

Podcast episode transcript: Kim Aiello and Sandeep Wadhwa

Kim Aiello: Welcome to the Inside Angle podcast from Solventum. I am Kim Aiello, the vice president of grouper applications and medical necessity. And with me today, I have Dr. Sandeep Wadhwa, our global chief medical officer for Solventum HIS.

Sandeep, it is so great to have you here today.

Sandeep Wadhwa: Thank you.

Kim Aiello: Being a colleague and you and I have the opportunity to work together, I'm actually really proud to be able to you know talk to you a little bit about outpatient procedures and where we kind of see the future. And when you look at healthcare care in the United States today, we really have seen over the last 10 years a shift from inpatient to outpatient care. You see a lot of that trend is based on many factors. It could be patient preference. It can be technological advances, changes in demographics, and just as important than is patient safety and tracking outcomes.

So with that, can you tell me a little bit more about what you're seeing about the shift from outpatient procedures and why the attention should be paid to tracking outcomes?

Sandeep Wadhwa: Kim, it's my pleasure. Thank you for having me on the podcast. Yes, it continues to be a real area of focus for us and really a very major ongoing trend for our health system partners that are seeing more and more of their volume and focus and shifting towards outpatient procedures, day surgeries, elective procedures. There's a lot of different terms that get used for this.

And we continue to see not just a shift from inpatient to hospital outpatient, but even to ambulatory surgical centers. And so this trend is continuing. We've reached the tipping point for most health systems that are are now kind of equal or more and more are actually have more revenue coming from outpatient settings and inpatient settings.

And so this this continues to kind of redefine the identity of health systems to be not just centers of excellence for complex care delivered in inpatient settings, but really seeing this focus and shift towards increasing complexity of of day surgeries to Kim. And so that, that is not abating. The federal government continues to modify the inpatient only list. And so we are continuing to see, just as you said, patient preferences, technology, really increasing encourage care to be delivered and in outpatient settings.

And I think at Solventum, one of the things that we're really looking to contribute is how to promote systems that allow us to measure patient safety. And it's a challenge to look at patient safety when patients go home the same day. They can silently suffer or they could go for follow-up care not to the same place where they had their procedure and so that is kind of one of the innovations we've made or contributed is to look at 30-day event rates after that day procedure.

I'll also just make a note that I think a lot of times when people talk about elective procedures, they think about surgical procedures and biopsies and things you'd see with an orthopedist. But just to remind the audience that we're considering endoscopies or colonoscopies and upper GIs and things that I think are almost routine or and maybe even predate this shift of surgical care.

But we've done things like bronchoscopies and a lot of urinary procedures in outpatient settings, but we haven't had tools to look at patient safety. It spans surgical specialties, medical specialties, and interventional radiology specialties in terms of our scope of looking very broadly at procedures done in day settings or office settings.

Kim Aiello: That's such a good point because when you think about it, I hadn't even put two and two together that it is colonoscopies. Things that we've been doing for how many years, we just typically relate it to really those more, I'm having knee replacement or I'm having something from an ortho perspective.

But that's so true. It is also around those other simple things that that we all have had. as well as what you're speaking to. You're not only speaking about to our patients, but this is ourselves. We, you and I have probably had these procedures. They're our loved ones. So it's such an important target topic. And with that, I have to congratulate you. I understand that you recently published with some other industry experts with the [American Journal of Medical Quality](#) that was on complications of ambulatory procedures, prevalence in hospital outpatient department variation. So congratulations on that.

Can you tell us a little bit more about that publication and any significant results that payers and providers need to know about and regarding outpatient procedure complications?

Sandeep Wadhwa: Thank you, Kim. For folks that just heard the title. You can Google it we made that article freely downloadable, you can search for it. It's the [American Journal of Medical Quality](#). The first author is Richard Fuller, one of our colleagues. So Fuller, AJMQ, and you should find that article.

It's a peer-reviewed study that looks at 100% of the Medicare fee-for-service population across over 2,000 procedure types. And it lays out an overall event rate and also shows inside the article by different service lines what the volumes of these procedures are and what the 30-day complication/potentially complication rate and the way we're looking at it is follow-up care in an emergency room, acute care emergency room or admissions within 30 days. And our software has logic that is looking at plausible reasons, plausible complications that arose from a from that procedure. And so if it's unrelated reason for an emergency room or hospital, we're not counting that.

We showed about 2% of outpatient elective procedure care ended up with a return visit to the emergency room. But also, there's a lot of wide distribution, between providers, and we think that's the part that's really important for health systems to look at is where do you fall as an institution and by your service line along peers.

And we set some benchmarks in that article that not only show by service line what the complication rates are, but we also broke it down and showed what are the types of complications. And we kind of highlighted how many people are coming back for post-operative, post-procedure complication or mechanical failure or sometimes thrombosis, kind of a blockage of one's veins.

So there's a whole host of reasons surgical site infections or surgical sites opening up that were leading to these visits. And so we put forward kind of numbers for folks to see. And then where we're providing our clients kind of more detail when if they want to work with us using the software.

Kim Aiello: One of the things you mentioned that just kind of kind of resonated in me is 2% would return. And people may say, wow, 2% seems low. But you equate 2% to a population that you're caring for that can definitely have increased cost.

It could also have like the lack you know or concern for the quality of care, but also the patient experience and their overall health. So with that, in terms of what are some things that perhaps then they can take that information and how can they maybe make changes to really have a better experience? Because I know all of our providers, my own included, they really do want the best for our patients.

So what are some things that maybe they can use this information for?

