

Article

Strategies for Successful Hospital-Based Outpatient Care: Insights from Switzerland and Germany

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Abstract: The effective and financially sustainable shift towards outpatient care in hospitals requires adjustments in infrastructure, processes, and personnel. This contribution validates and extends the existing literature by conducting expert interviews in Switzerland and Germany. Establishing transparent cost and performance data is a crucial first step. Subsequently, key organizational success factors—such as spatial and functional planning, staffing concepts, digital and AI-assisted process optimization, and collaborations—must be adapted. The findings indicate that there is no universal approach to outpatient integration. However, the adaptation of these success factors and the insights gained serve as essential milestones towards an economically viable hospital-based outpatient care model.

Keywords: health services research; ambulatory care; integrated care

1. Introduction

In order to allocate the limited healthcare resources efficiently, a key strategy is to shift treatment from inpatient to outpatient care. By avoiding hospital stays, costs can be reduced, and resource-related conflicts in healthcare mitigated [1].

However, Germany provides significantly less outpatient care for same-sector diseases compared to other countries [2]. This is particularly evident in hospital expenditures: Only about 4% of hospital spending is allocated to day clinics and outpatient care, while over 90% is spent on inpatient care. In Switzerland, by contrast, over 25% of hospital expenditures are used for outpatient services. Even so, Switzerland lags behind England, where 40% of procedures are already performed on an outpatient basis [3]. The more advanced shift towards outpatient care in other countries is attributed to the same-sector payment systems that create incentives for shifting care to the outpatient sector [4].

In both Germany and Switzerland, legislators have defined a catalogue of outpatient procedures that may only be performed on an inpatient basis in exceptional cases. These lists have been gradually expanded over the years. However, a major barrier to the further expansion of hospital-based outpatient care is the misalignment between inpatient and outpatient reimbursement systems. Outpatient treatments are reimbursed at a much lower rate than inpatient treatments, creating financial incentives for hospitals to prioritize inpatient care. To address this issue, both countries are working on aligning their reimbursement systems to strengthen incentives for hospital-based outpatient treatments (see Section 2) [5].

Given these impending changes, hospitals that proactively adapt their structures to ensure the economic stability of outpatient treatments will gain a competitive advantage.

While prior research has predominantly focused on system-level determinants of the shift from inpatient to outpatient care [2]—particularly the impact of reimbursement



Academic Editor: Francisco Epelde

Received: 31 January 2025

Revised: 11 June 2025

Accepted: 11 June 2025

Published: 18 June 2025

Citation: Rieder, L.; Schoder, J. Strategies for Successful Hospital-Based Outpatient Care: Insights from Switzerland and Germany. *Hospitals* **2025**, *2*, 13. <https://doi.org/10.3390/hospitals2020013>

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structures [6]—there is limited evidence on how hospitals can actively manage this transformation from within. Messerli et al. (2024) [7] extended this perspective by identifying hospital-level factors beyond financial incentives that are associated with a higher share of outpatient care, such as service mix, size, procedure volume, and emergency care infrastructure. However, their focus remains on structural and quantitatively measurable characteristics. In contrast, our study shifts the lens to the managerial and organizational level, asking what concrete strategies and internal practices hospitals must adopt to successfully implement and scale hospital-based outpatient services. In doing so, we complement existing system-level and structural analyses by offering practical, action-oriented insights for hospital management. Moreover, by comparing two countries with similar reimbursement systems that still favor inpatient care, this study provides valuable cross-national lessons on how to manage the transition effectively. Drawing on expert interviews with hospital leaders directly involved in implementing these changes, we identify the best practices that can support a sustainable and operationally efficient shift toward hospital-based outpatient care.

The article is structured as follows: First, the current reimbursement systems and planned changes for Germany and Switzerland are discussed. Section 3 covers the current state of the literature and the methodological approach. Section 4 presents and discusses the results. Finally, the key findings are summarized, and conclusions are drawn.

2. Background: Reimbursement Systems in Germany and Switzerland

Despite numerous efforts in recent years to expand outpatient care in hospitals and reduce inpatient capacities, significant progress has yet to be achieved. This is primarily because the financial disadvantages for hospitals outweigh the potential benefits of outpatient treatment. The following section provides a brief comparison of the current reimbursement systems in Germany and Switzerland and examines ongoing reform efforts.

