

Hospice Market Analysis and Growth Strategy for Spanish Oaks in the Savannah Tri-County Area

[Ernie Anaya, MBA, NAR](#)

President, Senior Housing and Behavioral Health

Bull Realty, Inc.

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eanaya@bullrealty.com

Executive Summary

This report provides a comprehensive market evaluation for **Routine Home Care (RHC)** and **Continuous Home Care (CHC)** hospice services in Chatham, Effingham, and Bryan counties (Tri-County) in the Savannah, Georgia PMA. Note: Spanish Oaks Hospice, Inc. is licensed across [23 Georgia coastal counties](#); however, the largest opportunity for growth is in these three largest population counties.

The analysis is conducted to inform a strategic growth plan for Spanish Oaks Hospice, which currently maintains a patient census of 50, a significant reduction from its pre-COVID census of over 100. The assessment reveals a substantial and growing market for hospice services, driven by a rapidly aging population, particularly in Chatham County. However, significant disparities in service utilization exist, with Effingham County being notably underserved compared to regional and state benchmarks.

The competitive landscape is dominated by Hospice Savannah, a large non-profit with a strong incumbent relationship with the St. Joseph's/Candler Health System. Other key competitors include national for-profit provider Amedisys and the regionally integrated PruittHealth. Analysis of publicly available quality data indicates that top competitors maintain high patient satisfaction scores, presenting a high bar for market entry and share capture.

Spanish Oaks possesses a unique and powerful strategic asset: a co-located, 36-unit Memory Care facility operating at 100% occupancy. This facility provides a stable, competition-insulated base census of 18 hospice patients and serves as a tangible demonstration of expertise in managing high-acuity dementia patients—a key demographic for hospital referral partners concerned with readmission rates. This proven capability forms the cornerstone of a recommended value-based partnership proposal for St.

Joseph's/Candler, which currently experiences higher-than-national-average readmission rates for key hospice-related conditions.

To regain a census of 100 or more patients, this report outlines a multi-pronged strategy. Key recommendations include: (1) launching a targeted community education and digital marketing campaign focused on the underserved Effingham County market; (2) developing a data-driven, phased proposal to St. Joseph's/Candler to partner on reducing readmissions for complex patients; and (3) leveraging the Memory Care facility as a marketing "showroom" to establish Spanish Oaks as the regional specialist in complex dementia and end-of-life care.

Section 1: Tri-County Market Opportunity Analysis

An effective growth strategy begins with a precise understanding of the target market's size, characteristics, and underlying needs. This section analyzes the demographic and health profiles of Chatham, Effingham, and Bryan counties to quantify the foundational demand for hospice services.

1.1. Demographic Landscape: Profiling the Aging Population in Chatham, Effingham, and Bryan Counties

The three-county service area presents a diverse but uniformly growing market for senior services, with each county offering distinct opportunities.

Chatham County stands as the largest and most mature market. With a total population of 295,291, its senior cohort (age 65 and older) comprises 17.5% of the total, or approximately 51,676 individuals.¹ This demographic is not only large but also expanding at a significant rate. The share of the population aged 65 and over grew from 12.4% in 2010 to 17.0% in 2022, and this age group was the fastest-growing cohort during that period, increasing its numbers by 55%.² A more detailed breakdown reveals a substantial population in the most advanced age brackets: 10.2% are aged 65-74, 5.5% are 75-84, and 1.8% are 85 and older.¹ This translates to an estimated 5,315 residents aged 85 and above, the group with the highest propensity for requiring both memory care and end-of-life services.

Effingham County represents a growing, more suburban market. Its total population is 71,541, with the 65+ demographic accounting for 12.2%, or approximately 8,728 individuals.³ Similar to Chatham, Effingham is aging, with the senior population share increasing from 9.2% in 2010 to 12.5% in 2022.⁵ The age distribution within this group is slightly younger, with 7.91% aged 65-74 and 4.33% aged 75 and older.⁶ While the absolute number of seniors is smaller than in Chatham, the steady growth creates a reliable, expanding market for hospice services.

