EchoStream Healthcare

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Report Overview

- This report aims at evaluating the overall performance of all hospitals under EchoStream Health Care
- The analysis is based on data from 2019 to 2024
- The goal is to define the situational analysis, increase patient satisfaction and identify future prospects for existing and new hospitals
- Reviews and recommendations will be provided based the current data

Executive Summary

Month
All

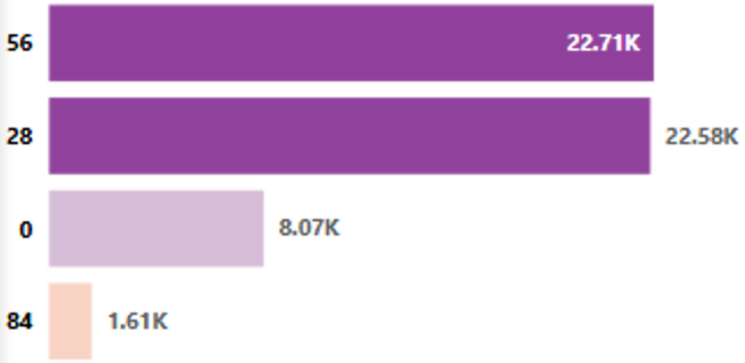
Quarter
All

Year
All

Age (bins)
All

Total Doctors	Total Hospitals	Insured Patients	Average Billed Amount	Total Billed Amount
40,341	39,876	100%	$25,544	$1.40bn

Admissions per Age Group



Doctor to Patient Ratio

1 : 1.36

Avg Length of Stay

15.72

Total Patients	Total Admissions
54,966	54,966

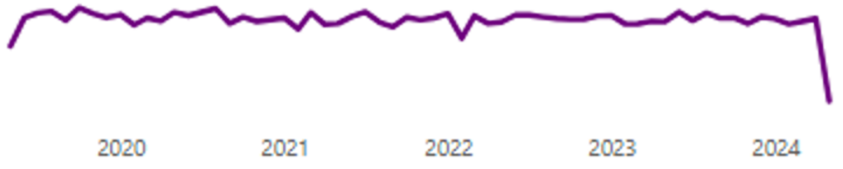
Min Age	Avg Age	Max Age
13	52	89

Admission Trend

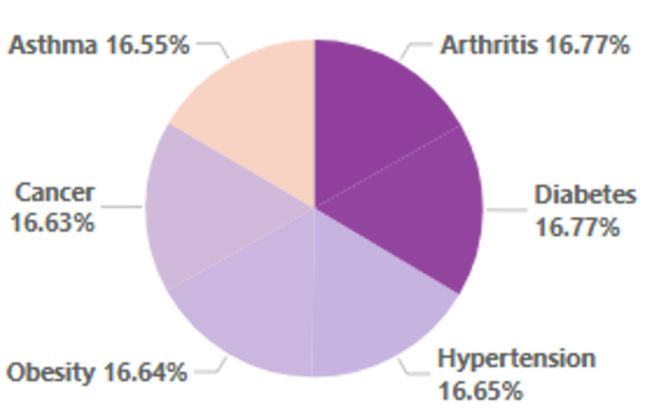
Readmitted

0

Billing Amount Trend



Medical Conditions



Gender

Executive Summary

- 40,341 patient interactions recorded
- 100% insured coverage across the cohort
- Average billed: $25,544 per patient
- Total billed: $1.40B (period)
- Stable monthly revenue: $44M–$48M
- Key issues: high utilization, doctor workload imbalance

Clinical Report

Age (bins)

