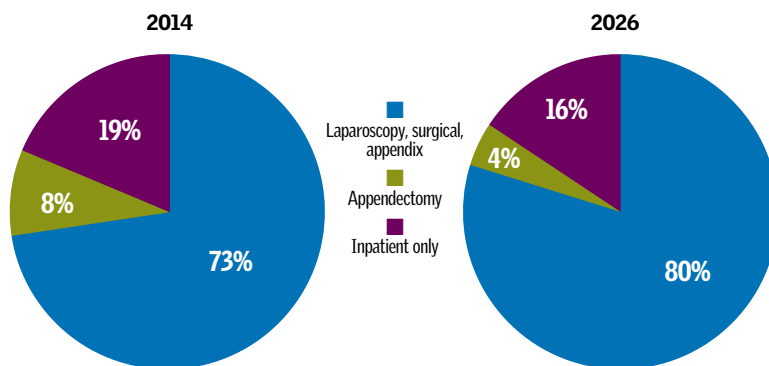
1. Primary diagnoses that are associated with a DRG, and their respective percent occurrence
2. Historical average ALOS from PIDB for a primary diagnosis to estimate trends and extend to future years.

Shifts in ALOS for Certain Surgical Procedures

As health systems transition from volume to value, a growing number of appendectomy, mastectomy, and thyroid procedures are shifting to outpatient facilities. However, when these procedures are performed as inpatient surgeries, patients' average length of stay (ALOS) is increasing, implying that more severe cases are handled in hospitals, and likely will remain there. Hospitals should consider future demand and volume for these surgery services, capacity for an increase in hospital outpatient volume, and staffing and operational implications. **📊**

VOLUME OF APPENDECTOMY AND SURGICAL LAPAROSCOPY PROCEDURES, 2014–2026

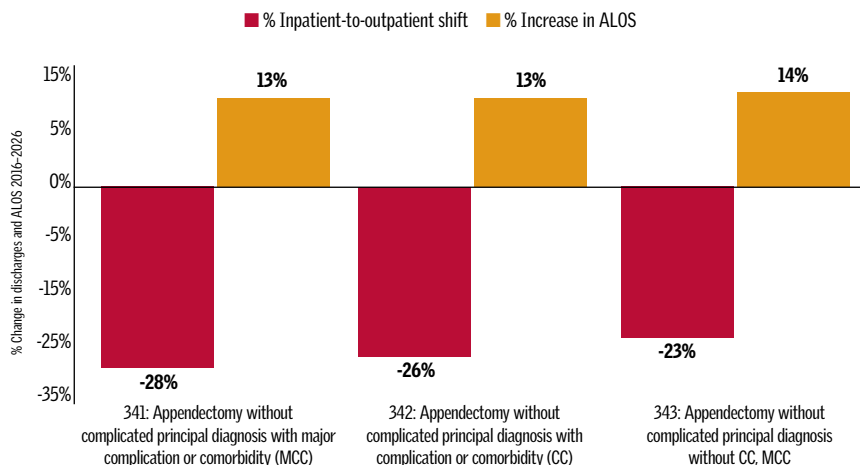
Appendectomy without Complicated Principal Diagnosis (DRG 341–343) has two associated procedures: appendectomy, and surgical laparoscopy of the appendix. Surgical laparoscopy of the appendix is predicted to increase in volume from 2014 to 2026, while appendectomies will decrease in volume during the same time period. By 2026, surgical laparoscopy will have increased from 73% to 80%, while appendectomies are projected to decrease from 8% to 4%.



SOURCE: Truven Health Analytics.

HOSPITAL INPATIENT-TO-OUTPATIENT SHIFT AND ALOS

Surgical laparoscopic procedures and appendectomies will shift from hospital inpatient to hospital outpatient from 2016 to 2026. The change in discharges varies from -28% to -23%. However, the ALOS for these procedures are projected to increase during this time period, from 13% to 14%. The increase in ALOS mitigates the resulting savings from an inpatient-to-outpatient shift, and implies that severe cases are remaining inpatient.



SOURCE: Truven Health Analytics.

Upcoming Topic:
 > Cardiac Hospital Performance

FACT FILE PARTNER:

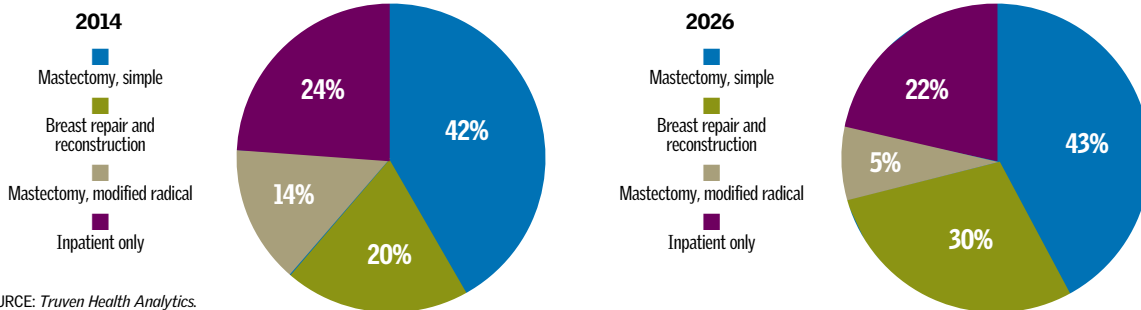


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VOLUME OF MASTECTOMY AND BREAST REPAIR AND RECONSTRUCTION, 2014-2026