Bryan County is the *fastest-growing county* in the region, characterized by a younger median age but a rapidly expanding senior base.⁷ Out of a total population of 46,681, the 65+ cohort is 10.7%, numbering around 5,018 people.⁴ This share has grown from 9.1% in 2010 to 11.1% in

2022.⁹ The age breakdown shows 8% of the total population is aged 60-69, 5% is 70-79, and 2% is 80 or older, indicating that a significant portion of the population is aging into the primary demographic for future hospice needs.⁷

County	Total Population	% Population 65+	Total Population 65+	Population 65-74	Population 75-84	Population 85+
Chatham	295,291 ¹	17.5% ¹	~51,676	~30,120	~16,241	~5,315
Effingham	71,541 ³	12.2% ⁶	~8,728	~5,660	~3,098 (75+)	N/A
Bryan	46,681 ⁷	10.7% ⁴	~5,018	~3,734 (60-69)	~2,334 (70-79)	~934 (80+)

Table 1: Demographic Profile of Service Area (Chatham, Effingham, Bryan Counties). Note: Age cohort calculations are based on percentages of total county population as provided in sources. Bryan County data uses slightly different age brackets (60-69, 70-79, 80+) from available sources.

1.2. Health and Mortality Profile: Quantifying the Need for End-of-Life Care

The prevalence of hospice-appropriate terminal illnesses in the service area confirms a strong underlying need for end-of-life care services. Statewide data for Georgia consistently identifies *heart disease* and *cancer* as the leading causes of death, accounting for 21% and 18% of deaths, respectively, in 2022.¹⁰ For the population aged 65 and older, the primary causes of mortality align directly with hospice-qualifying diagnoses, including Ischemic Heart and Vascular Disease, COVID-19, Hypertension, Cerebrovascular Disease (stroke), Chronic Obstructive Pulmonary Disease (COPD), and Alzheimer's Disease.¹²

County-specific health profiles reinforce this trend:

- In **Chatham County**, the number one cause of death is heart disease, and the average life expectancy is 76.3 years.¹³
- In **Effingham County**, heart disease is also the leading cause of death, with the top three causes being Ischemic Heart and Vascular Disease, COPD, and lung cancer.¹⁶ Life expectancy is similar, at approximately 76.1 to 76.5 years.¹⁶
- **Bryan County** presents a more nuanced picture. It boasts a notably higher life expectancy of 79 years.¹⁸ Furthermore, its age-adjusted death rate from heart disease is 179.6 per 100,000, and this rate shows a falling trend.¹⁹

At first glance, Bryan County's higher life expectancy and declining heart disease mortality might suggest a reduced need for hospice services. However, a deeper analysis reveals a different opportunity. **Longer lifespans do not eliminate mortality but rather shift its cause from acute events, such as heart attacks, toward long-term, chronic, and progressive illnesses.** Conditions like Alzheimer's disease, dementia, Parkinson's, and end-stage organ failure become more prevalent in populations that live longer.

These conditions are characterized by extended trajectories of decline and complex symptom management needs, making them ideally suited for the comprehensive, palliative approach of hospice care. Therefore, Bryan County's demographic and health profile does not indicate a smaller market but rather a different type of market—one that is likely to generate patients with longer lengths of stay, which is often more operationally and financially sustainable for a hospice provider. This makes Bryan County a strategic market for specialized chronic disease management programs within a hospice framework.

Section 2: Hospice Market Dynamics and Utilization

While demographic data establishes the potential market size, utilization rates reveal how much of that potential is currently being realized. This analysis indicates that while Georgia's hospice utilization is strong, there are significant gaps at the local level, representing clear opportunities for growth.

2.1. Benchmarking Utilization: A Comparative Analysis of Local, State, and National Rates

Nationally, hospice utilization has been growing, with 49.1% of all Medicare decedents receiving hospice care in 2022, a notable increase from 47.3% in 2021.²⁰ The total number of Medicare beneficiaries enrolled in hospice in 2022 was 1.72 million.²⁰

Georgia's hospice market is robust. In 2023, the state had 53,384 Medicare hospice patients with an average length of stay of 91 days.²² The state's overall utilization rate, measured as rate per 100,000 population, is 3,083, which is significantly higher than the U.S. average of 2,666.²³ This indicates a strong acceptance and integration of hospice care within the state's healthcare ecosystem.