0 84

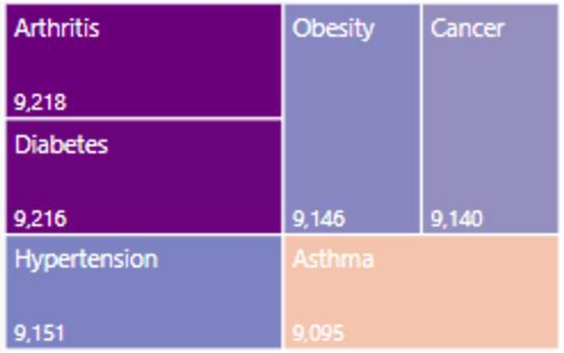
Medical Condition

All

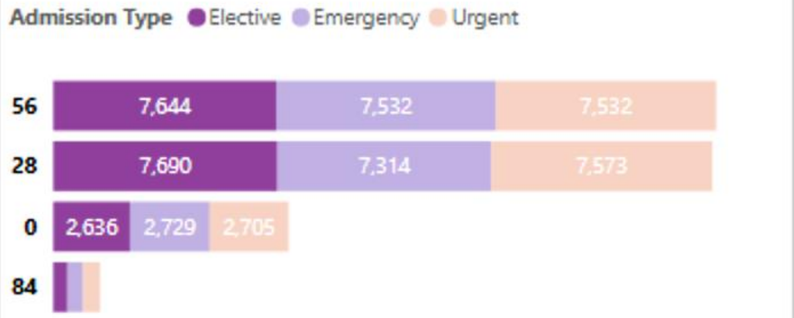
Admission Type

All

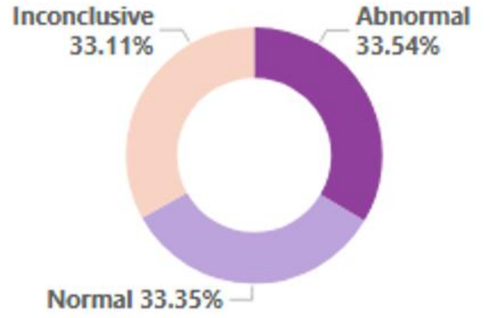
Medical Condition



Admission Type per Age Group



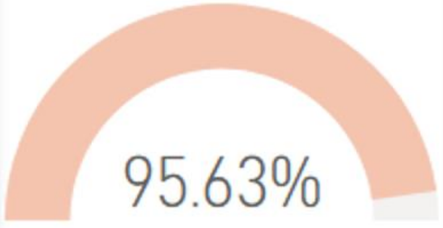
Test Results Distribution



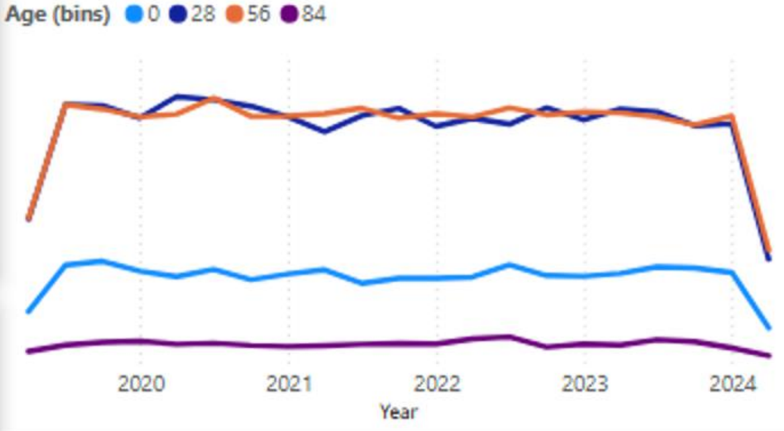
# of Rooms

400

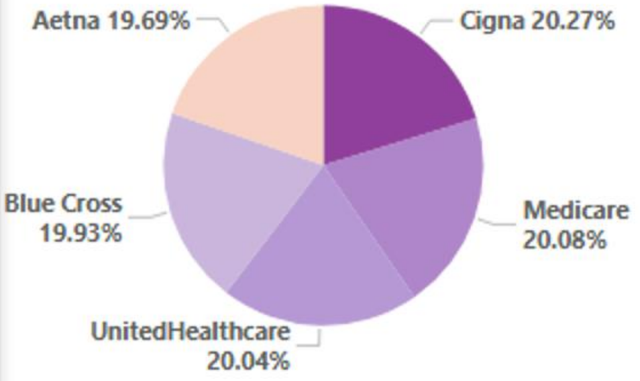
Hospital Utilization Rate



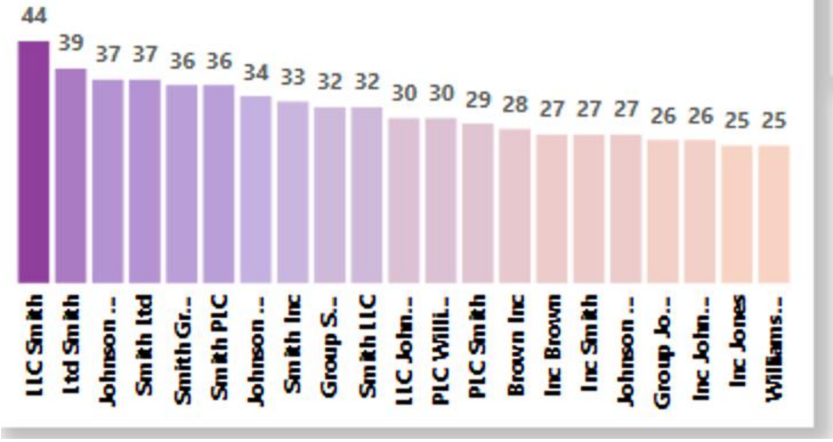
Admission Trend per Age Group



Distribution of Insurance Provider

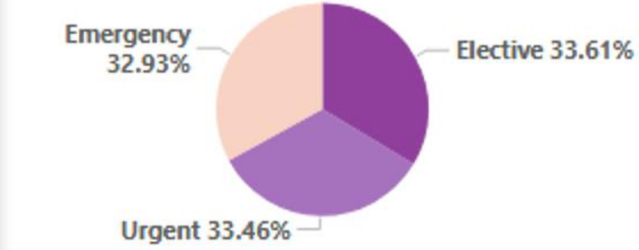


Hospitals per Admission



