Tale of Small Cities: How 360 Degree Engagement Saved Franklin Hospital

Becker's CFO & CEO Roundtable

November 7, 2016

4:30 – 5:10 PM

INTRODUCTION

Hervey Davis, MBA
President
HerveyWerks, LLC

- 20+ years CEO / 35+ administration
- Franklin Hospital CEO from 2002 - 2016
- HerveyWerks decision-support software
- Charter board member of Illinois Critical Access Hospital Network

Tammy Tiller-Hewitt, MHA, FACHE
Chief Executive Officer
Tiller-Hewitt HealthCare Strategies

- 20+ years BJC HealthCare
- Health system and physician practice management experience
- Physician relations and retention consultant, effectiveness trainer and keynote speaker

Franklin Hospital:

- 25-bed Critical Access Hospital
- Family medicine and specialty clinics
- Full service – inpatient and outpatient
- Serving Franklin county and approximately 40,000 residents

Tiller-Hewitt HealthCare Strategies:

- 15+ Years Nationwide Practice Scope
- Team with 50+ Years Experience
- Physician-hospital relations strategy and execution
- Physician and advanced practice provider onboarding

WHAT WE'LL DISCUSS TODAY

Identify the Critical Success Factors

Triple Win

"*Win/Win/Win*" solutions:

- Patients close to home
- Local physicians retained and busy
- Specialists and tertiary care centers engaged as partners vs. competitors

Focus

Prioritize service lines:

- Show immediate results
- Drive sustainable growth
- Based on your unique strategy and payer mix

HOSPITAL LEADERS: "WHAT'S ON YOUR MIND?"

In Three Words or Less, What is Your Biggest Barrier to Growth? Note: Submit up to three different words, or connect a short_phrase_with_underscores.

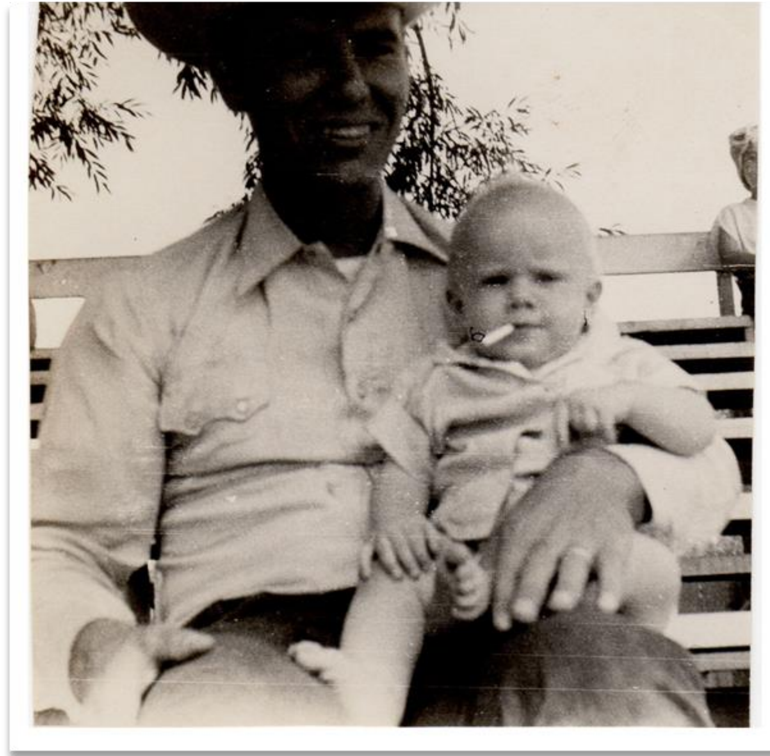
TILLER HEWITT™ HEALTHCARE STRATEGIES

“It was the best of times,
it was the worst of times”

Charles Dickens

Modern Healthcare
MEDICAID EXPANSION LIFELINE
Rural Illinois hospital enjoys revival,
while Missouri facilities cut back

CEOs in Crisis…



…Are Skeptical and Risk-Adverse

“Reports of [its] death were greatly exaggerated”

Mark Twain

CASE STUDY:
BACK FROM THE BRINK TO SURPLUS

HERVEY DAVIS
PRESIDENT, HERVEYWERKS, LLC
FRANKLIN HOSPITAL CEO FROM 2002 - 2016

Competitive Landscape

SouthernIllinois

Charleston
Terre Haute
Bloomington
Alton
O'Fallon
St. Peters
St. Charles
Granite City
Collinsville
University City
Ballwin
St. Louis
Kirkwood
Concord
Affton
Belleville
Oakville
Arnold
Other
Marion
ILLINOIS
Jefferson
Wayne
INDIANA
Perry
Franklin
Hamilton
Evansville
Henderson
Owensboro
MISSOURI
Jackson
Carbondale
Williamson
Saline
Cape Girardeau
KENTUCKY
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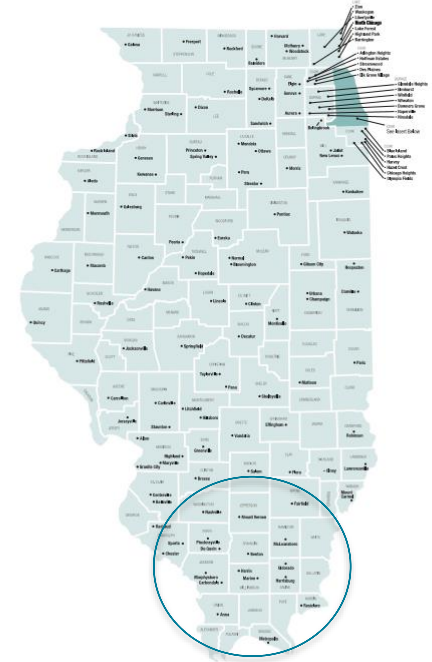

