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Market Scenario Planner

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If you have additional questions not addressed here, let us add it! Email us at ask@advisory.com

Part 1: Tool background

1. **What is the Market Scenario Planner?**

   The Market Scenario Planner (MSP) provides current and projected patient utilization estimates for any given geographic area in the U.S. The tool is intended to support planners and hospital executives as they make business development and strategic decisions. Generating a set of projections only takes a few minutes.

Part 2: Tool methodology

2. **What do the numbers in the MSP represent?**

   This depends upon the module you are viewing:

   Inpatient: Baseline and projected volumes of inpatient discharges or inpatient days (depending upon which metric you have chosen). Volumes are organized by Medicare Severity Diagnosis-Related Groups (MS-DRGs) and rolled up into service lines and sub-service lines.

   Outpatient: Baseline and projected volumes of patient visits. Visits are assigned to an outpatient group (OPG) based on Advisory Board's outpatient grouping algorithm and are rolled up into service lines and sub-service lines. For more information about Advisory Board's outpatient grouping algorithm, please click here.

3. **How are baseline utilization estimates calculated?**

   There are two elements in each table within the Views panel: baseline estimates and projected utilization. Our baseline estimates are constructed by applying national-level per-1,000 utilization rates, adjusted by age and sex, to demographic data for the market area of interest. These utilization rates are *not exclusive to Medicare*: They consider all inpatient or outpatient services regardless of payer status.

   Our national demand models are constructed from several data sources, including Medicare data from CMS, national sample data from AHRQ, and other proprietary commercial claim sets. It's important to note that these base year estimates mainly serve to contextualize the growth rate forecasts by showing the relative magnitude and mix of services across clinical categories. They are not meant to replace any actual volume data from any individual payer or provider. Please contact us at ask@advisory.com if you would like further information about these data.

4. **What is your source of demographic data?**

   Our utilization estimates and projections incorporate demographic data from Applied Geographic Solutions (AGS).

5. **What sites of care are included in the outpatient module of the MSP, and how are they defined?**

   The outpatient module breaks down volumes into two broad site-of-care categories: hospital and nonhospital-based settings. Hospital-based settings are further broken down into estimated splits of Hospital Outpatient Department (HOPD) and Emergency Department (ED) based on our analysis of data from several public and private sources. These hospital settings are well defined and differentiated by standard site-of-care fields from many claims sources.

   Defining nonhospital outpatient settings, however, presents more challenges. The first challenge is that data sources covering all these locations are rare and often skewed. Fortunately, in addition to numerous Medicare datasets, Advisory Board has access to one of the industry's most comprehensive, cross-continuum, all-payer datasets, which drives the local market physician and facility-level intelligence in our Optum[1] Market Advantage platform. Our nonhospital settings are largely based on aggregations of that local market intelligence.

   The second challenge is that the site-of-care fields provided on claims do not align with the settings that our members most care about. Those fields also tend to be poorly defined and haphazardly utilized. Recognizing those limitations, we created an approach that identifies different types of settings based on the services that are actually rendered at specific locations. For example, if a location is performing sports medicine surgeries, we would identify that location as an ambulatory surgery center. If a center is performing radiation therapy, we would

1. Advisory Board is a subsidiary of Optum. All Advisory Board research, expert perspectives, and recommendations remain independent.

identify that location as an oncology-focused clinic. Our current set of nonhospital sites of service is provided and described in the table below.

Nonhospital-based sites of care included in the MSP outpatient module

Priority	Site of care	Description
1	Ambulatory surgical center (ASC)	Locations performing high-end procedures requiring operating rooms or cath/electrophysiology labs
2	Endoscopy centers	Locations performing procedures requiring endoscopy suites, primarily colonoscopies and EGDs
3	Oncology clinics	Locations providing radiation therapy or chemotherapy
4	Sleep labs	Locations providing sleep studies
5	Advanced imaging centers	Locations with MRI, CT, or PET modalities
6	Physical therapy clinics	Locations providing physical therapy
7	General office/clinics	Nonhospital locations providing general office/clinic services only (e.g., E&M, diagnostics, basic imaging)
8	Independent labs	Dedicated reference labs, including for-profit chains
9	Other	Primarily includes locations like dialysis centers and freestanding EDs

