## National Patient and Procedure Volume Tracker™

Monthly Update 3/8/2021

Sections 1.2, 2.2 – Overall patient volumes are weakening. Outpatient (OP) continues to be strong but there is no growth in Inpatient (IP), Observation (Obs) or Emergency (ED) volume at the National Level. The winter weather that wreaked havoc in the US, especially in the South region, began on 2/10/21. This is why volumes drop for the week of 2/14/21. We believe the combination of COVID-19 hospitalizations dropping (Section 9), weaker elective demand (service line data in Section 7.1 and procedure data in Section 8), continued care delays and the shift of certain procedures and emergency care to outpatient and other venues are all at play and represent a PERMANENT shift. Section 1.4 – Aside from Outpatient volumes, January patient volumes are lower than January 2019 and January 2020 (pre-pandemic levels).

Section 6 - Children's hospitals also show a volume drop. This is also related to the snowstorms as we have several Children's hospitals in the South.

Section 8 – IP Knees and Hips continue to drop whereas OP Knees and Hips continue to increase showing what we believe is a permanent shift and a harbinger of shifting sites of service for many procedures. We are pleased to see sustained increase in screening procedures such as Colonoscopy and Endoscopy.

Section 9 - All regions saw a decrease in COVID-19 Hospitalizations! May this trend continue!!!

Section 10 – It is interesting to see the interplay between Payor Mix calculated by Volume, Gross Patient Revenue and Net Patient Revenue. Private health Insurance has the most volume, Medicare has the most expensive encounters, Private health insurance provides the majority of net revenue.

New visualizations have been added! Which year is it more like? We have added a chart series to the national and regional macro data (Sections 1-6) that compares 2020 and 2021 monthly volumes to 2019 so we can monitor the pre-pandemic baseline versus each year.

What is the true payor mix? We now show payor by % of volume, % of Gross Revenue, and % of Net Revenue (Section 10).

We have added 2 health systems with 13 additional hospitals since the last report. We are now reporting data from 346 hospitals, the break down by U.S. Census Region is below.