Total Patients by Blood Type

Admission Type



Clinical Report

- High-volume conditions (hypertension, obesity, arthritis, asthma) dominate admissions
- No re-admission indicates strong discharge protocols and effective care quality
- Average length of stay remains same across conditions
- Doctor-to-patient ratio signals workload imbalance in some specialties
- Room utilization consistently above 90%
- High inconclusive test results rate may suggest testing limitations

Financial Status

Financial Status

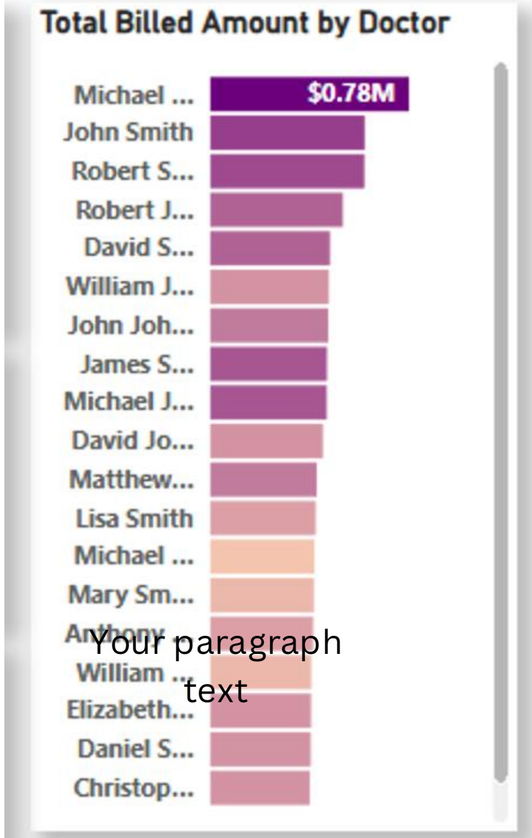
Revenue mix by medical condition:

