Trends in Orthopedics
Preparing for the Next Decade

Kristi Crowe, MPT
Associate Vice President, Sg2
Orthopedics Forecast and Trends
Changing Landscape
Total Joint Replacement
Fragility Fracture
Sports Medicine
Spine Forecast and Trends
Growth in Orthopedics Spans Care Settings

**Inpatient Orthopedics Discharges**
US Market, 2014–2024

- 2014: 2.0
- 2019: 2.6
- 2024: 3.2

5-Year: +9%
10-Year: +21%

**Outpatient Orthopedics Volumes**
US Market, 2014–2024

- 2014: 400
- 2019: 440
- 2024: 480

5-Year: +15%
10-Year: +24%

Note: Analysis excludes ages 0–17. Includes orthopedics service line only. IP = inpatient; OP = outpatient.

Sources: Impact of Change® v14.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2014.
Note: Analysis excludes ages 0–17. Surgical procedures include endoscopy and major procedures. E&M = evaluation and management.

Sources: Impact of Change® v14.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2014.
Creating the Structure for Alignment in Orthopedics

ORTHOPEDICS SERVICE LINE OPERATING COMMITTEE
Hospital Organization and Physicians Represented Equally

ORTHOPEDICS SERVICE LINE
Orthopedics Service Line Medical Director,
Organizational Service Line Champion

Joint Replacement
Physician and Administrator Dyad

Sports Medicine
Physician and Administrator Dyad

Spine
Physician and Administrator Dyad

Hip Fracture/Trauma
Physician and Administrator Dyad

Hand and Upper Extremity
Physician and Administrator Dyad

Foot and Ankle
Physician and Administrator Dyad
ORTHOPEDICS SERVICE LINE OPERATING COMMITTEE

Hospital Leadership and Physicians Represented Equally Responsible for: Overall Strategy, Facilities, Goal-setting

- Operating Room Efficiencies
  - Physician and OR Director
- Acute Care Unit
  - Physician and Ortho Nurse Director
- Business Development and Marketing
  - Physician and Director of BD
- Urgent and Emergent Access
  - Physician and ED Director
- Supply Chain
  - Physician and Director of Materials Mgmt
- Payment Innovation
  - Physician and Payment Executive

BD = business development; Mgmt = management.
LEE MEMORIAL HOSPITAL, FLORIDA

Background
- Wanted to align clinical, operational, and financial incentives

Solution
- Developed co-management agreement
- Agreement included general management services and performance improvement
- Leadership counsel included physician, hospital, and anesthesia representatives
  - Defined roles and responsibilities
  - Approved protocols and policies
  - Developed metrics and measuring tools

Results
<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS</td>
<td>62%</td>
<td>73%</td>
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<tr>
<td>First Case On-Time Starts</td>
<td>45%</td>
<td>95%</td>
</tr>
<tr>
<td>SSI Rate</td>
<td>1.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>TKA Readmission Rate</td>
<td>5.0%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Saved $1.5M in implant costs

What Differentiates You in Your Market?

Care Navigation
- Patient education and guidance throughout the care continuum

Technology/Niche Offerings
- Robots and navigation
- Custom implants
- Anterior hip replacement
- Unicompartmental knee replacement
- Rapid recovery programs

Quality
- Program Distinctions
- Patient satisfaction
- Pain control
- Functional outcomes

Cost
- Lower cost per case
- Tiered networks
- Bundled payments and “guarantees”
Agenda

Orthopedics Forecast and Trends

Changing Landscape

Total Joint Replacement

Fragility Fracture

Sports Medicine

Spine Forecast and Trends
Strong Industry Growth Exists in Bundled Payment Models

Providers Will Be Responsible for the *Entire* Episode

<table>
<thead>
<tr>
<th>Provider of Care</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **PREADMISSION** | • Conservative therapy  
                    • Medical necessity  
                    • Documentation of comorbidities  
                    • Preoperative optimization |
| **HOSPITALIZATION** | • LOS  
                        • Cost  
                        • Readmissions  
                        • Complication rates  
                        • Functional outcomes  
                        • Patient satisfaction  
                        • Implant costs  
                        • OR utilization  
                        • LOS  
                        • Blood transfusions  
                        • Hemostatic agents  
                        • Antibiotic cement  
                        • Cryotherapy |
| **POSTDISCHARGE CARE** | • Functional outcomes at 6/12/24 months  
                          • Patient-reported outcomes  
                          • Five-year revision rate |