However, a pronounced disparity emerges at the county level within the Spanish Oaks service area²³:

- **Bryan County:** 2,901 per 100,000
- **Chatham County:** 2,782 per 100,000
- **Effingham County:** 2,262 per 100,000

This data clearly shows that while Bryan and Chatham counties are approaching the state average, Effingham County is a significant outlier, with a utilization rate 27% below the state

benchmark.

Geographic Area	Hospice Utilization Rate (per 100,000)
Effingham County	2,262 ²³
Chatham County	2,782 ²³
Bryan County	2,901 ²³
Georgia	3,083 ²³
United States	2,666 ²³

Table 2: Hospice Utilization Rate Comparison. Data reflects Medicare hospice patients.

2.2. Sizing the Untapped Market: Calculating the Growth Potential in the Service Area

The utilization gap, particularly in **Effingham County**, translates directly into **a quantifiable growth opportunity**. With a 65+ population of approximately 8,728 and its current utilization rate, Effingham County has an estimated hospice census of around 197 patients at any given time. If utilization in Effingham were to increase to match the Georgia state average of 3,083 per 100,000, the total hospice census would rise to approximately 269 patients.

This represents an untapped market of 72 patients, a potential 36% increase in the county's total hospice volume. This gap is likely due to a combination of factors, including a lack of community education, insufficient physician outreach, and fewer established hospice providers physically based in the county.

The situation for Spanish Oaks specifically points to factors beyond general market trends. The agency's census fell from over 100 patients to 50 following the COVID-19 pandemic.²⁴ While national utilization rates saw a temporary dip, they rebounded by 2022, and the total number of patients served remained relatively stable throughout the period.²⁰

A sustained 50% drop in a single agency's census cannot be explained by market-wide dynamics alone. A more plausible explanation is the *severe disruption of referral pathways during the pandemic*. Access to hospitals, assisted living facilities, and physician offices was restricted, breaking the established, relationship-based referral patterns that are the lifeblood of hospice agencies. In the post-pandemic environment, referral sources did not simply revert to their previous habits. Competitors likely capitalized on this disruption to forge new

relationships and capture market share that previously belonged to Spanish Oaks. Therefore, the strategy to return to a 100+ census cannot be a passive wait for market recovery; it must be an active and aggressive competitive displacement strategy designed to disrupt newly formed referral patterns and re-establish Spanish Oaks as the preferred provider.

Section 3: Competitive Environment Assessment

To effectively recapture market share, Spanish Oaks must understand the strengths, strategies, and vulnerabilities of its competitors. The tri-county area hosts a mix of large non-profit incumbents, national for-profit chains, and smaller regional players.

3.1. Key Competitor Profiles and Market Positioning

The competitive field is composed of several key organizations, each with distinct characteristics.²⁵

- **Hospice Savannah:** As the market incumbent, Hospice Savannah is the most significant competitor. It is a large, non-profit organization with an average daily census between 125 and 199 patients.³⁰ Its service area covers all three target counties plus two others (Liberty and Long).²⁵ Critically, Hospice Savannah is listed as a preferred provider within the St. Joseph's/Candler managed care network, giving it a structural advantage in securing hospital referrals.³¹ It also operates its own Hospice Inpatient Unit (HIPU), a key service for managing acute symptoms that enhances its care continuum and brand prestige.³²
- **Amedisys Hospice - Savannah:** A subsidiary of a major national for-profit chain, Amedisys is a formidable competitor with a small-to-medium census of 20-49 patients per day.²⁶ It serves Chatham and Effingham counties and can be expected to have sophisticated, well-funded marketing and business development infrastructure.²⁶
- **PruittHealth Hospice:** This provider is part of a large, regional post-acute care company that also operates numerous skilled nursing and senior living facilities.³⁵ This vertical integration creates a powerful internal referral stream from its own facilities, giving it a stable patient base that is insulated from direct competition.
- **Other Competitors:** The market also includes several smaller agencies, such as the non-profit Island Hospice (0-19 patients/day), Compassus-Savannah, and Georgia Hospice Care (GHC), which contribute to a fragmented competitive landscape.²⁷

Hospice Agency	Ownership Type	Average Daily Census	Counties Served in Target Area
Hospice Savannah	Non-Profit	Large (125-199) ³⁰	Chatham, Bryan, Effingham ³⁰
Amedisys Hospice	For-Profit	Small (20-49) ²⁶	Chatham, Effingham ²⁶
PruittHealth Hospice	For-Profit	Not Specified	Chatham, others ²⁹
Island Hospice	Non-Profit	Extra Small (0-19) ³⁷	Chatham ³⁷
Spanish Oaks Hospice	For-Profit	Small (50)	Chatham, Effingham, Bryan ³⁸

Table 3: Competitive Landscape Matrix.