The table includes a “priority” ranking that is important to understand when interpreting the data. In our methodology, each facility must be mapped to only one type of setting even though that facility might provide a broad range of services. For example, an ASC might also have endoscopy suites, offer advanced imaging, and include a sleep lab. In those situations, we select the setting based on the priority list above. An ASC designation (priority 1) trumps all others. An advanced imaging center designation (priority 5) trumps general office/clinics (priority 7).

6. **Why do ‘unexpected’ services show up in specific sites of care (e.g., MRI volume in ASCs instead of advanced imaging centers, or non-oncology services in oncology clinics)?**

   These services are not unexpected. Rather, they are an important result of how we define and identify sites of care. As described above, we assign locations to one site of care based on a prioritization that ranks some settings (like ASCs) ahead of others (like sleep labs). The goal is to accurately account for the full range of services that settings like ASCs provide. This approach provides unique insights into the competitive landscape. For example, the MSP shows that a significant percentage of advanced imaging, MRI particularly, is performed in locations designated as ASCs. Similarly, locations that offer radiation therapy and chemotherapy are often part of broader specialty settings (like urological and gynecological practices) that perform a range of other diagnostics and services.

7. **Do the site-of-care distributions in the outpatient MSP module reflect my specific local market dynamics?**

   Within the outpatient MSP module, site-of-care breakdowns are national and are intended to provide a sense of where services are typically provided. Local market dynamics will differ, and local market knowledge might conflict with the site-of-care estimates provided by the tool. For example, in some markets the ASC presence is particularly small, or the bulk of oncology services are provided in hospital rather than in nonhospital settings.

   However, Advisory Board can provide access to specific local market data down to the specific site and physician level through another platform, Optum Market Advantage. That platform provides transparency into volume activity and offers insight into physician referral relationships to all outpatient settings.

8. **We have far higher utilization at our facility than the current baseline estimates show. Why is that?**

   If your market utilizes services at a much higher rate than the national average, the actual volume you perform may exceed the volumes produced using our MSP methodology. Because our tool employs national-level, age-adjusted, per-1,000 utilization rates to estimate utilization, the model will not reflect any market-specific variation. In addition, since our utilization rates are applied only to the population corresponding with your defined market,

our estimates do not account for patients who may come from beyond this selected area to seek care from your facility.

9. **How does Advisory Board generate projections?**

   Our team of more than 100 experts is dedicated to studying the market forces shaping every service line across the continuum of care. They contribute to our national model of utilization, which includes utilization rates at three levels: service lines, sub-service lines, and DRGs and outpatient procedure groups. We then project changes to those utilization rates across five and ten years to arrive at our national forecasting model.

10. **What factors does Advisory Board include in the projections?**

    Our projections consider two key factors:

    1. Demographic factors: We take the local population of the area that you've selected and consider the changing characteristics of that market, such as aging (the movement of people from one demographic group to another) and population growth, using demographic data from Applied Geographic Solutions (AGS).

    2. Non-demographic factors: We embed Advisory Board's qualitative research into a wide variety of key market drivers that are expected to impact utilization in the future. Contrary to conventional wisdom, demographics alone do not generate accurate forecasts of utilization demand. In fact, over the past twenty-five years, the trend in utilization of hospital services has diverged considerably from what demographics alone would predict. Therefore, when projecting future demand, we consider an array of non-demographic growth drivers. The MSP reflects the impact of these drivers at the individual, sub-service line, and service line levels, and allows the user to adjust the impact of five categories of growth drivers in the Session Customization panel (read more about these customizable non-demographic growth drivers here).

       To learn more about the market forces that are impacting our service line-level forecasts, see the Market Innovation Center's Service Line Outlook Snapshots. Each Outlook Snapshot reviews the volume outlook for a particular service line, along with the impact of market forces on that service line and step-by-step action plans to focus your organization's growth efforts.