2.1. Current Reimbursement Systems in Germany and Planned Changes

Inpatient treatments are reimbursed through Diagnosis-Related Groups (DRGs). This system compensates the services provided in a treatment case with a flat rate, almost independent of the actual costs incurred [8]. In contrast, outpatient treatments are reimbursed through the Uniform Value Scale (EBM) and are budgeted [9].

To account for medical and technological advancements and the associated potential for hospital-based outpatient care, the legislator has promoted outpatient care options within hospitals since 2004. In addition to the traditional outpatient sector, where care is provided by self-employed, office-based specialists, hospitals can also perform outpatient procedures and inpatient-substituting services (AOP). However, these are reimbursed through the EBM, which on average provides four times lower compensation [8]. Furthermore, the legislator allows day treatments in hospitals (according to §115e SGB V), which enables treatment using the medical infrastructure without an overnight stay. Day treatments can be provided in all hospital departments and billed as reduced DRGs [10]. In addition, Hybrid-DRGs (H-DRGs) can be billed, which reimburse treatments at the same rate, regardless of how they are provided. The introduction of day treatments and H-DRGs is an initial step towards creating financial incentives to shift treatments to the outpatient sector [6]. However, the reimbursement for hospital-based outpatient treatments is still significantly lower than under the DRG system [11] and much more complicated than in other countries. The Hospital Reform Act will further complicate reimbursement by splitting the DRG into a performance-based and a non-performance-based component [12].

2.2. Current Reimbursement Systems in Switzerland and Planned Changes

In Switzerland, inpatient treatments are reimbursed through the SwissDRG system, a case-based payment system based on the German DRG system. The financing of inpatient service costs is dual, in contrast to Germany, where costs are fully covered by health insurance companies. This means that at least 55% of the incurred inpatient service costs are reimbursed by the canton, and at most 45% are covered by health insurers. As a result, insurers have little incentive to promote cost-saving shifts to the outpatient sector.

Starting in 2026, the outpatient physician tariff TARMED is set to be replaced by a new single-service tariff structure, TARDOC. This updated tariff system is designed to better reflect current cost structures. In parallel, a case-based payment system for day treatments in hospitals is also planned to be introduced, further encouraging outpatient care while addressing the evolving healthcare cost dynamics in Switzerland [13].

Another key element to promote outpatient care is the introduction of the so-called outpatient lists by the cantons in 2019. These lists specify that certain elective procedures are reimbursed only when performed on an outpatient basis, similar to the AOP catalog in Germany (BAG 2018 [13]). Furthermore, last year, Parliament passed an amendment to the KVG that establishes unified financing for both outpatient and inpatient services. This reform dictates that, starting in 2028, 26.9% of the costs will be covered by the cantons and 73.1% by the insurers. By 2032, the financing structure will also include care services, effectively removing the previously existing perverse incentives from insurers [14].

2.3. European Reimbursement Systems and Pricing Models: Lessons for Switzerland and Germany

In contrast to Switzerland and Germany, other countries do not have separate sectoral remuneration systems. England, Denmark, Norway, and France use the DRG system to reimburse both inpatient and outpatient treatments [4]. The harmonization of outpatient and inpatient reimbursement through DRGs creates financial incentives for outpatient treatments. However, the scope and type of service equalization vary from one country to another, as provided in Table 1. In England and Denmark, almost all DRGs are reimbursed at the same rate, regardless of whether the treatment is provided in an inpatient or outpatient setting. Whereas in Norway and France, only certain groups of DRGs are reimbursed at the same rate, typically for cases with short lengths of stay or low severity [15]. Due to these regulations, France has increased its share of ambulatory surgeries to 50% of all procedures (in 2016) [16].

Table 1. Comparison of European reimbursement systems.

Reimbursement of Ambulatory Treatments	Country	Condition
Outpatient Services > Inpatient Services	England	Day Surgery (<i>Best Practice Tariffs</i>)
Outpatient Services = Inpatient Services	England	nearly all DRGs
	Denmark	
	Norway	with short lengths of Stay
Outpatient Services < Inpatient Services	France	with low Severity
	Germany Switzerland	separate Reimbursement Systems

Compared to all these countries, England has the highest rate of outpatient care (as of 2019), largely due to the introduction of the so-called “Best Practice Tariffs” [4]. This incentive system reimburses selected outpatient procedures in day surgery at a higher rate than their inpatient counterparts, encouraging a shift towards outpatient care to

enhance healthcare system efficiency. Additionally, all hospital services, including surgical procedures, can be billed on an outpatient basis [2].