★ Franklin Hospital
● Critical Access Hospital
● Prospective hospital
● Closed facility

Historical Perspective

1955

- Hospital opens in Benton, Illinois in 1955 with 115 acute beds and 83 nursing home/skilled beds as Franklin Hospital and Skilled Nursing Unit.
- It shares the population of Franklin County, Illinois with 99 bed Miner's Hospital in West Frankfort 8 miles away.
- There are about 50,000 people living in Franklin County at this time and the people are employed in coal mines producing what will later be called "high sulfur coal."

Historical Perspective

1955

Hospital Opens

1990

- Population is now about 40,000.
- Clean Air Acts Amendments of 1990 cause utility companies to stop using high sulfur coal.
- Mines in Franklin County close and an era of high unemployment begins.
- Hospitals in southern Illinois begin having problems with low volume and the volume tends to be people with low or poor income or no jobs at all.
- In 1995, the Franklin Hospital District Board is told by auditors that absent a cash influx the hospital would close.

Historical Perspective

1955

Hospital Opens

1990

Brink of Closing

Mid 90s to 2002

- Regional health care network offers to manage Franklin Hospital in 1996.
- Over five year period the hospital as a prospective facility loses about $12,000,000.
- Amid great controversy and negative press, regional network terminates its management agreement with the District Board in October of 2001.
- The District Board borrows $4,000,000 from the USDA and begins independent operation of the hospital in fall of 2002.
- Hospital becomes a critical access hospital (CAH in August of 2002).

Historical Perspective

1955

Hospital Opens

1990

Brink of Closing

Mid 90s to 2002

Losses Under Regional Network

2002 - 2010

- Being a CAH, the hospital breaks even or produces a small net income each year (on average, some gains some losses).
- Hospital acquires a stable physician practice in 2005 and converts to Rural Health Clinic (as a RHC owned by a critical access hospital Medicare reimbursement is cost without limitation, Medicaid receives favorable reimbursement as well).
- Hospital establishes physician relations / liaison program through Tiller-Hewitt HealthCare Strategies.

HISTORICAL PERSPECTIVE

1955

Hospital Opens

1990

Brink of Closing

Mid 90s to 2002

Losses Under Regional Network

2002 – 2010 continued

- Efforts are made to shift Medicaid and uninsured business from the emergency room to the RHC.
- Nursing home is sold to a third party adding profitability to the hospital.
- State passes a law that provides cost based reimbursement on same basis as Medicare for Medicaid. This is accomplished by effort of all 51 CAHs in Illinois and through presentations and analysis put forth by the Illinois Critical Access Hospital Network (ICAHN) and the Illinois Hospital Association.
- Hervey Davis performed much of the analysis and statistical work required.

HISTORICAL PERSPECTIVE

1955

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2002 - 2010

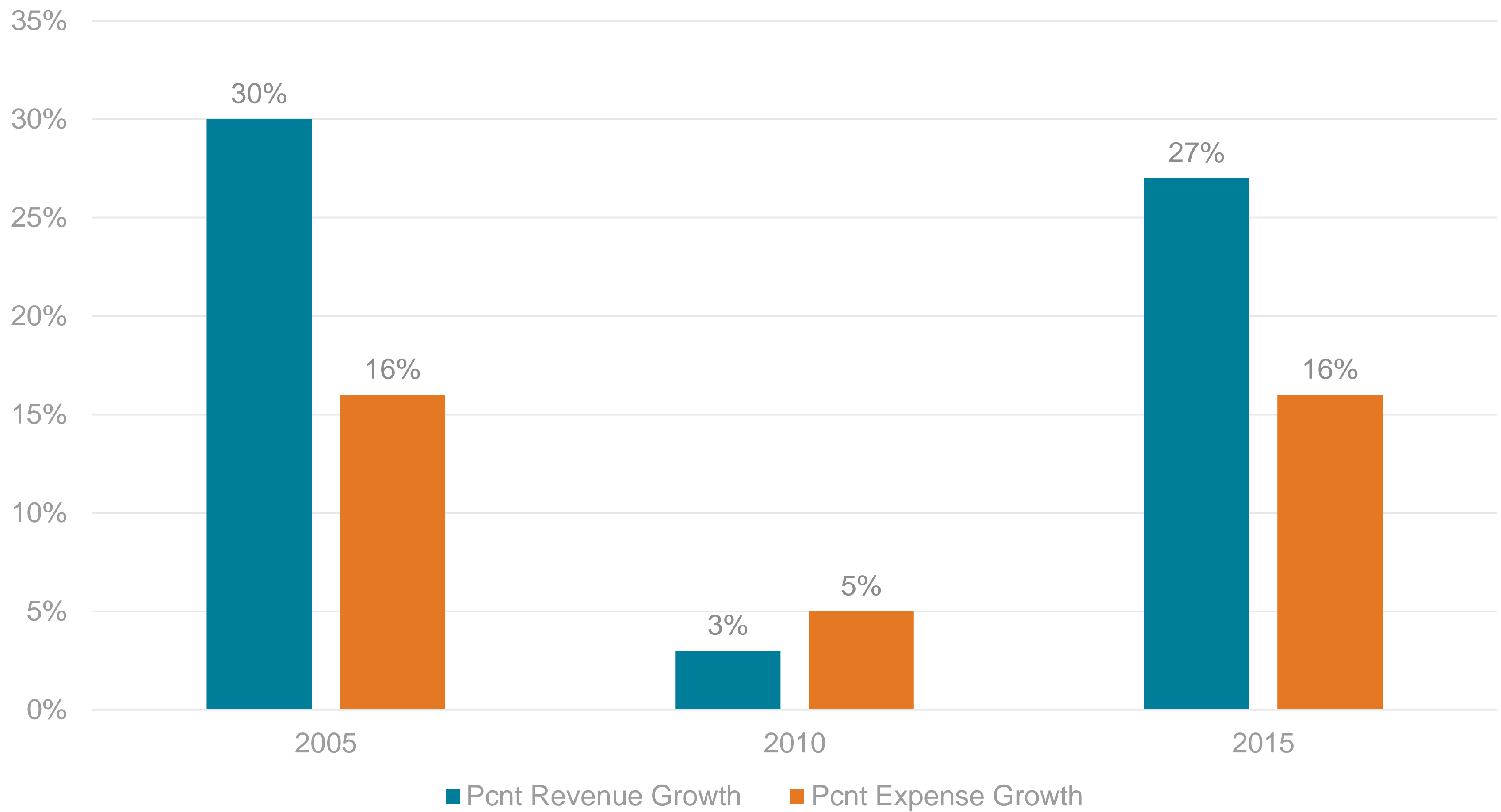
Break-Even through Successful Operational, Payor and ICAHN Strategies

