The political tides continually ebb and flow, and the AHA is well-prepared to handle these shifts. We recognize that policy and regulation play a critical role in shaping our environment so we invest significant time, energy and resources to execute our strategic Advocacy Agenda.

However, other equally powerful changes are taking place and moving fast, independent of the politics of the day. The 2019 Environmental Scan provides data and trends that highlight these issues. For instance:

- **Consumerism** is continuing to transform our field. Individuals want affordable, convenient, personalized, high-quality care that provides more value. They want to engage in ways that make sense in today’s digital world.
- **Innovations such as technological advancements** and data analytics have the opportunity to reduce costs, improve care and reduce friction for the consumer.
- **Chronic disease management** continues to challenge the health care system, including addiction and the opioid crisis.
- The move from **volume to value** is well on its way, and models to support this are being developed and improved.
- **Social determinants of health** continue to play a large role in the health of populations.
- **New entrants** to the field and unique partnerships have disrupted the status quo.

These are just some of the many forces that are shaping our world. We take a holistic look at the landscape and then determine short-term and long-term strategies to help our members both address the environment and take charge of their circumstances. We simultaneously respond to the issues confronting us, and proactively think ahead.

It won’t be the people on Capitol Hill who solve health care’s greatest challenges – it will be the women and men of America’s hospitals and health systems. We scan our environment to give you a picture of where we are so you can move us forward. We are your trusted partner in providing guidance and assistance as you navigate your own unique path. Led by our recently launched **Agenda for Innovation and Transformation**, we provide the resources, market intelligence, data insights and leading practices you need to move our country forward on health care delivery, as well as novel ideas, new technologies and experimental pilot projects to help you on your way.

While the environment and strategies may change, one thing will not – the hospital will continue to serve as the pillar of the community and provide essential public services. We hope you think about the information provided in the 2019 AHA Environmental Scan and your strategy for the future, tailored to the populations you serve. We will be with you every step of the way.
TECHNOLOGY

“There are many advances in technology that will help drive down costs and improve quality. For instance, artificial intelligence can help providers make better decisions. It won’t replace judgment and critical thinking, but it can help us to synthesize the multitude of data inputs that can overwhelm us. This will allow providers to spend more time addressing clinical issues with patients. Telehealth is another example. Not only can this technology reduce costs and increase access to health care, it also responds to consumer appeals to make health care more convenient.”

Brian Gragnolati, President and CEO, Atlantic Health System

AFFORDABILITY

“As health care providers, the core of what we do is focused on what’s best for the individual. This includes providing access to care, excellent care and affordable care. I’m excited that the AHA’s Board of Trustees and Committee on Health Strategy and Innovation have taken a leadership role in addressing the issue of affordability, including how we define it, how we measure it and how we can innovate to achieve it. We need to be the convener and catalyst for those within the health care field, as well as outside our field, to incorporate the most promising strategies and create real results that affect consumers’ pocketbooks.”

Nancy Howell Agee, President and CEO, Carilion Clinic

STARTING IN OUR OWN BACKYARD

“As many of us know, when it comes to keeping populations healthy, our responsibilities do not begin or end at the hospital door. Our work must start in our own backyard. In this way, we’re working with businesses, nonprofits, government agencies and grassroots organizations...all pockets and areas of our communities are coming together and collaborating on what matters most— a shared mission around community health. We’re wrapping our arms around our most distressed neighborhoods; areas that don’t have enough access to behavioral health services or fresh foods; areas where the rates of diabetes and heart disease are above the national average. This work isn’t only the right thing to do from a social justice standpoint, it’s also important economically— especially as we have a shared responsibility for our most vulnerable citizens. Joining forces ultimately helps to keep individuals healthy and our communities thriving.”

Eugene A. Woods, President and CEO, Atrium Health
ACCESS
ACCESS TO AFFORDABLE, EQUITABLE HEALTH, BEHAVIORAL AND SOCIAL SERVICES

Hospitals, health systems and health organizations recognize that access to health care for individuals is the cornerstone of developing healthy communities across the nation. The areas of coverage, affordability and workforce all contribute to people’s ability to access health care.

ACCESS: COVERAGE

MEDICAID COVERS

- One in five Americans; more than four in 10 are children and one in four are elderly or people with disabilities.
- Nearly half of all births in a typical state.
- Four in 10 nonelderly adults with opioid addiction.
- One in five Medicare beneficiaries, providing assistance with their Medicare premiums and cost-sharing.

Medicaid is the third-largest domestic program in the federal budget, after Social Security and Medicare, accounting for 9.6% of federal spending in FY 2016.*

*“10 Things to Know about Medicaid: Setting the Facts Straight,” Robin Rudowitz and Rachel Garfield, Kaiser Family Foundation, April 12, 2018

UNINSURED RATE OF THE POPULATION YOUNGER THAN 65 IN THE UNITED STATES


340B DRUG SAVINGS PROGRAM

The program helps hospitals serving vulnerable communities to expand access to care.

- In 2015, tax-exempt hospitals participating in the program provided $51.7 billion in total benefits to their communities.
- The program, paid for by pharmaceutical company discounts, constitutes less than 3% of the more than $450 billion in U.S. annual drug purchases.

*“340B Hospital Community Benefit Analysis,” American Hospital Association, March 2018
The marketplaces have experienced volatility in insurer participation. The number of insurers declined between 2016-2018. However, this trend did not continue for 2019, and is reversing in some states.

Average number per state:

- **2018**: 11.8 million people
- **2017**: 12.2 million people

83% of participants nationwide had their premiums reduced by tax credits, resulting in an average premium of $89 per month.

The average unsubsidized monthly benchmark premiums increased 30% in 2018:

- **2017**: $476
- **2018**: $621*

This represents 12% of the median household income in 2018.**

The marketplaces have experienced volatility in insurer participation. The number of insurers declined between 2016-2018. However, this trend did not continue for 2019, and is reversing in some states.