11. **How can we account for the presence of unique market dynamics, like a high uninsured rate or high disease prevalence, in our projections?**

    Every market has its own unique trajectory of market disruptions, from the level of coverage expansion to the penetration of high-deductible plans, to the number of local ACOs and degree of managed care. That's why our platform emphasizes scenario modeling. We allow you to adjust the impact of five growth drivers to better account for the pace of change in your local market.

12. **What are the seven categories of growth drivers?**

    1. **Population change:** Accounts for population growth and transformation, such as population movement patterns, using demographic data from Applied Geographic Solutions (AGS)
    2. **Demographic shift:** Accounts for aging, which moves people from one demographic group to another, using demographic data from Applied Geographic Solutions (AGS)
    3. **Readmissions:** A national focus on reducing readmissions expected to reduce inpatient utilization while increasing demand for outpatient and post-acute services
    4. **Disease prevalence:** Accounts for the impact of an increasing number of chronic and multi-morbid patients
    5. **Insurance:** Accounts for changes in the insurance market, with trends including expanding coverage, increased cost-sharing, and increased payer scrutiny of medical necessity
    6. **Care management:** Continued investments in care management expected to reduce inpatient utilization and grow certain outpatient services
    7. **Technology:** Accounts for the role of new technologies in changing demand and shifting site of care

13. **How do I adjust the impact each growth driver is having on my market?**

    In the Session Customization panel, adjusting a growth driver so that its presence in your market is "more than national" will magnify its impact, while selecting "less than national" will decrease its impact. For example,

selecting “more than national” will amplify growth in services from a growth driver that increases utilization, but will intensify utilization reduction from a growth driver that is linked to lower utilization.

14. **How can I view the impact of each customizable growth driver on my market?**

    To view the impact of the growth drivers on your market, use the Growth Drivers tab in the MSP Views panel. To view the impact of an individual driver, modify the driver in the Growth Drivers feature in the Session Customization panel. Then view the impact on services in the Growth Drivers tab of the Views panel.

15. **How do I know this tool will produce accurate projections?**

    An extensive amount of qualitative and quantitative research has gone into the MSP to provide you with our best intelligence. Nevertheless, we recommend that users take advantage of the scenario planning capabilities within the tool as opposed to simply copying and pasting a set of numbers into their business plans (although we’re not going to stop you, if you’re so inclined). The tool allows you to model a range of market scenarios by selecting the growth drivers working in concert that best reflect the unique dynamics of your market. These market scenarios can then inform your strategic planning process.

    Our projections incorporate industry knowledge from our many experts who are tracking service line and market trends. We can point to numerous past projections that have materialized on a national level — the impact of the economic downturn on admissions, the cannibalization of CABG surgeries by drug-eluting stents, the slowdown in imaging utilization, and the reverse migration of infusion services, to name a few. We also provide visibility into our qualitative assumptions so you can review the factors we’re considering as growth drivers and adjust them accordingly.

16. **Where do I find more qualitative detail on the growth drivers underpinning your projections?**

    For more detail, see the Market Innovation Center’s Service Line Outlook Snapshots, which present qualitative market trends research at the service line level. The Service Line Outlook Snapshots can be accessed at the link above or through the Related Resources tab, located in the Tool Menu at the top right of the MSP main page.

17. **How often do you update the projections?**

    Typically, our national models are updated annually, but we may conduct additional updates to our models throughout the year as our ongoing research surfaces new intelligence.

18. **What is Advisory Board’s outpatient grouping methodology?**

    There is significant coding complexity on the ambulatory side compared to the relative simplicity within inpatient. Given this, Advisory Board has developed a proprietary grouping algorithm aimed at providing hospitals with a transparent and flexible approach to outpatient service line management and enabling detailed analysis of specific outpatient services and procedures. In short, the grouper (a) rationalizes the over 20,000 CPT/HCPCS codes that define outpatient services into a more meaningful and manageable set of 1,400 outpatient procedure groups; and (b) designate a primary service through the application of a ranking algorithm that orders the rationalized list of procedure groups by clinical significance and cost. As a result, the figures reported in the general outpatient tools represent distinct patient encounters and episodes of care as opposed to individual procedure counts.

