# Shifts in Idaho's healthcare delivery system



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Nov. 9, 2026

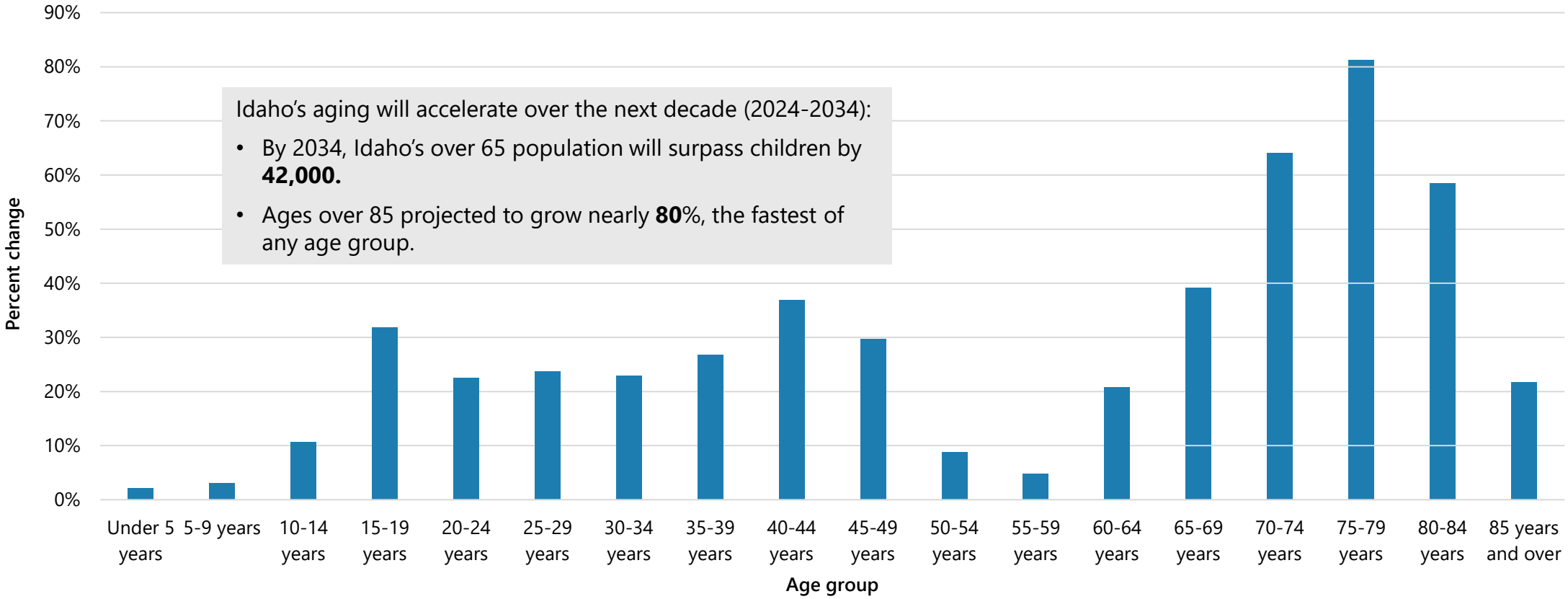
IDAHO DEPT. OF LABOR

# Agenda

1. Idaho's aging population
2. How aging changes care delivery
3. Workforce dynamics: Hospital versus ambulatory
4. Evidence of workforce migration
5. Implications for Idaho employers
6. Q&A

# Idaho’s aging trend

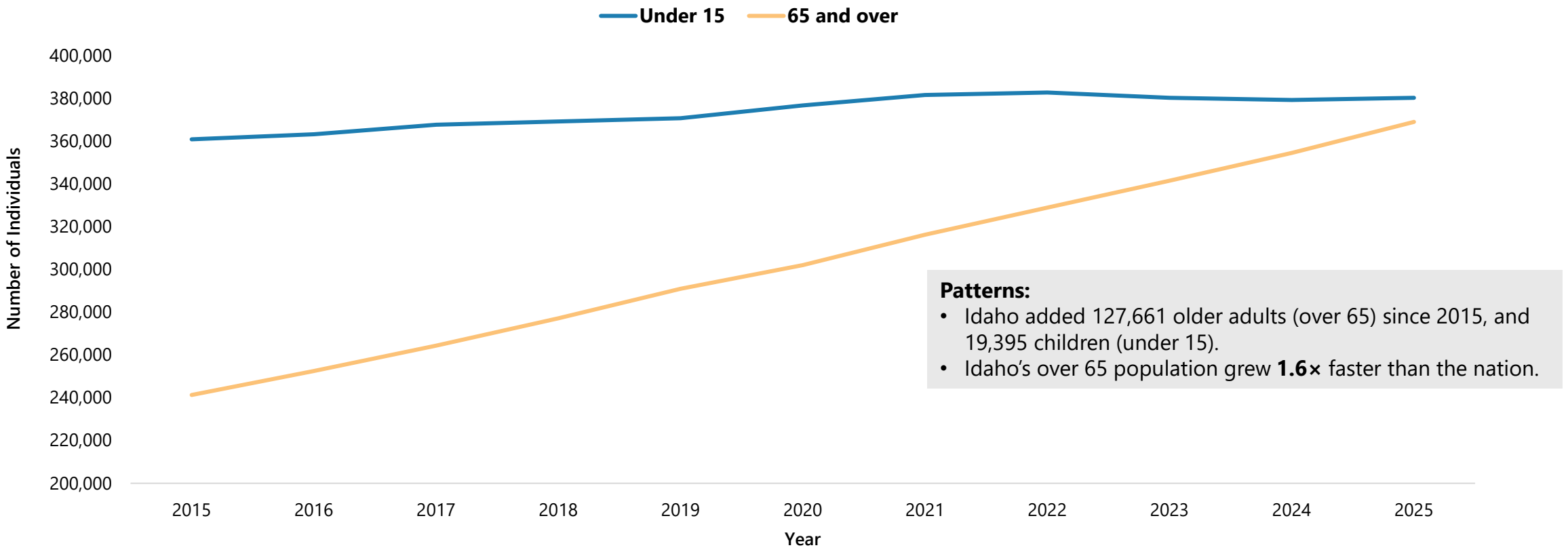
**Figure 1. Percentage change in Idaho’s population by age group, 2015-2025**