Midwest	Northeast	South	West	Grand Total
137	37	128	44	346

#### Section 1.1

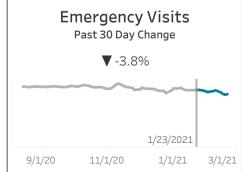
## National Level Recent Volume Changes

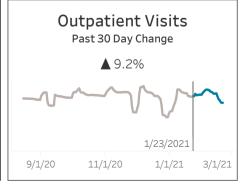
Data as of 2/20/2021

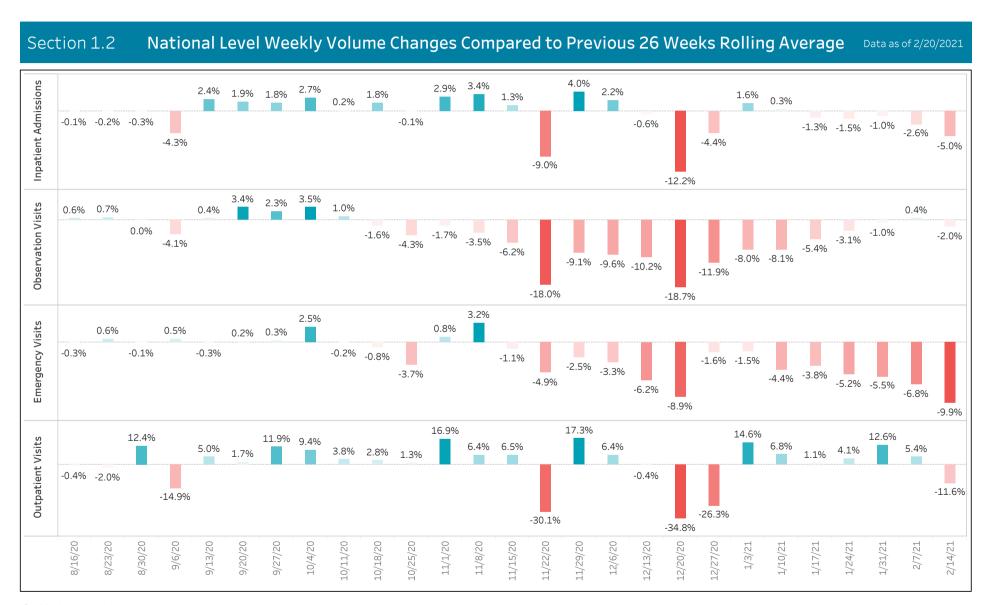


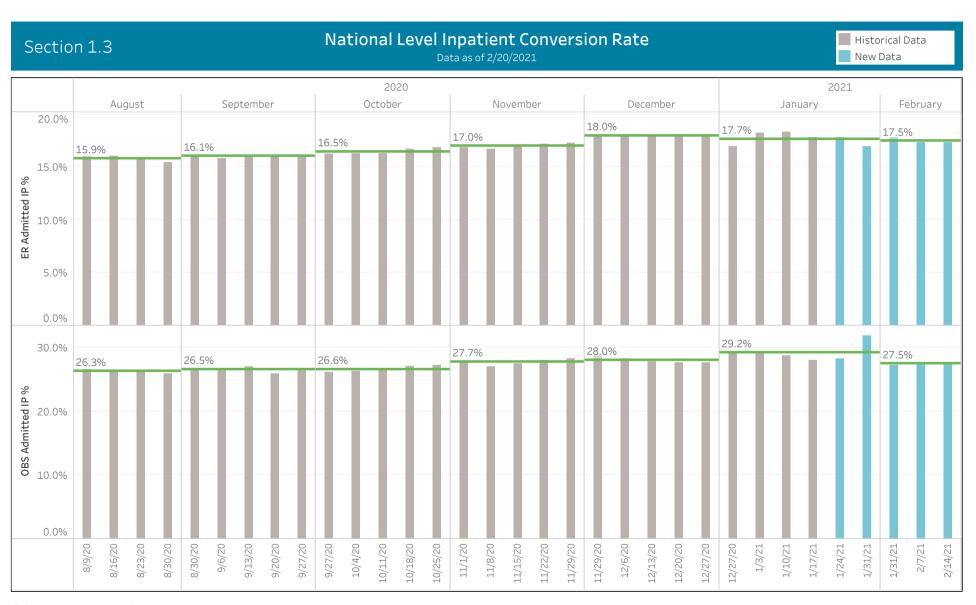