**LOS** = length of stay.
CASE STUDY

Know Your Data to Bolster Your Competitive Position

American Joint Replacement Registry

BACKGROUND

- Need for assessment of devices, treatment protocols, surgical approaches, and patient factors influencing the outcomes

SOLUTION

- Includes 273 hospitals and over 100,000 procedures
- Collecting: Level One Data, Level Two Data (pilot), Level Three Data (pilot)
- Each hospital needs:
  - Surgeon champion, staff champion, IT integration
- Why get involved?
  - Improve processes and quality
  - Optimize service line portfolio
  - Address care gaps
  - Bolster negotiating power with payers

Growth in Value-Based Episodes of Care

- Kroger designates 19 hospitals for total joint replacement.
- Walmart partners with hospitals for spine surgery.
- CalPERS announces reference-based benefits program.
- Bundled Payments for Care Improvement (BPCI) initiative starts.
- National Orthopaedic and Spine Alliance forms.
- General Electric pursues direct contracting strategy.

**CalPERS = California Public Employees’ Retirement System.**
Confidential and Proprietary © 2014 Sg2
California Public Employee Retirement System (CalPERS)

Situation
• 1.3 million retirees
• 7 years of retrospective claims data demonstrated varying cost from $15K to $110K for MJR

Initiatives
• Designated 45 hospitals based on quality criteria (Blue Distinction)
• Set reference price of $30K
• Beneficiary is responsible for anything above that amount.
• 500 MJR surgeries per year since inception of the program

Results
• Decreased complication and readmission rates
• Cost savings of >$32 million to date
• 21% increase in volume to participating facilities

RFP = request for proposal; TJR = total joint replacement. Source: Sg2 Interview With TriHealth, April 2014. Confidential and Proprietary © 2014 Sg2
Knee Replacement Primed for Outpatient Shift

SAMPLE HOSPITAL: 500 ELECTIVE KNEE REPLACEMENTS

Commercial At-Risk Margin: 211 Knee Replacements

Note: Includes osteoarthritis diagnosis codes, commercial financial class, and adults only. Sources: Sg2 Comparative Database, 2014; Sg2 Analysis, 2014.
Knee Replacement Primed for Outpatient Shift

SAMPLE HOSPITAL: 500 ELECTIVE KNEE REPLACEMENTS

Commercial At-Risk Margin: 211 Knee Replacements

Length of Stay (Days)

Procedures

Contribution Margin

$722K

$2.0M

Total Margin: $2.7M

Note: Includes osteoarthritis diagnosis codes, commercial financial class and adults only. Sources: Sg2 Comparative Database, 2014; Sg2 Analysis, 2014.
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ORTHOPEDIC GROUP, WEST REGION

**Situation**

- Patient satisfaction was inversely proportional to length of stay.

**Initiatives**

- Invested in minimally invasive surgery techniques and computer-assisted navigation
- Reducing the use of femoral and sciatic blocks
- Utilizing new pain cocktail
- Managing patient preoperative education and postoperative care

**Results**

- 45% of knee replacements performed outpatient
  
  - Blood loss
  - Postoperative pain
  - Post-acute care needs
  - Range of motion
  - Patient satisfaction

Source: Sg2 Interview, April 2014.
Keep Outpatient Joint Replacement in Your System of CARE

Develop an Infrastructure

- Encourage physician governance and decision making.
- Make smart investments in technology.
- Track longitudinal outcomes.

Improve Operations

- Stratify risk.
- Educate patients preoperatively.
- Develop:
  - OR efficiencies
  - Surgical, pain and early mobility protocols
  - Postoperative care linkages

Pursue Advanced Physician Alignment

- Include shared savings in comanagement agreements.
- Gainshare within bundled payment.
- Pursue joint ventures in ASCs.