    To illustrate our outpatient grouping process, let’s use an example: A patient arrives at the hospital with a broken arm and receives a range of services, including imaging, lab tests, physician evaluation and management, and having their arm set in a cast. Our outpatient grouping methodology is designed to count this visit only once and assigns the patient’s primary service to the service line based on cost or clinical significance. So in this example, we’ll group the patient’s visit under orthopedics because of their arm cast, which is the main reason for their visit.

19. **What do the estimates and projections in the Map view show?**

    The Map view shows expected utilization of services by the population living in your selected market. For example, if you have selected a particular county as your market, the Map view shows expected utilization of services by the population living in that county, broken out by zip code. The Map view does *not* show the number of patients who are expected to receive services at your organization.

20. **What are the use rates in the Use Rate view, and how are they calculated?**

    The use rates in this tab are aggregate estimated use rates for the population living in the market you've selected. Different markets will have different population distributions among the 36 age/sex groups of patients, so the use rates displayed in this tab will vary based on the market. Use rates are presented at three levels: service line, sub-service line, and MS-DRG (inpatient module) or Outpatient Procedure Grouping (outpatient module).

21. **My projected volumes aren't changing for a service, but the 5- and 10-year growth rates indicate change. What's going on?**

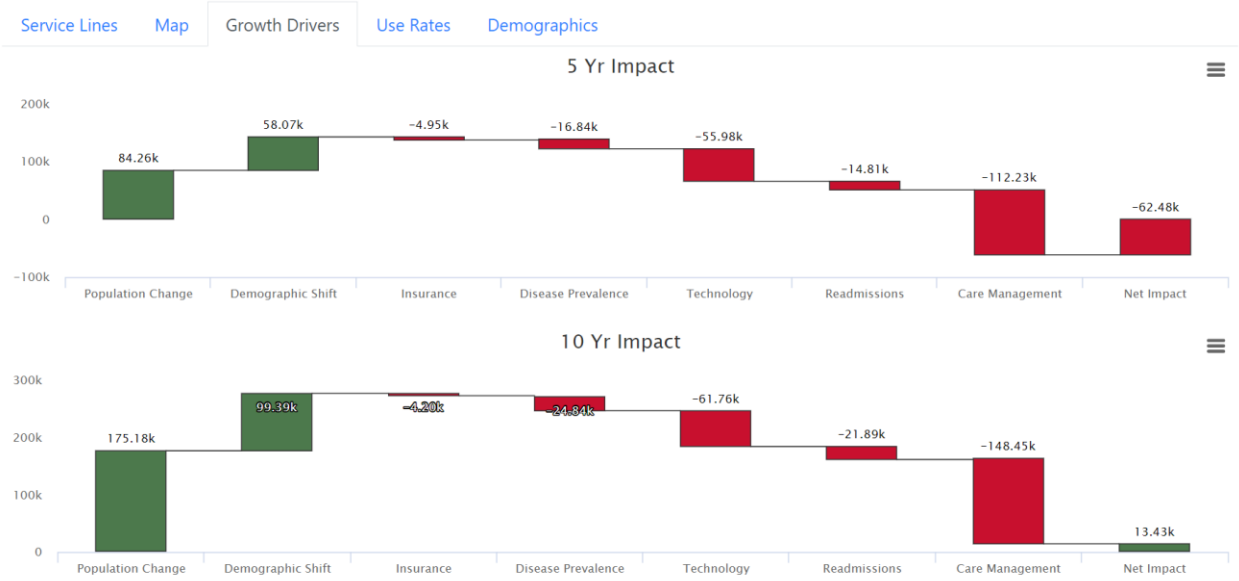
    This is a function of rounding. The MSP rounds utilization estimates and projections to display them as whole numbers. This means that for low-volume services, application of even a large growth rate might not change the utilization volume that is displayed. For example, a service count of 6.1 might be projected to increase to 6.4 in five years, but both service counts will register in the MSP as 6.

