With waning demand growth and more discerning consumers, it is more difficult to compete for service line share. Organizations must take new measures to differentiate themselves as high-value providers in a market fixated on total cost management. This field guide lays out a number of key program development considerations that can drive differentiation across six core service lines.
## Planning Guide for Service Line Differentiation

Have you taken the right measures to differentiate your program?

<table>
<thead>
<tr>
<th>Planning Imperatives:</th>
<th>Orthopedics</th>
<th>Neurosciences</th>
<th>Surgical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Access</strong></td>
<td>Balance dedicated orthopedic inpatient unit with ambulatory surgical presence</td>
<td>Integrate spine programs with non-operative care and triage pathways</td>
<td>Ensure bariatric pre- and post-op program compliance with Center of Excellence standards</td>
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<tr>
<td></td>
<td>Implement triage strategy for reduced time-to-appointment for orthopedic surgeons</td>
<td>Position stroke and spine nurse navigators for care pathway guidance</td>
<td>Dedicate nurse navigators for general surgery, bariatric surgery, and digestive health programs</td>
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<td><strong>Care Continuum Management</strong></td>
<td>Establish network of outpatient musculoskeletal rehabilitation facilities</td>
<td>Dedicate neuro-rehab resources for stroke, neurology, and neurosurgery patients</td>
<td>Partner with condition-specific ambulatory clinics (e.g. diabetes, colonoscopy, or Crohn’s)</td>
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<td>Partner with ambulatory surgical facilities for low acuity cases</td>
<td>Partner with satellite outpatient neurology clinics for diagnosis and chronic care</td>
<td>Engage with satellite digestive health centers in order to gain surgery referrals</td>
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<tr>
<td><strong>Program Innovation</strong></td>
<td>Provide preoperative education course (e.g. joint camp)</td>
<td>Dedicate neuro-intensive care unit with neuro-trained staff</td>
<td>Establish medical weight loss as part of bariatric surgery program</td>
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<td>Implement rapid recovery protocols for joint replacement pathway</td>
<td>Seek certification from Joint Commission for stroke; consider certification from National Parkinson’s Foundation and National Association of Epilepsy Centers</td>
<td>Formalize robust robotic surgery program guidelines and credentialing processes</td>
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<td><strong>Physician Alignment</strong></td>
<td>Form multidisciplinary committee for physician preference items management</td>
<td>Form neuroscience multidisciplinary leadership council</td>
<td>Develop and brand integrated digestive health program</td>
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<td>Arrange quality improvement co-management agreement</td>
<td>Build disease-based programs for epilepsy, movement disorders, or other subspecialties</td>
<td><strong>Regionalization Strategy</strong></td>
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<tr>
<td><strong>Regionalization Strategy</strong></td>
<td>Sponsor community athletic events and educational seminars</td>
<td>Participate in regional tele-stroke network to expand access to care</td>
<td>Triage appropriate procedures to more accessible ASC locations</td>
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<td>Construct athletic training network in local schools</td>
<td>Partner with local programs to offer out-of-reach progressive procedures</td>
<td>Rationalize sub-specialization across sites, minimizing duplication of high-end services</td>
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</tbody>
</table>
**Planning Imperatives:**

**Patient Access**
- Collocate disease-based programs to create "one-stop shops" for CV care
- Dedicate CV nurse navigators and care coordinators

**Care Continuum Management**
- Utilize remote monitoring and telemanagement for comprehensive follow-up
- Partner with satellite clinics for chronic disease management

**Program Innovation**
- Build comprehensive structural heart program centered on valve innovations
- Integrate EP and heart failure services
- Stratify at-risk heart failure patient to mitigate readmissions

**Physician Alignment**
- Assemble multidisciplinary cardiovascular disease-focused committees
- Appoint physician leaders to steer program development, quality improvement initiatives

**Regionalization Strategy**
- Establish virtual disease-specific clinic to broaden CV network
- Partner with regional acute care facilities for TAVR patient management

### Cardiovascular
- Have you taken the right measures to differentiate your program?
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### Oncology
- Formalize screening programs for breast, colorectal, prostate and lung indications
- Collocate infusion, radiation and imaging in one convenient location
- Establish survivorship program utilizing network-wide EMR
- Partner with ambulatory care centers for infusion, radiation oncology, radiology and minor surgical procedures
- Invest in genetic testing and counseling to risk stratify and guide optimal treatment
- Build out effective reconstructive surgery offering for surgical patients
- Closely align medical oncology groups to stabilize and increase hospital-based infusion volumes
- Host multidisciplinary, prospective tumor board meetings with physicians across the care continuum
- Organize physician-led outreach to rural clinic settings
- Develop subspecialty expertise to draw more complex cases from catchment area

### Women’s Services
- Organize branded, virtual women’s health centers
- Implement triage process for multidisciplinary referral management
- Utilize women’s health navigators to coordinate patient care across settings
- Partner with satellite outpatient clinics for diagnosis and care management
- Offer women’s midlife and menopausal health programs
- Dedicated women’s health centers and post-operative floors
- Establish multidisciplinary women’s health planning committees with clinical and administrative representatives
- Elevate physician champions to garner buy-in and lead program development
- Coordinate services across sites to leverage advanced technology (e.g. digital breast tomosynthesis)
- Partner with local organizations to promote breast, midlife screenings