2011 - 2015

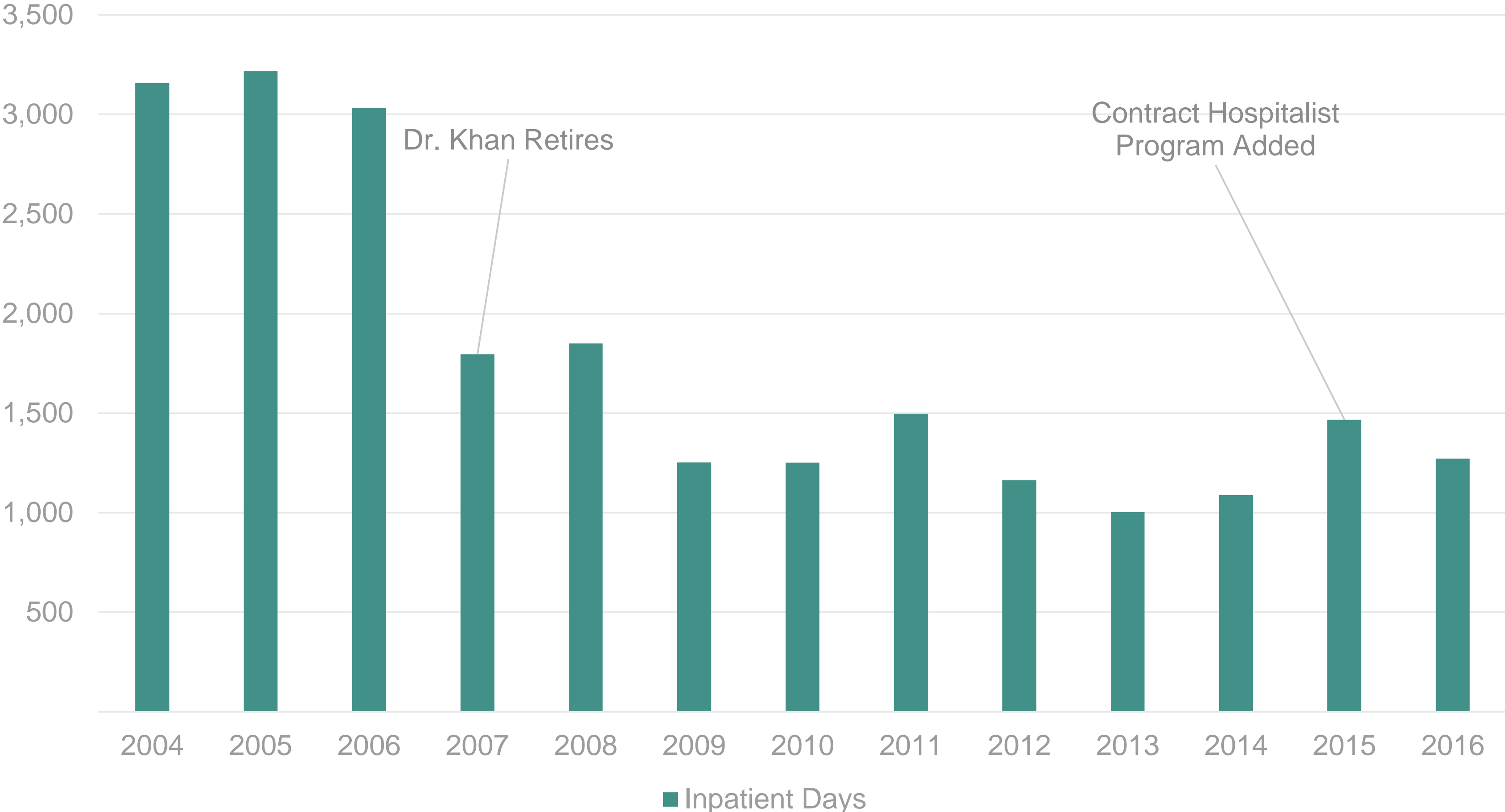
- Two new physicians added to active hospital providers.
- Four new advanced practice providers added to the in-house RHC.
- Hospitalist program is added.
- Revenue grows from $24M in 2010 to $42M in fiscal 2015.
- Hospital takes steps to become a 340B provider.
- Board approves hospital renovation project to prepare the hospital for the future.