22. **A service line I'm analyzing shows 5-year decline but 10-year growth. Why is that?**

    In the Market Scenario Planner, our projections consider both demographic factors, such as population growth and aging in your market, and non-demographic factors, such as disease prevalence and technology. Since our projections are a combination of population change and utilization decline, there are scenarios within the tool where we've projected that a service line will decline over five years, but significant long-term population growth and aging counterbalance the five-year decline and lead to overall growth over ten years. Let's look at our national projections for the General Surgery service line as an example:

Service Line	2019 Volume Estimate	2024 Volume Forecast	2029 Volume Forecast	5 Yr Growth	10 Yr Growth
+ General Surgery	2,385,604	2,323,126	2,399,033	⌄ -2.6%	^ 0.6%

    In this instance, we've projected that General Surgery services will have -2.6% decline in five years, but +0.6% growth in ten years. In the Growth Drivers tab, you can analyze how each of our seven growth drivers is incorporated into these projections and see how these factors influence five- and ten-year net volume impacts.



    As shown in this tab, significant ten-year population growth and demographic shift outweigh our non-demographic factors and lead to net growth for the General Surgery service line. Based on the market you select, it is possible that there will be scenarios where there is five-year decline and ten-year growth, or vice versa. In these scenarios, we recommend referencing the Growth Drivers tab for insight into our projections and to understand the reason behind the directional shift. We also allow you to adjust the impact of five growth

drivers to better account for the pace of change in your local market by using the Growth Drivers button at the top of the tool.

23. **How does the tool treat utilization estimates and projections for observation services?**

    Observation patients are included in outpatient utilization estimates and projections within the MSP. Estimated utilization for specific procedures performed on observation patients are represented in those procedures' respective outpatient procedure groups. Patients placed under observation with no procedures performed are represented in the "hospital observation" outpatient procedure group under the E&M outpatient service line.

24. **What do the volumes under the Rehabilitation (Acute Care) service line represent?**

    The volumes grouped to Rehabilitation (Acute Care) are representative only of hospital-based discharges for MS-DRGs 945 and 946. Please note that the projections for this service line reflect the expected decline in volumes for MS-DRGs 945 and 946 due to the transition to ICD-10 in October of 2015.

    Under CMS's v34 Inpatient Grouper, many cases that had previously been assigned to MS-DRGs 945 and -946 under ICD-9 using typical rehab codes such as V57.89 or V57.9 were newly being assigned to MS-DRGs 949 and -950. This shift occurred because ICD-10 does not contain a similar set of rehab codes to ICD-9, and the logic to confer assignment to 945 and 946 differed between the v33 GROUPER (which used ICD-9) and the v34 GROUPER (which used ICD-10). CMS has acknowledged that the shift was unintentional, but indicated, "Our clinical advisors reviewed this issue and agreed that we should wait for ICD-10 claims data to become available prior to proposing updates to MS-DRGs 945 and 946."

    The Centers for Disease Control governs the ICD-10 system and will control any addition to or modification of the existing code set. CMS has made the specific recommendation to the CDC that they create new ICD-10 diagnosis codes to indicate an encounter was for rehabilitation but are waiting further action. As of the FY 2019 Inpatient Final Rule, CMS noted that "if new ICD-10-CM codes are created for encounter for rehabilitation services, we would address any updates to MS-DRGs 945 and 946 utilizing these new codes in future rulemaking. In the meantime, we welcome other specific recommendations on how to update MS-DRGs 945 and 946."

25. **What do the volume estimates for the outpatient chemotherapy and radiation therapy sub-service lines represent?**

    In response to member feedback, we have converted our estimates for radiation therapy and chemotherapy to represent **distinct patient claims,** which increases baseline estimates and aligns them with the counting methodology used for all other services. Previously, our estimates for these two sub-service lines represented episodes of care. Chemotherapy and radiation patients usually receive a series of recurring treatments, which can be billed on a single claim or multiple claims. This varies by organization, so we don't know the exact number of treatments (i.e., infusion visits or radiation fractions) each claim represents. However, we used Medicare and commercial claims datasets available to us to calculate the average number of claims per patient for chemotherapy and radiation therapy modalities. This helps you approximate how many treatment visits might be included on each claim.