**Health plan issuer participation increased in 2019. Five healthcare.gov states will have only one issuer, down from eight states in 2018.**

Health plan issuers across healthcare.gov states

- **2019**: 155
- **2018**: 132

The average monthly premiums for the benchmark silver plans in healthcare.gov states decreased by 2% in 2019, compared to 2018. The average monthly tax credit fell by 3%.*

*“Health Insurance Exchanges 2018 Open Enrollment Period Final Report,” Centers for Medicare & Medicaid Services, April 3, 2018

**“2019 Health Plan Choice and Premiums in Healthcare.gov States,” ASPE Research Brief, Department of Health and Human Services, Oct. 26, 2018

Elimination of the individual mandate penalties associated with the Affordable Care Act could:

- Reduce health insurance enrollment by 3 million to 6 million between 2019 and 2021.*

*“Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2018 to 2028,” Congressional Budget Office, May 23, 2018

Expanded short-term, limited-duration health plans could result in:

- An increase of 600,000 people covered under these plans in 2019.
- A decrease of 1.3 million people in individual market plans by 2028.
- An increase in federal spending on marketplace subsidies by $200 million in 2019 and $28.2 billion by 2028.**

*“2019 Health Plan Choice and Premiums in Healthcare.gov States,” ASPE Research Brief, Department of Health and Human Services, Oct. 26, 2018

The combined effect of eliminating the individual mandate penalties, expanding short-term, limited-duration policies and the loss of cost-sharing reduction payments will increase benchmark silver plan premiums by 16% than would otherwise be the case.***

**“Health Insurance Exchanges 2018 Open Enrollment Period Final Report,” Centers for Medicare & Medicaid Services, April 3, 2018

**“Household Income Trends: June 2018,” Gordon Green and John Coder, Sentier Research LLC, July 2018

***“Short-Term, Limited-Duration Insurance,” A Rule by the Internal Revenue Service, the Employee Benefits Security Administration and the Department of Health & Human Services, Aug. 3, 2018

****“Expansion of Loosely Regulated Plans are Affecting 2019 Premiums,” Rabah Kamal et al., Kaiser Family Foundation, Oct. 26, 2018
**ACCESS: AFFORDABILITY**

**AFFORDABILITY IS A BIPARTISAN ISSUE**

Percentage of working-age adults think that all Americans should have the right to affordable health:

- **ALL AMERICANS**: 92%
- **DEMOCRATS**: 99%
- **REPUBLICANS**: 82%
- **INDEPENDENTS**: 92%


**HOSPITALS HELD PRICE GROWTH TO UNDER 2% OVER THE PAST 4 YEARS**


**HIGH-DEDUCTIBLE HEALTH PLANS (HDHPS)**

Number of individuals younger than 65 with private health insurance enrolled in an HDHP, defined as an annual deductible of at least $1,300 for self-only coverage or $2,600 for family coverage.


**NATIONAL HEALTH EXPENDITURES (NHE)**

In 2016, NHE grew 4.3% to $3.3 trillion or $10,348 per person, and accounted for 17.9% of Gross Domestic Product (GDP). It is projected to reach 19.7% of GDP by 2026.

**Who pays?**

**In 2016:**
- Federal government: 28.3%
- Households: 28.1%
- Private businesses: 19.9%
- State and local governments: 16.9%*

**By 2026,** federal, state and local governments are projected to finance 47% of national health spending, up from 45% in 2016.**

*“National Health Expenditures 2016 Highlights,” NHE Fact Sheet, CMS, April 17, 2018*


**EMPLOYERS ARE SPENDING MORE**

Average employer contributions to premiums for family coverage

Surveys of Employer Health Benefits, Kaiser Family Foundation, September 2018
CONSUMERS ARE CONCERNED

One in four Americans (25%) say that cost of health care is the biggest concern facing their family.

One in three (33%) report that they could not access care in the last year because of cost.

One in four Americans (25%) say that cost of health care is the biggest concern facing their family.

Between 2011 and 2016, workers’ out-of-pocket health care costs grew faster than their earnings.

PREVALENCE AND SPENDING BY NUMBER OF CHRONIC CONDITIONS (2014)

<table>
<thead>
<tr>
<th>% of population</th>
<th># of chronic conditions</th>
<th>% of total health care spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>0</td>
<td>10%</td>
</tr>
<tr>
<td>31%</td>
<td>1-2</td>
<td>23%</td>
</tr>
<tr>
<td>16%</td>
<td>3-4</td>
<td>26%</td>
</tr>
<tr>
<td>12%</td>
<td>5+</td>
<td>41%</td>
</tr>
</tbody>
</table>

"Multiple Chronic Conditions in the United States," Christine Buttorff et al., RAND Corp., TL221-PFCD, 2017

HOSPITALS AND HEALTH SYSTEMS REDUCE ENERGY CONSUMPTION WHILE LOWERING COSTS

The AHA’s American Society for Health Care Engineering (ASHE) professional membership group offers an Energy to Care benchmarking program to help hospitals reduce energy use and lower operational costs. ASHE reports:

- Cost savings from 2010 to 2018: $395 million
- Energy to Care savings are equivalent to one year’s:
  - Greenhouse gas emissions from 924,503 passenger vehicles
  - Energy use from 466,195 homes

To learn more about the Energy to Care program, visit: energytocare.org

PRESCRIPTION DRUGS

- 80% of the public perceive prescription drug costs as "unreasonable."
- With the launch of Medicare Part D in 2006, Medicare has become a major payer for prescription drugs. As of 2016, Medicare’s contribution to total national health spending on prescription drugs was 29%, making it the second-largest payer for retail drugs after private insurance.
- In 2016, the U.S. had the highest pharmaceutical spending per capita among its peers at $1,443. The range for 10 other high-income countries was $466 to $939.

**"What are the recent and forecasted trends in prescription drug spending?" Rabah Kamal and Cynthia Cox, Kaiser Family Foundation, Dec. 20, 2017
***"Health Care Spending in the United States and Other High-Income Countries," Irene Papanicolas, Ph.D. et al., JAMA, 319(10):1024-1039, March 13, 2018

COST OF REGULATION

Federal regulation is intended to ensure that health care patients receive safe, high-quality care. However, some of the regulations do not improve care, and all of them raise costs.

- Health systems, hospitals and post-acute care providers:
  - Must comply with 629 regulatory requirements across nine domains.
  - Spend nearly $39 billion annually on the administrative aspects of nonclinical regulatory compliance.
- Cost to an average-sized community hospital to support compliance with nonclinical regulations from just four federal agencies:
  - $7.6 million per year, or $1,200 per admission

*Roughly one in four people (26%) taking prescription drugs report difficulty affording their medicine.