3.2. Quality and Patient Satisfaction Scorecard: A Comparative Review

In healthcare, a strong reputation for quality is a primary driver of referrals. Medicare's Care Compare platform offers standardized, publicly reported data that allows for a direct comparison of provider performance.⁴⁰

- **Hospice Savannah** demonstrates exceptional quality, with a Hospice Analytics Quality Ranking Score of 87 out of 100, placing it in a high-performance tier.³⁰ This score reflects strong clinical outcomes and high patient/family satisfaction, which is a powerful marketing tool.
- **Amedisys Hospice** is also a high-quality provider, with a Quality Ranking Score of 84 out of 100.²⁶ The parent company reports that its agencies exceed national averages on all seven of the Hospice Item Set (HIS) quality measures used by Medicare.⁴²
- **PruittHealth - Savannah** presents a significant vulnerability. While hospice-specific scores are not detailed in the provided materials, its affiliated skilled nursing facility in Savannah has a **"Much below average" overall rating of 1 out of 5 stars from Medicare.**⁴³ This includes very low scores for health inspections and staffing, which could create a negative "halo effect" for its hospice brand, **a weakness that a competitor could exploit.**
- **Spanish Oaks Hospice** must obtain and benchmark its own Medicare Care Compare data to understand its competitive positioning. The agency is listed in national hospice directories, indicating it is a Medicare-certified provider.²⁷

Hospice Agency	Communication with Family (% "Always")	Getting Timely Help (% "Always")	Treating Patient with Respect (% "Always")	Willing to Recommend this Hospice (%)	Hospice Care Index Score (0-10)
Georgia Average	82% ⁴⁴	78% ⁴⁴	90% ⁴⁴	84% ⁴⁴	8.9 ⁴⁴
National Average	81% ⁴¹	77% ⁴¹	91% ⁴¹	84% ⁴¹	8.8 ⁴¹
Hospice Savannah	Data Not Available	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Amedisys Hospice	Data Not Available	Data Not Available	Data Not Available	Data Not Available	Data Not Available
Spanish Oaks Hospice	Data Not Available	Data Not Available	Data Not Available	Data Not Available	Data Not Available

Table 4: Competitor Quality and Satisfaction Scorecard (Illustrative). Note: Specific CAHPS and HCI scores for local competitors were not available in the provided research but are publicly available on Medicare Care Compare and must be populated for a complete analysis.

Section 4: Strategic Evaluation of Spanish Oaks Hospice

This section provides an internal analysis of Spanish Oaks' current market position, focusing on its most significant challenges and its most powerful, unique assets.

4.1. Analysis of Post-Pandemic Census Decline and Recovery Potential

As established in Section 2.2, the 50% reduction in Spanish Oaks' patient census from over 100 to 50 is a critical issue that cannot be attributed solely to broad market fluctuations.²⁴ The COVID-19 pandemic acted as a catalyst, disrupting the established referral relationships that sustained the agency's previous census. **Not a direct marketing issue, but a referral issue, the market is there, and Spanish Oaks needs to reconnect referral relationships.**

In the ensuing recovery period, competitors, particularly those with larger marketing infrastructures like Hospice Savannah and Amedisys, appear to have been more effective at capturing the "free agent" referral sources and establishing new, durable partnerships.

This analysis concludes that a passive strategy, which assumes a natural return to pre-pandemic norms, will be insufficient. To regain its former market position, Spanish Oaks must implement a proactive and aggressive strategy designed to actively displace competitors from these newly formed referral channels and rebuild its own network.