Revenue and Expense (Millions)

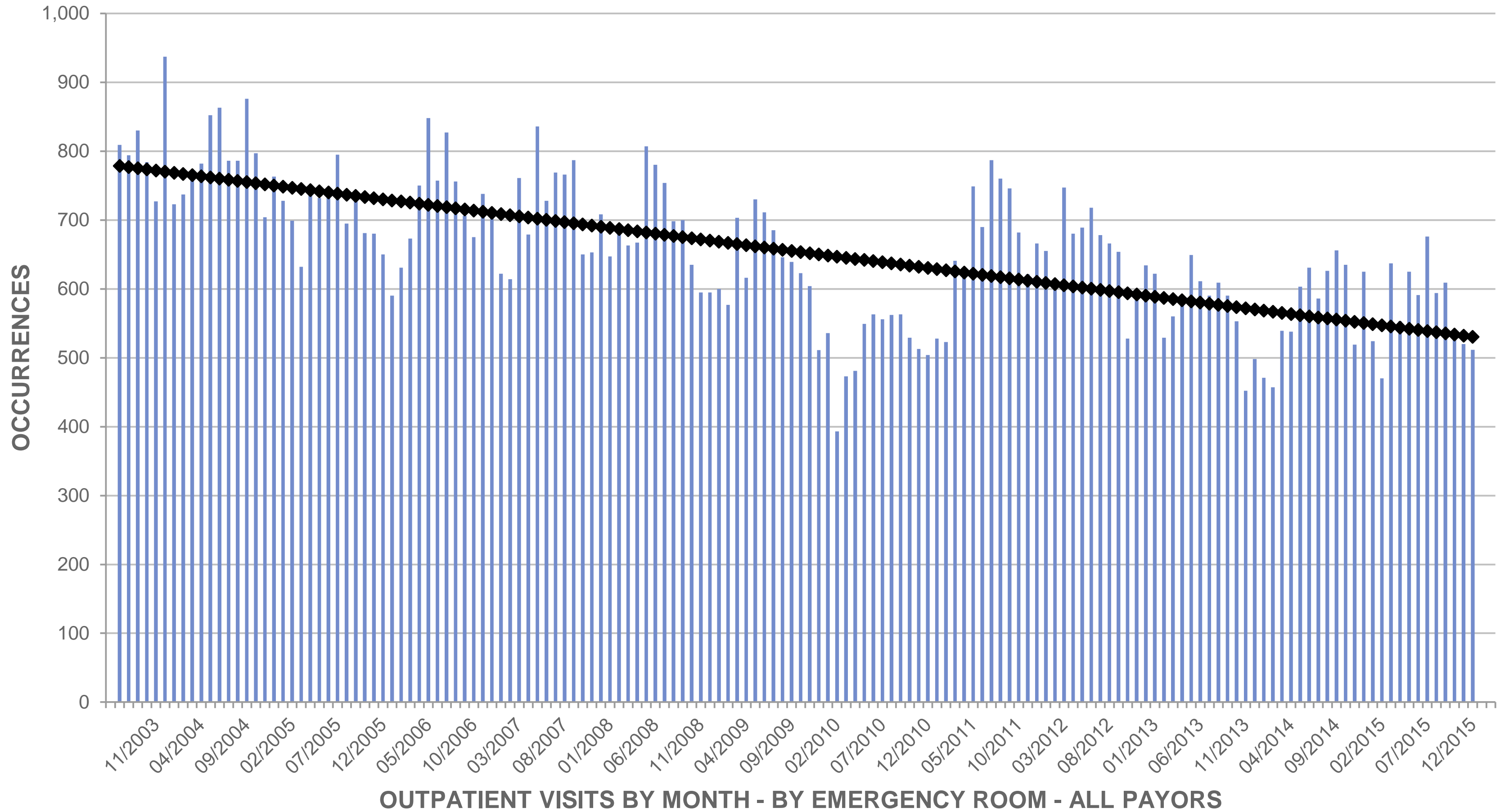
Comparison of Revenue and Expense Growth



Inpatient Days 2004 – 2016 (Projected)

