



United States | 2022

Research

# Outpatient Fit Out Guide

Intelligence for healthcare facility  
owners and occupiers

# What's inside?

The U.S. Outpatient Fit Out Guide is a powerful tool that JLL has created to help healthcare organizations understand the full cost of renovating an outpatient facility in every major city across the United States. The guide synthesizes granular data behind more than 100 healthcare projects managed by JLL's Product and Development Services (PDS) teams.

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# Hello,

The COVID-19 pandemic accelerated a healthcare trend that was already fully in motion—patients increasingly want their care moved closer to home. Rather than visit a big hospital miles away, they prefer to visit outpatient clinics and ambulatory care centers in their communities.

Healthcare providers are striving to meet this need with new outpatient facilities. But that's a complex endeavor—choosing whether to renovate an existing facility or build one out from core and shell comes with a range of costs and considerations.

We have created this 2022 Outpatient Fit Out Guide to help you understand the real cost of renovating an outpatient facility in every major city in the U.S. We took a close look at hard costs; soft costs; design; furniture, fixtures and equipment (FF&E); tenant considerations; and average contingency to demystify the impact that geography has on the process.

**This guide is ... a comprehensive data-driven tool that provides comparison and transparency of build-out costs across the U.S. It provides a holistic picture of total costs and how geography can greatly affect the bottom line.**

**The guide isn't ... a cost-estimating or cost-of-occupancy tool. Renovation costs vary greatly based on the scope and user requirements.**

We are excited to share these findings with you and hope this guide helps your company make confident and informed decisions about your healthcare real estate footprints.

**—Andrew & Maddie**



**Andrew Volz**  
Construction Research Lead



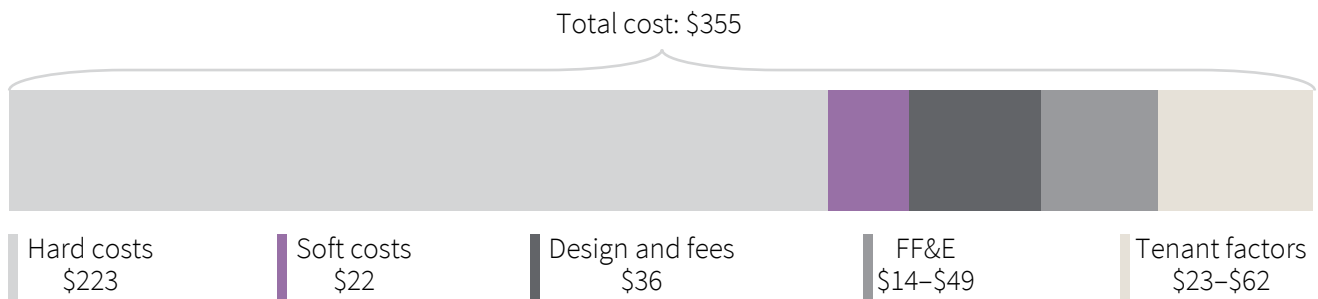
**Maddie Holmes**  
Healthcare Research Analyst

# Executive summary

Medical procedures and services are shifting to outpatient settings as reimbursement models continue to allow for more acute care in non-hospital settings. Nationally, outpatient volume is expected to increase by 12.6% between 2020 and 2030; over the same period, inpatient volume will decline by 2.9%.<sup>1</sup>

Are fit-out costs skyrocketing at a similar pace? Over the past five years, the national average per-square-foot cost to renovate an outpatient facility has increased from \$266 to \$355.

## National average per-square-foot cost to renovate an outpatient facility



## The top five highest-cost markets



Source: JLL Research, Advisory Board

<sup>1</sup> JLL, 2021 Healthcare Real Estate Outlook





## Optional equipment modifiers: How specialization impacts fit-out costs

Outpatient facilities cover a wide range of services, each with their own cost challenges. A facility's specialization and relative intensity of use may impact FF&E as well as electrical infrastructure and structural design costs.



### Baseline outpatient care

Equipped with examination rooms, waiting areas and office space, the most basic outpatient facility does not offer any imaging or other advanced capabilities. These facilities may include dedicated space for medical personnel to perform telehealth visits, but the required AV and IT infrastructure for telehealth is increasingly being incorporated into even baseline build-outs.

**\$355**

per square foot



### Moderate-use intensity

In addition to the typical features of baseline outpatient care, moderate-use intensity facilities also include expanded imaging or a specialty focus. These locations may offer X-ray, ultrasound, nuclear medicine or physical therapy services, but not at an intensity that requires extensive structural considerations.

**\$100+**

per square foot

(in addition to \$355 s.f. baseline)



### High-use intensity

Outpatient care with dedicated focus and specialty equipment can include magnetic resonance imaging, medical linear accelerators, computerized tomography scanners, catheterization laboratories or operating rooms. The expense of the equipment and need for specialty build-outs for these facilities put them into the highest cost category.