"Average Annual Workplace Family Health Premiums Rise Modest 3% to $18,142 in 2016; More Workers Enroll in High-Deductible Plans With Savings Option Over Past Two Years," Kaiser Family Foundation, Sept. 14, 2016
"What do we know about people with high out-of-pocket spending?" Bradley Sawyer et al., Peterson-Kaiser Health System Tracker, Kaiser Family Foundation, Oct. 4, 2017
ACCESS: WORKFORCE

PHYSICIAN SHORTAGE BY 2030

- The projected shortfall of total physicians: Between 42,600 and 121,300
- The projected primary care shortage: Between 14,800 and 49,300 physicians
- Changes in physician retirement decisions could have the greatest impact on supply; more than one-third of all currently active physicians will be 65 or older within the next decade.

“2018 Update: The Complexities of Physician Supply and Demand: Projections from 2016 to 2030,” prepared for the Association of American Medical Colleges; submitted by IHS Markit Ltd., March 2018

PHYSICIAN BURNOUT

- 42% reported burnout
- 14% reported both burnout and depression

Highest contributing factors to burnout:

- Excess of bureaucratic tasks
- Too many hours at work


REGULATORY COMPLIANCE

An average-size hospital dedicates 59 full-time equivalents (FTEs) to regulatory compliance, more than one-fourth of which are doctors and nurses. While an average-size community hospital dedicates 59 FTEs overall, post-acute care regulations require an additional 8.1 FTEs.

“Regulatory Overload: Assessing the Regulatory Burden on Health Systems, Hospitals and Post-acute Care Providers,” American Hospital Association and Manatt Health, October 2017

NURSING SHORTAGE

- There are 3 million nurses in the United States. The country will need to produce more than 1 million new registered nurses by 2022 to fulfill its health care needs.
- Nursing schools are struggling to hire qualified teachers.

Annual national nursing program faculty vacancy rate:

More than 7% = a shortage of 1,565 teachers.

“Nursing schools are rejecting thousands of applicants — in the middle of a nursing shortage,” Parija Kavilanz, CNNMoney, April 30, 2018

ARTIFICIAL INTELLIGENCE (AI) AND AUTOMATION

Advances in AI and robotics systems will result in the automation of tasks and change the job market in some fields. Automation and AI could replace 45% of the activities that people are now paid to perform. While applications for specialized AI are expected to grow, AI that exhibits broadly applicable intelligence compared with that of a human is not expected to occur in the next 20 years.


“Global Trends, Paradox of Progress,” National Intelligence Council, January 2017

MILLENNIALS ARE THE LARGEST GENERATION IN THE U.S. LABOR FORCE

25% BABY BOOMERS

33% GEN XERS

5% POST-MILLENNIAL

2% SILENT GENERATION

35% MILLENNIALS

“Millennials are the largest generation in the U.S. labor force,” Richard Fry, Pew Research Center, April 11, 2018
NURSING SHORTAGE
The country will need to produce more than 1 million new registered nurses by 2022 to fulfill its health care needs.

PHYSICIAN SHORTAGE
More than one-third of all currently active physicians will be 65 or older within the next decade.
HEALTH FACTORS AND OUTCOMES

Contributions to health outcomes:

- Gun injuries sent 75,000 children and teens to emergency departments over nine years (2006-2014) at a cost of almost $3 billion.**
- 11.8% of households are food insecure.***
- 3.6 million people do not obtain medical care due to transportation barriers.****


**“Guns send over 8,000 US kids to ER each year, analysis says,” Lindsey Tanner, AP News, Oct. 29, 2018


****“Social Determinants of Health Series: Transportation and the Role of Hospitals,” American Hospital Association, the AHA’s Health Research & Educational Trust and the Association for Community Health Improvement November 2017; www.aha.org/transportation

HOSPITALS ADDRESS COMMUNITY NEEDS

Transportation to health services — 23%
Fitness center — 33%
Tobacco treatment/cessation — 56%
Linguistic translation — 61%
Nutrition program — 79%
Health fairs — 80%
Community health education — 85%

HOSPITALS SCREEN FOR SOCIAL NEEDS

88% of hospitals are currently screening for social determinants.

“In Social determinants of health: How are hospitals and health systems investing in and addressing social needs?” Josh Lee and Casey Korba, MS, Social Determinants of Health Hospital Survey, Deloitte Consulting LLP & Deloitte Center for Health Solutions, 2017

HEALTH FACTORS AND OUTCOMES

In the United States:

- Gun injuries sent 75,000 children and teens to emergency departments over nine years (2006-2014) at a cost of almost $3 billion.**
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WELL-BEING

FOCUS ON WELL-BEING AND PARTNERSHIP WITH COMMUNITY RESOURCES

The health care system is evolving outside the walls of the hospital and into the community in an effort to manage and prevent chronic disease and improve the well-being of patients and the community.
DEATHS OF DESPAIR’ RISING

- Combined rate of deaths from suicide, alcohol and drugs—sometimes called “deaths of despair”—increased 50% from 2005 to 2016.*
- In 2016, 142,000 Americans—the highest number ever recorded—died from suicide, alcohol- and drug-induced fatalities.**

* “Surge in ‘Deaths of Despair’ Hits the US,” Megan Brooks, MedScape.com, May 3, 2018
** “Pain in the Nation Update: Deaths from Alcohol, Drugs and Suicide Reach the Highest Level Ever Recorded;” Issue Brief, Trust for America’s Health, February 2018

SOCIAL NETWORKS

Health care leaders believe social networks, both face-to-face and virtual, are most useful in health care delivery for:

- Chronic disease management (85%)
- Healthy behavior promotion (78%)

“Patient Engagement Survey: Social Networks to Improve Patient Health,” Kevin G. Volpp, M.D., Ph.D. et al., NEJM Catalyst, Jan. 4, 2018

PHYSICAL ACTIVITY NEEDS A BOOST

An estimated 23% of U.S. adults younger than 65 met federal guidelines for aerobic and muscle-strengthening, leisure-time activity between 2010 and 2015.


ADVERSE EVENTS IN CHILDHOOD

People who are exposed to adverse experiences in childhood are more likely to have serious health problems later in life, at a certain level doubling their risk of cancer, heart disease and stroke; quadrupling rates of depression; and increasing their likelihood of attempting suicide 12-fold.