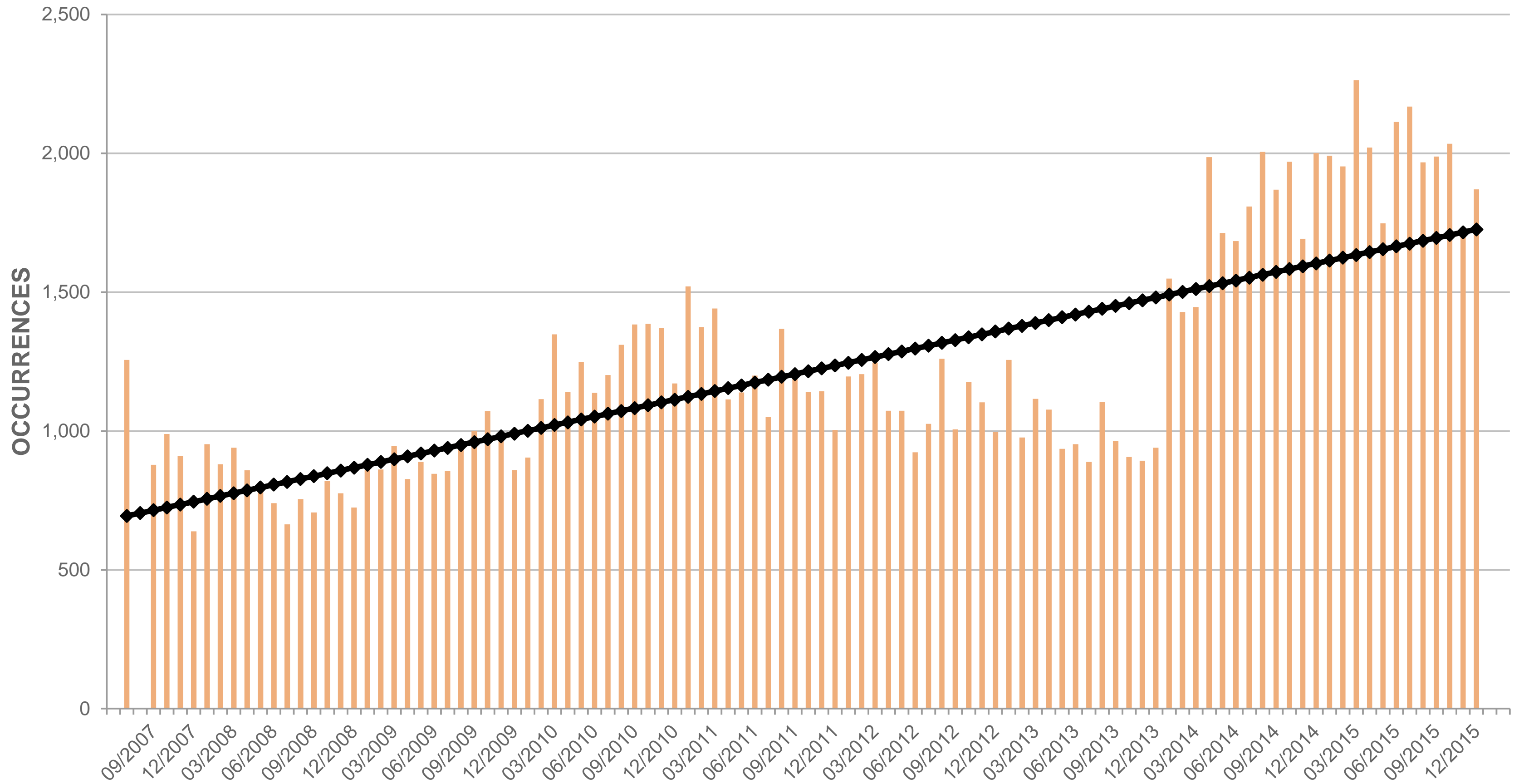


EMERGENCY ROOM REGISTRATIONS



TILLER HEWITT™ HEALTHCARE STRATEGIES

Rural Health Clinic Registrations

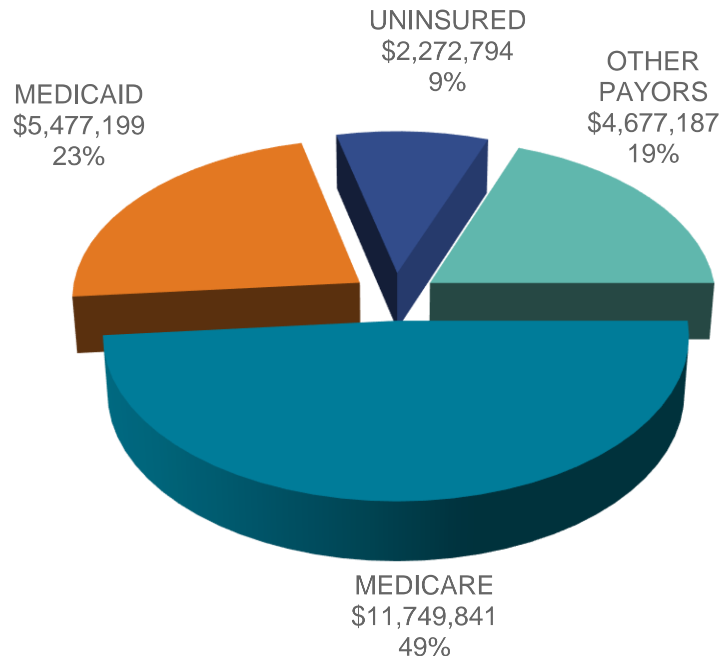


TILLER HEWITT™ HEALTHCARE STRATEGIES

CHANGES IN PAYOR MIX

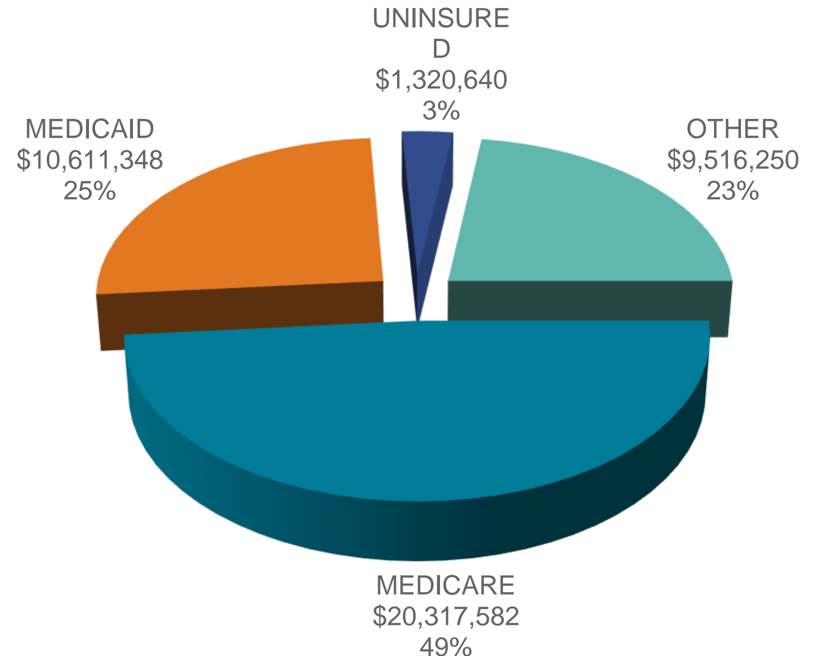
Payor Mix – Fiscal 2010

Total Revenue = $24.2M



Payor Mix – Fiscal 2015

Total Revenue = $41.8M



So – What is the Secret?

- It is not magic. It makes a difference to run the hospital like a business.
  - Control your expenses.
  - Grow your revenue and enhance hospital programs and services.
  - Make your decisions rationally using good data.
  - Stay engaged with your physicians.
  - Answer your phone!
- You HAVE to collaborate with the RIGHT constituencies. Your community, your state and federal legislators, state and federal bureaucrats, state and federal advocacy groups.
- A word of advice to the "younger me"……

CHANGES THAT HAVE MADE THE BIGGEST DIFFERENCE RELATED TO REIMBURSEMENT

- Conversion to CAH status in 2002.
- Passage of a law giving the hospital cost based reimbursement for Medicaid volume.