In summary, both Germany and Switzerland face challenges in expanding hospital-based outpatient care due to differing reimbursement systems for inpatient and outpatient treatments. These systems, along with existing hospital structures primarily designed for inpatient care, hinder a stronger shift to outpatient services. While Switzerland is actively reforming its healthcare system to increase outpatient care, Germany's efforts are contradicted by the Hospital Reform Act, which incentivizes more inpatient care through standby payments. Both countries are working to promote outpatient care by specifying treatments that are reimbursed exclusively on an outpatient basis and revising their reimbursement systems. However, Switzerland's reforms are more aligned with the goal of increasing hospital-based outpatient care, while Germany's approach may unintentionally encourage further reliance on inpatient care. Instead of developing their own pricing models, policymakers in both countries could benefit from leveraging the expertise and successful strategies of neighboring countries.

3. Research Design

The decision of a hospital to provide outpatient care is influenced not only by reimbursement rates but also by the associated costs. Traditional inpatient infrastructures, processes, and staffing models result in high fixed costs that often exceed the reimbursement for outpatient care. As a result, the challenge lies in how hospitals can adjust their operations to reduce these costs. The literature highlights several aspects and strategies to enable the cost-effective provision of hospital-based outpatient treatments [17]:

1. **Assessment of Current Outpatient Service Activities:** The first step in promoting outpatient treatment is to assess the current service activities. This involves collecting cost and performance data in the form of an outpatient cost accounting system. By analyzing and evaluating the services and their developments, a strategy can be derived.
2. **Development of an Offering Strategy:** Before shifting treatments to the outpatient sector, it is recommended to develop a comprehensive offering strategy. This strategy should encompass the entire spectrum of services, ensuring a well-coordinated integration of outpatient and inpatient care. The resulting outpatient service portfolio defines which outpatient treatments will be provided in-house and which should be outsourced to regional care partners.
3. **Space and Functional Concept:** Given the lower reimbursement for outpatient treatments, hospitals must lower costs through strategic infrastructure adjustments. Investments in optimized architectural layouts and workflow efficiency can help increase patient throughput and reduce overhead. This can be achieved by adapting treatment areas to facilitate faster procedures, either through dedicated outpatient units or by integrating outpatient care within existing hospital structures.
4. **Staffing Concepts:** Since outpatient work is currently shaped by inpatient structures, it is a challenge to establish a new outpatient "mindset" among staff. Clear processes and treatment standards, distinct from the inpatient setting, are crucial.
5. **Process Standardization and Interface Management:** Effective coordination between the outpatient and inpatient sectors is necessary to ensure smooth operations. The shift to outpatient care requires process adjustments and increased standardization. Treatment pathways, which define tasks and steps, can assist in patient management.
6. **Digital and AI-supported Process Assistance:** The use of digital processes is indispensable in the outpatient sector, as it can save resources through tools such as online appointment bookings, telemedicine, and the networking of various stakeholders.

To validate and expand upon the above-mentioned strategies and aspects, a total of five experts from Switzerland and Germany were interviewed. These experts represent various levels of healthcare institutions, including maximum care providers, general and specialized providers, and an outpatient center. All institutions represented by the experts have already implemented major outpatient care initiatives. The selection primarily focused on regional healthcare providers in South-West Germany and South-East Switzerland. The objective was to capture diverse perspectives by including institutions with varying treatment portfolios and hospital sizes, thus ensuring a broader representation of different processes and experiences across the healthcare landscape. Further details on professional positions, hospital size, and classification of the experts are illustrated in Table 2.

Table 2. Overview of Experts and Hospital Characteristics.