“A prescription for... resiliency?” Chelsea Conaboy, Politico’s The Agenda 2020, Jan. 10, 2018

MENTAL HEALTH

An estimated 50% of all Americans are diagnosed with a mental illness or disorder at some point in their lifetimes. Mental illnesses are(23,18),(987,952) the third most common cause of hospitalization for those 18-44 years old, and adults living with serious mental illness die on average 25 years earlier than others.

Data and Publications, Centers for Disease Control and Prevention, CDC.gov, Jan. 26, 2018

OPIOIDS

- It is estimated that 72,000 Americans died from drug overdoses in 2017, a 10% increase from 2016.* Of that total, 49,000 deaths (68%) are attributed to opioids.**
- On average, 115 Americans die every day from an opioid overdose.***
- The cost of the country’s opioid crisis:
  - Exceeded $1 trillion from 2001 to 2017.
  - Will cost an additional $500 billion by 2020.****
- Fentanyl and heroin have become more responsible for deaths, followed closely by prescription painkillers.*****

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2016</th>
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<tbody>
<tr>
<td>Heroin</td>
<td>1,960</td>
<td>15,469</td>
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<tr>
<td>Rx Painkillers</td>
<td>2,749</td>
<td>14,487</td>
</tr>
<tr>
<td>Methadone</td>
<td>784</td>
<td>3,373</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>730</td>
<td>19,413</td>
</tr>
</tbody>
</table>

* “Provisional Drug Overdose Death Counts,” Farida B. Ahmad, M.P.H. et al., National Center for Health Statistics, 2018
** “Provisional 2017 Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths,” Kaiser Family Foundation, KFF.org
**** “Economic Toll Of Opioid Crisis In U.S. Exceeded $1 Trillion Since 2001,” Altarum, Feb. 13, 2018
***** “Can Washington fix the opioid crisis?” Kimberly Leonard, Washington Examiner, April 15, 2018

DIABETES

In the United States:

- More than 30 million people have diabetes.
- More than 84 million people have prediabetes; 90% do not know they have it.
- 4,110 people are diagnosed each day; More than half of new cases are adults 45 – 64 years old.
- Diabetes costs $327 billion per year.


1$ in 7 health care dollars is spent treating diabetes and its complications.
B.E. Smith is the industry's trusted partner in Executive Search solutions. Our personalized placement methodology best matches C-suite professionals to top healthcare organizations across the country. Since 2000, B.E. Smith has recruited more than 6,000 leaders. Overcome your recruitment challenges, partner with B.E. Smith and find your next executive leader.
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VALUE
THE BEST CARE THAT ADDS VALUE TO LIVES

Health care transformation and value-based care models focusing on populations can improve the quality of care at a lower cost.

TRENDS IN DELIVERY MODELS

Hospitals participating in an ACO have steadily increased

<table>
<thead>
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<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>%</td>
<td>13%</td>
<td>20%</td>
<td>25%</td>
<td>31%</td>
<td>37%</td>
<td>42%</td>
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More hospital payment contracts with commercial payers are tied to quality/safety performance

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<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>%</td>
<td>35%</td>
<td>42%</td>
<td>46%</td>
<td>51%</td>
<td>53%</td>
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Hospitals participating in a medical home continue to rise

<table>
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<tr>
<th>Year</th>
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<th>2013</th>
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<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>%</td>
<td>18%</td>
<td>22%</td>
<td>25%</td>
<td>26%</td>
<td>28%</td>
<td>41%</td>
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Hospitals are taking on more risk

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<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
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<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>7%</td>
<td>8%</td>
<td>11%</td>
<td>12%</td>
<td>13%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*2017 Survey question is re-worded and not directly comparable to prior years

To explore interactive data regarding patient-centered medical homes, visit: aha.org/PCMH

*Caring for Communities: How Hospitals are Engaging in New Payment Models and Addressing Community Needs; AHA Hospital Statistics, 2018, Health Forum LLC, an affiliate of the American Hospital Association; AHA Annual Survey data, 2017 for community hospitals
ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

More than 10% of the U.S. population is now covered by an accountable care contract.*

ACOs saved Medicare $314 million in 2017.**

To explore interactive data regarding ACOs, visit: aha.org/ACO

*“Growth Of ACOs And Alternative Payment Models In 2017,” David Muhlestein et al., Health Affairs Blog, June 28, 2017

**“Medicare ACOs Saved CMS $314 Million in 2017,” The Commonwealth Fund, Sept. 4, 2018

HOSPITAL-ACQUIRED CONDITION (HAC) RATES

• Hospital-acquired conditions between 2014 and 2016:
  - Declined by 8%
  - 8,000 fewer deaths
  - Reduced costs by $2.9 billion

HACs decreased by an estimated 350,000 over the period, including a 15% decline in infections and adverse drug events, largely through the work of 16 Hospital Improvement Innovation Networks (HIINs).

• Through the work of the HIINs, the Centers for Medicare & Medicaid Services (CMS) works with 4,000 of the nation’s hospitals and spreads best practices with the aim to reduce HACs by 20%. Once this goal is met, it is projected from 2015 through 2019, there will be:
  - 1.8 million fewer patients with HACs
  - 53,000 fewer deaths
  - $19.1 billion in hospital cost savings

The AHA’s Health Research & Educational Trust supports the largest HIIN, including more than 1,600 participating hospitals and 34 state hospital associations.

“Declines in Hospital-Acquired Conditions Save 8,000 Lives and $2.9 Billion in Costs,” Agency for Healthcare Research and Quality, June 5, 2018

CLINICAL-DECISION ALERTS SHOW PROMISE

The integration of EHR clinical-decision alerts into the workflow has been challenging. However, if integrated intelligently, clinical-decision alerts have the potential to improve care.*

• Researchers examined physician adherence to 18 real-time alerts within a hospital EHR based on the Choosing Wisely recommendations.