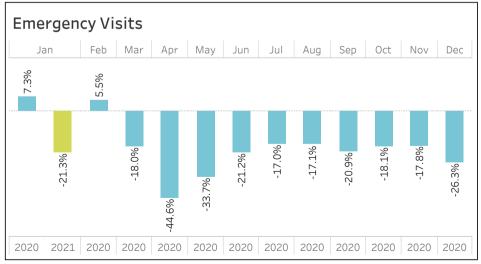
Monthly Volume Changes Compared to 2019

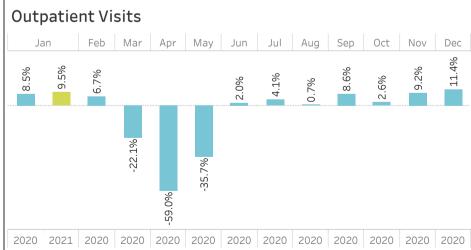


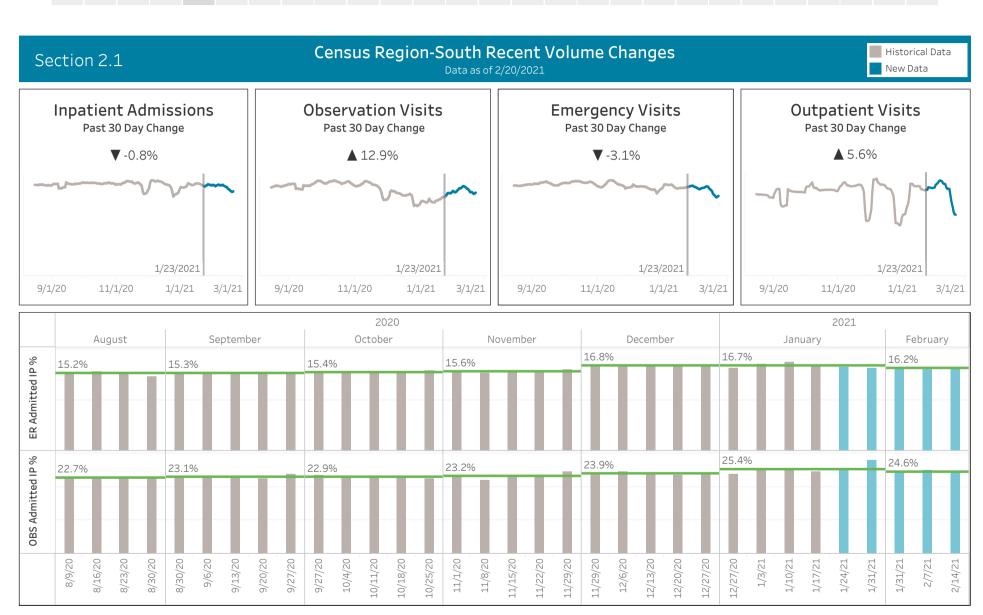


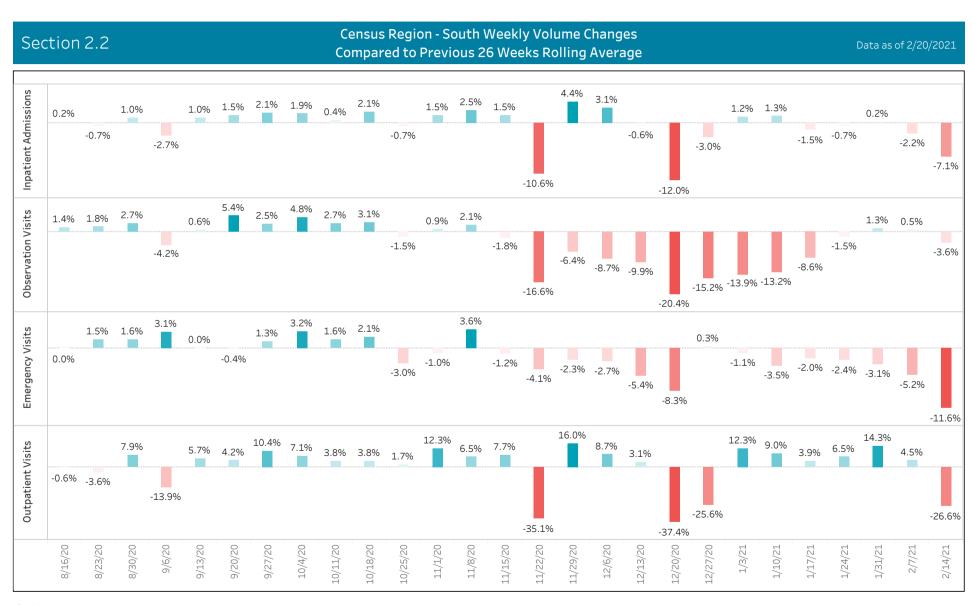
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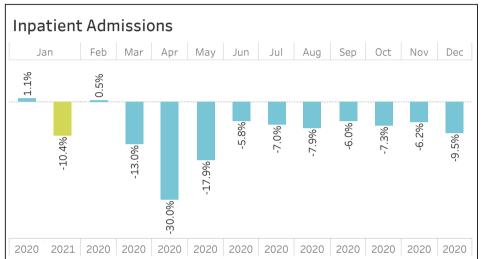