- Decision on the part of the state to use Medicaid as insurance coverage vehicle for indigent patients.
- Grow your revenue base and control your expenses.

WHERE DOES THIS LEAD US?
KNOW YOU BUSINESS – ACT ON THE FACTS

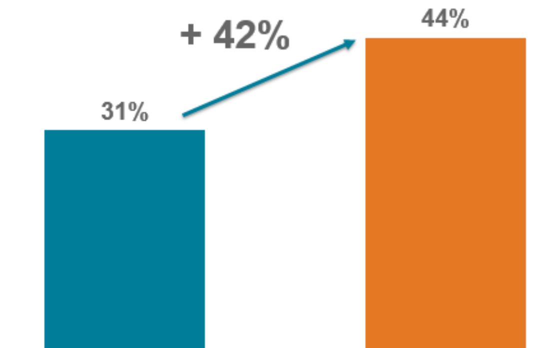
- For Franklin, focus was on the development of outpatient volume. If a large portion of your business is NOT cost based (Medicaid and commercial insurances) and you are able to control your costs (which for the most part Franklin was able to do) then put your effort into development of this volume.
- On the inpatient side of the business where most of the business is cost based (no opportunity for profitability in most CAHs), you have the luxury of focusing on service to those constituencies that reimburse on a cost basis. Efforts to grow a segment of your business with little opportunity for profitability will not be productive.
- Develop decision making tools that will facilitate making this all happen.
- Know your own book of business. What works for Franklin will not necessarily be the formula for success for you.

