Health care is evolving daily. The physicians, administrators, and ancillary professionals within the industry must find ways to deal with the challenges that come with change. One trend that is transforming the way that health care is delivered in the United States is the decline of inpatient volume. As new technology emerges that reduces the invasiveness and intensity of procedures, more and more care that was once inpatient will soon become outpatient care. As reductions in reimbursement and changes in care delivery challenge the status quo, health care providers must ensure that patients are cared for more efficiently, without affecting quality. This means that care will need to migrate to less intensive and expensive outpatient treatments with lower reimbursement rates (Mosquera, 2013).

It may be helpful to define outpatient care. Shi & Singh (2014) state that “outpatient services do not require an overnight inpatient stay in an institution of health care delivery such as a hospital or long-term care facility; although, certain outpatient services may be offered by a hospital or nursing home” (p. 244). The shift of outpatient care from inpatient care really began to gain momentum in the 1990s. In 1996, 20.8 million outpatient surgery visits were recorded in the United States. By 2006, that number had grown to 34.7 million outpatient visits from 142 hospitals and 295 freestanding centers (CDC, 2009). Interestingly, females have significantly more outpatient surgery visits than males, and the leading diagnosis for outpatient surgery is cataracts (CDC, 2009). Surgeries like knee repair and gallbladder removal (surgeries that once required several days in the hospital) can now be performed early in the morning, and the patient can be back at home several hours later. Today, more than 60% of all surgeries performed are outpatient surgeries (Porterfield, 2013).

Because of improvements in surgical technology, anesthesia, enhanced imaging, and medicine, outpatient care has grown like wildfire. For example, when Chris Van Gorder was hired as the chief executive officer at a nonprofit health system in San Diego in 2000, the system had six hospitals and six ambulatory (outpatient) care sites. Today, the system has five hospitals and 26 ambulatory care sites, and the system continues to move from a hospital-centric model to a more patient-centered and even remote-centered model (Vesely, 2014). In another example, a health care system that is based out of Marietta, Georgia spent over $100 million building two “health parks” in which health care services such as urgent care, diagnostic imaging, preadmission testing, cardiac and sleep labs, and a retail pharmacy are offered onsite. Because of the company’s efforts to streamline outpatient services to attract more patients, outpatient care revenue has grown five percent in the last four
The right place to provide the right care at the right time with the right quality, cost, and access is shifting toward the ambulatory care setting, and not the hospital (York, Kaufman & Grube, 2013). Of course, because there seems to be no stopping this current trend, hospitals are going to need to define their role and relevancy. The growth in outpatient service utilization is presenting a challenge to hospitals’ strategic plans. Hospitals must redefine their reliance on once lucrative service lines, reexamine business strategies, and determine how to respond to changes in patient volume if they wish to remain a relevant piece in the American health care system (Gamble, 2012). On a bright note, the decline of inpatient growth has contributed to record-low growth in U.S. health spending, which means that health care is improving greatly, and only patients who truly need admitted to hospitals are being admitted (Kutscher & Evans, 2013).

References


Porterfield, E. (2013). In and out with same-day surgery. Retrieved from the Group Health Foundation Web site:
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