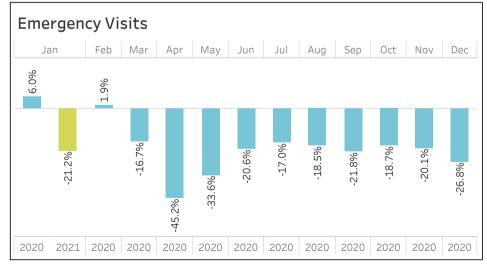


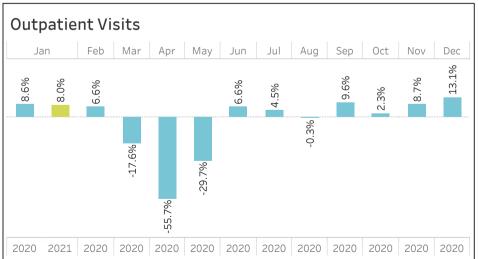


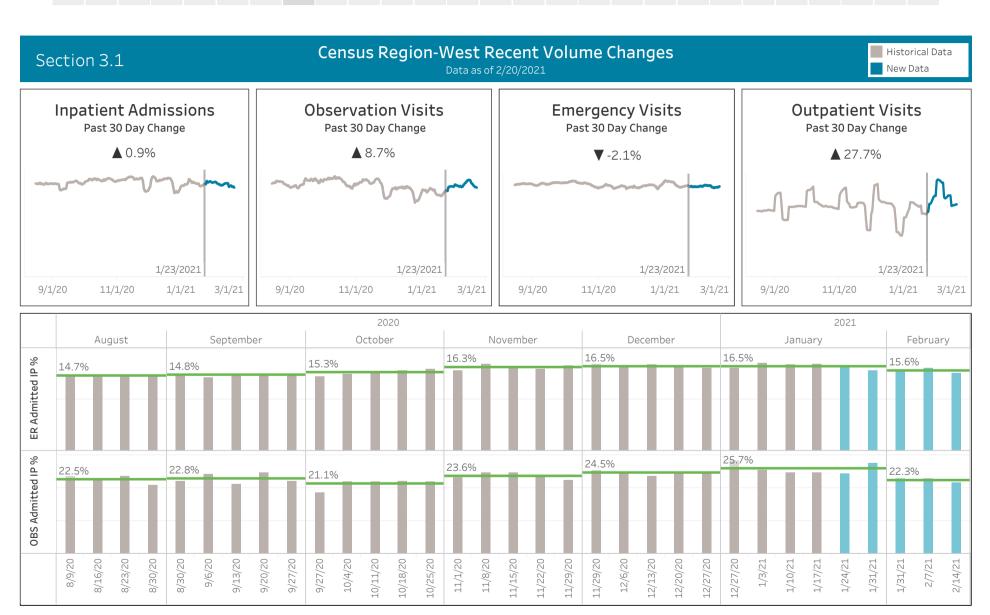


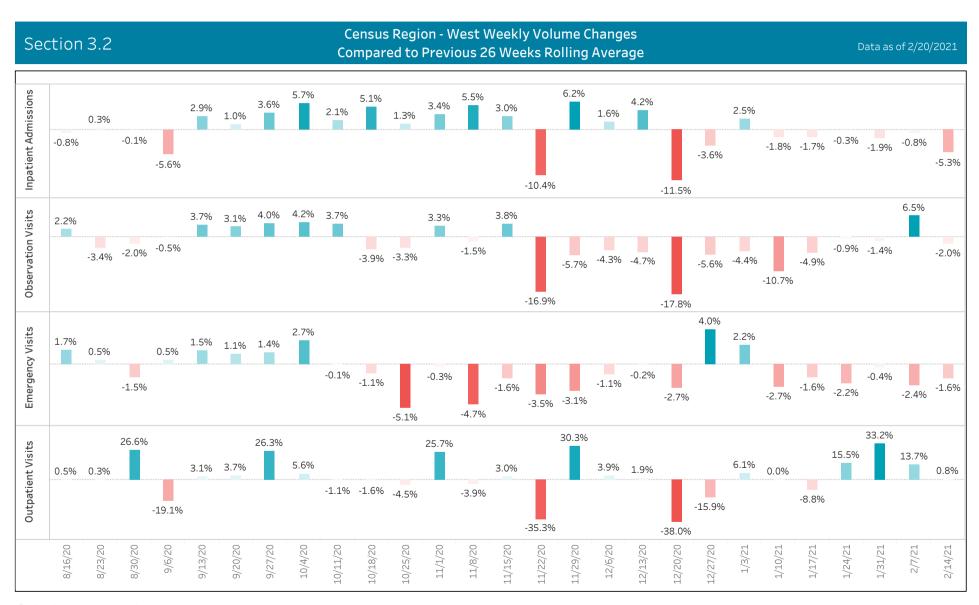










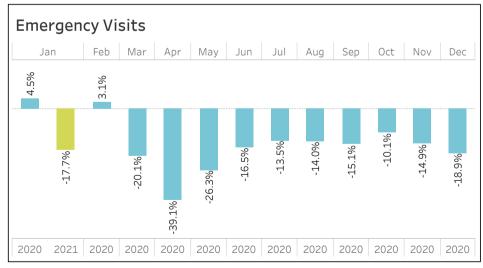


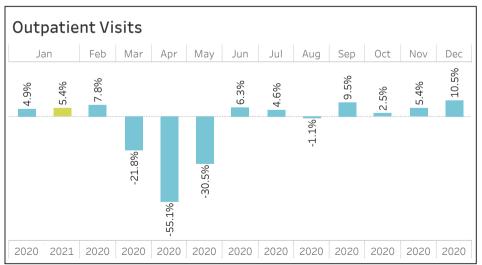


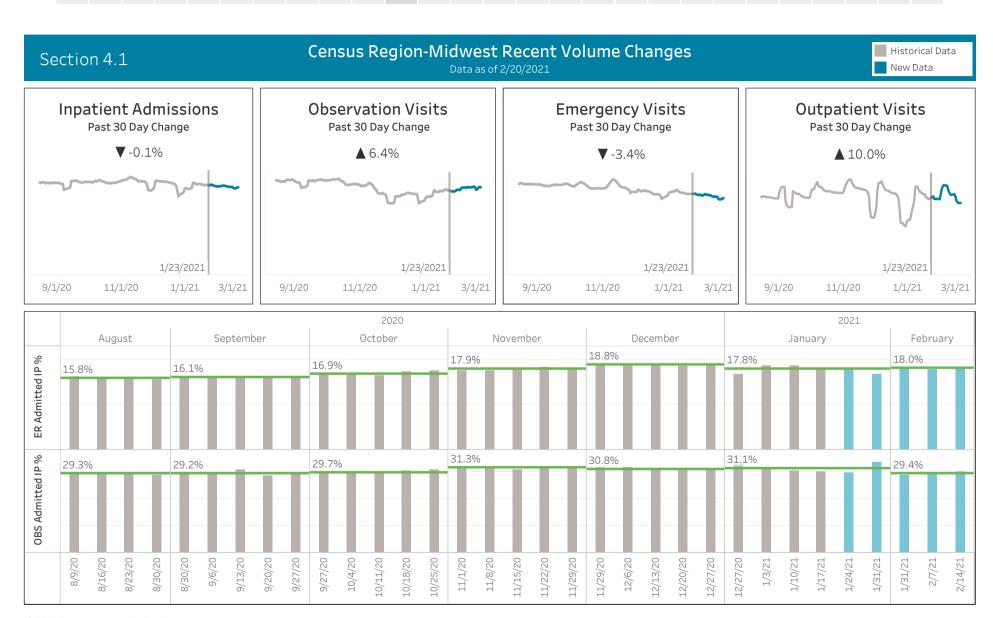
# Census Region - West Monthly Volume Changes Compared to 2019 Data as of 1/31/2021