ASC = ambulatory surgery center.
Agenda

Orthopedics Forecast and Trends

Changing Landscape
Total Joint Replacement

Fragility Fracture
Sports Medicine

Spine Forecast and Trends
Effective Osteoporosis Management Will Begin to Curb Hip Fracture Volumes

IP and OP Hip Fracture Service Utilization

<table>
<thead>
<tr>
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<th>Inpatient</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>IP Overall</td>
<td>6%</td>
<td>9%</td>
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<tr>
<td>Fracture Repair</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Primary Hip Replacement</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>OP Overall</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Imaging and Diagnostics</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Rehab</td>
<td>10%</td>
<td>10%</td>
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<tr>
<td>Procedures</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Visits–Obs, E&amp;M</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Visits–Emergent</td>
<td>6%</td>
<td>9%</td>
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</table>

2014 Volumes

<table>
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<tbody>
<tr>
<td>IP Overall</td>
<td>355K</td>
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<tr>
<td>Fracture Repair</td>
<td>191K</td>
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<tr>
<td>Primary Hip Replacement</td>
<td>114K</td>
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<tr>
<td>OP Overall</td>
<td>4.8M</td>
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<tr>
<td>Imaging and Diagnostics</td>
<td>577K</td>
</tr>
<tr>
<td>Rehab</td>
<td>3.8M</td>
</tr>
<tr>
<td>Procedures</td>
<td>25K</td>
</tr>
<tr>
<td>Visits–Obs, E&amp;M</td>
<td>256K</td>
</tr>
<tr>
<td>Visits–Emergent</td>
<td>42K</td>
</tr>
</tbody>
</table>

Notes: Adults only. Imaging includes CT, MRI, x-ray and diagnostics. Procedures includes major and minor procedures. Visits–Obs and E&M includes observation and evaluation & management visits. Visits–Emergent includes emergent and urgent visits. E&M = evaluation and management; obs = observation. Sources: Impact of Change® v14.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2014.
Infrastructure is Key to Fragility Fracture Program Success

Infrastructure and **Ownership**: Protocols, physician champion, care navigator, EMR

**ED**
- Fragility fracture screen (i.e., FRAX)
- Establish inclusion in fragility fracture protocol
- Patient optimization
- Effective pain control

**Pre-OP and Surgery**
- Early mobility
- Pain control
- Comorbidity management
- PT/OT assessment
- Case management (identify OP needs)

**Acute Care Stay**
- Osteoporosis screening/DEXA scan
- In-depth therapy evaluation and treatment
  - Strength, ROM, balance
  - Social/environmental evaluation
- Pharmaceuticals
- Nutritional counseling

**Targeted OP Intervention**
- DEXA = dual energy x-ray absorptiometry; ED = emergency department; EMR = electronic medical record; FRAX = fracture risk assessment tool; OP = outpatient; OT = occupational therapy; PT = physical therapy; ROM = range of motion.
COMMUNITY HOSPITAL, MIDWEST REGION

Situation
• Historically well-identified and respected market “boundaries,” with competitor becoming more aggressive

Initiatives
• Developed pathways collaboratively with EMS to start treatment while in the ambulance
• Donated equipment to EMS and used telemonitoring to assess the patient on the way to the ED
• Established comprehensive program inclusive of preventative and post-acute services
• Hired a paramedic as EMS liaison to understand community need and educate EMS in program offerings

Results
• Increased ED volumes
• Hip fracture surgical cases increased from 100 to 460 in two years.
• Improved from 30% to 96% of patients to surgery <24 hours

EMS = Emergency Medical Services, ECGs = Electrocardiogram, ED = Emergency Department
Source:Sg2 Interviews and Analysis, 2014
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Agenda

Orthopedics Forecast and Trends
- Changing Landscape
- Total Joint Replacement
- Fragility Fracture

Sports Medicine
- Spine Forecast and Trends
Relationships With Athletes, Training Programs Help Feed Outpatient Procedure Volumes

OP Sports Medicine and Fracture Procedures
US Market, 2014
Total Volume: 6.7M

OP Sports Medicine and Fracture Procedures Forecast
US Market, 2014–2019

- Knee Arthroscopy: 14%
- Foot Surgery: 21%
- Shoulder Arthroscopy: 15%
- Hand Surgery: 16%
- Carpal Tunnel Release: 15%
- Open Shoulder Surgery: 14%

Notes: Adults only. Procedures includes both major procedures and endoscopy-arthroscopy from the Sg2 IoC forecast. Other includes pelvis/hip/femur and other musculoskeletal injuries and conditions. Percentages may not total 100% due to rounding.
Sources: Impact of Change® v13.0; PharMetrics; CMS; Sg2 Analysis, 2014.
Sports Medicine Growth Relies on Effective Channel Management

**CHANNELS**
- Engage parents, coaches in educational offerings
- Establish collegiate/professional team relationships
- Expand performance enhancement programs
- Build employer relationships