• Patient encounters in which providers adhered to all alerts had significantly lower total costs, shorter lengths of stay, a lower probability of 30-day readmissions and a lower probability of complications compared with non-adherent encounters.**

*“Why are EHR Alerts, Clinical Decision Support So Ineffective?” Jennifer Bresnick, HealthIT Analytics, Nov. 13, 2015

**“Choosing Wisely Clinical Decision Support Adherence and Associated Patient Outcomes,” Andrew M. Heekin, Ph.D. et al., American Journal of Managed Care, 24(8):361-366, August 2018

HOUSE CALLS ADD VALUE

• Two million older Americans are homebound because of their health, but less than 12% receive primary care services at home.

• In its first year, a house call demonstration project saved Medicare more than $25 million; an average of $3,070 per beneficiary.

“The rise of house calls,” Lola Butcher, Trustee, American Hospital Association, April 9, 2018

COMMUNITY HEALTH WORKERS

A standardized community health worker intervention led to improved chronic disease control, mental health, quality of care and reduced hospitalizations.

“Community Health Worker Support for Disadvantaged Patients With Multiple Chronic Diseases: A Randomized Clinical Trial,” Shreya Kangovi MD, MS et al., American Journal of Public Health, October 2017

LOW-VALUE CARE

• Research estimates that between 25% and 42% of Medicare beneficiaries receive some form of low-value care — the use of unnecessary health care services.*

• 59% of physicians who reported exposure to the American Board of Internal Medicine Foundation’s Choosing Wisely campaign were more likely to have reduced the number of times they recommended a test or procedure in the last year because they learned it was unnecessary, versus 43% who were not exposed.**

*“Measuring Low-Value Care in Medicare,” Aaron L. Schwartz, B.A, et al., JAMA Internal Medicine, 174(7);1067-1076, July 2014

**“Choosing Wisely: A Special Report On The First Five Years,” the American Board of Internal Medicine Foundation, Oct. 26, 2017

MEDICARE’S MERIT-BASED INCENTIVE PAYMENT SYSTEM PARTICIPATION

• 91% of all eligible clinicians participated in the first year of this Quality Payment Program.

• Submission rates for ACOs and clinicians in rural practices were 98% and 94%, respectively.

“Quality Payment Program Exceeds Year 1 Participation Goal,” Seema Verma, CMS Blog, May 31, 2018
Health care providers are fostering true patient engagement, recognizing that individuals are increasingly viewing health care through a consumer lens and connecting in ways that make sense in today’s digital world.

**HOSPITALS INCREASE PATIENT ONLINE ACCESS TO CARE**

Hospitals provide patients the ability online to:

- Access their health information – 93%
- Pay bills – 78%
- Securely message with providers – 68%
- Request prescription refills – 50%
- Schedule appointments – 48%

“Expanding Electronic Patient Engagement,” TrendWatch, American Hospital Association and Milken Institute School of Public Health at the George Washington University, AHA Annual Survey IT Supplement Brief #1, March 2018

**CONSUMER INTEREST IN VIRTUAL CARE OUTPACES PHYSICIAN ADOPTION**

- 23% of consumers have had a virtual visit with a doctor or nurse.
- 57% of consumers who have not used virtual visits are willing to try them.
- 14% of physicians have implemented the technology for virtual visits.
- 18% of physicians without current capacity plan to add it within the next two years.

“What can health systems do to encourage physicians to embrace virtual care?” Ken Abrams, M.D. et al., 2018 Survey of U.S. Physicians, Deloitte Insights, July 18, 2018

**DIVERSITY IN MEDICINE**

Black men are more likely to select preventive services, particularly invasive services, when they meet with a doctor who is of the same race. Black patients are more likely to talk with a black doctor about their health problems, and black doctors are more likely to write additional notes about black patients.

Less than 10% of U.S. physicians are African American, American Indian, Alaska Native or Hispanic, yet these groups make up about one-third of the population.**


**AMA to aim for more diverse, better prepared physician workforce,” Brendan Murphy, AMA-Wire, American Medical Association, Jun. 14, 2017; Racial and Ethnic Minority Populations, Department of Health & Human Services, SAMHSA, Aug. 16, 2018

**POPULATION SHIFTS**

The U.S. population is aging

- **2018:** An average of 10,200 people turn 65 each day
- **1970:** 10% of adults were older than 65
- **2030:** 20% of adults will be older than 65
- Among Americans 65 and older, 80% have one chronic disease and 77% have at least two.***


**CONSUMERS SAY THEY ARE LIKELY TO USE VIRTUAL CARE, A COMPONENT OF TELEMEDICINE, FOR:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Likely to Use Virtual Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-hours appointments</td>
<td>73%</td>
</tr>
<tr>
<td>Discussing specific health concerns with medical professionals</td>
<td>73%</td>
</tr>
<tr>
<td>Taking a class on a specific medical condition</td>
<td>71%</td>
</tr>
<tr>
<td>Follow-up care</td>
<td>65%</td>
</tr>
<tr>
<td>In-home follow-up after a hospital stay</td>
<td>62%</td>
</tr>
<tr>
<td>Participating in a family member’s medical appointment</td>
<td>59%</td>
</tr>
<tr>
<td>Being examined for nonemergency conditions</td>
<td>57%</td>
</tr>
</tbody>
</table>

“Meet Today’s Healthcare Team: Patients + Doctors + Machines,” Consumer Survey on Digital Health, Accenture, 2018
INNOVATION AND COORDINATION

SEAMLESS CARE PROPELLED BY TEAMS, TECHNOLOGY, INNOVATION AND DATA

The health care field is transforming. New entrants and unique partnerships are accelerating this transformation. Hospitals and health systems are preparing for the future by investing in innovative technologies and cultures. Teams, technology and data will spur the advancement of care coordination throughout the continuum of care, improving outcomes, addressing affordability and reducing friction for individuals.


**"The Rise of mHealth Apps: A Market Snapshot," Liquid State, March 26, 2018**

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**THERE’S AN APP FOR THAT**

- 75% of consumers surveyed said technology is important to managing their health.
- 48% of health care consumers are using mobile health apps.
- Use of wearables has more than tripled since 2014, from 9% to 33%.
- 90% of consumers are willing to share their wearable health device data with their doctors.*
- The top 3 conditions with the best market potential for digital health solutions are diabetes, obesity and depression.**

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**INTEROPERABILITY**

A digitized interoperable health care system that securely and instantly exchanges medical records across the U.S. is estimated to reduce the overall costs of health care services by $371 billion per year.