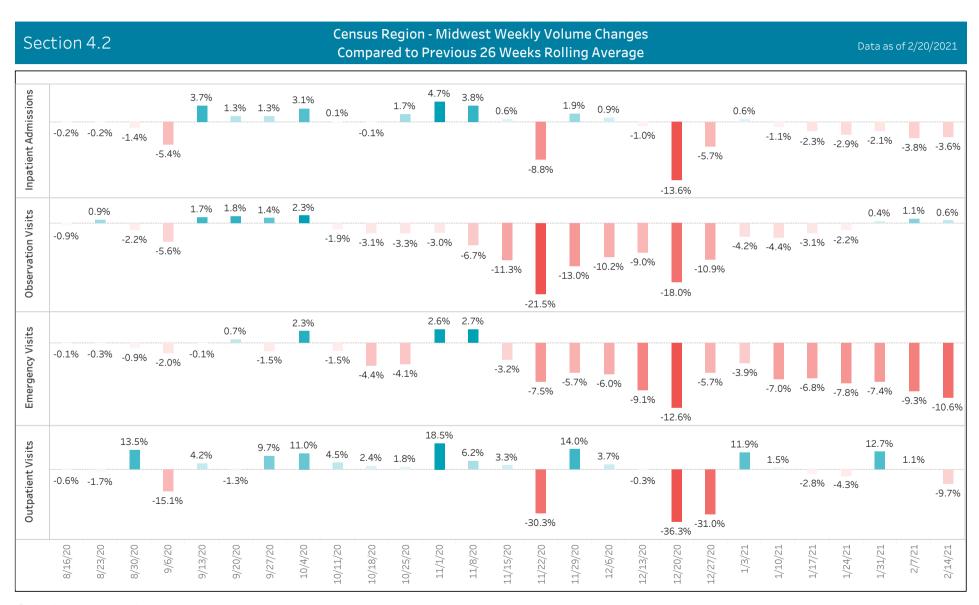








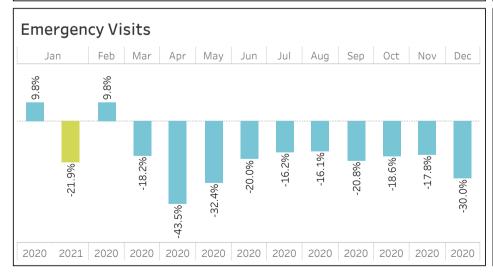




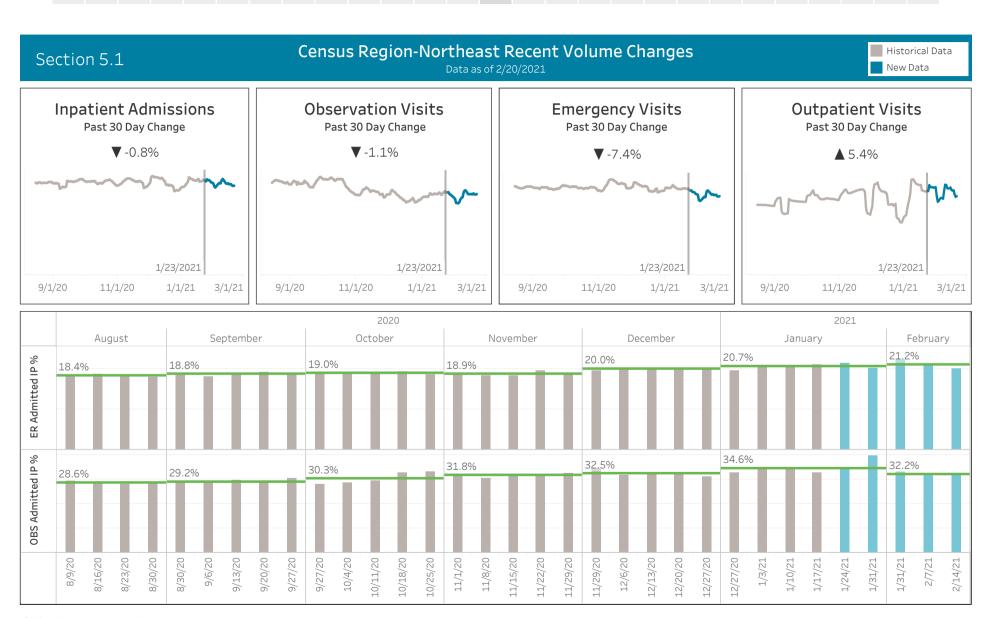


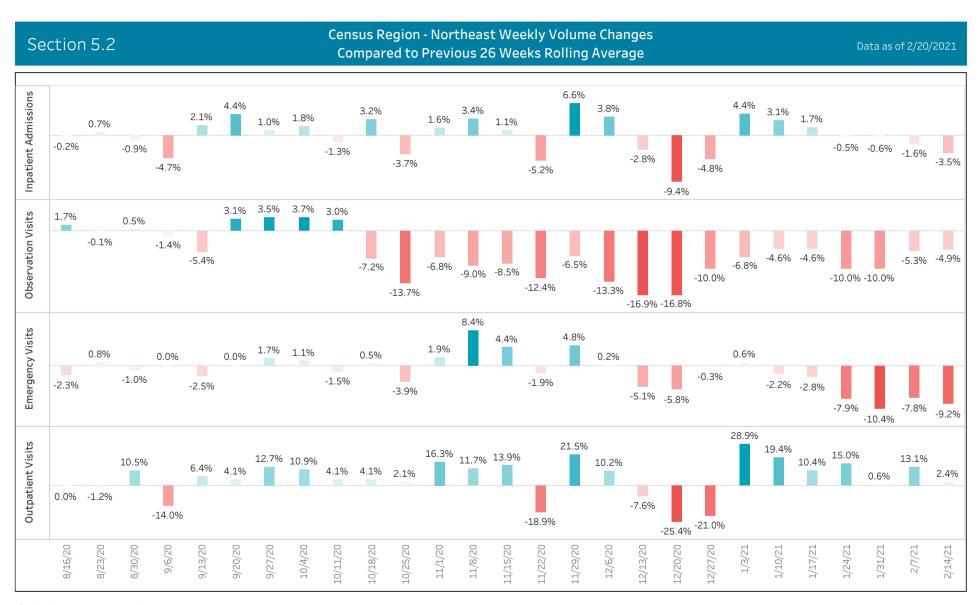




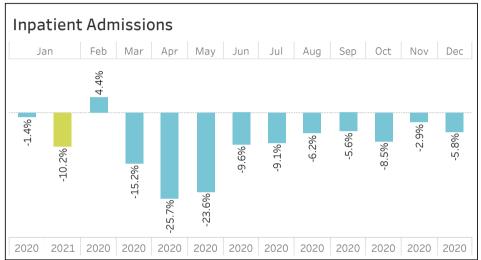