Source: U.S. Census Bureau retrieved from Lightcast, Idaho Department of Labor

# Historic trends: Under 15 versus over 65

**Figure 2. Growth of Idaho's under 15 and over 65 populations, 2015-2025**




**Patterns:**

- Idaho added 127,661 older adults (over 65) since 2015, and 19,395 children (under 15).
- Idaho's over 65 population grew **1.6×** faster than the nation.

Source: U.S. Census Bureau retrieved from Lightcast

# Rising old-age dependency drives care delivery shifts

- Idaho's ratio increased from **24.8** to **30.2** (2015-2024, American Community Survey one-year estimates)
  - More older adults per 100 working-age residents
  - Higher chronic disease burden
  - More ambulatory utilization
  - Greater pressure on care delivery infrastructure
  - For comparison, U.S. (23.9 to 29.7)

Source: U.S. Census Bureau

# What is inpatient and outpatient?

- **Inpatient care**
  - Patient is formally admitted and typically stays at least one night
  - Examples: Pneumonia requiring monitoring, stroke care, hip fracture repair and more
- **Outpatient (ambulatory) care**
  - Care provided without hospital admission
    - The patient generally returns home the same day
  - Examples: clinic visits, imaging, colonoscopies, cataract surgery and more

# Ambulatory utilization among adults over 65

- Ambulatory visits increase significantly with age
- Higher rates of primary care, specialist consults and emergency department use
- 5.5% of older adults in the study account for nearly one-fifth (18.7%) of all visits
- Aging populations drive sustained demand for outpatient capacity

Source: St. John, P. D., Menec, V., Tate, R., & Clague, B. (2010). Patterns and predictors of ambulatory care use among older adults. Journal of Evaluation in Clinical Practice, 16(4), 611–618.

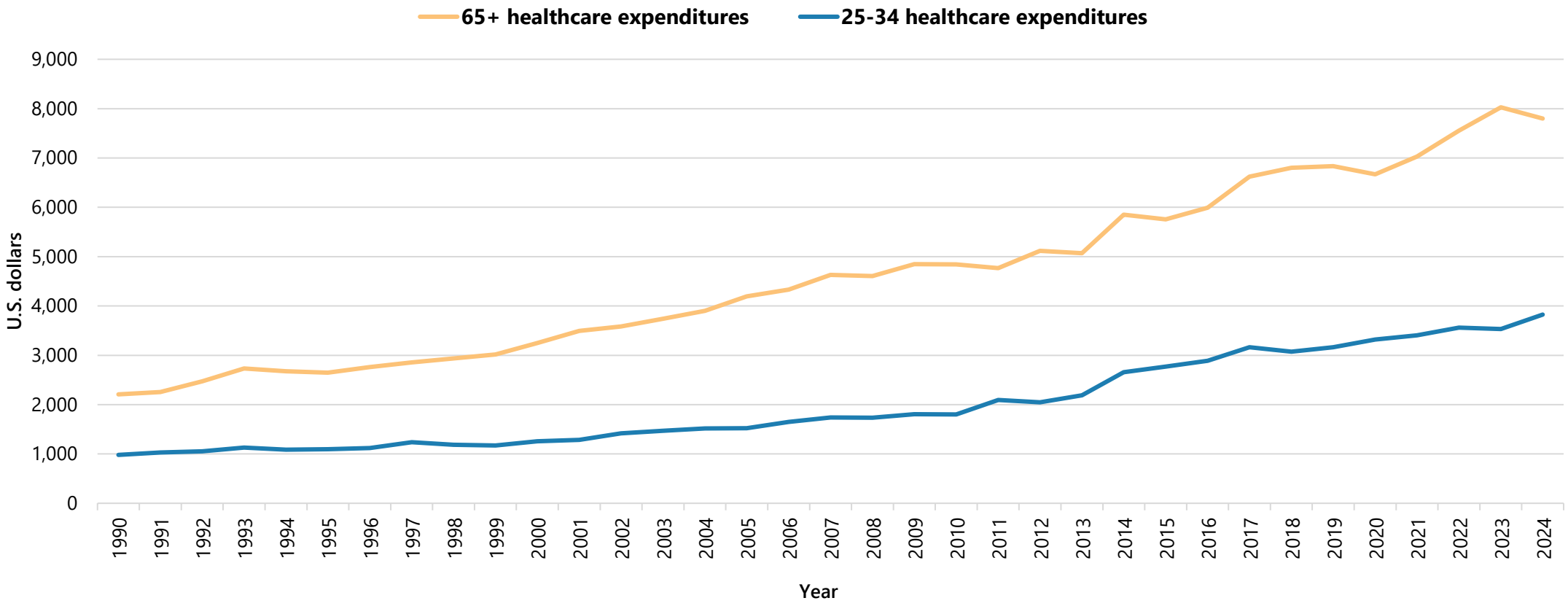
# Disease burden among adults over 60

- Leading contributors: Cardiovascular, cancer, chronic respiratory, musculoskeletal, neurological/mental disorders
- Many age-dependent conditions require continuous outpatient management
- Aging population increases demand for chronic, specialty and rehabilitation care

Source: Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., García, J. A. R., & Acosta, D. (2014). *The burden of disease in older people and implications for health policy and practice.* The Lancet, 385(9967), 549–562.