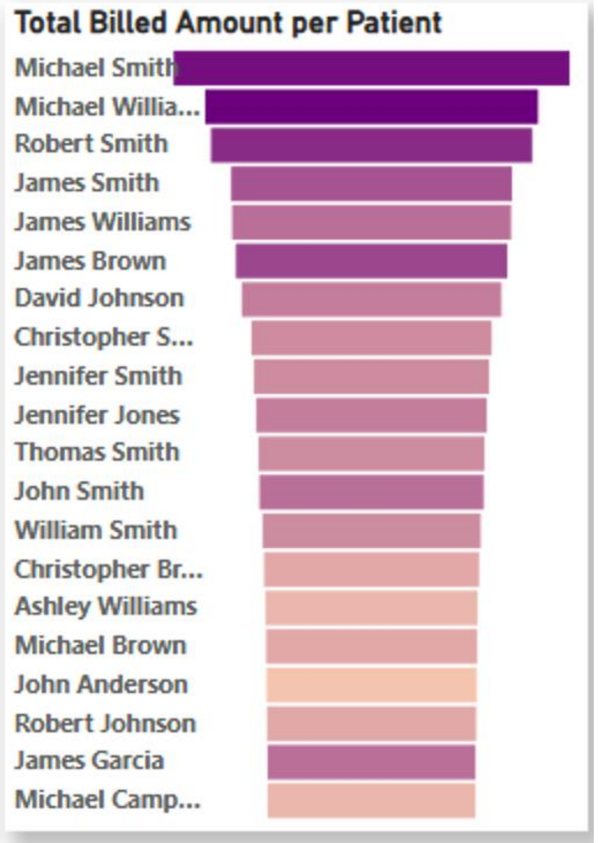
- Arthritis, Obesity, Hypertension, Asthma, Diabetes, and Cancer each account for ~$45M–$49M billed annually

- No single condition dominates, but chronic conditions collectively account for the majority of revenue

- By doctor: a few doctors generate disproportionately higher revenue (e.g., Michael, John Smith, Robert S. among top billers).

- By patient: The “Top patients” billed >$40M





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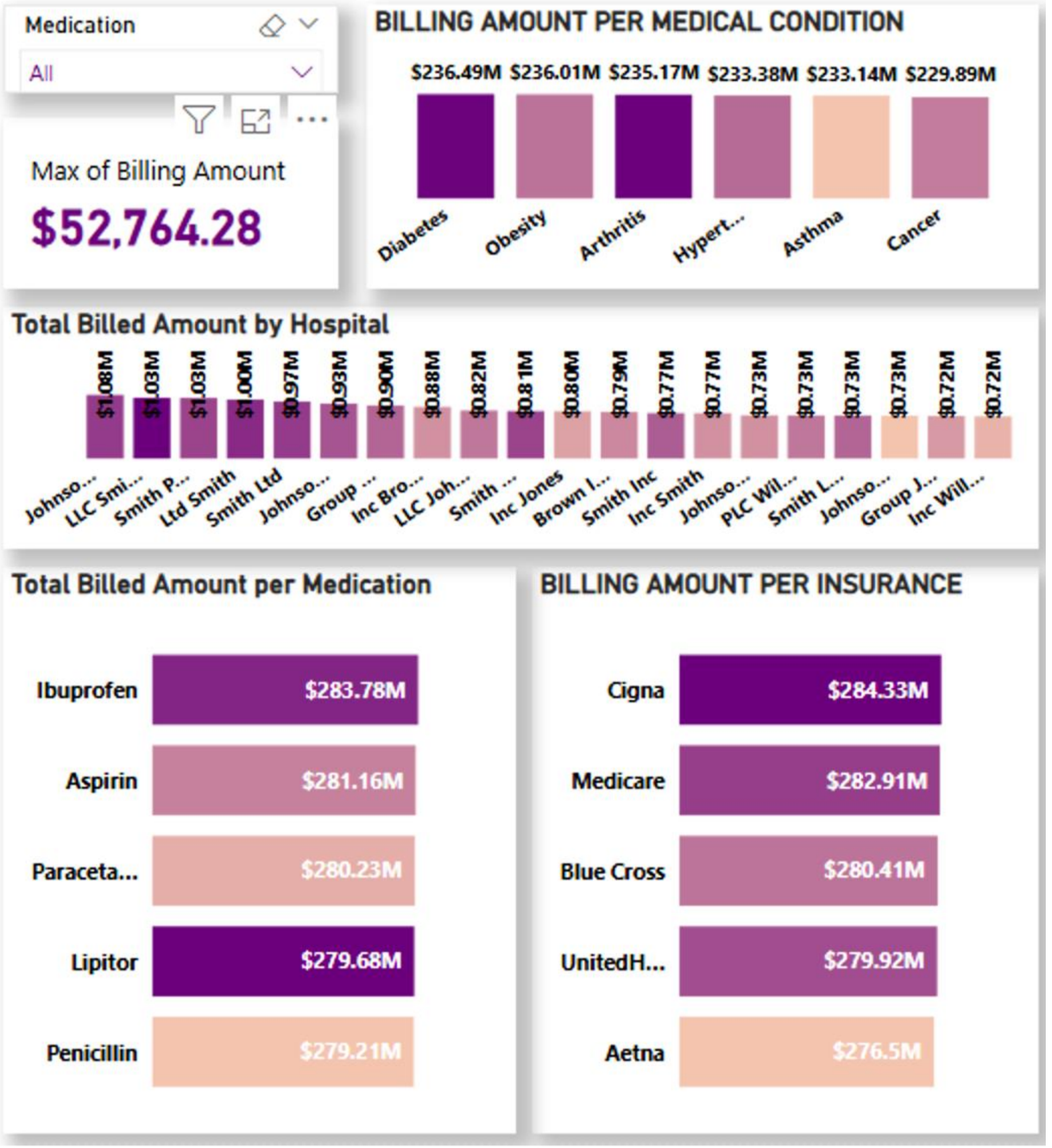
Medical Condition Matrix