"To advance health information exchange, we need a health IT consortium," Niam Yaraghi, The Brookings Institution, Feb. 27, 2018

**HEALTH DATA EXPLOSION**

Health care data growth is one of the fastest across many industries:
- Annual growth rate – 48%
- Amount of data by 2020 – 2,314 exabytes
- Percentage of data that is useful if tagged and analyzed – 57%
- Percentage of data that provides the highest value – 3.1%


**SMART SPEAKERS**

24% of U.S. households own a smart speaker that relies on a voice-activated personal assistant

Possible uses of voice assistants in health care include patient education, adherence and compliance, coordination of care and decision-making support for clinicians.**

**"What Will Health Care Look Like Once Smart Speakers Are Everywhere?" Carla E. Small et al., Harvard Business Review, March 7, 2018**

PERSONAL GENETIC DATA
The number of people who have had their DNA analyzed with direct-to-consumer genetic genealogy tests more than doubled during 2017 and now exceeds 12 million.

This suggests that

American adults now has access to personal genetic data, spurring a range of new genetic-analysis services.

“2017 was the year consumer DNA testing blew up,” Antonio Regalado, MIT Technology Review, Feb. 12, 2018

HEALTH CARE INVESTMENT
• Total U.S. health care venture capital investment increased 25% in 2017.
  - $14.4 billion invested through 748 deals*
• Health care digitization, consumerism, big data analytics and value-based care reimbursement models will propel the global life sciences market to $1.5 trillion by 2022.**

**“Healthcare MoneyTree™ Report Q4 2017,” PricewaterhouseCoopers LLP and CB Insights, Jan. 10, 2018
** “Healthcare Disruption, The Future of the Healthcare Market,” Reaction Data, 2018

TECHNOLOGY AND COST EFFICIENCY
Health plan leaders think these technologies are leading to significant administrative cost efficiencies:
• Clinical data integration – 63.2%
• Robotic process automation – 27.2%
• Artificial intelligence – 22.8%
• Member engagement hub – 22.8%
• Wearables – 22.8%


FIVE EMERGING TECHNOLOGIES COULD POTENTIALLY TRANSFORM SOCIETY
• Genome editing
• Artificial intelligence and automation
• Quantum information science
• Brain/augmented reality
• Cryptocurrencies and blockchain


HOSPITAL AND HEALTH CARE LEADERS’ PERSPECTIVE:
Which new entrant will have the biggest impact on health care?*

59% AMAZON
14% APPLE
8% GOOGLE
7% MICROSOFT
11% OTHER

Top 3 most important current disruptions:**

40% Consumerism
38% Medicaid financing and redesign
36% Move toward value/delivery system reform

** “Healthcare Disruption, The Future of the Healthcare Market,” Reaction Data, 2018
A SAMPLING OF NEW ENTRANTS AND DEALS IN HEALTH CARE

Amazon, JPMorgan Chase and Berkshire Hathaway started a new business to improve their employees’ health care.1

Amazon and startup Xealth are working on a pilot program that will let doctors prescribe items for delivery to patients’ homes. Amazon acquired pharmaceutical delivery services PillPack.2 It also is seeking to leverage voice assistant Alexa in the health care field.3

The CVS-Aetna deal brings together around 10,000 CVS stores and the health insurer’s 22 million customers.4 It gives CVS large claims data sets to combine with pharmacy and retail clinic data.5

Google is developing a version of artificial intelligence that could predict the outcome of patients’ hospital visits the moment they are admitted.6

Apple is launching a group of primary care clinics for its employees.7

Walmart is experimenting with ACOs; 21% of large employers are using ACOs.8

Uber Health provides a ride-hailing platform available specifically to health care providers.9

Cigna plans to buy the nation’s largest and last major independent pharmacy benefit manager, Express Scripts Holding Co., which is responsible for the prescription plans of more than 80 million Americans.10 The U.S. Justice Department has approved the deal.11

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HOSPITAL EXECUTIVES SURVEYED ABOUT DIGITAL INNOVATION

- The Top 5 digital innovation priorities for health systems:
  - Patient-generated data and customized services
  - Network utilization and management
  - Referral management and in-network retention
  - Social community support
  - Convenient patient access, including telemedicine

- More than 50% of leaders say that they are holding off on digital innovation because of a lack of capital and fear of creating unintended operational burdens

- Four factors significantly accelerate digital innovation within hospitals and health systems:
  - Providing sufficient IT resources.
  - Creating a flexible budget cycle.
  - Dedicating a funding pool.
  - Reserving a portion of each service line leader’s budget for digital innovation.

When all four factors are present, innovation occurs 52% faster, shortening the time to impact by a year.

“2018 Health Care & Life Sciences Investment Outlook,” KPMG & Leavitt Partners, Jan. 9, 2018

INVESTMENT ADVISERS’ VIEWS ON DISRUPTORS

Health care investment advisers identified six key disruptors anticipated to continue reshaping the landscape.

High-opportunity disruptors
- Shifting care to lower cost sites
- Consumer engagement and expectations
- Rise in clinical service outsourcing/automation
- Integrated and interoperable care delivery

Higher-risk disruptors
- Access constraints
- Pricing pressure

“2018 Health Care & Life Sciences Investment Outlook,” KPMG & Leavitt Partners, Jan. 9, 2018

RETAIL CLINICS

<table>
<thead>
<tr>
<th></th>
<th>Market share</th>
<th># of clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS Health retail pharmacy</td>
<td>55%</td>
<td>1,105</td>
</tr>
<tr>
<td>Walgreens</td>
<td>18%</td>
<td>356</td>
</tr>
<tr>
<td>Kroger</td>
<td>11%</td>
<td>213</td>
</tr>
<tr>
<td>Walmart</td>
<td>4%</td>
<td>75</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>256</td>
</tr>
</tbody>
</table>

“Retail Clinic Check Up: CVS Retrenches, Walgreens Outsources, Kroger Expands,” Adam J. Fein, Ph.D., Drug Channels Institute, Feb. 16, 2017