**\$300+**

per square foot

(in addition to \$355 s.f. baseline)

## Guide assumptions

The renovation costs for each market depict the average expenses of renovating a comparable outpatient facility in the United States as well as adjusting for regional costs in select metropolitan areas. We calculated these totals by compiling more than 100 JLL PDS-managed outpatient care projects in 2021 and coupling those results with companion research and insights from subject matter experts.

Importantly, costs and supply chains remain considerably disrupted due to the COVID-19 pandemic and ongoing geopolitical conflicts, and further complications abound.

### **The typical project covered by this guide may need to account for:**

- Structural and infrastructure modifications
- Infection control and risk evaluation procedures
- Demolition, material staging and construction phasing
- Significant off-hours work and wages

Additionally, renovations may be more costly than a new fit-out from shell due to the complexities involved in constructing alongside existing operations of healthcare facilities, and many factors can affect the final budget.

### **The costs shown in this guide provide a midpoint and cover the following factors:**

- Hard costs
- Soft costs:
  - Fees, assessments, permits, studies, taxes, insurance, bonds, etc.
- Design and service fees:
  - Architecture, engineering, project management, consulting and additional fees
- FF&E
- Tenant factors:
  - Audio/video installation
  - Security costs
  - IT and technology costs
  - Moving fees
- Contingency:
  - Represents contingency used during project

As discussed earlier, the modifiers to the cost are available by intensity of use, which incorporates a range of specialties and design considerations around the build-outs.



## Key trends

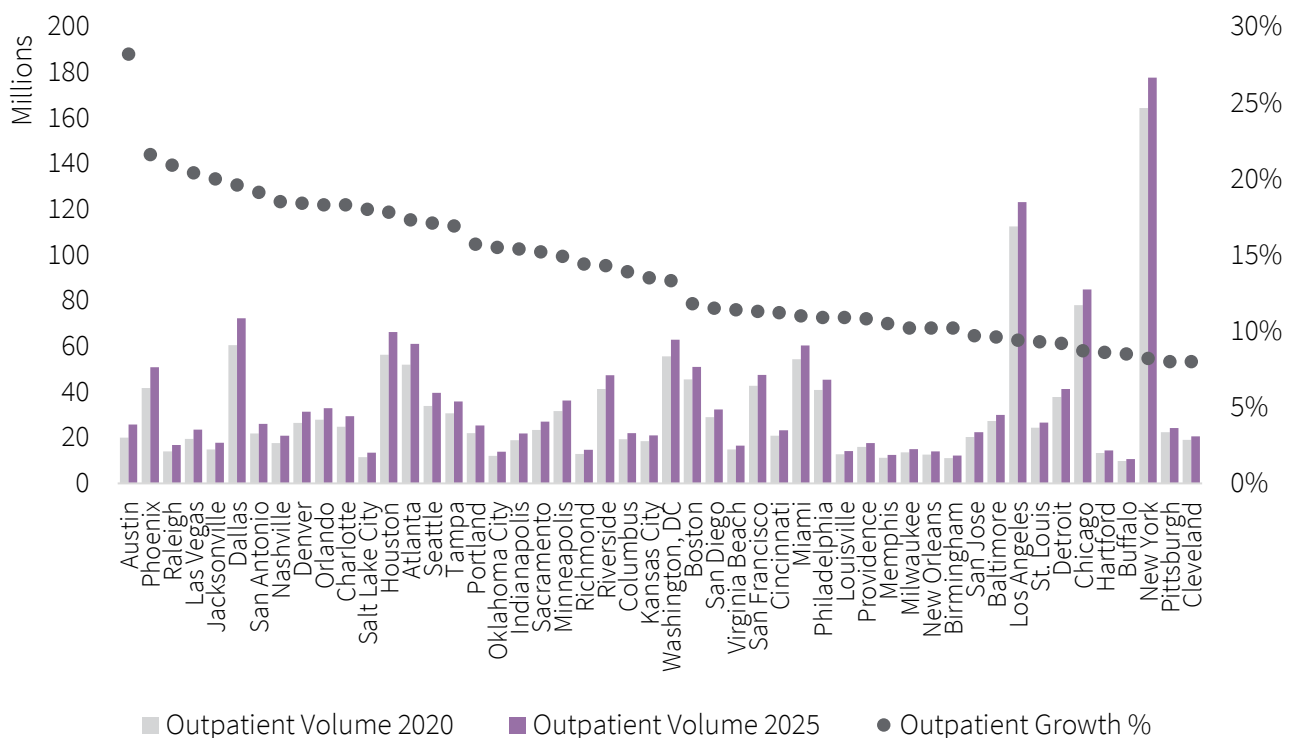
# 1. *Outpatient demand is surging in the Sunbelt*

Large swaths of the U.S. population continue to migrate to Sunbelt markets. Workers presented with remote work opportunities have joined older populations in their quest for more temperate climates, lower taxes and a more affordable cost of living.