Position of Expert	Country	Hospital Characteristics	Number of Patients
Specialist for Ambulantization	Germany	Maximum-care Hospital	>90,000 Inpatients >900,000 Outpatients
Strategic Project Manager	Germany	Maximum-care Hospital	>90,000 Inpatients >900,000 Outpatients
CFO	Germany	Maximum-care Hospital	>17,000 Inpatients >48,000 Outpatients
Clinic Manager	Switzerland	General and Specialized Care	>40,000 Inpatients >1,350,000 Outpatients
CEO	Switzerland	Maximum-care Hospital	>46,000 Outpatients

The interviews followed a two-part structure: Qualitative Part—Open-ended questions explored strategic goals, internal decision-making, perceived success factors, organizational barriers, and operational challenges. The interview guide was based on the framework proposed by Spinner et al. [16] with one additional thematic field added—“Cooperation and Partnerships”—to reflect current policy dynamics and expert suggestions. Quantitative Part—Experts were then asked to rate predefined success factors on a 4-point Likert scale (1 = no importance, 4 = very high importance), allowing for prioritization and triangulation of the qualitative findings. All interviews were conducted in person or via video conferencing, recorded with consent, and transcribed for analysis. We applied a thematic content analysis approach.

4. Results and Discussion of the Expert Interviews

In the following, the main expert interview results for each aspect are presented, followed by a brief author’s conclusion on their implications for successfully shaping the transition to outpatient care.

4.1. Assessment of Outpatient Service Provision

The expert interviews reveal that a comprehensive analysis of previous outpatient care provision and the identification of outpatient potential are fundamental, confirming the findings of Spinner et al. [16] Transparency regarding the type and scope of care provision is essential for strategic alignment. Depending on the degree of specialization, resource allocation, as well as interface and cooperation management, will differ.

Based on these expert insights, we identify three potential strategic approaches for hospitals when structuring their outpatient portfolios:

- i. General Practice or MVZ (Medical Care Centers): An interface and gateway to inpatient care, primary care, or specialized and complex outpatient services can be offered.
- ii. Outpatient Surgeries: Outsourcing ambulatory operation (AOP) services allows for the standardization of processes and cost reduction while simultaneously freeing up inpatient capacity for more complex cases.

4.2. Development of a Service Offering Strategy

After analyzing the current service delivery processes, experts strongly recommend formulating a dedicated service offering strategy for outpatient care. This strategy should be closely aligned with the hospital's overall objectives and based on a clear understanding of the motivations for expanding outpatient services. According to the experts interviewed, the following key objectives often drive the shift toward outpatient care:

- i. Political Pressure to Expand Outpatient Care: Increasing audit rates and penalties for misallocated cases (primary and secondary misallocation) are pushing hospitals to provide more services on an outpatient basis.
- ii. Creating Additional Capacity: Moving suitable procedures to the outpatient sector frees up inpatient resources for more complex cases and enables more efficient management of waiting lists.
- iii. Managing Referral Pathways: Expanding outpatient services helps hospitals to identify and triage patients earlier, ensuring smoother transitions to inpatient care when needed.
- iv. Generating Additional Revenue: Establishing in-house medical care centers (MVZs) or affiliated practices can provide new income streams.
- v. Using More Cost-Efficient Infrastructure: Outpatient services, such as surgeries, can be relocated to peripheral facilities outside the main hospital, lowering costs by utilizing simpler infrastructure.

To ensure that this strategy is implemented effectively, the introduction of outpatient-specific control is recommended. This allows for a better understanding of the financial impact and supports data-driven planning. Given the possibility that lawmakers may require outpatient cost reporting similar to the InEK model used for inpatient care, hospitals should proactively begin collecting digital data on outpatient costs and performance [5].

4.3. Space and Functional Concept

To expand outpatient care within hospitals, medical services must be delivered in a way that aligns with the hospital's physical and functional structures. Experts agree that while centralized, integrated care is often the goal, its economic and practical feasibility remains uncertain due to the fundamental differences between inpatient and outpatient settings. In traditional outpatient care, patients are treated efficiently and in a standardized manner. These cases are typically less complex, allowing for optimized use of treatment facilities and resources. In contrast, hospital-based outpatient care often involves more complex, multimorbid patients and requires greater coordination with inpatient services. Importantly, hospitals must continue to maintain sufficient inpatient capacity to handle emergencies and complex cases.

Given these differences, adapting the hospital's space and functional setup is critical. Based on expert interviews, two main strategies for infrastructural implementation have emerged:

Strategy 1: Integration of Outpatient and Inpatient Physical Infrastructure

This approach leverages existing infrastructure by integrating outpatient and inpatient services in shared spaces, such as diagnostic areas, imaging, or operating rooms. It enables synergies in staffing and resource use, minimizes investment needs, and facilitates faster implementation of outpatient services. This model is especially well-suited to smaller hospitals with high outpatient potential and a focus on low- to medium-complexity procedures. However, integration can lead to operational disruptions, as outpatient services may compete with inpatient workflows. Financially, this strategy may also reduce the hospital's inpatient case volume, which could impact cost allocation and funding structures, especially under current hospital financing models (see Section 2.1 on the Hospital Reform Act).