4.2. The Memory Care Symbiosis: A Unique and Defensible Strategic Advantage

Spanish Oaks' most significant and defensible competitive advantage is its co-location and integration with a 36-unit Memory Care facility. This facility is currently operating at 100% occupancy and maintains a waiting list, indicating strong demand for its services.²⁴ Eighteen of these residents—fully half of the facility's census—are also patients of Spanish Oaks Hospice.

This integrated model yields two primary benefits:

1. **Financial and Operational Stability:** It creates a dual revenue stream for half of the facility's beds. For these 18 residents, the organization receives a private pay rate of **\$5,300** per month for room, board, and specialized memory care services, in addition to the daily Medicare reimbursement for hospice care. This private pay rate is competitive within the Savannah market, where average memory care costs range from approximately \$3,950 to \$4,328 per month.⁴⁵ This hybrid model generates a highly profitable and predictable revenue base. Furthermore, it provides a "baseload" census of 18 patients, representing 36% of the current total, that is completely insulated from the competitive pressures of the external referral market.
2. **A Demonstrable Center of Excellence:** The value of the Memory Care facility extends far beyond its direct financial contribution. It serves as a real-world, high-acuity "showroom" and "laboratory" for specialized care. Successfully managing a full census of 36 residents with advanced dementia and Alzheimer's provides tangible proof of clinical and operational expertise in a challenging patient population. This is not a theoretical claim made in a marketing brochure; it is a daily, verifiable reality. This demonstrated expertise is a powerful differentiator. Hospitals and other referral sources are increasingly focused on managing complex patients with multiple comorbidities to avoid costly readmissions. A patient with congestive heart failure and co-occurring dementia is significantly more difficult to manage post-discharge and has a higher risk of readmission than a patient with heart failure alone.
3. The Memory Care facility allows Spanish Oaks to transform its marketing pitch from a generic "We provide quality hospice care" to a highly specific and compelling value proposition: "We are proven experts in managing the complex, high-acuity dementia population that drives your highest readmission rates, and our 36-bed specialized facility

is the proof. Let us be your partner for these challenging cases."

4.3. The St. Joseph's/Candler Potential Partnership: A Strategic Imperative for Growth

The St. Joseph's/Candler Health System represents one of the most significant potential referral sources in the region. An analysis of its publicly reported Medicare data reveals specific institutional pain points that align directly with the value proposition of hospice care. St. Joseph's Hospital's 30-day readmission rates for heart failure (23.8%) and pneumonia (18.7%) are designated as "Worse than the national rate".⁴⁷

Under Medicare's Hospital Readmissions Reduction Program (HRRP), such performance can result in significant financial penalties, creating a strong incentive for the hospital to find effective post-discharge care partners.

The primary challenge is that St. Joseph's/Candler already has an established relationship with Hospice Savannah, which is listed as a partner in its managed care network.³¹ Displacing or joining this incumbent will require a highly targeted approach that offers value beyond what the current partner provides. Discussions are currently underway between the two organizations.

The strategic approach should leverage the unique expertise demonstrated by the Spanish Oaks Memory Care facility. The proposal to St. Joseph's/Candler should not be a general request for referrals but a specific, data-driven solution to their documented readmission problem. By positioning itself as the specialist in managing complex post-discharge cases—particularly patients with a primary diagnosis of heart failure or pneumonia complicated by a secondary diagnosis of dementia—Spanish Oaks can carve out a niche that its larger competitor may not be explicitly focused on.

St. Joseph's/Candler has a palliative care program, but it appears to be concentrated within the hospital's Emergency Department.⁴⁸ This creates a clear opportunity for Spanish Oaks to position itself as the ideal post-acute partner, extending the hospital's palliative goals into the home and preventing the readmissions that negatively impact the hospital's quality metrics and bottom line.

Section 5: A Strategic Blueprint for Market Recapture and Growth

This section translates the preceding market, competitive, and internal analysis into a concrete, actionable plan designed to rebuild Spanish Oaks' census to over 100 patients and establish a sustainable model for future growth.

5.1. Revitalizing the Referral Pipeline: A Multi-Channel Marketing and Education Strategy

A proactive marketing and education campaign is necessary to rebuild brand awareness, generate new referral sources, and recapture market share lost since the pandemic.