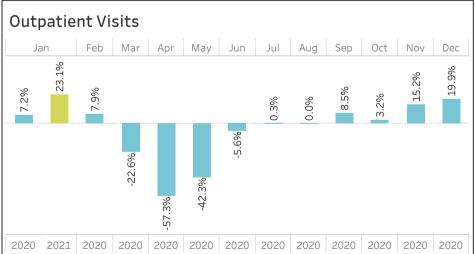


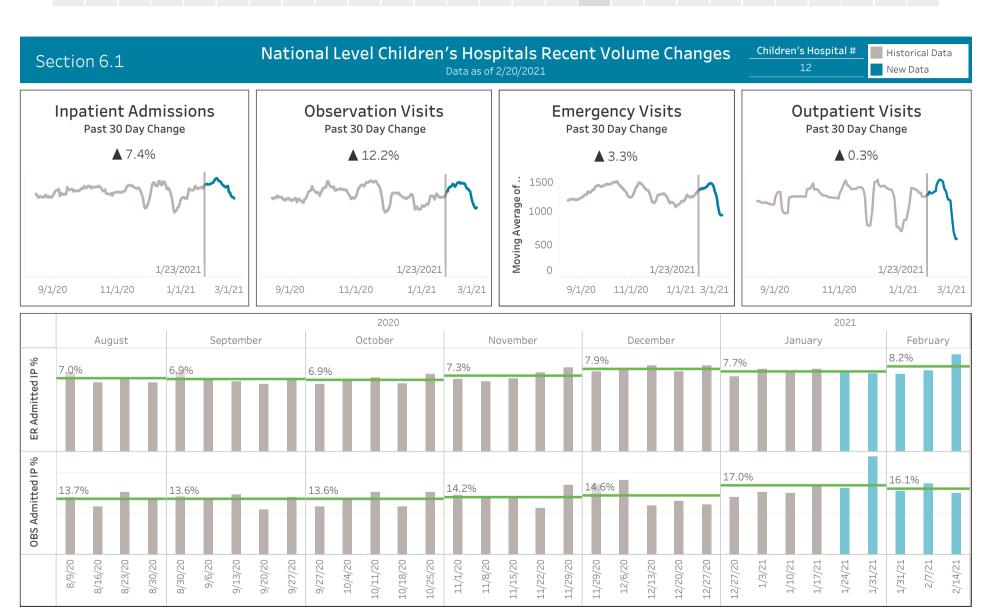


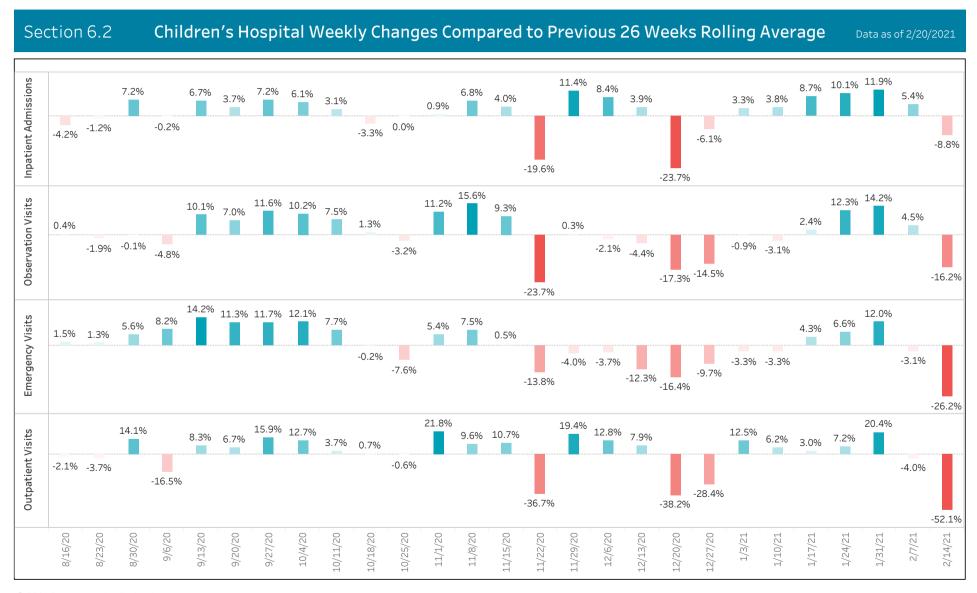








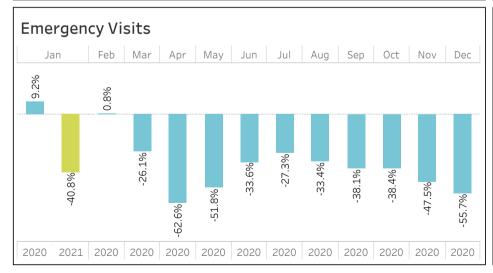




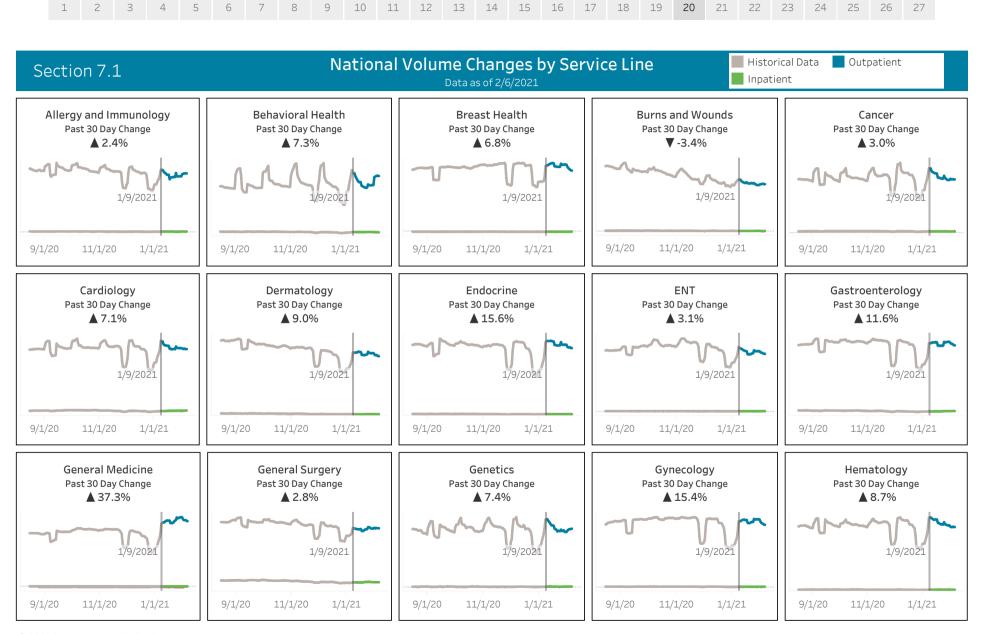