# Health expenditures by age

**Figure 3. National healthcare expenditures by age group (25-34, over 65), 1990-2024**




Source: U.S. Bureau of Labor Statistics Current Employment Statistics, retrieved from FRED

# National outpatient versus inpatient trends of aged Medicare enrollees (over 65)

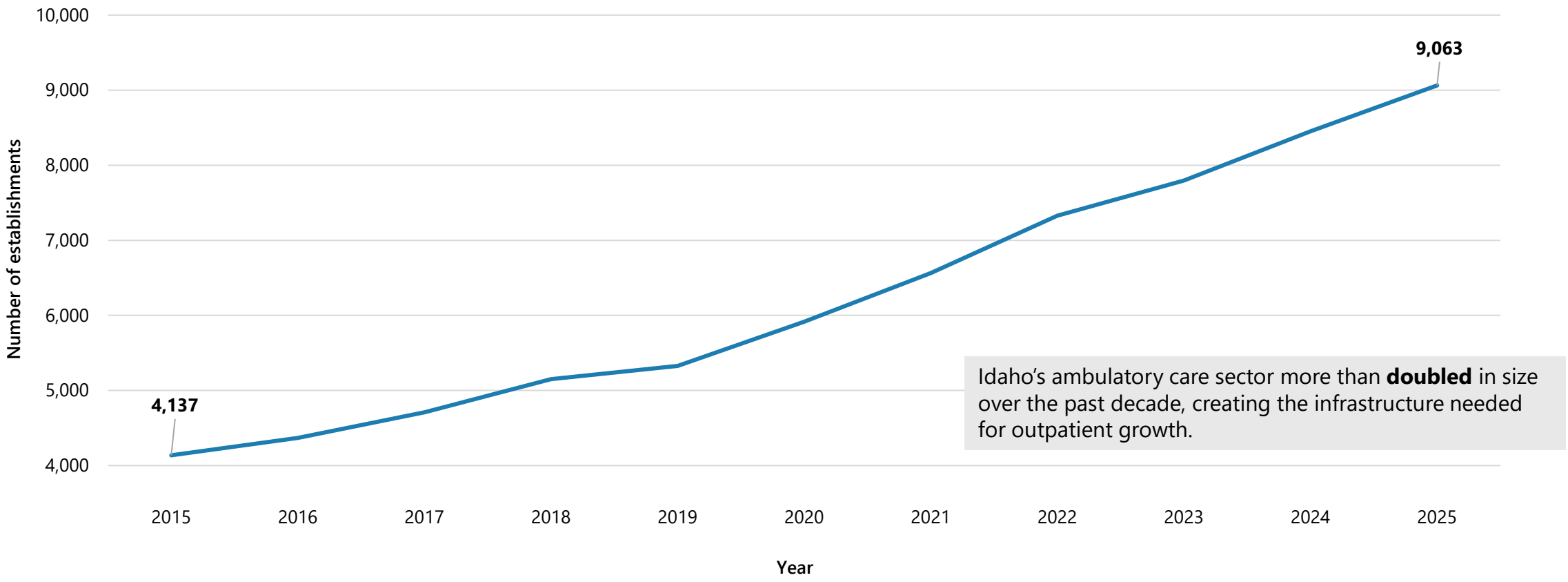
**Table 1. National Medicare utilization, aged beneficiaries (over 65), 2015-2024**

| In/outpatient Medicare metrics | 2015 | 2024 | Percentage change |
|---|---|---|---|
| Total outpatient facility visits per enrollee | 7.40 | 8.19 | ↑**+10.7%** |
| Inpatient discharges per 1,000 enrollees | 280 | 229 | ↓**-18.2%** |
| Total days of inpatient care per 1,000 enrollees | 1,607 | 1,322 | ↓**-17.7%** |