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1 “Amazon, Berkshire Hathaway and JPMorgan Team Up to Try to Disrupt Health Care,” Nick Wingfield, Katie Thomas and Reed Abelson, The New York Times, Jan. 30, 2018
2 “Report: Amazon and startup Xealth working on program to deliver medical supplies to patients,” Clare McGrane, GeekWire, July 12, 2018
3 “Digital health briefing: Amazon is building a health team for Alexa,” Nicky Lineaweaver and Laura Beaver, Business Insider, May 14, 2018
4 “Google is developing its own prescription for U.S. health-care costs: smarter artificial Intelligence,” Jurica Dujmovic, MarketWatch, Feb. 9, 2018
5 “Apple is launching medical clinics to deliver the world’s best health care experience” to its employees,” Christina Farr, CNBC.com, Feb. 27, 2018
6 “Amazon Isn’t the Only Retail Giant Trying to Remake Health Care,” Zachary Tracer, Bloomberg, March 8, 2018
7 “Uber launches Uber Health, a B2B ride-hailing platform for healthcare,” Darrell Etherington, TechCrunch, March 1, 2018
8 “Cigna to Buy Express Scripts in $52 Billion Health Care Deal,” Katie Thomas et al., The New York Times, March 8, 2018
9 “Uber is working on a pilot program that will let doctors prescribe items for delivery to patients’ homes,” Clare McGrane, GeekWire, July 12, 2018
ECONOMIC IMPACT

By the end of 2017, for the first time in history, health care surpassed manufacturing and retail, the most significant job engines of the 20th century, to become the largest source of jobs in the U.S.*

Of the 10 jobs that will see the fastest percentage of growth in the next decade, five are in health care and elderly assistance. The entire health-care sector is projected to account for a third of all new employment.**

*Federal Reserve Economic Data, Economic Research, fred.stlouisfed.org, Federal Reserve Bank of St. Louis

To explore interactive data regarding the economic impact of hospitals in your community, visit: aha.org/jobsdata and aha.org/economicsdata

HOSPITAL FIELD REALIGNMENT

Hospital - physician affiliation in 2017

• 55.7% of physicians are employed by or under contract with hospitals.

• Hospitals employ over 285,000 physicians, up by more than 80% since 2000.*

Hospital mergers and acquisitions

• 115 transactions were announced in 2017, up 13% over 2016.

• Intellectual capital, brand and presence, network infrastructure, risk-bearing capabilities, care continuum, clinical and business intelligence, consumerism, capital resources, and diversified operations represent the most frequently cited benefits of these partnerships.**

*Rural Hospitals: A Community’s Anchor,” American Hospital Association, 2016

**“Healthcare Access in Rural Communities,” Rural Health Information Hub, www.ruralhealthinfo.org, June 9, 2017

RURAL HOSPITALS

• As of November 2018, 89 rural hospitals had closed across the country since 2010.*

• More than half of the nation’s rural counties no longer have hospital obstetric services.**

• About 60 million people, or one in five people, live in rural America.***

• Rural hospitals support nearly 2 million jobs.****

• Rural hospitals are exploring numerous strategies to increase access to health care, including team-based care models such as patient-centered medical homes, affiliations with health care networks, partnerships with other health facilities and telehealth services.*****

*Analysis of AHA Annual Survey data, 2017, for community hospitals
**“Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14,” P. Hung et al., Health Affairs 36(9):1663-1671, September 2017
***“Defining Rural at the U.S. Census,” Michael Ratcliffe et al., U.S. Census Bureau, Department of Commerce, December 2016
****“Rural Hospitals: A Community’s Anchor,” American Hospital Association, 2016
*****“Healthcare Access in Rural Communities,” Rural Health Information Hub, www.ruralhealthinfo.org, June 9, 2017

INPATIENT/OUTPATIENT REVENUES FOR COMMUNITY HOSPITALS

<table>
<thead>
<tr>
<th>Year</th>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>2015</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>2016</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>2017</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>

“TrendWatch Chartbook 2018: Supplementary Data Tables, Chapter 4, Trends in Hospital Financing,” Annual Survey, American Hospital Association, May 2018; AHA Annual Survey data, 2017, for community hospitals
CYBERSECURITY IS A GROWING CONCERN FOR HOSPITAL LEADERSHIP

According to John Riggi, AHA's senior adviser for cybersecurity, the nation's medical systems are increasingly being targeted by hackers, cybercriminals and hostile nation states attracted by the wealth of patient information and medical intellectual property stored in hospital and health system information technology databases.

- Cyber risk can never be eliminated, it can only be mitigated.
- The use of a wide variety of internet-connected devices by clinical and non-clinical staff may place confidential data at risk and potentially expose patient safety and care delivery to cyber risk.
- Hospital and health system leadership and boards must elevate the issue of cyber risk as an overall enterprise risk issue and ensure they receive regular cyber risk briefings.
- Types of attacks on the rise include phishing, business email compromise, ransomware, supply chain attacks, crypto hijacking, medical device intrusions and nation state computer intrusions.
- The number of data breaches at American health care organizations has dramatically increased.
  - 2010: 199
  - 2017: 344
  - First six months of 2018: 154*


MOODY’S INVESTORS SERVICES OUTLOOK

The nonprofit hospital median operating cash flow margin

- **2017:** 8.1% - the lowest level seen since the 2008-2009 recession
- **2016:** 9.5%

Comparing 2017 and 2016

- The nonprofit hospital annual median revenue growth rate decreased by 2.2%.
- The median expense growth rate decreased by 1.7%.

Moody’s expects nonprofit hospitals to continue to be stressed by an aging population and declining reimbursement.