With more people comes greater demand for healthcare services. Outpatient volume is

accelerating across all markets, but the Sunbelt geographies lead the way. Austin tops the list of growth markets, with outpatient volume forecasted to grow 28.2% by 2025, followed by Phoenix (21.6%), Raleigh (20.9%), Las Vegas (20.4%) and Jacksonville (20.0%). Comparatively, the nation's largest healthcare cluster, New York City, is expected to see outpatient growth of 8.2% by 2025.

**Outpatient volume is forecasted to accelerate across all markets, with the Sunbelt geographies leading most others**



Source: Advisory Board



Sunbelt markets are overwhelmingly seeing the most population growth in the 55+ demographic, which has the greatest demand for healthcare. The Advisory Board forecasts Austin's 55+ population will skyrocket more than 27% between 2020 and 2025, and Raleigh's senior population will grow 19.8% in that time frame. Conversely, North and Northeast markets like Pittsburgh, New York and Buffalo round out the bottom, each with less than 1.3% projected growth.

### Top markets for 55+ population growth

	Market	Total population (2020)	Population growth (2020–25)	Population 55+ (2020)	55+ growth (2020–25)
<b>1</b>	Austin	2,647,021	15.17%	609,966	27.07%
<b>2</b>	Raleigh	1,776,815	9.85%	458,689	19.81%
<b>3</b>	Dallas	7,915,565	9.85%	1,898,977	18.01%
<b>4</b>	Las Vegas	2,423,345	9.07%	693,650	16.06%
<b>5</b>	Atlanta	6,634,856	6.72%	1,728,176	15.97%

### Cost considerations of surging outpatient demand

Sunbelt markets remain attractive not only because of their growing populations; they also rank among the most affordable places to renovate healthcare facilities. For example, Austin is the number one city for 55+ population growth but comes in at 47 on the list markets with the highest fit-out costs.

While construction costs in Sunbelt markets are currently lower than the national average, surging demand could put more pressure on both costs and project timelines.

### Fit-out costs in the top markets for 55+ population growth

	Projected population growth % (2020–25)	Average fit-out cost	Market rank, highest average fit-out cost
Austin	15.17%	\$304	48
Raleigh	9.85%	\$310	44
Dallas	9.85%	\$315	39
Las Vegas	9.07%	\$342	21
Atlanta	6.72%	\$322	32



## Key trends

# 2. *Improving health outcomes through patient-centered, sustainable design*

Healthcare facility design directly impacts an organization's ability to improve patient satisfaction as well as achieve broader goals related to sustainability, health equity and other social issues. More than one-third of a patient's positive feelings during an outpatient visit can be attributed to the modern environment of the facilities, according to JLL research.<sup>2</sup>

**Patient-centered design**—which makes a facility more accessible, equitable and inclusive—helps facilitate healing and improves the patient experience. Involving patients and communities in the design process ensures their needs are met.

The Twitterverse lit up recently when a male gynecologist [asked women how to design his new office](#). This simple gesture resulted in an outpouring of comments and responses. Some of the top suggestions—size-inclusive gowns, patient-controlled thermostats, a private weigh station and a light switch to indicate when you're done changing—make it obvious that the healthcare experience needs to evolve.

Increasingly, facility designers also recognize that many elements of **sustainable design**, such as improved air filtration, abundant natural light and biophilic features like green walls, also contribute to improved health outcomes. Sustainability considerations also achieve broader goals, such as reducing a building's carbon emissions, medical waste and water consumption.

JLL's [Responsible Real Estate Survey](#) reveals that 79% of occupiers across industries are prioritizing buildings that help reduce emissions. Because the most sustainable building is the one that already exists, energy-conscious transformation of existing healthcare facilities is key to achieving maximum environmental benefits.

### **Cost considerations of patient-centered, sustainable design**

Offering a comfortable, patient-centric experience doesn't necessarily cost more. Investing in design elements that attract patients rather than needless extraneous spending will lead to higher patient growth and more revenue. The gynecologist who solicited feedback from his clientele learned that people want simple, logical changes that don't carry a high price tag.

Sustainability initiatives have financial considerations from design and construction through operations. While the upfront cost of incorporating sustainable practices generally includes higher construction costs as well as fees to apply for and receive desired certifications, **green buildings command a rent premium for owners and investors**. Tenants that make a similar investment in their individual spaces **achieve greater operating efficiencies and cost savings**. Energy-efficiency gains realized in the process of sustainability improvements **will usually pay for themselves**.

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<sup>2</sup> JLL, [2022 Patient Consumer Survey](#)

Record increases in construction costs across the board have resulted in intentionality to design more efficiently so a building can **strike both healthy and sustainable targets simultaneously**. Additionally, tenants and property owners can work together toward “greening” a building through tactics like green lease clauses that include cost recovery, submetering and data sharing.

