In a changing economic healthcare environment in the midst of healthcare reform, it may come as no surprise that many hospitals and health systems are planning to reduce capital spending amounts, as compared to prior years. A 2013 survey by Premier Healthcare Alliance found that the majority of surveyed providers (69%) cited reimbursement cuts as one of the trends that will most significantly impact facilities in 2014. In addition, survey respondents indicated that the top drivers of healthcare costs in 2014 are expected to include: (1) legislation/mandates; (2) labor costs; (3) misalignment of quality and payment incentives; and, (4) overuse of products and services. As a result of some of these cost pressures, hospitals have increasingly reported reduced capital budgets since 2010. Compounding these effects, 40% of respondents expect to see a decrease in inpatient admissions in favor of increasing outpatient and ambulatory care treatment. A separate survey of 391 hospitals, conducted by Premier in 2012, found that while inpatient volumes and surgeries decreased by 1.5% and 2.2%, respectively, outpatient visits and surgeries increased by 2.9% and 1.5%, respectively. The increasing utilization of outpatient services and decreasing utilization of inpatient care is a recent phenomena. The Health Care Cost Institute’s (HCCI) 2012 Health Care Cost and Utilization report found a consistent historical low in the growth of overall healthcare expenditures and a continuous decrease in inpatient admission, while the increase of outpatient expenditures outstripped all other service categories since 2009. A publication in Health Affairs reported similar decreases in inpatient visits (1.1%) and increases in outpatient visits (0.7%), from 2010 to 2011. It is difficult to identify definitive reasons for these distinct trends in national healthcare spending; however, an analysis by the Henry J. Kaiser Family Foundation suggests that while structural changes in the healthcare system may moderately influence spending trends, the primary reason for a general decline in capital spending is related to the general economy. Healthcare notoriously lags behind other industries in response to economic downturns, so this trend is not wholly unpredictable, though as the economy improves it will be difficult to determine whether downturns in healthcare spending will be maintained. Importantly, however, due to implications of the Affordable Care Act (ACA), and associated changes to Medicare and Medicaid, the Congressional Budget Office has continued to lower projections for healthcare spending in its predictive models.

While it may not be possible to quantify the influence of specific drivers for many of the healthcare spending trends, one recently released article justified these trends, noting that, “[f]rom the uncertainty surrounding health insurance exchanges... the anticipated influx of newly insured patients...[Recovery Audit Contractor] RAC audits and the controversial two-midnight rule, providers are feeling the financial squeeze from all sides right now.” Given the continuation of many of these new regulations and policies, the continuing emphasis on waste reduction, and the streamlining of quality care under the ACA, it seems unlikely that hospital capital budgets will expand in the near future.

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1 “Premier Economic Outlook”, by Premier Healthcare Alliance, Fall 2013, p. 19
2 Ibid, p. 61
3 Ibid, p. 63
4 Ibid, p. 71
5 “2012 Health Care Cost and Utilization Report”, by Health Care Cost Institute, September 2013, pp. iii, 1, 7
6 “National Health Spending in 2011: Overall Growth Remains Low, But Some Payers and Services Show Signs of Acceleration”, by Hartman et al., Health Affairs, 2013, Vol. 32, No. 1, p. 93
8 Ibid
Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “Accountable Care Organizations: Value Metrics and Capital Formation” [2013 - Taylor & Francis, a division of CRC Press], “The Adviser’s Guide to Healthcare” – Vols. I, II & III [2010 – AICPA], and “The U.S. Healthcare Certificate of Need Sourcebook” [2005 – Beard Books]. His most recent book, entitled “Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services” will be published by John Wiley & Sons in the Fall of 2013.

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “Shannon Pratt Award in Business Valuation” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).

Mr. Zigrang holds a Masters in Health Administration from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives, and serves as President of the St. Louis Chapter of the American Society of Healthcare Executives from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives, and serves as President of the St. Louis Chapter of the American Society of Healthcare Executives (ASA). He has co-authored “Research and Financial Benchmarking in the Healthcare Industry” (STP Financial Management) and “Healthcare Industry Research and its Application in Financial Consulting” (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.

Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of Health Capital Consultants (HCC), where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives, and serves as President of the St. Louis Chapter of the American Society of Appraisers (ASA). He has co-authored “Research and Financial Benchmarking in the Healthcare Industry” (STP Financial Management) and “Healthcare Industry Research and its Application in Financial Consulting” (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.

Anne P. Sharamitaro, Esq., is the Executive Vice President & General Counsel of Health Capital Consultants (HCC), where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. Ms. Sharamitaro has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in “Healthcare Organizations: Financial Management Strategies,” published in 2008.