Medical Condition	Aspirin	Ibuprofen	Lipitor	Paracetamol	Penicillin
Cancer	$44.70M	$47.01M	$47.88M	$46.24M	$44.07M
Asthma	$45.63M	$47.29M	$45.59M	$48.00M	$46.63M
Hypertension	$46.70M	$48.55M	$46.78M	$46.19M	$45.16M
Arthritis	$48.87M	$46.32M	$45.69M	$46.91M	$47.39M
Obesity	$48.50M	$48.06M	$46.13M	$45.54M	$47.77M
Diabetes	$46.76M	$46.56M	$47.63M	$47.36M	$48.18M

Financial Status

- Even distribution across Cigna, Blue Cross, Medicare, Aetna, UnitedHealthcare which reduces payer dependency risk
- Margin strength: With 0 re-admissions, there are no repeat-cost burdens, protecting financial efficiency
- Financial risk: Overcapacity (95%+ utilization) could lead to missed billing opportunities if patients are diverted
- High average bill per patient = strong revenue per case
- No cost burden from re-admissions - operational efficiency



Key Insights

- Admissions trended down, resulting in a 26.84% decrease between April 2019 and April 2024. Deeper downward trend started on April 2023, falling by 58.29% (1,611) in 4 quarters

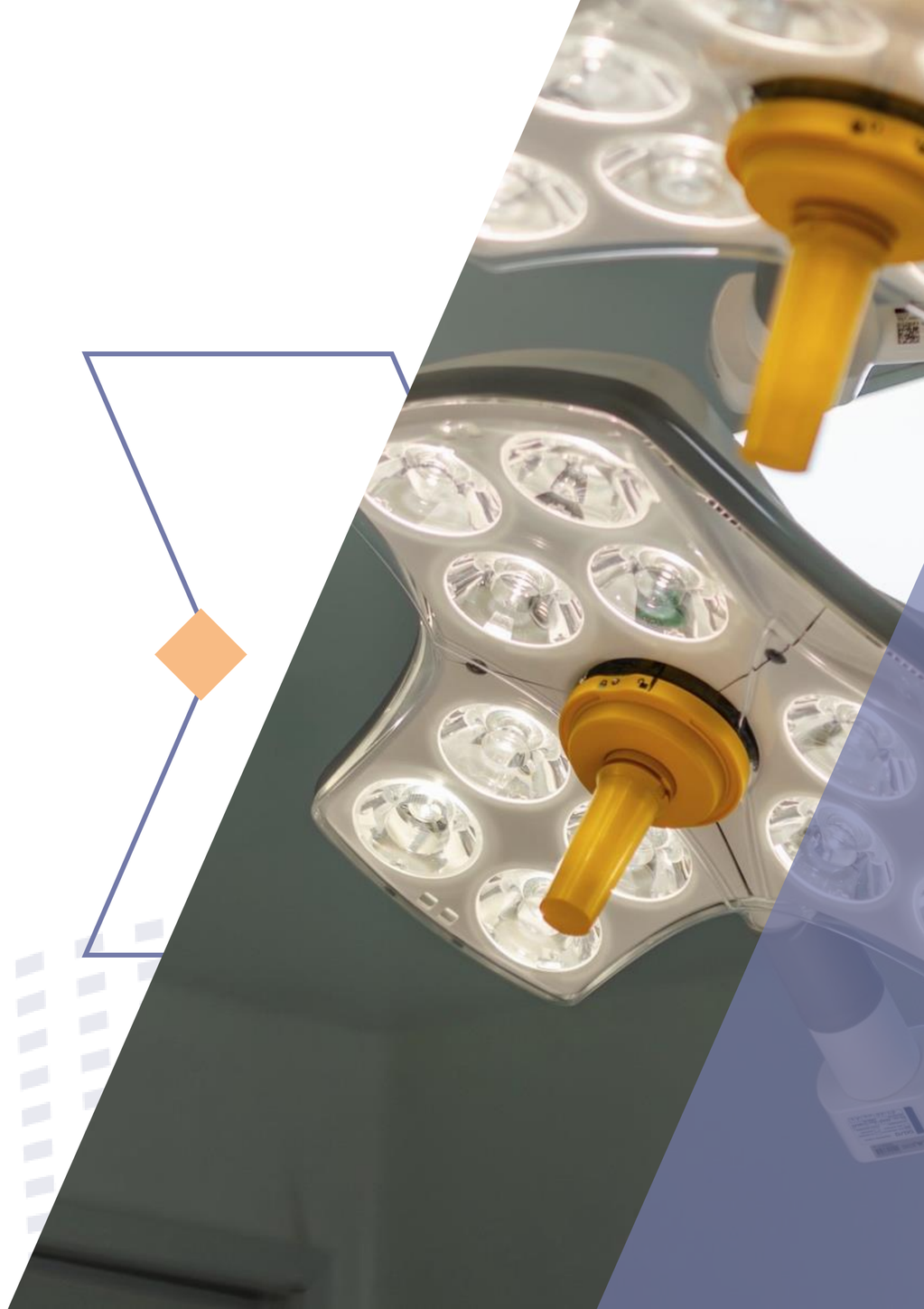
- At age 52, Urgent had the highest average age and was 0.38% higher than Elective, which had the lowest average age at 51. Elective admissions accounted for 33.61% of admissions and the highest admission type

- Gender is quite balanced

- All conditions are chronic related include Arthritis, Diabetes, Hypertension, Obesity, Cancer, Asthma.

- High inconclusive test results rate may suggest testing limitations

- Diabetes and Obesity have the highest cost while Ibuprofen and Aspirin are medications with the highest cost



Recommendations

Clinical & Patient Care

- **Maintain zero re-admissions:** continue strong discharge protocols and follow-up practices.