- **Targeted Community Education in Effingham County:** Given its status as the most underserved market in the service area, Effingham County should be the primary target for community-facing initiatives. A campaign themed "Hospice is More Than You Think" should be launched to educate the public on the quality-of-life benefits of early hospice enrollment, dispelling common myths that hospice hastens death.⁴⁹ This can be executed through free workshops and seminars hosted at community hubs in Rincon, Guyton, and Springfield. Topics should address the direct needs of potential patients and their families, such as "A Guide to Advanced Care Planning," "Navigating Caregiver Burnout," and "Understanding Your Medicare Hospice Benefit".⁵²
- **Digital Marketing Overhaul:** A robust digital presence is non-negotiable in the current environment.
 - The Spanish Oaks website must be professionally optimized for local Search Engine Optimization (SEO), targeting key search terms such as "hospice care in Effingham County," "dementia care Savannah," and "end of life support Bryan County" to capture families and patients actively seeking services.⁵⁴
 - A content marketing strategy should be developed, featuring blog posts, articles, and downloadable guides that establish Spanish Oaks as a thought leader. Content should be aligned with the region's leading causes of death, with titles like "Managing Symptoms of End-Stage COPD at Home" or "What to Expect with Hospice for Heart Failure".⁵⁰
 - A professional Facebook page should be created and maintained to share patient testimonials, introduce clinical staff through "Staff Spotlights," and distribute educational content, using geographic targeting to reach audiences within the three-county area.⁵⁴
- **Physician and Long-Term Care Outreach:** Rebuilding professional referral networks requires a dedicated and systematic effort. A hospice liaison should be tasked with re-engaging physician groups, assisted living facilities (ALFs), and skilled nursing facilities (SNFs).⁵⁶ The messaging must be tailored to the audience: for physicians, the focus should be on clinical expertise, evidence-based outcomes, and a streamlined, hassle-free referral process.⁴⁹ For ALFs and SNFs, the focus should be on partnership, offering staff education and positioning Spanish Oaks as the expert partner for managing their most clinically complex residents, particularly those with dementia.⁵⁸

5.2. Architecting the Hospital Partnership: A Value-Based Proposal for St. Joseph's/Candler

Securing a partnership with St. Joseph's/Candler requires a sophisticated, data-driven

approach that differentiates Spanish Oaks from the incumbent, Hospice Savannah.

- **Phase 1: Data-Driven Engagement:** The initial approach to hospital administration should not be a sales pitch but a consultative meeting. The presentation should begin with St. Joseph's own publicly reported data on readmission rates for heart failure and pneumonia.⁴⁷ This should be immediately followed by a concise case study of Spanish Oaks' demonstrated success in managing high-acuity patients with dementia and other comorbidities within its co-located Memory Care facility. This frames the conversation around solving the hospital's specific, documented financial and quality problems.
- **Phase 2: Propose a Pilot Program:** Rather than asking for a system-wide contract, propose a limited, measurable pilot program. This program would focus on a small cohort of patients being discharged from St. Joseph's with a primary diagnosis of heart failure or pneumonia and a secondary diagnosis of dementia. Spanish Oaks would provide specialized in-home palliative and hospice services to this high-risk group.
- **Phase 3: Demonstrate Value and Return on Investment (ROI):** Throughout the pilot, Spanish Oaks must meticulously track and report on key metrics that matter to the hospital: 30-day readmission rates, emergency department visits, and patient satisfaction scores for the pilot cohort. By demonstrating a statistically significant reduction in readmissions compared to a control group, Spanish Oaks can prove a tangible ROI for the hospital, making a powerful case for elevation to preferred partner status.⁴⁹ This niche, performance-based strategy is the most effective way to penetrate an established hospital relationship.

5.3. Maximizing the Integrated Care Model: Leveraging a Unique Market Position

The co-located Memory Care facility is a unique asset that must be central to the organization's identity and marketing strategy.