Source: Centers for Medicare and Medicaid Services

# Idaho’s ambulatory sector has more than doubled in a decade

**Figure 4. Idaho statewide annual ambulatory care establishments, 2015-2025**

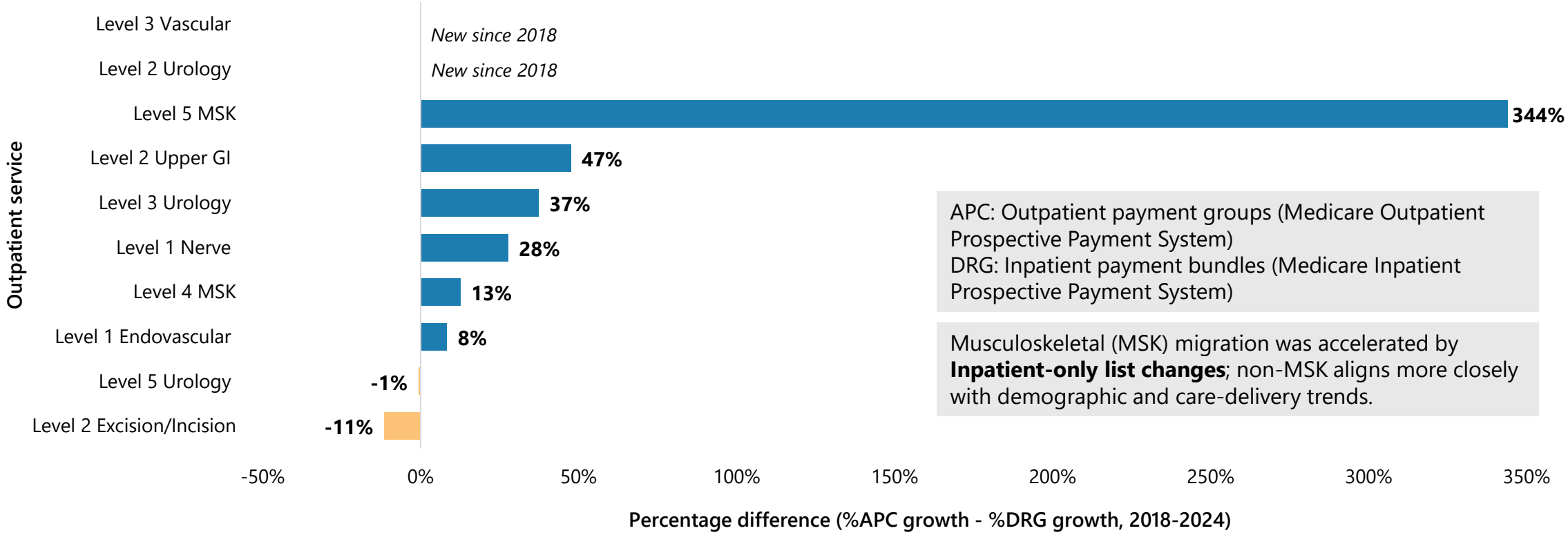



Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages

# Outpatient versus inpatient migration

**Figure 5. Migration of Idaho's 2024 top 10 outpatient services, 2018-2024**

Migration index = %Ambulatory Payment Classification(APC) Growth – %Diagnostic-Related Group (DRG) Growth (2018–2024)
*Note: Migration index reflects relative outpatient growth versus inpatient growth and does **not** represent total service growth




APC: Outpatient payment groups (Medicare Outpatient Prospective Payment System)
DRG: Inpatient payment bundles (Medicare Inpatient Prospective Payment System)

Musculoskeletal (MSK) migration was accelerated by **Inpatient-only list changes**; non-MSK aligns more closely with demographic and care-delivery trends.

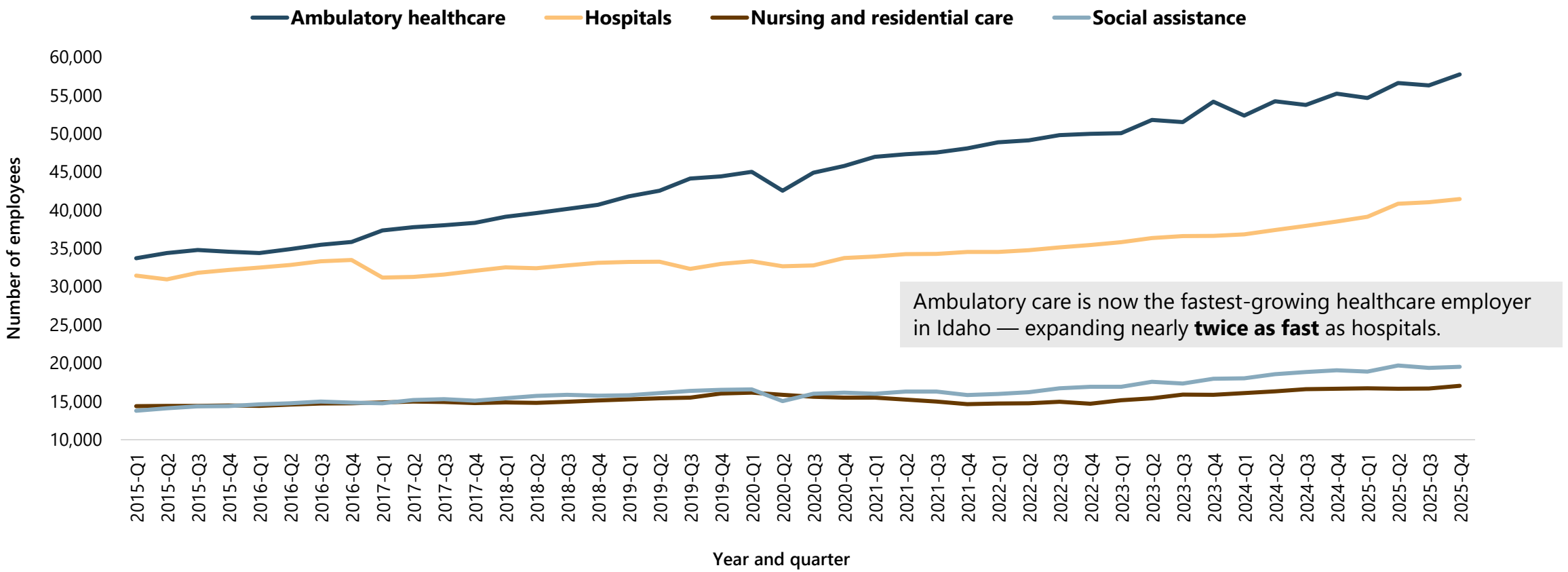
Source: Centers for Medicare and Medicaid Services

# Why these categories shift outpatient

- Aging increases migration support kits, gastrointestinal, urology and nerve-related conditions.
- Techniques and anesthesia are safer for same-day discharge
- Hospitals concentrate on higher-acuity inpatient cases
- Outpatient facilities absorb routine and chronic care volume