RESULTS

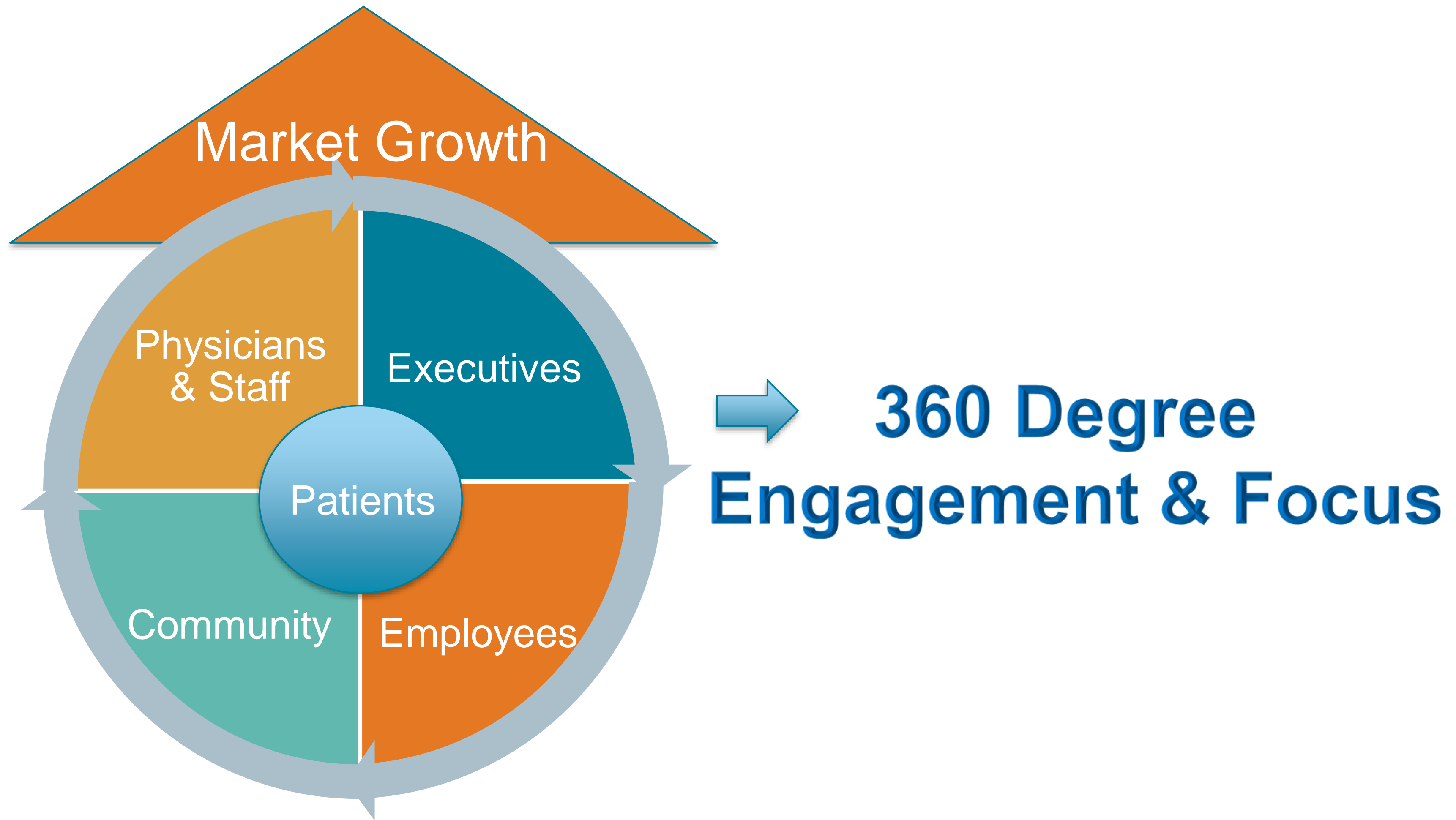
- Measurable growth
  - $1.9 million incremental growth in targeted physician revenue
    39% increase in first year
  - Market share increased from 31% to 44%
    42% increase in first two years
- Recruited quality providers
  - Growing primary care
  - Attractive to specialists
- Robust growth
  - Rural Health Clinics
  - Ancillary O/P services
- Secured financing
  - Three-phase, $8 million building program

Revenue Growth: Targeted Physicians
+ 39%

Market Share Growth



CRITICAL SUCCESS FACTORS



Critical Success Factors

Implementation must:

- Achieve significant, measurable results from straightforward, **incremental** changes

- Hardwire a well-structured engagement program, based on readily available data, to run ***without*** adding to administrative burden

- Utilize **proven** tools and training to **sustain** an affordable and efficient program

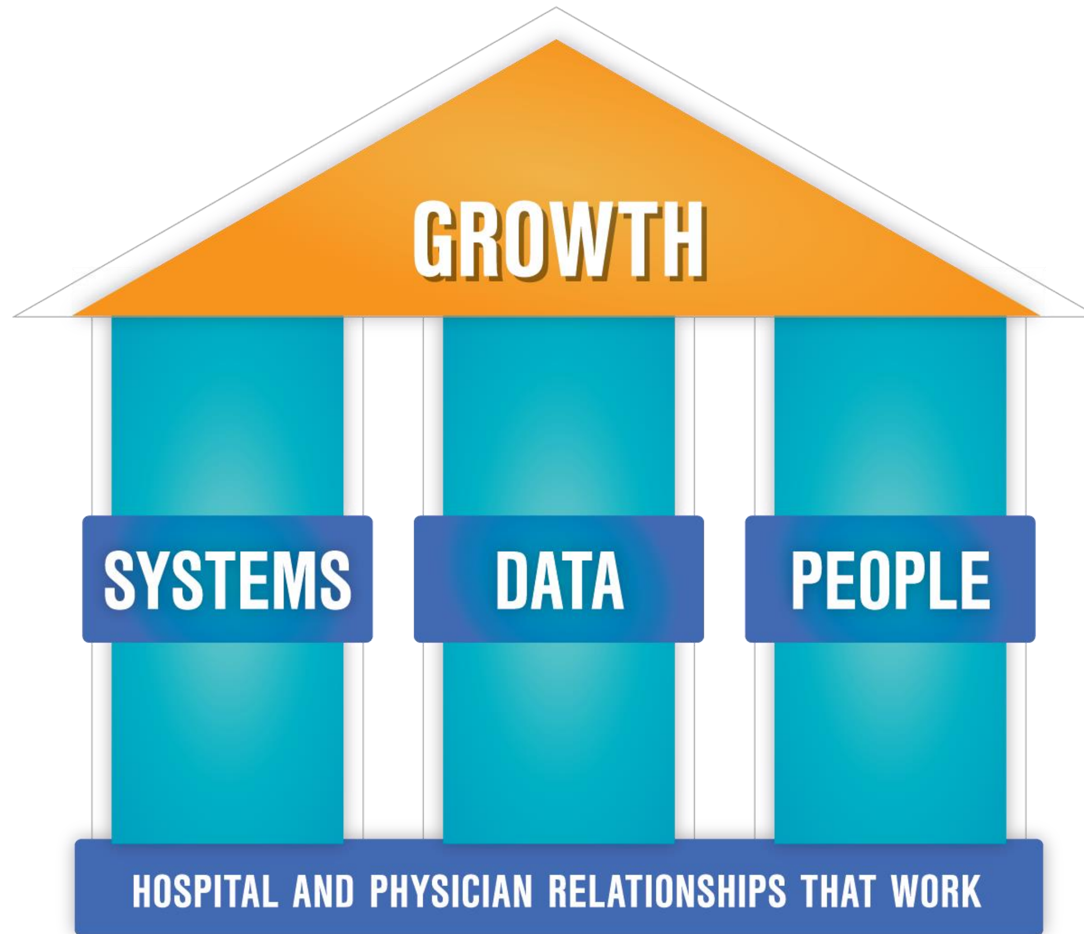
- **Elevate** professionalism of outreach with well-trained staff to take program to a new level