- **Market the Model as a Center of Excellence:** The facility should be actively promoted not only to prospective residents but also to other healthcare professionals. Spanish Oaks should host educational open houses and specialized training events for administrators, directors of nursing, and social workers from other ALFs, SNFs, and home health agencies in the region. This positions Spanish Oaks as a community resource and the definitive expert in dementia care.
- **Become the "Complex Care Partner":** The marketing message to other long-term care facilities should be clear: Spanish Oaks is the hospice to call for your most challenging residents. Offer to provide in-service training for staff at partner facilities on topics like palliative symptom management for dementia, managing behavioral issues at the end of life, and supporting families. This collaborative approach builds goodwill and solidifies referral relationships.
- **Conduct an Expansion Feasibility Study:** Given the 100% occupancy, waiting list, and availability of adjacent land suitable for expansion, a formal feasibility study for adding more Memory Care units is strongly recommended.²⁴ Expanding this successful and

highly profitable model would further strengthen the agency's stable census base, increase overall profitability, and significantly enhance the long-term enterprise value of the organization.

5.4 Potential Patient Opportunity Capture

Based on the market analysis, here is an evaluation of the patient opportunity and potential revenue growth for Spanish Oaks Hospice in the **tri-county area**.

The total untapped market for hospice services in Chatham, Effingham, and Bryan counties is substantial, representing an opportunity to capture approximately **157 additional patients** on any given day. This figure is derived by calculating the potential increase in patients if each county's hospice utilization rate were to match Georgia's statewide average of 3,083 per 100,000 people.

The opportunity breaks down by county as follows:

- **Effingham County:** Represents the most significant area for growth. Its current utilization rate is 2,262 per 100,000, which is 27% below the state average. Closing this gap would add approximately **59 patients** to the total market, a 36% increase for the county.
- **Chatham County:** While closer to the state average, its large population means that even a small increase in utilization translates to a significant number of patients. Bringing Chatham County up to the state average would add approximately **89 patients** to the market.
- **Bryan County:** This county's utilization rate is already near the state average. The remaining opportunity is for approximately **9 additional patients**.

For Spanish Oaks Hospice, the goal of returning to a pre-COVID census of over 100 patients requires adding 50 patients to its current daily census of 50. Capturing these 50 patients would mean securing just under **32% of the total untapped market** across the three counties. This indicates that the growth target is highly achievable and can be met by focusing on underserved populations, particularly in Effingham County, in addition to competing for existing market share.

5.5 Potential Revenue Growth

Increasing the average daily census by 50 patients would result in an estimated **\$3.8 million in additional annual revenue** for Spanish Oaks Hospice.

This projection is based on the following data and assumptions:

- **Reimbursement Rates:** The calculation uses the finalized national Medicare payment rates for Fiscal Year (FY) 2025. These rates are adjusted locally for each

county, but the national figures provide a reliable baseline for revenue projection.

- **Level of Care:** The estimate focuses on Routine Home Care (RHC), which constitutes 96% of all hospice care provided. The tiered FY 2025 RHC rates are:
 - **Days 1–60:** \$224.62 per day
 - **Days 61+:** \$176.92 per day
- **Average Length of Stay (ALOS):** The calculation uses the Georgia-specific ALOS of 91 days.

Based on these figures, the average reimbursement per patient admission is approximately **\$18,962**.

$$(60 \text{ days} \times \$224.62) + (31 \text{ days} \times \$176.92) = \$18,961.72$$

By dividing the total reimbursement per patient by the average length of stay, we can find a blended average daily rate.

$$\$18,961.72 / 91 \text{ days} = \textbf{\$208.37 per day (average)}.$$

Total additional patient care days: 50 patients/day x 365 days/year = **18,250 days**.

Total projected annual revenue: 18,250 days x \$208.37 (average daily rate) = **\$3,802,842.50**

So, an increase of 50 patients to the average daily census equates to 18,250 additional patient care days annually (50 patients x 365 days). This volume, compensated at the established rates, generates the projected **\$3.8 million** in new annual revenue, demonstrating a significant financial incentive for pursuing the recommended growth strategies.

Note: Current revenue for Spanish Oaks Hospice is **\$2.4 million**, the new annual addition can represent **\$6.2 million**, a potential **158.3% increase in hospice revenue**. *This revenue potential does not include potential added revenue from the other 20 counties the Hospice is licensed to operate.* There is a Satellite Office in Claxton, Georgia (Evans County.)

Disclaimer

While the information is deemed reliable, no warranty is expressed or implied. Any information important to you or another party should be independently confirmed within an applicable due diligence period.

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