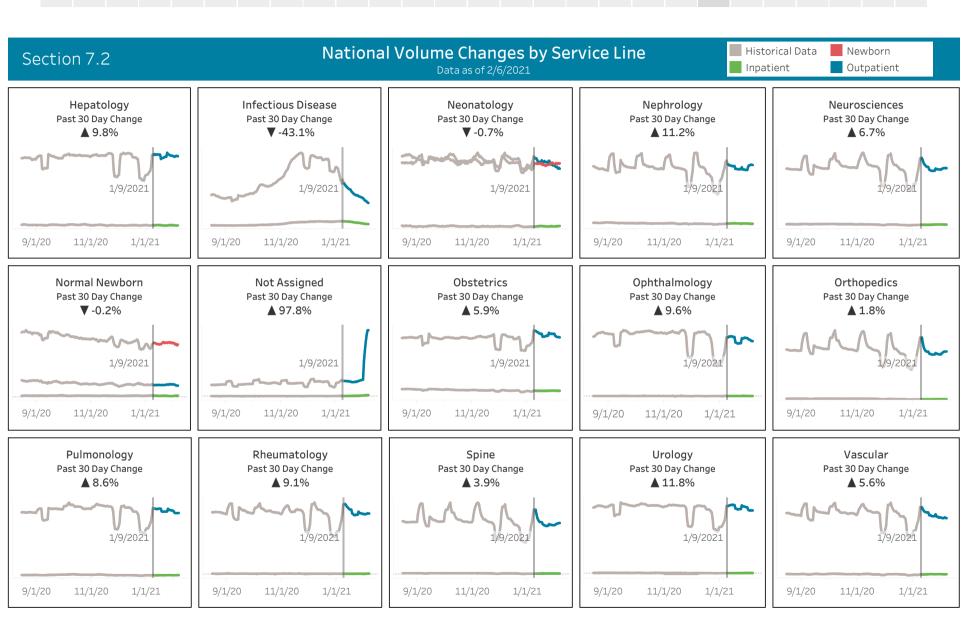












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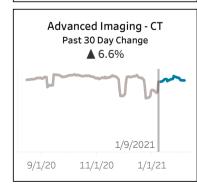
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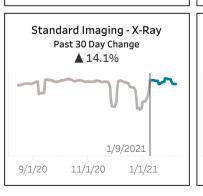