Fortunately, there is a lot of common ground for all parties, with investors and occupiers prioritizing operational efficiency and lowered costs as part of their environmental goals. All sides are increasingly making bold climate commitments and will look to their real estate to be a part of meeting those commitments, increasing their motivation to arrive at win-win agreements.

## Tools to help minimize the embodied carbon of a renovation

### The Embodied Carbon in Construction Calculator (EC3):

a free database of construction environmental product declarations (EPDs) and matching building impact calculator

### One Click LCA:

automated life cycle assessment software that calculates the environmental impacts of buildings and infrastructure projects, products and portfolios



## Key trends

# 3. *Telehealth adoption requires new digital infrastructure and design considerations*

Most consumers had no choice but to see doctors virtually in 2020 when the pandemic restricted in-person interactions. Telehealth appointments peaked at 52% of healthcare visits in the second quarter of 2020. Since then, they have stabilized to around 11%, up from a pre-pandemic utilization of less than 1% in early 2020.<sup>3</sup> Millennials and urban community dwellers lead the way in telehealth adoption.

However, telehealth is not replacing the physical office by any means. Around 20% of outpatient visits can be performed virtually in the future, according to the Advisory Board. For example, video chat is much more feasible for psychiatric visits than virtual ophthalmology or urology care.

Despite these limitations, telehealth offers convenience, efficient care options and an avenue to increase patient access and drive more overall healthcare visits. JLL's 2022 Patient Consumer Survey revealed that 31% of telehealth visits resulted in a physical office visit.

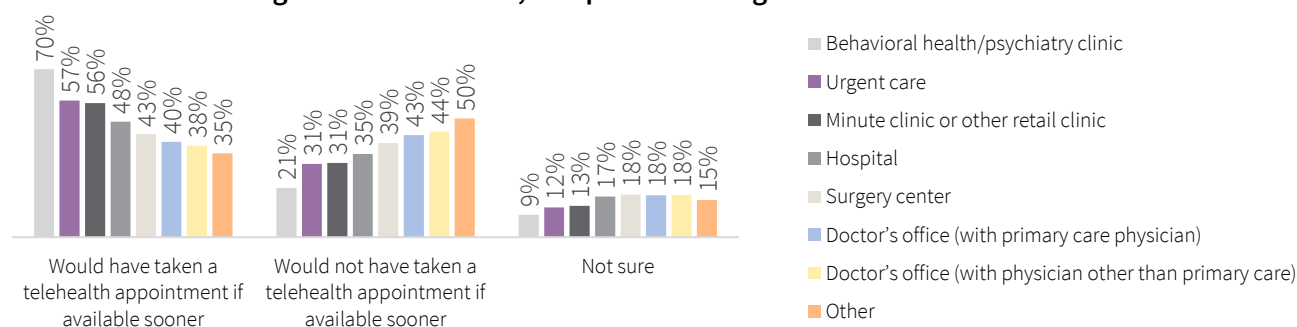
### Cost considerations of telehealth infrastructure

Investing in physical facilities and technology is imperative for the evolution of telehealth services and increased digital adoption. Virtual care providers must maintain patient confidentiality and data security—something that is more achievable in a medical office setting.

### Key cost considerations for telehealth include:

- Healthcare organizations face significant regulatory barriers and complications in setting up compliant systems, especially as regulators lift the relaxed COVID-19 compliance standards.
- Additional software-as-a-service (SaaS) solutions and other systems integrations may further drive costs and/or potential efficiencies.
- The highest-quality telehealth care may require dedicated space that provides privacy, noise regulation, appropriate lighting and backdrop, and interaction with other equipment if occurring in an exam room.
- The number of telehealth-equipped rooms is the primary driver of expense, as providers can choose to provide access in all rooms or a limited selection.