# Employment shift: Hospital versus ambulatory (2015-2025)

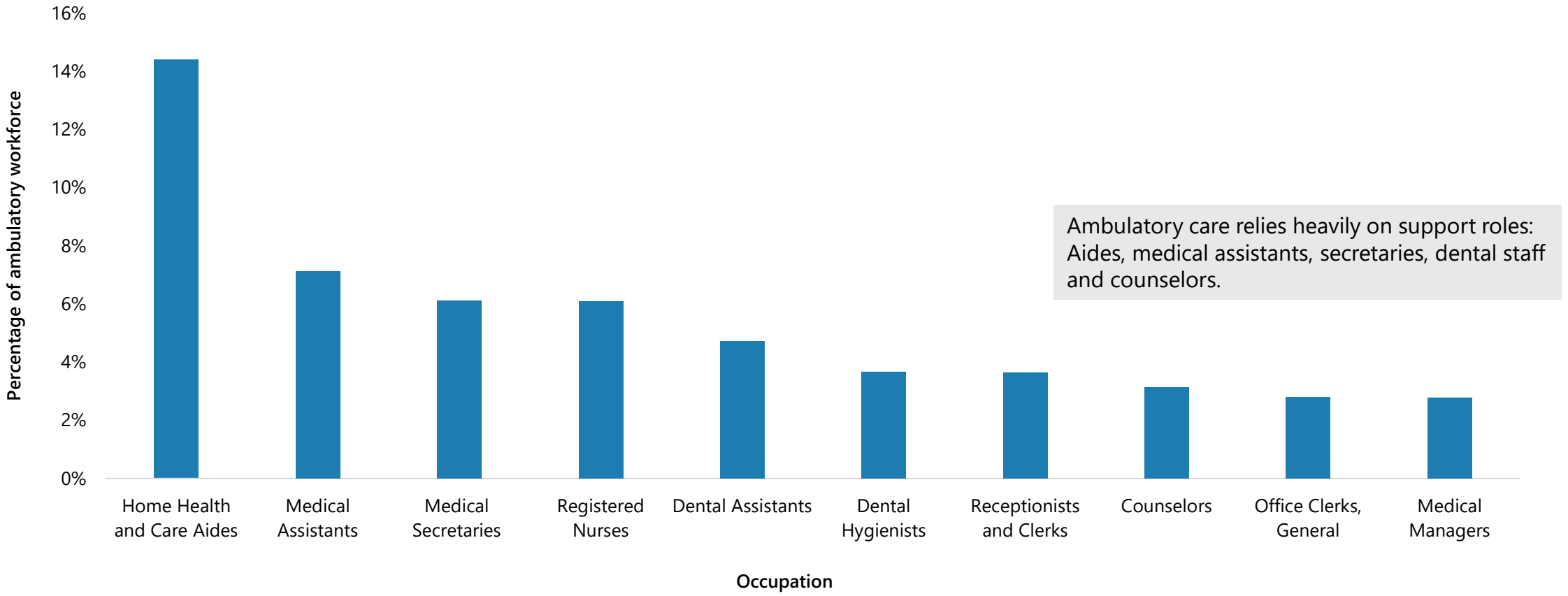
**Figure 6. Idaho quarterly employment by healthcare subsector, 2015-2025**




Source: Idaho Department of Labor, Quarterly Census of Employment and Wages

# Who works in ambulatory care?

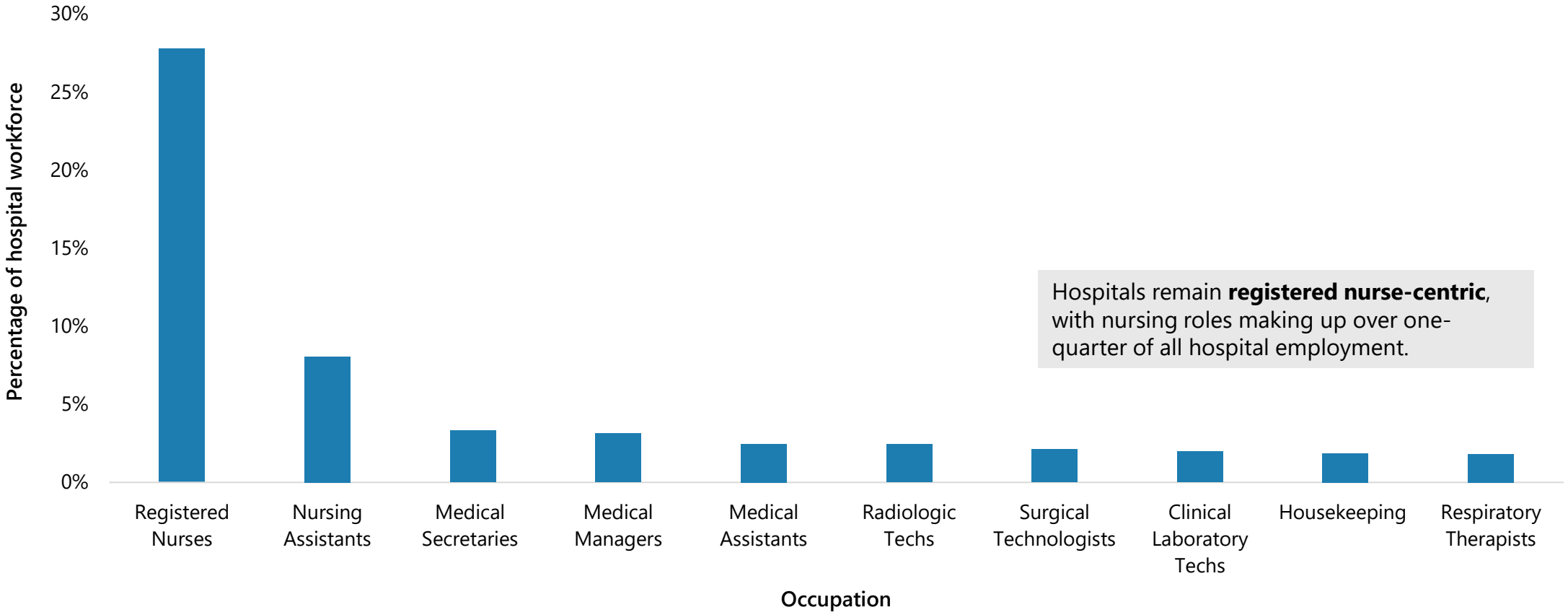
**Figure 7. Top 10 occupations in Idaho ambulatory care, 2025**