**ACCESS**
- Establish orthopedic after-hours clinics and immediate care centers
- Ensure same- or next-day access into your orthopedic clinics

**STAFFING**
- Expand comprehensive offerings with non-operative orthopedic professionals
- Sports-medicine primary care physicians
- Dual-credentialed physical therapists
- Athletic trainers
Co-location of Services can be a Successful Sports Medicine Strategy

FROEDTERT HOSPITAL, WISCONSIN

Situation
• “Voice of the customer” survey revealed patient desire for co-located services

Initiatives
• Built $14 million, 90,000 sq. ft. facility
• Located next to fitness center along a busy highway
• First floor is dedicated to 17 rehabilitation providers (PTs, PTAs, OTs)
• Second floor is dedicated to orthopedic and spine surgeons, PM&R, chiropractors, nurses and support staff

Results
• Enhanced communication across continuum
• One-stop-shop with unified billing
• Reduced wait times
• Increased number of new patients
• Increased patient satisfaction scores

Note: PTs = physical therapists; PTAs = physical therapy assistants; OTs = occupational therapists.
Source: Sg2 Interviews and Analysis, 2014
Agenda

Orthopedics Forecast and Trends
  Changing Landscape
  Total Joint Replacement
  Fragility Fracture
  Sports Medicine

Spine Forecast and Trends
Growth in Spine Will Occur in the OP Setting

**Inpatient Spine Forecast**
US Market, 2014–2024

<table>
<thead>
<tr>
<th>Year</th>
<th>Discharges</th>
<th>5-Year</th>
<th>10-Year</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>0.98</td>
<td>-2%</td>
<td>-1%</td>
</tr>
<tr>
<td>2019</td>
<td>1.00</td>
<td>+8%</td>
<td>+17%</td>
</tr>
<tr>
<td>2024</td>
<td>1.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outpatient Spine Forecast**
US Market, 2014–2024

<table>
<thead>
<tr>
<th>Year</th>
<th>Volumes</th>
<th>5-Year</th>
<th>10-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>450</td>
<td>+5%</td>
<td>+14%</td>
</tr>
<tr>
<td>2024</td>
<td>500</td>
<td>+11%</td>
<td>+22%</td>
</tr>
</tbody>
</table>

Note: Analysis excludes 0–17 age group. Includes spine service line only. Inpatient includes discharges. Outpatient includes volumes. IP = inpatient; OP = outpatient.

Sources: Impact of Change® v14.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2014.
Less Complex Procedures Shift Outpatient

Inpatient Spine Discharges
US Market, 2014–2019

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Sg2 IP Forecast</th>
<th>Population-Based Forecast</th>
<th>Sg2 OP Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar/Thoracic Fusion</td>
<td>2%</td>
<td>9%</td>
<td>10%</td>
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<tr>
<td>Cervical Fusion</td>
<td>-2%</td>
<td>6%</td>
<td></td>
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<tr>
<td>No Procedure and Diagnostics</td>
<td>-5%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Spinal Decompression/Laminectomy</td>
<td>-9%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Vertebral Augmentation Procedures</td>
<td>-11%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Revision Spinal Procedure</td>
<td>17%</td>
<td>10%</td>
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Outpatient Spine Volumes
US Market, 2014–2019

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Sg2 IP Forecast</th>
<th>Population-Based Forecast</th>
<th>Sg2 OP Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Imaging</td>
<td>13%</td>
<td></td>
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</tr>
<tr>
<td>Arthrocentesis/Injections</td>
<td>5%</td>
<td>7%</td>
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<tr>
<td>Rehab and Chiropractic</td>
<td>14%</td>
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<tr>
<td>Standard Imaging</td>
<td>13%</td>
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<tr>
<td>E&amp;M Visits</td>
<td>17%</td>
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<tr>
<td>Fusion Surgery</td>
<td>23%</td>
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<tr>
<td>Spinal Decompression/Laminectomy</td>
<td>27%</td>
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</tr>
<tr>
<td>Vertebral Augmentation</td>
<td>25%</td>
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</tbody>
</table>

Note: Analysis excludes ages 0–17. Fusion surgery includes lumbar/thoracic fusion and cervical fusion.
Sources: Impact of Change® v14.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2014.
Back Pain and Spine System of CARE

**Home and Community**
- Community and employer based education programs on back injury prevention
- Community fitness programs

**Office or Multidisciplinary Spine Center**
- Diagnostic imaging (eg CT/MR)
- Medical management
- Trigger point injections
- Physical therapy
- Psychological evaluation and support