Strategy 2: Separation of Outpatient and Inpatient Physical Infrastructure

The more common strategy involves a clear physical and operational separation between outpatient and inpatient services. Outpatient care is organized in dedicated spaces—either on the hospital campus or at off-site locations. This enables tailored, standardized outpatient processes while keeping inpatient services undisturbed. Peripheral locations can also offer cost advantages, such as lower rents or better parking options.

This approach strengthens outpatient care as a strategic pillar of the hospital, rather than a secondary add-on. However, it requires additional investments in diagnostic infrastructure and staffing to support independent outpatient operations. According to the expert survey, the space and functional concept was rated as the most important factor across all examined facilities, earning the highest score of 4.

4.4. Staffing Concepts

According to the experts, personnel deployment concepts are crucial in the outpatient sector. Unlike in the inpatient sector, where staff members are salaried employees, compensation in the outpatient sector is often revenue-based and dependent on case numbers. For example, in outpatient surgery, anesthetists are typically not employed by a practice or operating center but are compensated per anesthesia performed. Additionally, the personal commitment of the practice owner is crucial to the success of an outpatient facility, as is the team spirit, which tends to be stronger in smaller teams. In contrast, the high standardization and scheduling requirements in the outpatient sector demand different skills and a greater level of time management from employees. The attitude or the “mindset” of the staff is therefore crucial for the success of outpatient care, as it differs significantly from the inpatient sector. Therefore, adapting to the outpatient care setting is critical to success.

Given these differences, we recommend separating the tasks of the outpatient and inpatient sectors, avoiding the simultaneous deployment of inpatient staff in the outpatient sector.

The category of personnel deployment concepts is rated with an average value of 3.5, indicating its high level of importance. This high rating is particularly due to the classification of the German institutions.

4.5. Process Standardization and Interface Management

To reduce average fixed costs, experts emphasize that a sufficient volume of outpatient treatments is essential. This can be achieved through standardized workflows that maximize the time doctors spend with patients while minimizing administrative burdens. Additionally, processes should be structured so that simple tasks can be efficiently delegated.

Building on these insights, we conclude that a strong focus on standardization enables hospitals to streamline operations, reduce redundancies, and enhance coordination between outpatient and inpatient care, ultimately improving both efficiency and patient outcomes.

The expert survey reveals that process standardization and interface management score 3.75, making it the second most important category after space and functional concept.

4.6. Digital and AI-Supported Process Assistance

Closely related to process standardization and interface management, experts stress that digital and AI-supported processes are crucial for optimizing workflows. This includes the entire patient journey—from registration and admission to discharge and follow-up care. Digital navigation systems, such as ticket-based terminals that guide patients through the practice via display screens, are seen as effective tools for streamlining these processes. Additionally, a comprehensive hospital information system (HIS) that integrates both outpatient and inpatient data is regarded as essential. A well-functioning HIS not only ensures seamless data availability for medical staff but also enables the use of AI tools.

However, based on findings from the current literature, we note that a major barrier to AI adoption in administrative tasks is the lack of interoperability between documentation systems. Many datasets remain unstructured, including handwritten forms, narrative texts, and isolated image or video files, limiting their usability for AI applications [18]. Despite these challenges, we observe that generative AI—such as large language models (LLMs)—is increasingly being adopted to generate diagnostic reports, medical letters, and transcriptions of doctor–patient conversations [19]. In addition, AI tools are used to streamline billing and controlling processes, reducing workload and minimizing errors [20].

Overall, we conclude that digital and AI-supported process assistance offers significant potential for boosting productivity while maintaining—or even improving—outcome quality, as demonstrated by international studies [21].

Digital and AI-supported process support was rated an average of 3.25, with the importance of digital processes especially highlighted by two major healthcare providers from Germany and Switzerland (see Figure 1). This moderate rating may reflect the high barriers to implementation and the resistance to organizational change, which can make the adoption of such technologies appear more challenging and resource-intensive for hospitals [22]. While adoption rates in the outpatient sector are slower than in inpatient care—due to factors such as fragmented market structures, high costs, and technical expertise shortages—these tools are becoming essential for accelerating processes and enhancing overall efficiency [23].