Sandeep Wadhwa: Yeah, thank you. Two percent, you know, one out of 50 people, is, for me, that was a little bit higher than I was expecting. And then, also keep in mind that that means that half of the sites with a higher rate. And then the other half that have, and we've looked at this kind of a different populations and over time, it does appear that sites are able to keep lower rates, lower rates, too. And so I think, a couple of things: We are appreciating that there are both preoperative, perioperative and post-discharge opportunities for improvement.

We looked at conditions that were all amenable to different interventions. Was someone's anemia fully addressed? Were folks at risk of obstructive sleep apnea? Did they have different risk factors addressed?

And I think the other big opportunity we're seeing is patient education post-procedure. And we were talking to a site that was having a lot of return visits after prostate procedures with blood in the urine, and the patients are coming to the ER, and the doctors realized that they those were probably things that they could have handled in the office with some more education. And so we're able to like kind of promote best practices and also look at ways to decrease avoidable expenses.

And, you know, for the patient, it can be a very disruptive day to go to the emergency room when something can be handled over the phone or with an office visit. So we're really trying to bring this increased attention to looking at preoperative, perioperative postoperative interventions.

And then, I'd also say that there's a very big infrastructure for inpatient quality. And we invest a lot of people and processes around looking at reducing bloodstream infections, looking at reducing urinary tract infections from catheters. And it's all and important, but with so much care being delivered in the outpatient side, I think having a tool then really allows QI, quality improvement operations departments to develop interventions. Now that they have something to measure, they can do the management part of the quality management cycle. And I think there's been something missing on having tools that look at and outpatient procedure safety that we're kind of helping to provide to the market.

Kim Aiello: So really, it really becomes a tool that we can really look at data retrospective to inform the future outpatient care, which I mean, in the end, that's what we want to be able to do is use data to inform changes, change management, policies, processes.

And that actually goes into my next question. If you look at the *U.S. News World Report*, you know, patient safety is one of their major factors when they're looking at best hospital rankings. Can you talk to me a little bit about what that means for hospitals and what they and what they can do to improve their scores?

Can you talk about what they need to improve? And I would say, but also in the middle

And I would even say those that are maybe doing very well in terms of their patient safety, but also maybe those that are, you know, at the middle range, if you will, and maybe those that are below their fellow peers.

Your thoughts?

Sandeep Wadhwa: We've been collaborating with *U.S. News and World Report* for several years now in their best hospital rankings. And for several specialties and procedures, they're now using this to look at as part of their ranking and rating.

They provide, I think, really insightful analysis based on this tool to divide up health systems into quintiles. And so health systems can see where they are. Are they the top 20 percent, bottom 20 percent, or in the middle? And I think it's really giving insight to patients first. And so part of what they're trying to do is inform patient decision-making.

I think they're really at the forefront of recognizing that so much care is delivered in outpatient setting and that if we're going to rate or rank hospitals, we really need to be attentive to objective measures of outpatient safety. And so as they have been looking at reputation and some subjective measures. They're really looking at ways to increase the percentage of more objective data.

The other part of your question is for the specialties that that they've been focusing urology and ENT, kind of come to mind. There's been more and more attention placed on what are the root causes for excess emergency room visits for common procedures. And so this is really, I think, turning a lot of focus onto that experience, that the procedure doesn't end with the end of the day and the discharge, and not even with the office visit, but also looking at patterns of acute, urgent, emergent care. And not even the office visit, but ultimately the impact of our community is that care.

And we're finding two things. And the truth is that part of this is looking at making sure that the coding is accurate to ensure that the complexity of the case is adequately and appropriately captured that a simple cataract procedure has a very different complication rate than a complex cataract procedure.

And sometimes on the coding side, there is a real emphasis on inpatient coding. And I think that as we start to shed more light on quality and outpatient, it starts to encourage health systems to really ensure that the complexity of their care is captured. And then I think the next steps really then fall into root cause analysis. And then the third area that we're doing more of is trying to do more real-time signaling of cases that are at high risk.

And so that there's awareness that this is a case or a patient whose care is part of a bigger metric set. And I think health systems are used to that in the inpatient side, now bringing that focus into the outpatient procedure suites as well.

Kim Aiello: I love hearing about the real-time awareness because I feel like that is going to be what's going to leverage and allow us to really move in a very concerted, informed method for outpatient, to your point, so they can make decisions based on real-time. Should I, you know, something maybe I would have considered doing outpatient, I'm going to do inpatient because x y z. And then what do you do when you're putting a patient outpatient? As the focal point, which is what all healthcare is about.

So with that, are there actually any new announcements that you can share in regards to [U.S. News and World and Reports](#) heading into 2026?

Sandeep Wadhwa: [That issue](#) comes out every year, and so we are expecting that here shortly to come from them. We really value that collaboration and being kind of a trusted collaborator with them, and I think I'll let them share the news. If there is any news for our audience, I think you'll be able to search that update and see what has changed in terms of either new specialties or new procedures.

Kim Aiello: That is fair. So with that, before we end, is there any parting thoughts or comments that you'd like to share?

Sandeep Wadhwa: I would maybe like to let folks know that Solventum started off providing this software in our grouper business, and we've really made some very big strides that I'm really excited about. So we're continuing to evolve to really support a full suite of offerings to really help clients promote patient safety for elective procedures and really excited about contributing and providing that situational awareness and supporting efforts to make care safe across all settings.

Kim Aiello: Thank you, Sandeep, for that. And I like how you spoke to really all of our businesses and how they are being embedded within our solutions. So with that, I'd like to thank you for today. It's been a pleasure being able to share and talk about our care moving from inpatient to outpatient and really with a focus on the tools and definitely on a focus on the patient safety. So thank you for your time today.

Sandeep Wadhwa: My pleasure, Kim. Thank you. And thank you to the audience.