Source: Lightcast Staffing Patterns; Idaho Department of Labor

# Who works in hospitals?

**Figure 8. Top 10 occupations in Idaho hospital care, 2025**




Source: Lightcast Staffing Patterns; Idaho Department of Labor

# Wage structure: Hospital versus ambulatory

**Figure 9. Wage distribution for Idaho's top 10 hospital positions, 2025**

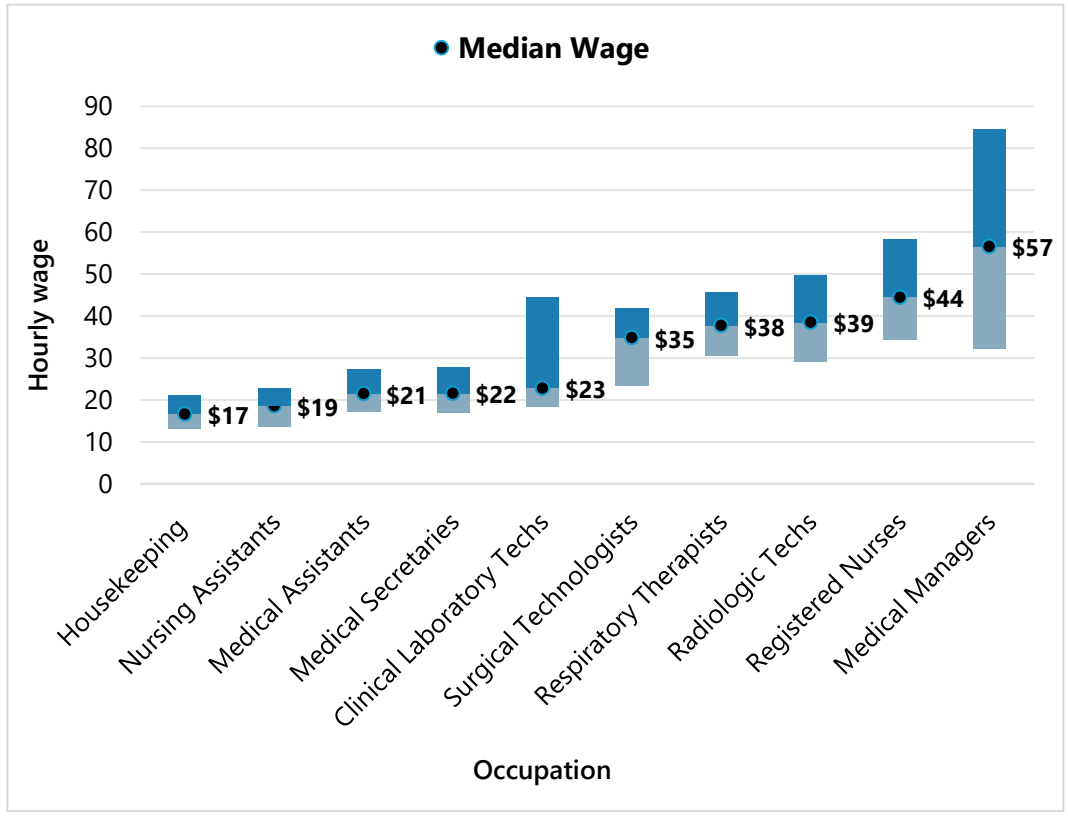
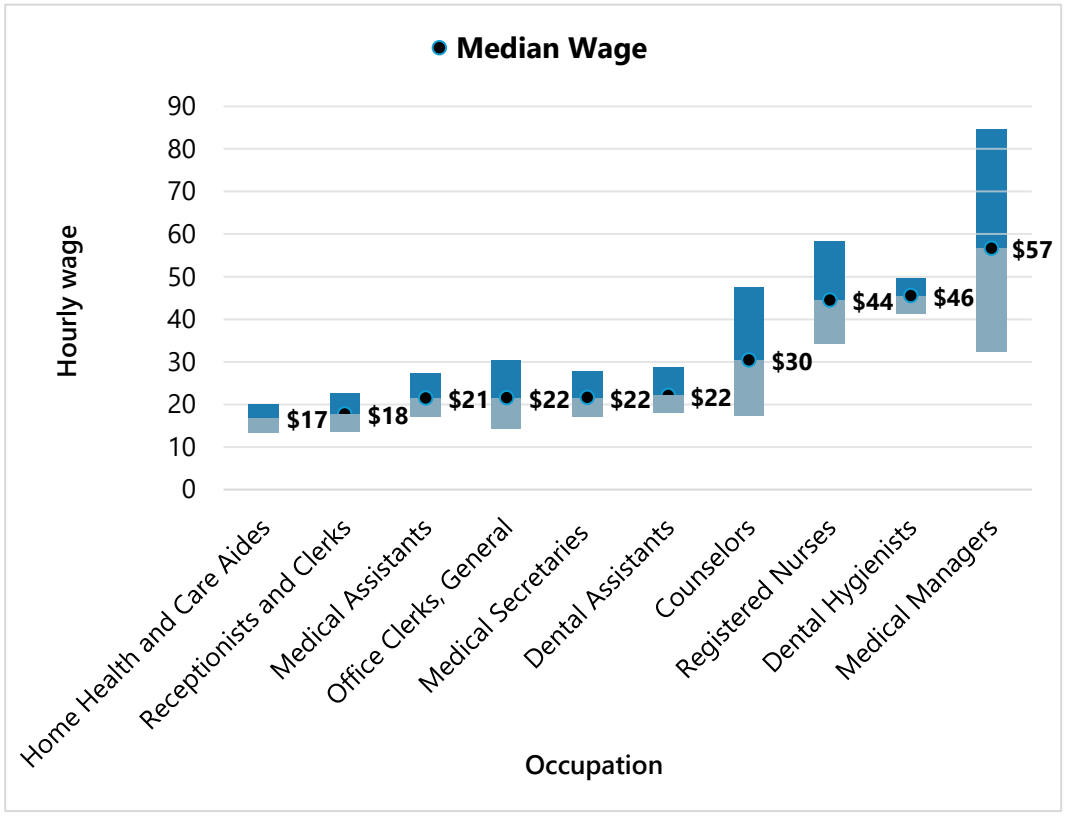