Sub-Service Line & Outpatient Procedure Group	Average claims per patient
Chemotherapy	**6.1**
Radiation Therapy	**7.6**
Brachytherapy - Other	1.2
Brachytherapy Treatment - High Dose Rate (HDR)	3.8
Brachytherapy Treatment - Low Dose Rate (LDR)	1.1
Hyperthermia	6.5
IMRT	9.6
Proton Beam Treatment	24.5
Radiation Treatment - Conventional	7.6
Stereotactic Body Radiation Therapy (SBRT)	2.0
Stereotactic Radiosurgery (SRS)	1.2

26. **Can I use the Market Scenario Planner to forecast volumes for post-acute care?**

The inpatient module of the Market Scenario Planner focuses on short-term acute care patients without consideration of downstream utilization at post-acute sites. You are welcome to use the Market Scenario Planner to estimate current and future volumes for inpatient cases that could potentially be discharged to another care setting. However, the nuances of insurance policy, consumer preference, and market-level supply that inflect demand for post-acute care are not factored into the tool's projections. For example, volumes under the Rehabilitation (Acute Care) service line should not be used to project downstream utilization at Inpatient Rehabilitation Facilities.

If you're interested in learning more about our data assets and tools related to the future of post-acute care, please contact your Advisory Board account manager.

27. **How does COVID-19 impact our forecasts?**

We anticipate significant long-term shifts in demand for healthcare services due to clinical and economic impacts of COVID-19. Clinically, there are early anecdotes and hypotheses that suggest some COVID-19 survivors will experience long-term health complications. As the evidence becomes clearer through formal independent analyses, we will incorporate clinical factors impacting health services utilization into our projections.
For this most recent update, our researchers have considered the impact of a prolonged economic recession on demand for services. We expect volumes to be suppressed for select services, especially those of a more elective nature, due to factors including (a) decreases in employment and insurance coverage; (b) increases in cost-sharing provisions in health benefit designs; and (c) greater price sensitivity among consumers.

28. **Can I use the tool for near-term forecasting?**

The Market Scenario Planner is designed to provide long-term 5- and 10-year growth and volume estimates for inpatient and outpatient services. In the near-term, COVID-19 will continue to have a significant impact on demand due to factors that may not be present in 5 or 10-years, such as consumer anxiety regarding personal health safety, lower productivity due to new protocols, shortage of COVID-19 testing, and lag in top of funnel services. For this reason, we recommend against using compound annual growth rates (CAGRs) from our projections to calculate near-term volume estimates.

Should you need shorter-term volume estimates, please consult our Covid-19 Elective Surgery Cancelation Impact Estimator and Covid-19 Service Line Impact Guide

Part 3: Tool Customization

29. **I can't find certain zip codes in my market. Why aren't they in the tool?**

Our demographic data only provides populations estimates for zip codes that represent residential and population areas. So, it's likely that detail for zip codes representing college campuses, golf courses, PO boxes, and other nonresidential codes have been excluded. If you are uncertain about zip codes you are looking for, we recommend using the following USPS lookup tool for confirmation: https://tools.usps.com/go/ZipLookupAction!input.action. If you have follow-up questions, please email us at ask@advisory.com.

30. **I want to customize my view for a pediatric population only, or 65 and older. Can I do that?**

Yes. After you've created a session, please use the Demographics feature in the Session Customization panel near the top of the screen. The check boxes allow you to easily switch on and off different options to display certain ages or sexes in your session.

31. **Can I view estimates and projections organized by age or sex?**

Yes. After you've created a session, please use the Demographics view (in the Views panel, which is separate from the Demographics feature in the Customization Panel). The Demographics view provides estimates and projections for each five-year age band. Click on the "+" icon to further break out estimates and projections by

sex for each five-year age band. You can view estimates and demographics for specific services by altering your selected services with the Service Lines feature in the Session Customization panel.