- **Chronic disease focus:** launch specialized management programs (Hypertension, Arthritis, Diabetes, Obesity, Asthma, Cancer) to reduce new admissions and improve long-term outcomes.
- **Length of stay optimization:** standardize care pathways for conditions/doctors with above-average LOS.

Operational & Workforce

- **Balance doctor workload:** redistribute patients or hire in overburdened specialties to reduce stress and avoid over-reliance on top billers.
- **Capacity planning:** use room-level utilization metrics (currently ~95%) to forecast bottlenecks and justify expansion.
- **Succession planning:** mitigate risk by training and retaining high-billing doctors while broadening the revenue base across more providers.

Financial & Strategic

- **Revenue diversification:** manage dependency on a small set of high-cost patients by expanding outpatient and preventive programs.
- **Maximize payer relationships:** leverage balanced insurance mix (Cigna, Medicare, Blue Cross, Aetna, UnitedHealthcare) to negotiate better reimbursement terms.
- **Expansion roadmap:** begin feasibility studies for adding new hospital wings or satellite clinics in high-demand regions to capture missed revenue due to capacity strain.

Recommendations

Focus on

Focus on diabetes, obesity, and hypertension with lifestyle coaching, remote monitoring, and medication adherence support.

Investigate

Investigate high inconclusive test rates and standardize diagnostic procedures to improve clarity and reduce retesting.

Prioritize

Prioritize cost-reduction strategies for high-billing conditions through early intervention and care coordination.

Use

Use balanced admission types and length-of-stay data to refine staffing models and bed management.

Negotiate

Negotiate bundled payments or value-based contracts with evenly distributed insurers to stabilize revenue

Thank You

Questions?