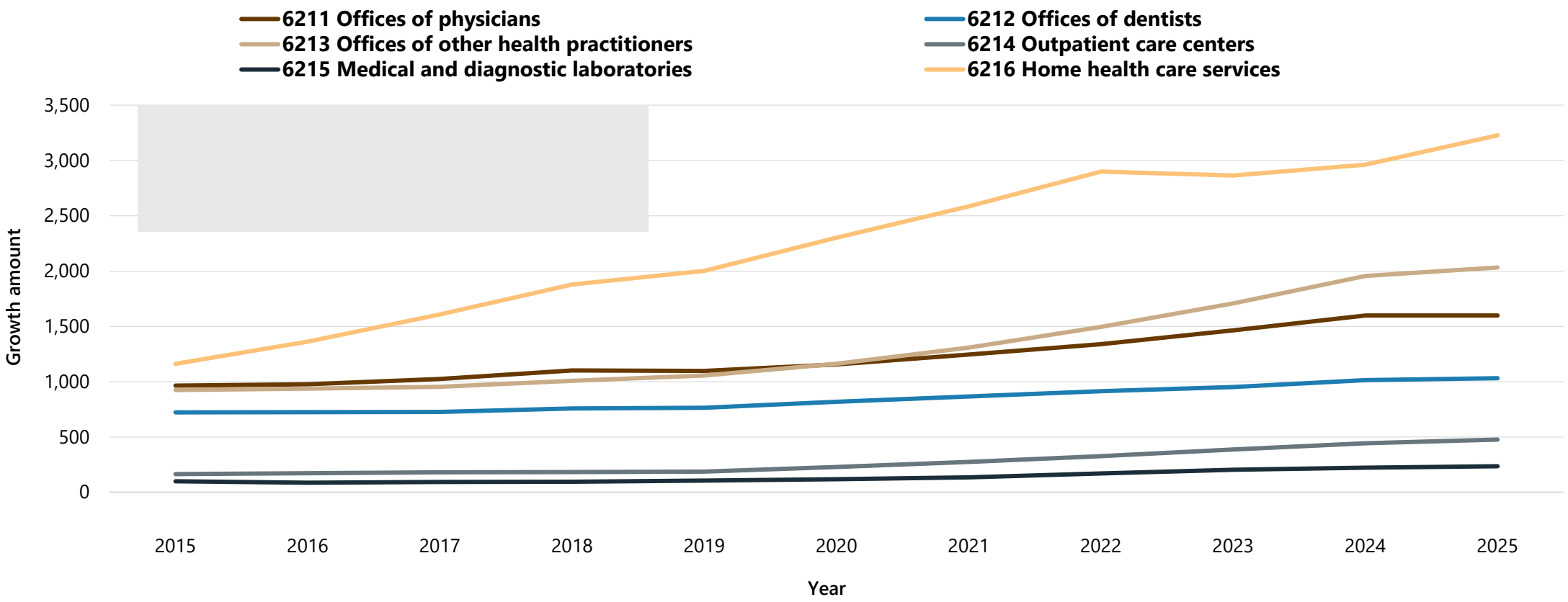

**Figure 10. Wage distribution for Idaho's top 10 ambulatory positions, 2025**




Source: U.S. Bureau of Labor Statistics, Department of Labor Occupational Employment and Wages