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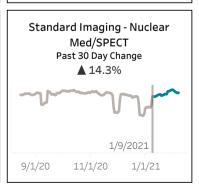
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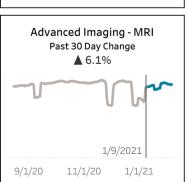
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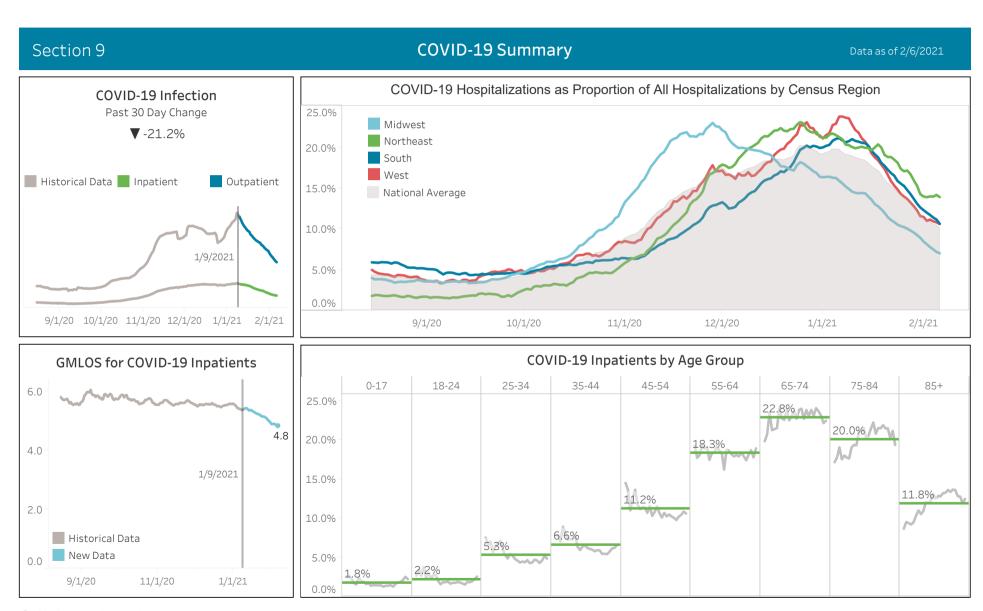
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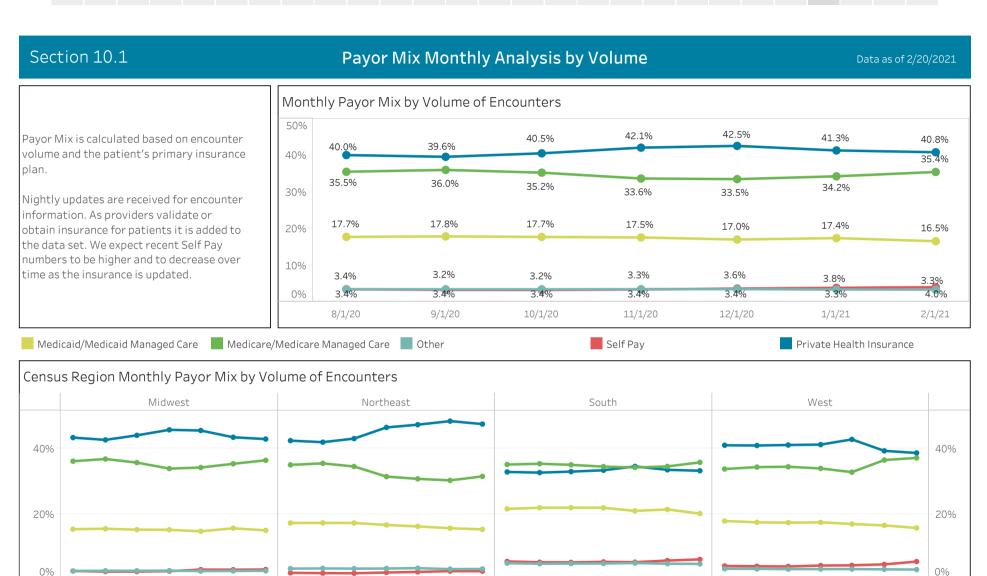
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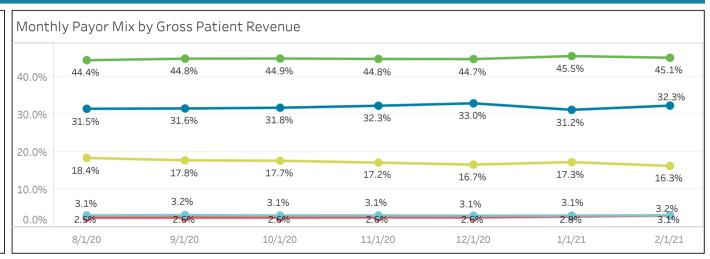


### Payor Mix Monthly Analysis

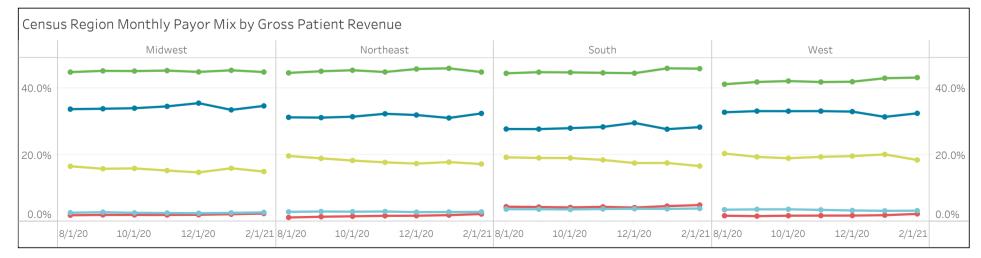
Data as of 2/20/2021

Payor Mix is calculated based on the total charges on the encounter and the patient's primary insurance plan.

Nightly updates are received for encounter information. As providers validate or obtain insurance for patients it is added to the data set. We expect recent Self Pay numbers to be higher and to decrease over time as the insurance is updated.



Medicaid/Medicaid Managed Care Medicare Managed Care Other Private Health Insurance Self Pay





## Methodology

Data Source: 72 StrataSphere® health systems with StrataJazz® Decision Support. All hospital billing encounters with nonzero charges were included. Once the encounter has charges greater than zero, it will then be included in the encounter count.

Patient Types include inpatient, observation patient, emergency patient, outpatient and newborn, which are determined by the presence of associated UB revenue codes in encounter charges.

Weekly change percentage is calculated by comparing current week patient volume with past 26 weeks rolling average volume.

Past 30 Day Change refers to the percentage difference between the sum encounter volume of the last 30 days of data, compared to the volume of the 30 days before that.

For the service line and procedure graphs: Service line and procedure groups provided by the Sg2 CARE Grouper™, based on the ICD-10 diagnosis and procedure codes, DRG codes, and CPT codes of each encounter.

For the COVID-19 summary graphs: COVID-19 infection status provided by the Sg2 CARE Grouper. Only encounters with ICD-10 diagnosis code U07.1 (indicating verified infection) are included.

GMLOS (Geometric mean length of stay) represents the nth root of the product of the LOS values for every COVID-19 inpatient admitted per day, where n is the number of patients per admit date. We chose this metric over average length of stay as it is less influenced by very high outliers.

For the payor mix analysis: the primary insurance plan is normalized by the StrataSphere machine learning payor model, encounters with a "not specified" payor are excluded.

Note: In the service line and procedure graphs observation and emergency patients are included in the outpatient volume for chart clarity.