### Telehealth is more logical in certain care, and patients recognize that



Source: JLL 2022 Patient Consumer Survey

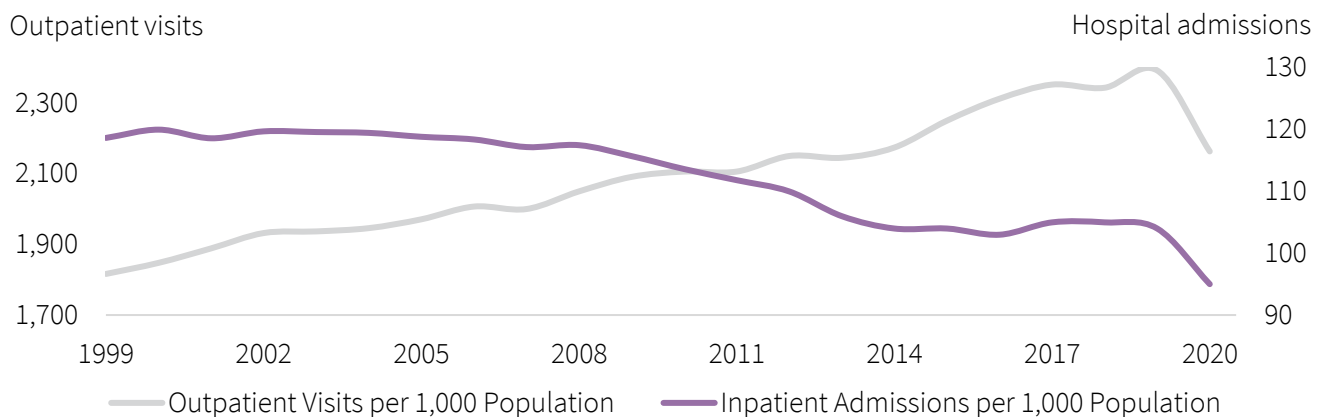
<sup>3</sup>The Chartis Group, [Telehealth Adoption Tracker](#), September 8, 2021

## Additional trends to monitor

### >> *Outpatient care*

As major services move out of the hospital setting, the trend toward outpatient care continues to grow. These purpose-built facilities appeal to consumers who want more personalized care close to home. Outpatient demand is expected to grow 20% as services move. Insurance reimbursements continue to be a significant factor in driving this change.

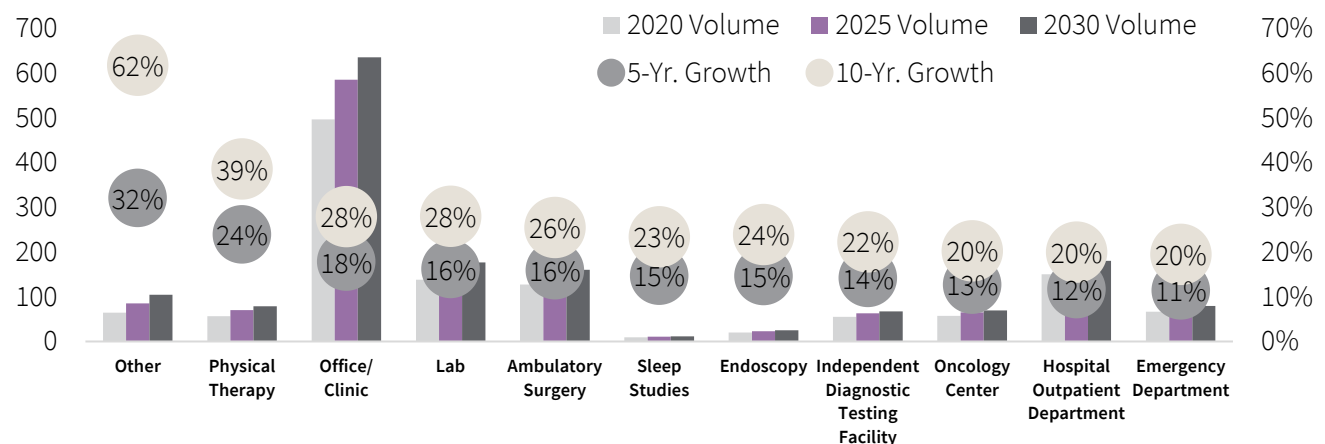
#### Outpatient sites dominate healthcare services delivery



Sources: Kaiser Family Foundation, Advisory Board

But which types of outpatient facilities are experiencing the most momentum? Outpatient physical therapy leads the way, with 39% growth projected over the next 10 years, according to Advisory Board data. Also in high demand are medical offices (28%), lab (28%), ambulatory surgery (26%) and endoscopy (24%) services.