**Hospital OP/ASC**
- Observation unit (eg medical back)
- Neurostimulator implantation
- Pain pump implantation
- Epidural steroid and facet joint injections
- Surgical procedures (eg vertebral augmentation, simple fusions)

**ED**
- Back pain injury assessment

**Hospital IP**
- Surgical procedures (eg complex surgeries including fusions, scoliosis corrections)

**Post-Acute Care**
- Skilled Nursing
- Outpatient physical therapy
- Neuropsychology services

**Imaging/Diagnostic Center**
- Neurodiagnostic services (eg EMG)
- CT/MR

**Home Care**
- Outpatient physical therapy
Comprehensive Spine Program v1.0

Spine Patient

- Orthopedic Surgery
- Neurosurgery
Comprehensive Spine Program v2.0

Spine Patient

- Pain Anesthesia
- Radiology
- Chiropractic
- Neurosurgery
- Orthopedic Surgery
- Physical Therapy
- Psychiatry
- Advanced Practitioners
## Utilization Detail for Spine Patients

AMS Market Sample, 2012–2013

<table>
<thead>
<tr>
<th>Provider</th>
<th>Specialty</th>
<th>Provider Zip Code</th>
<th>E&amp;M Visits</th>
<th>Surgery</th>
<th>MRI</th>
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<tbody>
<tr>
<td>Dr Anderson</td>
<td>Family Medicine</td>
<td>60637</td>
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</tbody>
</table>

**Note:** Includes sample market data. Excludes ages 0–17. Includes spine service line. Surgery indicates major procedures. Injections indicates arthrocentesis/injections. AMS = Ambulatory Market Share; E&M = evaluation and management. **Sources:** Health Intelligence Company, LLC; Sg2 Ambulatory Market Share v1.0; Sg2 Analysis, 2014.
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AMS Market Sample, 2012–2013

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**Note:** Includes sample market data. Excludes ages 0–17. Includes spine service line. Surgery indicates major procedures. Injections indicates arthrocentesis/injections. AMS = Ambulatory Market Share; E&M = evaluation and management. **Sources:** Health Intelligence Company, LLC; Sg2 Ambulatory Market Share v1.0; Sg2 Analysis, 2014.
Entry into the Care Continuum Requires Effective Virtual Triage

Spine Patients Entering Continuum

Track 1
“Red flags” indicating immediate surgeon referral

Track 2
Therapy only

Track 3
Evaluation by nonsurgeon MD, PA or NP

Track 4
Pharmaceuticals or additional diagnostics

Track 5
Chronic pain and addiction management
Sg2 is the health care industry’s premier provider of market data and information. Our analytics and expertise help hospitals and health systems understand market dynamics and capitalize on opportunities for growth.

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Streamlining Orthopedic Episodes of Care

Wellbe’s Smart Patient Navigation

Wellbe helps service line leaders to manage growing programs by leveraging digital patient navigation to increase the capacity of existing resources. The cloud-based platform combines vital tools for patient engagement and care coordination across the continuum to manage the performance of value-based reimbursement programs. This patient-centric approach using actionable feedback results in reduced risks, optimal costs and a better patient experience.

Wellbe’s solution includes:

Guided Patient Journeys for Better Engagement and Experiences

Easy-to-follow Guided CarePaths™ are designed around your facility’s existing content and aligned to your current program’s clinical pathways to help your patients on their journeys to better health.

Coordinated Care with Connected Teams

Each member of the care team can leverage CarePath Automation™ to help them complete their “to-do’s” while ensuring collaboration on patient progress.

Real-time Insight from Patient Generated Data

On-demand reports give administrators the quick data they need to report to the C-Suite on program performance.

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Upcoming Live Event in Ft. Lauderdale!

Best Practices for Ortho and Spine Service Line Leaders

February 19-20, 2015

Fort Lauderdale, FL

http://www.orthoserviceline.com/summit

Confirmed Speakers:

• C. Mark Angelo, BASc, MBA, Asst. VP Operational Excellence and Innovation, Hospital for Special Surgery
• Jonathan T Bailey, MHA, Vice President, Operations, Mission Health System
• Kate Gillespie RN MBA NE-BC, Administrator, Virtua Joint Replacement Institute
• Matt Reigle, MBA, Administrator, Orthopaedic Institute, Hackensack University Medical Center

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