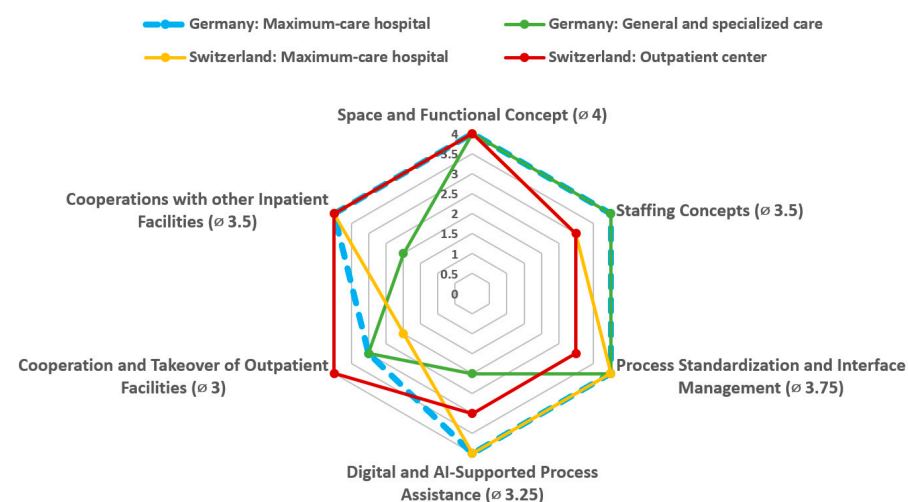


Figure 1. Overview of success factors according to country and type of facility.

4.7. Cooperation and Partnerships

Experts emphasized the importance of distinguishing between collaborations with outpatient services and those with inpatient facilities.

i. Cooperation and Takeover of Outpatient Facilities

Acquiring an outpatient facility can provide an additional source of revenue. However, reimbursement for outpatient services is the same whether provided clinically ambulatory in the hospital or traditionally ambulant in an independent practice. The key difference lies in the associated costs, which can be reduced through standardized processes or relocating outpatient services to peripheral locations. The financial success of outpatient facilities is often linked to the personal commitment of the owner, which may decline after a takeover, and is heavily influenced by the specialty and patient mix.

Conversely, collaborations with outpatient facilities can help secure referral streams, ensuring a steady influx of patients for inpatient services. Strong partnerships and cooperation with the local medical community are essential to maintaining these referral streams.

In the survey, the takeover of outpatient facilities received the lowest rating, with an average score of 3.

ii. Cooperation with other Inpatient Facilities

Cooperation with other hospitals ensures that patients receive treatment in the most appropriate facility for their specific condition. University hospitals, in particular, should manage complex cases, while less complex cases can be treated in hospitals with lower care levels. To improve care coordination, franchise models are already being implemented, where a chief or senior physician takes on a part-time leadership role at a smaller hospital. This dual appointment facilitates patient management, enabling the transfer of less complex cases away from the cost-intensive infrastructure of a maximum-care provider. Smaller hospitals benefit from higher case volumes and lower fixed costs, while university hospitals receive a greater share of complex cases, ultimately improving treatment quality.

Based on the expert interviews, we conclude that partnerships with outpatient facilities offer both opportunities and challenges. While acquiring outpatient facilities may generate additional revenue, the associated costs and reduced commitment following takeovers pose significant obstacles. In contrast, fostering strong partnerships with outpatient services and other hospitals to manage patient referrals and care coordination appears to be a more sustainable approach. However, these decisions are also shaped by the broader healthcare landscape and the hospital's overall strategic objectives.

Cooperation with other facilities was rated an average score of 3.5 by the surveyed institutions. Notably, the two maximum-care providers and the outpatient center in Switzerland assigned very high importance to cooperation.

The significance of the success factors evaluated in the expert survey is summarized in Figure 1. The graph shows that the two maximum-care providers from Switzerland and Germany follow similar strategies, particularly in the areas of space and functional concept, process standardization and interface management, digital process support, and cooperation with other facilities.