#### Outpatient site of care growth



Source: JLL 2022 Patient Consumer Survey, Advisory Board

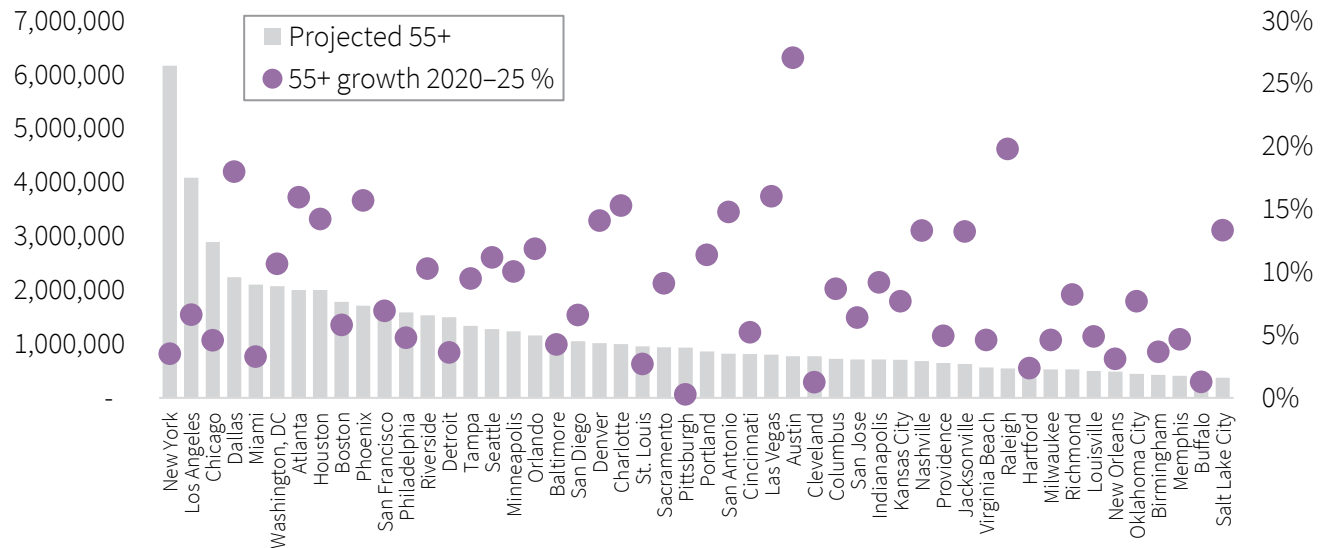


## Additional trends to monitor

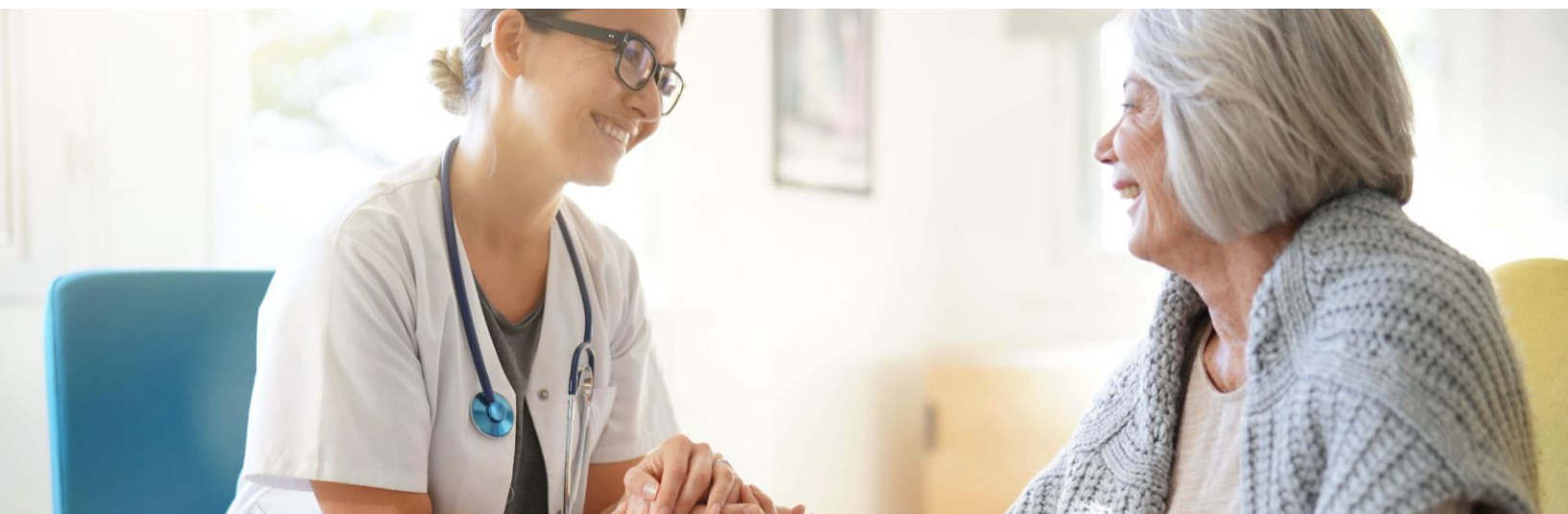
### >> *Aging populations*

Projections for population growth and aging demographics are strong, supporting steady demand for healthcare services. U.S. Census data shows that between 2010 and 2020, the number of Americans over age 55 grew by 27%, which is 20 times larger than the growth rate of the collective population under 55. It's no surprise that Sunbelt markets are seeing the most growth in the 55+ population.

#### Where are the aging populations?



Source: Advisory Board





## Global economic and business challenges

The pandemic and the global economic environment have placed additional pressures on healthcare organizations. The rising cost of capital and supply chain constraints pose specific challenges for healthcare fit-outs.



### Cost of capital

Rising interest rates and inflation directly increase the cost of financing, adding more costs to the build equation. However, bank appetite for healthcare real estate remains as strong as it was in 2021. Financial organizations are offering premium terms for scale opportunities and repeat borrowers. Additionally, with the rise of hedge costs, local bank fixed rates are now competitive and come with the potential of forward rate locks.