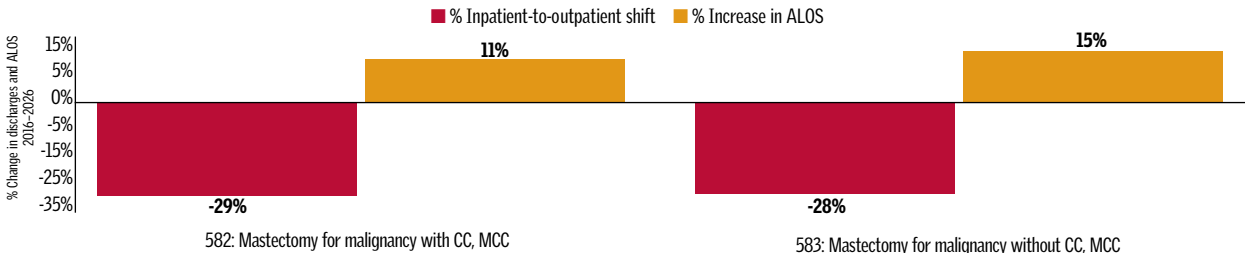
Mastectomy for malignancy diagnosis has three associated procedures: Simple mastectomy, breast repair and reconstruction, and modified radical mastectomy. Simple mastectomy is predicted to increase in volume from 2014 to 2026, from 42% to 43% of procedures. Breast repair and reconstruction will increase from 20% of cases to an estimated 30%. However, modified radical mastectomies will decrease from 14% to 5%.



SOURCE: Truven Health Analytics.

HOSPITAL INPATIENT-TO-OUTPATIENT SHIFT AND ALOS

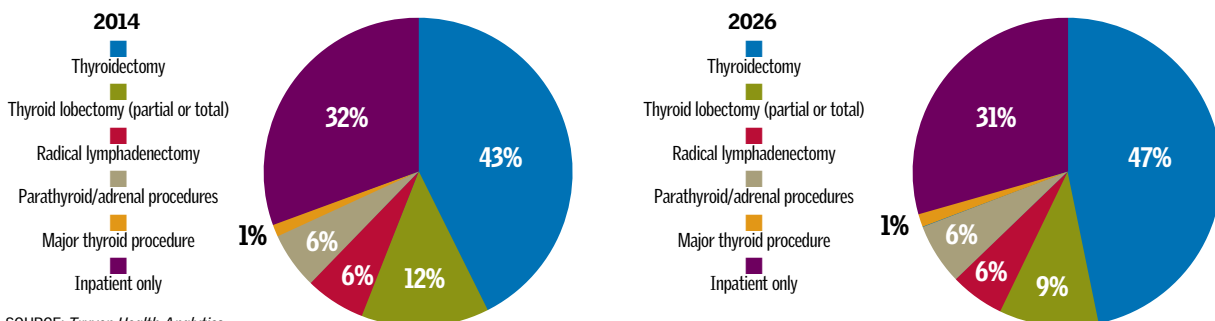
Mastectomy procedures are estimated to shift from hospital inpatient to hospital outpatient from 2016 to 2026. The percent change in discharges varies from -28% to -29%. However, the ALOS for these procedures are expected to increase during this time frame, from 11% to 15%. The increase in ALOS mitigates the savings from the inpatient-to-outpatient shift, and implies that severe cases will remain inpatient.



SOURCE: Truven Health Analytics.

VOLUME OF THYROID, PARATHYROID, AND THYROGLOSSAL PROCEDURES, 2014-2026

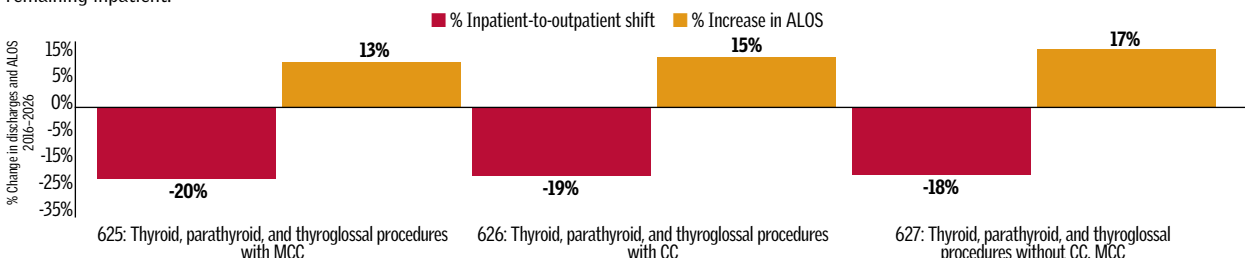
Thyroid, parathyroid, and thyroglossal procedures (DRG 625-627) have five associated procedures: thyroidectomy, thyroid lobectomy, radical lymphadenectomy, parathyroid/adrenal procedures, and major thyroid procedure. Thyroidectomy is the most common procedure and is predicted to increase in volume from 2014 to 2026, while thyroid lobectomy volume is predicted to decrease during that time. Radical lymphadenectomy, parathyroid/adrenal procedures, and major thyroid procedure will not change.



SOURCE: Truven Health Analytics.

HOSPITAL INPATIENT-TO-OUTPATIENT SHIFT AND ALOS

Thyroid, parathyroid, and thyroglossal procedures are estimated to shift from hospital inpatient to hospital outpatient from 2016 to 2026. The percent change in discharges varies from -18% to -20%. However, ALOS for these procedures are estimated to increase over this time period, from 13% to 17%. The increase in ALOS will mitigate the resulting savings from an inpatient-to-outpatient shift, and implies that severe cases are remaining inpatient.



SOURCE: Truven Health Analytics.