“Moody’s: Preliminary nonprofit healthcare profitability margins at 10-year low;” Kelly Gooch, Becker’s Hospital CFO Report, April 23, 2018

HOSPITALS’ COSTS TO PROVIDE UNCOMPENSATED CARE

2017

$38.4 billion

American Hospital Association Annual Survey data, 2017, for community hospitals

HOSPITAL AND HEALTH SYSTEM GROSS REVENUE IN 2017

<table>
<thead>
<tr>
<th>Shares by Payer</th>
<th>36.9% Private</th>
<th>18.4% Medicaid</th>
<th>1.5% Other Government</th>
<th>43.2% Medicare</th>
</tr>
</thead>
</table>

American Hospital Association Annual Survey data, 2017, for community hospitals

NEARLY 70% OF THE NATION’S HOSPITALS ARE PART OF HEALTH SYSTEMS

“The business of healthcare February 2018,” McKesson, Feb. 26, 2018

HOSPITALS’ COSTS TO PROVIDE UNCOMPENSATED CARE

2017

$38.4 billion

American Hospital Association Annual Survey data, 2017, for community hospitals

COST OF A CYBERATTACK

The average cost for a lost or stolen record:

<table>
<thead>
<tr>
<th>Health care</th>
<th>$408 per record</th>
</tr>
</thead>
<tbody>
<tr>
<td>All industries</td>
<td>$148 per record</td>
</tr>
</tbody>
</table>

The average cost of a breach:

<table>
<thead>
<tr>
<th>Health care</th>
<th>$10.6 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>All industries</td>
<td>$3.68 million**</td>
</tr>
</tbody>
</table>

**“Cost of a Data Breach Study,” sponsored by IBM Security and independently conducted by Ponemon Institute LLC, July 2018

To discover the cyber risk profile of your organization, visit: aha.org/cybersecurity
AHA AGENDA FOR INNOVATION AND TRANSFORMATION

The AHA examines the environment and then works to advance the health care delivery system of today and tomorrow. The AHA recently adjusted its strategy and established an Agenda for Innovation and Transformation. This evolution of the AHA will advance the areas of public policy, field engagement and innovation to enhance our support, value and leadership for members. A key component of this agenda is the new AHA Center for Health Innovation. Maryjane Wurth is responsible for AHAs overall strategic direction and is the lead executive for the AHA Center for Health Innovation.

Q&A: MARYJANE WURTH

HOW IS THIS ERA OF DISRUPTIVE INNOVATION DIFFERENT FROM THE TYPICAL EVOLUTION OF THE HEALTH CARE SYSTEM?

Wurth: This period is unique for a few reasons. Back in 2017, when Congress failed to move forward with repeal legislation, the gains made in access to needed health care for millions of Americans were protected and it signaled to the health care field that the law would stand, though weakened. It also signaled an important assurance for some predictability to drive a strategic path forward. Additionally, at the end of 2017, the tax bill maintained the availability of private activity bonds for nonprofit providers in addition to the reduction in the corporate tax rate — a second assurance of some predictability related to financing vehicles for both hospitals and health systems as well as technology companies and private business. Finally, both CMS and HHS have reinforced that we will move to a system that is value-based, not one that is based on volume.

The combination of these events unleashed a tremendous amount of opportunity and investment in the health care field, coming from within the field and from new entrants to the field. The multitude of changes, as well as the acceleration of the change also differentiates this time period. Hospitals and health systems operate under a different set of rules and regulations from those of the new entrants. While I view the disruption as an opportunity for the field to engage in novel strategic partnerships with new thought leaders, we also will work on a policy strategy to level the playing field.

WHAT IS THE ROLE OF THE NEWLY LAUNCHED AHA CENTER FOR HEALTH INNOVATION IN THIS ENVIRONMENT?

Wurth: The AHA Center for Health Innovation is a key part of our organization-wide Agenda for Innovation and Transformation. The purpose of the Center is to help members drive high-impact innovation and transformation with market intelligence, key insights, targeted education, actionable data and tools that address their unique context on their journey to advance health. We will be disseminating best and leading practices, while also reimagining health care altogether. Both aspects are important – implementing what we know works and generating new ideas to explore.

The AHA is uniquely positioned to assist members with this work. We have a deep understanding of health care, a strategic design that amplifies all the expertise of the AHA, and meaningful relationships with hospitals, health systems, health care leaders, associations and new stakeholders. We are a trusted partner, and we can scale what works. We recognize we can’t work in this space without expanding our strategic partnerships with health organizations, technology and business organizations, and other innovators. Expected outcomes include the dissemination of lessons learned, scalable solutions that make health care more affordable with reduced friction and the engagement of members in a simplified and meaningful way. Ultimately, the center will help us to realize our vision of a society of healthy communities where all individuals reach their highest potential for health. We hope you will join us on this journey. Learn more at: aha.org/center
In the latest Futurescan, a panel of thought leaders explores eight key issues that are transforming the field and having a profound impact on providers in the rapidly changing health care environment.

The expert insights in the publication are supported by data from a national survey of health care leaders across the country. The following sampling of survey results reflect the opinions of respondents looking five years into the future, who responded “very likely,” “somewhat likely,” or “already happening” to issues regarding their own organizations or patient populations.

- **Opioid crisis**: Will emphasize non-pharmacological pain management to reduce opioid prescribing among employed physicians - 64%
- **Digital health**: A major technology company, such as Google or Amazon, will emerge as a significant competitor for health care services - 73%
- **Bioelectronics**: Will use “smart clothing” with embedded electronics for patient care, such as shirts that monitor heart rate and blood pressure - 50%
- **Workforce shortages**: Will be one of the organization’s three biggest challenges - 92%
- **Population health**: Will increase by at least 20% the fiscal investment in population health strategies to address social determinants of health - 79%
- **Hospital/health system governance**: Will have a strategic goal to increase the generational diversity of the governing board - 71%
- **Physician aggregation**: Will significantly expand the organization’s physician network - 76%
- **States’ role in health care regulation**: Will be subject to government regulation or oversight that affects commercial insurance rates - 74%

Futurescan 2019-2024 will be released in January. For more information or to pre-order your copy, [visit shsmd.org/futurescan](http://shsmd.org/futurescan)
The Anatomy of B.E. Smith

**CLINICAL**

1,153 total placements since 2016

- 70% of placements
- Placements in 48 States & Washington D.C.
- 101 C-Suite
- 59 Senior
- 635 Director
- 358 Manager

**NON-CLINICAL**

500 total placements since 2016

- 30% of placements
- Placements in 48 States & Washington D.C.
- 137 C-Suite
- 93 Senior
- 194 Director
- 76 Manager

**Top 5 Placements**

- Surgery
- Emergency
- Case Management
- CNO
- Director

**Active Candidate Pipeline**

- 5,116 Surgery
- 3,870 CNO
- 3,615 Emergency
- 2,512 Women’s Services

**Top 5 Placements**

- Revenue Cycle
- Human Resources
- CFO
- CNO
- CEO

**Active Candidate Pipeline**

- 5,549 CEO
- 3,293 CFO
- 3,275 Human Resources
- 1,714 Revenue Cycle

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