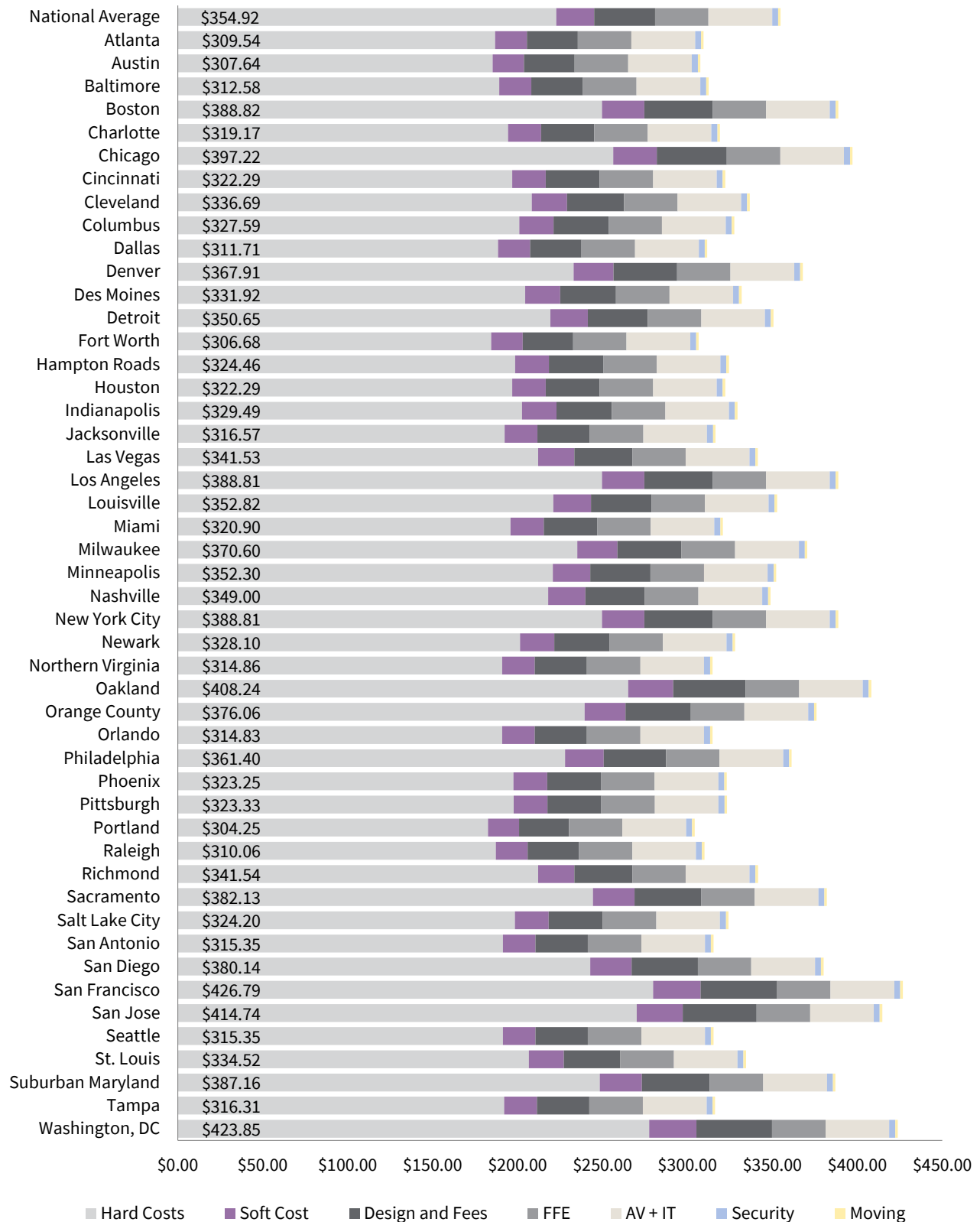


### Supply chain constraints

The healthcare industry is not immune to the supply chain woes experienced by other industries. For example, the chip shortage affects the availability of critical equipment such as emergency generators, which can now take up to one year to deliver. Meanwhile, shortages of steel, copper, aluminum and roofing materials continue to plague construction sites. The war in Ukraine, the pandemic and rising energy costs have reversed any hopes for near-term stabilization.