# Rapid expansion of ambulatory care in Idaho (2015-2025)

**Figure 11. Idaho ambulatory establishment growth by subsector, 2015-2025**




Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages

# Occupational growth in ambulatory versus hospitals (2015-2025)

**Figure 12. Percent change of Idaho's top 10 staffed ambulatory positions, 2015-2025**

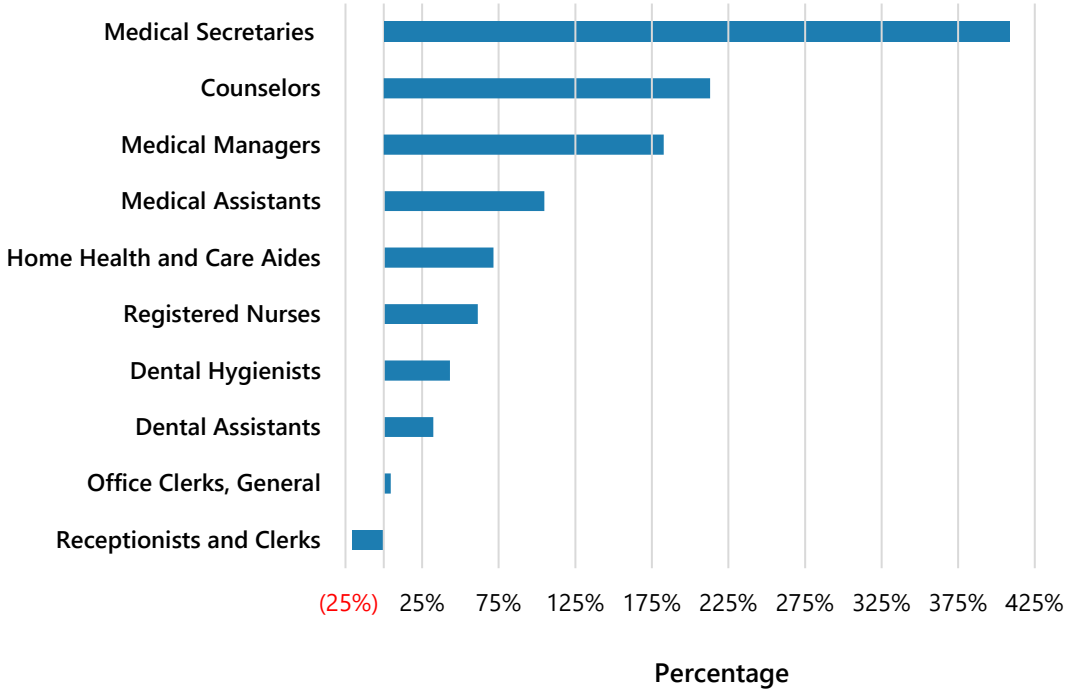
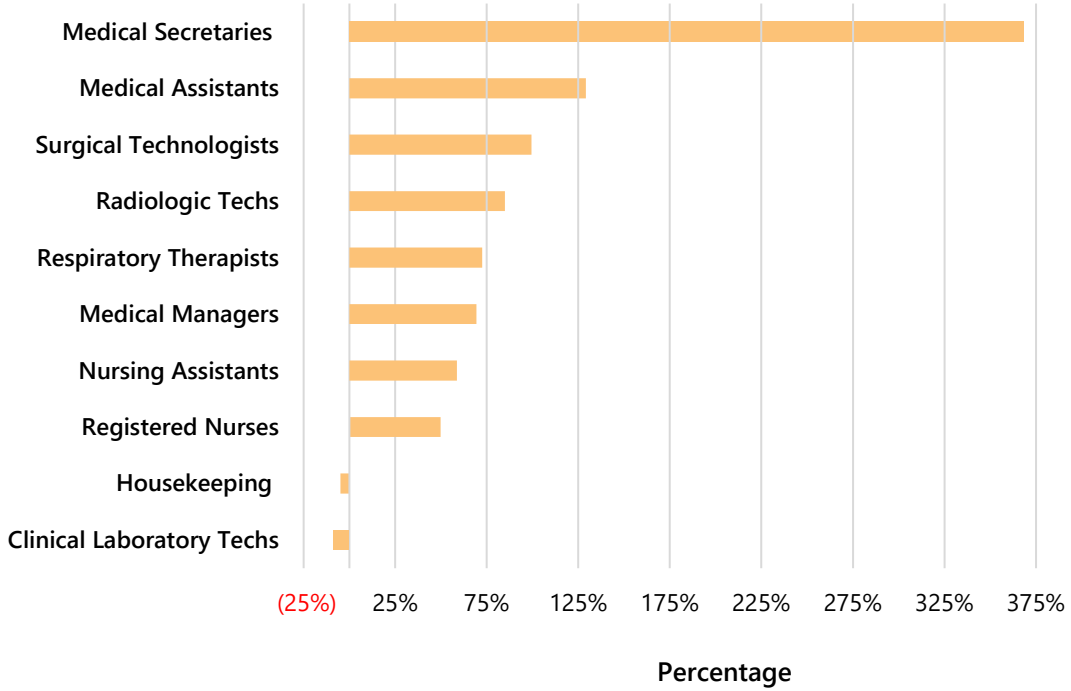



**Figure 13. Percent change of Idaho's top 10 staffed hospital positions, 2015-2025**




Source: Lightcast Staffing Patterns; Idaho Department of Labor

# What's driving the shift?

- Idaho's over 65 population grew rapidly and is expected to continue rising through 2034.
- Aging increases outpatient utilization (gastrointestinal, migration support kits, urology, cataracts) and shifts inpatient mix toward complexity.
- Procedure migration reflects demographic pressure, clinical advancements and Medicare Outpatient Prospective Payment System rule changes.

# How Idaho's healthcare system is responding

- Ambulatory growth across migration support kits/gastrointestinal/urology plus rapid expansion of home health, outpatient care centers and offices of other health practitioners. (Including physical therapy/occupational therapy, chiropractic, behavioral health and similar services).
- Ambulatory settings are adding medical assistants, counselors, administrative staff, home health aides and registered nurses.
- Hospitals remain focused on higher-acuity care, while ambulatory settings absorb more routine and chronic-care demand.

# Summary

1. Idaho's population is aging rapidly.
2. Aging increases chronic-care needs and outpatient utilization.
3. Care is increasingly delivered in outpatient settings.
4. Healthcare providers are expanding ambulatory infrastructure and services.
5. Workforce demand is shifting toward ambulatory occupations.
6. Employers and policymakers should plan for continued outpatient growth.

# Thank you. Any questions?

Need more information?

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