5. Summary and Conclusions

The shift towards more outpatient care within hospitals is crucial for optimizing resource utilization and addressing challenges like staff shortages and rising healthcare costs. To make outpatient treatments economically viable, both structural adjustments (at the organizational level) and economic or reimbursement-related changes (at the system level) are necessary.

Based on expert interviews, we conclude that at the organizational level, establishing transparent cost and performance data is a crucial first step. Implementing outpatient cost accounting to create clear cost and performance data, coupled with a tailored service offering strategy, enables hospitals to create standardized, efficient outpatient processes without disrupting inpatient operations. Once this foundation is set, hospital managers should consider the following major key factors for the successful transition to more outpatient care:

1. Set Strategic Priorities

Define why your hospital is expanding outpatient care (e.g., capacity relief, new revenue, and regulatory compliance). Align the outpatient strategy with your hospital's overall mission, specialty profile, and long-term goals.

2. Analyze and Adapt Service Delivery

Assess your current service mix and referral flows. Identify which procedures are suitable for outpatient care based on volume, complexity, and patient needs.

3. Choose the Right Infrastructure Model

Decide between (1) integration of outpatient and inpatient services (shared diagnostics, ORs, staff) and (2) separation via dedicated outpatient facilities or satellite units. Consider the space, cost, and operational impact of each approach.

4. Optimize Internal Processes

Streamline workflows for shorter, standardized treatment episodes.

Reconfigure scheduling, admission, and discharge processes for outpatient logic.

5. Build a Fit-for-Purpose Workforce

Adjust staffing models to support flexible roles and rapid patient turnover.

Train staff for outpatient-specific demands (e.g., consultation efficiency and cross-sectoral handovers).

6. Implement Outpatient Controlling

Track the financial performance of outpatient services with appropriate KPIs.

Prepare for future requirements such as cost accounting in outpatient care (e.g., "InEK"-like systems).

7. Leverage Digital Tools

Use digital documentation and analytics to monitor costs, capacities, and patient outcomes. Enable real-time data for operational and strategic decision-making.

While these factors are critical, it is important to recognize that no one-size-fits-all solution exists for the transition to outpatient care. Each hospital's unique circumstances—including its size, service mandate, and existing infrastructure—will play a significant role in determining the most suitable approach. Therefore, understanding these factors and tailoring solutions accordingly is essential for ensuring a successful transition.

In addition, our findings offer important lessons for policymakers aiming to facilitate a successful transition to outpatient care at the system level. First, regulation should enable greater structural flexibility by allowing more dynamic use of personnel and infrastructure across outpatient and inpatient services—for example, through the introduction of hybrid DRGs or flexible staffing models. Achieving this will require better alignment between financing mechanisms, labor laws, and licensing structures. Second, regional planning must be strengthened to reflect the evolving role of hospitals in outpatient care provision, particularly in underserved areas. Structural reforms should be accompanied by planning tools that help differentiate hospital roles—for instance, distinguishing between institutions

that focus on complex versus routine care—and promote targeted ambulantization. Third, hospitals require access to reliable cost and performance data in order to develop effective outpatient strategies. To support this, policymakers should introduce a standardized outpatient cost accounting system similar to the InEK framework and mandate structured digital documentation. Finally, international benchmarking—such as drawing lessons from the Swiss experience—can provide actionable models for reform. Policymakers should actively encourage cross-national comparisons and pilot programs to identify organizational strategies with the potential for broader national implementation.

Despite offering valuable insights, this study has several limitations. Other important factors, such as local regulatory policies and patient preferences, were not explored in depth. Moreover, the research was based on interviews with five experts from the German and Swiss healthcare systems, which may not fully represent the broader diversity of perspectives and experiences across different healthcare contexts. Future research could explore these additional factors to provide a more comprehensive understanding of the outpatient care transition process. Nevertheless, the strategies and success factors outlined here provide valuable guidance for hospitals seeking to optimize outpatient care.

Author Contributions: Conceptualization, J.S. and L.R.; methodology, J.S. and L.R.; formal analysis, L.R. and J.S.; investigation, L.R. and J.S.; data curation, L.R.; writing—original draft preparation, L.R.; writing—review and editing, J.S.; visualization, L.R.; supervision, J.S.; project administration, L.R. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: The raw data supporting the conclusions of this article will be made available by the authors on request.

Conflicts of Interest: The authors declare no conflicts of interest.

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