## Average out-of-pocket cost per square foot



## Local trends at a glance



### The star: Austin

- Fastest-growing population\* **(15.17%)**
- Fastest-growing 55+ population\* **(27.1%)**
- Highest outpatient growth\* **(28.2%)**
- Average fit-out cost: **\$304**
- Market rank, highest average fit-out cost: **47**



### Largest outpatient volume: NYC

- Outpatient volume: **81,466,106 patients**
- 5-year forecasted growth: **7.4%**
- 10-year forecasted growth: **14.9%**
- Average fit-out cost: **\$424**
- Market rank, highest average fit-out cost: **2**



### Most development related to current inventory: Miami

- Existing medical office building footprint: **22,400,000 SF**
- MOB development underway: **4.84% of existing**
- **20th** in population growth rank\*
- Average fit-out cost: **\$317**
- Market rank, highest average fit-out cost: **35**



### Largest healthcare employment growth: Raleigh

- Highest projected healthcare employment growth\*\* **(-14.2%)**
- Second-highest projected 55+ population growth\* **(19.8%)**
- Average fit-out cost: **\$310**
- Market rank, highest average fit-out cost: **43**



### Most undersupplied vs. employment and population growth: Las Vegas

- Fifth-highest projected healthcare employment growth\*\* **(-9.07%)**
- Fourth-highest projected 55+ population growth\* **(16.0%)**
- Medical office building development (Q2 2022) vs. 2025 population: **117,430 SF vs. 2,643,049**
- Average fit-out cost: **\$342**
- Market rank, highest average fit-out cost: **21**

\*Projected 2020–2025  
\*\*Projected 2021–2026



## Markets by the numbers

	CCI	Hard costs	Soft costs	Design and fees	FFE	Av + IT	Security	Total
National average	276.9	\$222.81	\$22.32	\$35.80	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Atlanta	244.7	\$196.93	\$19.72	\$31.64	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Austin	227.0	\$182.62	\$18.29	\$29.34	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Charlotte	237.9	\$191.43	\$19.17	\$30.76	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Raleigh	232.7	\$187.23	\$18.75	\$30.08	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Jacksonville	232.2	\$186.82	\$18.71	\$30.02	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Chicago	318.6	\$256.36	\$25.68	\$41.19	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Cincinnati	244.7	\$196.93	\$19.72	\$31.64	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Cleveland	258.9	\$208.35	\$20.87	\$33.47	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Columbus	250.0	\$201.13	\$20.14	\$32.31	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Dallas	237.9	\$191.43	\$19.17	\$30.76	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Denver	250.5	\$201.54	\$20.19	\$32.38	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Des Moines	254.2	\$204.56	\$20.49	\$32.87	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Detroit	272.7	\$219.42	\$21.98	\$35.25	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Fort Worth	230.3	\$185.30	\$18.56	\$29.77	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Miami	239.1	\$192.39	\$19.27	\$30.91	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Houston	234.3	\$188.54	\$18.88	\$30.29	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Indianapolis	251.8	\$202.64	\$20.30	\$32.56	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Orlando	237.4	\$191.01	\$19.13	\$30.69	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Los Angeles	310.3	\$249.69	\$25.01	\$40.12	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Tampa	238.8	\$192.18	\$19.25	\$30.88	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Baltimore	256.8	\$206.63	\$20.70	\$33.20	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Milwaukee	274.8	\$221.14	\$22.15	\$35.53	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Minneapolis	292.3	\$235.24	\$23.56	\$37.80	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Hampton Roads	235.2	\$189.22	\$18.95	\$30.40	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Northern Virginia	246.9	\$198.65	\$19.90	\$31.92	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Richmond	237.4	\$191.03	\$19.13	\$30.69	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Suburban Maryland	245.8	\$197.75	\$19.81	\$31.77	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Oakland	329.4	\$265.09	\$26.55	\$42.59	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Orange County	297.7	\$239.57	\$24.00	\$38.49	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Washington	263.7	\$212.20	\$21.25	\$34.09	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Boston	308.7	\$248.38	\$24.88	\$39.91	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Phoenix	245.7	\$197.69	\$19.80	\$31.76	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Pittsburgh	274.3	\$220.73	\$22.11	\$35.46	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Portland	283.3	\$227.95	\$22.83	\$36.62	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
New York City	344.8	\$277.47	\$27.79	\$44.58	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Newark	310.3	\$249.70	\$25.01	\$40.12	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Sacramento	303.7	\$244.39	\$24.48	\$39.27	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Salt Lake City	246.6	\$198.44	\$19.88	\$31.88	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
San Antonio	229.3	\$184.55	\$18.48	\$29.65	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
San Diego	301.8	\$242.81	\$24.32	\$39.01	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
San Francisco	347.7	\$279.81	\$28.03	\$44.96	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
San Jose	335.9	\$270.25	\$27.07	\$43.42	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Seattle	289.7	\$233.11	\$23.35	\$37.45	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
St. Louis	271.1	\$218.11	\$21.85	\$35.04	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Philadelphia	310.3	\$249.69	\$25.01	\$40.12	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Louisville	241.7	\$194.45	\$19.48	\$31.24	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Nashville	243.4	\$195.83	\$19.61	\$31.46	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2
Las Vegas	263.7	\$212.19	\$21.25	\$34.09	\$14-\$49	\$19-\$56	\$3-\$4	\$1-\$2



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