32. **Does the tool break out estimates and projections by individual zip codes within a market?**

    No. We encourage members to use our tool to create market sessions that are representative of their actual primary (or primary and secondary) markets, rather than generating estimates and projections by granular geographic locations.

33. **Can I upload my own facility's data into the MSP to use as the baseline for estimates?**

    No, you cannot alter the estimate baseline or upload facility-specific data to the MSP.

34. **I only want to view a few service lines. How can I do that?**

    You can change the service lines and sub-service lines that appear in your session by selecting and de-selecting them in the Service Lines feature in the Session Customization panel.

35. **Can I see estimates at the procedure or diagnosis code level?**

    You cannot. The most granular level at which you can view estimates is the MS-DRG level (for inpatient volumes) and the Outpatient Grouping (OPG) level (for outpatient volumes).

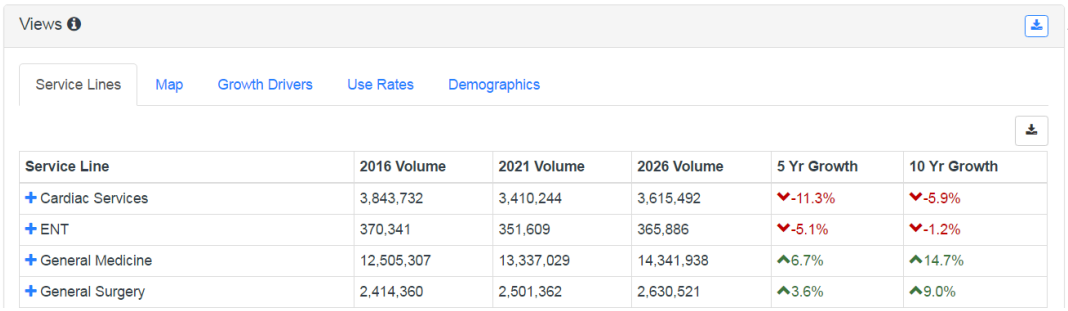
    However, if you are a hospital member and would like to know how we map procedure codes to procedure groups, please contact us at ask@advisory.com.

36. **How do I export data from the tool?**

    A button located to the right of all MSP charts allows you to export chart data:

    Export Chart: You can export a chart as a graphic in JPEG, PNG, PDF, or SVG formats.

    The MSP also allows you to export data into an editable Microsoft Excel file. To export the table that you are viewing, click the "Export Table" button above the table. To export all tables in your session, click the "Views" panel.



37. **Can I customize my service line definitions in the MSP?**

    Yes, you have the option of customizing your service line definitions in the MSP. By default, the tool will load Advisory Board's standard service line definitions, which are defined by DRG for inpatient services and by Outpatient Groups (OPGs) for outpatient services. To change the assignments of either DRGs or OPGs to service lines, click "Create Service Line Definition" in the Service Line drop-down menu. The tool will redirect to a page where you can then download an Excel workbook and rename or reassign service lines as you see fit. Once your changes have been made, simply reload the workbook to the site and save your service line definition. Your custom service line hierarchy will then be available as a selection in the Service Line drop-down menu in the main page of the tool. You may also return to review or change any service line definitions from past sessions by clicking "Manage Service Line Definitions."

38. **How can I share my selected market with a colleague?**

To share markets with a colleague, click the “Market” button in the session customization panel (top left). From the drop-down menu, select “Manage Markets.” This will take you to the Market Definition Manager portal.

Click to share market with a colleague (colleague must have an active advisory.com account).

Once in the Market Definition Manager portal, select the markets you would like to share from the “Market Information” list. Then click the “Share Selected Markets” button above the “Market Information” table (in grey, below).

You may only share markets with colleagues who have an active advisory.com account. Only one email address may be entered at a time.

Part 4: Additional Resources

39. **What other tools can I access through Advisory Board?**

Please visit our Data and Analytics Navigator to view the full set of tools available to you based on your organization’s membership portfolio. You can click “My Tools” within the Navigator tool to view all the tools available via your current membership.

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