Critical Success Factors

"Win/win/win" solutions must ensure:

- Patients stay close to home
- Physicians and advanced practice providers retained and busy
- Specialists / Specialty rotations – Red Carpet Treatment
- Neighboring healthcare facilities engaged as partners/competitors – to keep business we **CAN** deliver
- Consistent and frequent in-field communication with providers and their staff

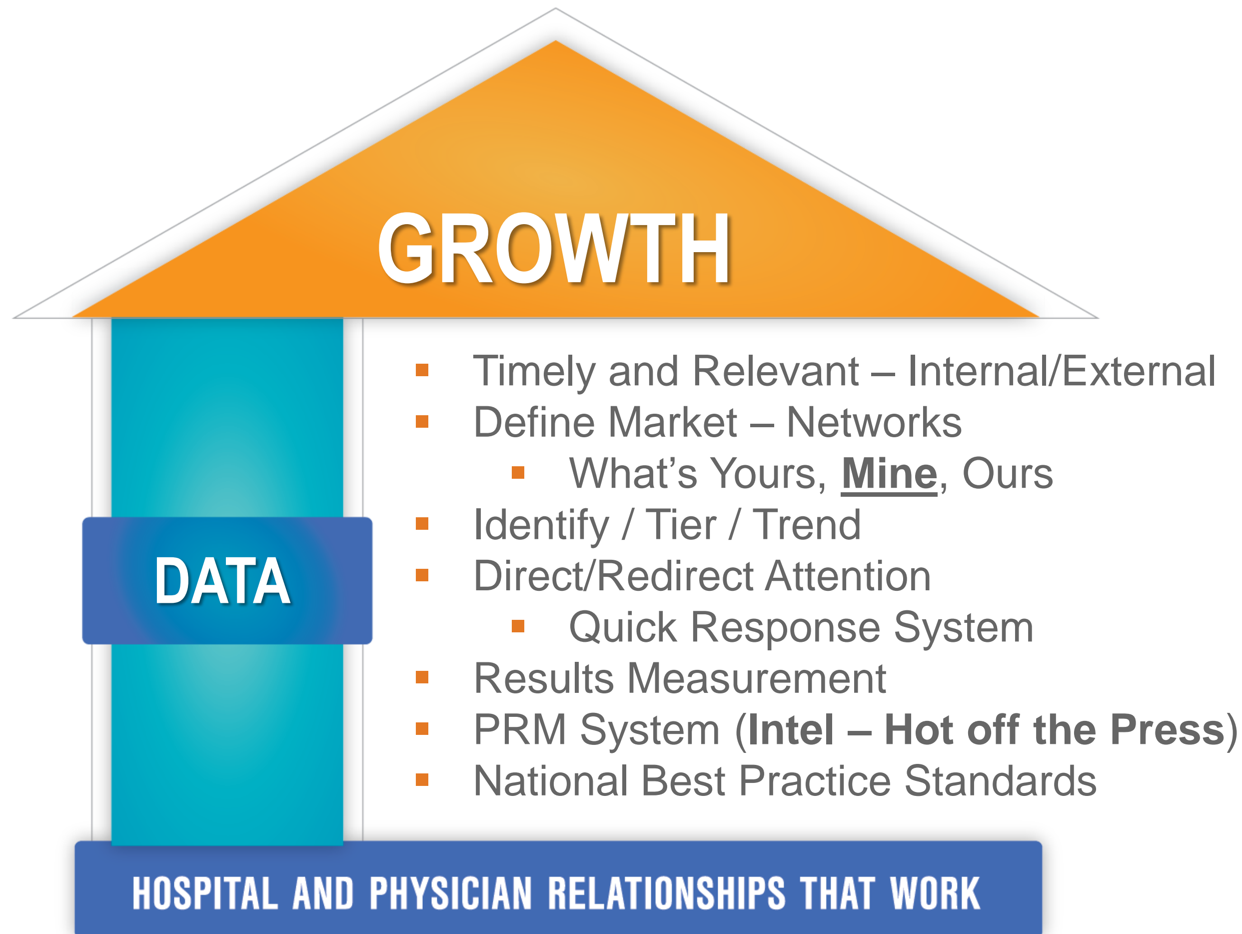
Physician-Hospital Relations
Pillars of Sustainable Performance



Pillars of Sustainable Performance
Systems = Foundation

- Strategic Approach
  - Org/Mkt Initiatives and Goals
- Training & Educational Programs
- Communication Structure
  - Physician-Hospital Relations (PHR) Council
  - Physician Advisory Council
- LEAN Initiatives / Value Stream Analysis
  - Evaluate ***Access*** Points, Throughput, Experience
- Accountability Systems

Pillars of Sustainable Performance
Data = Navigation

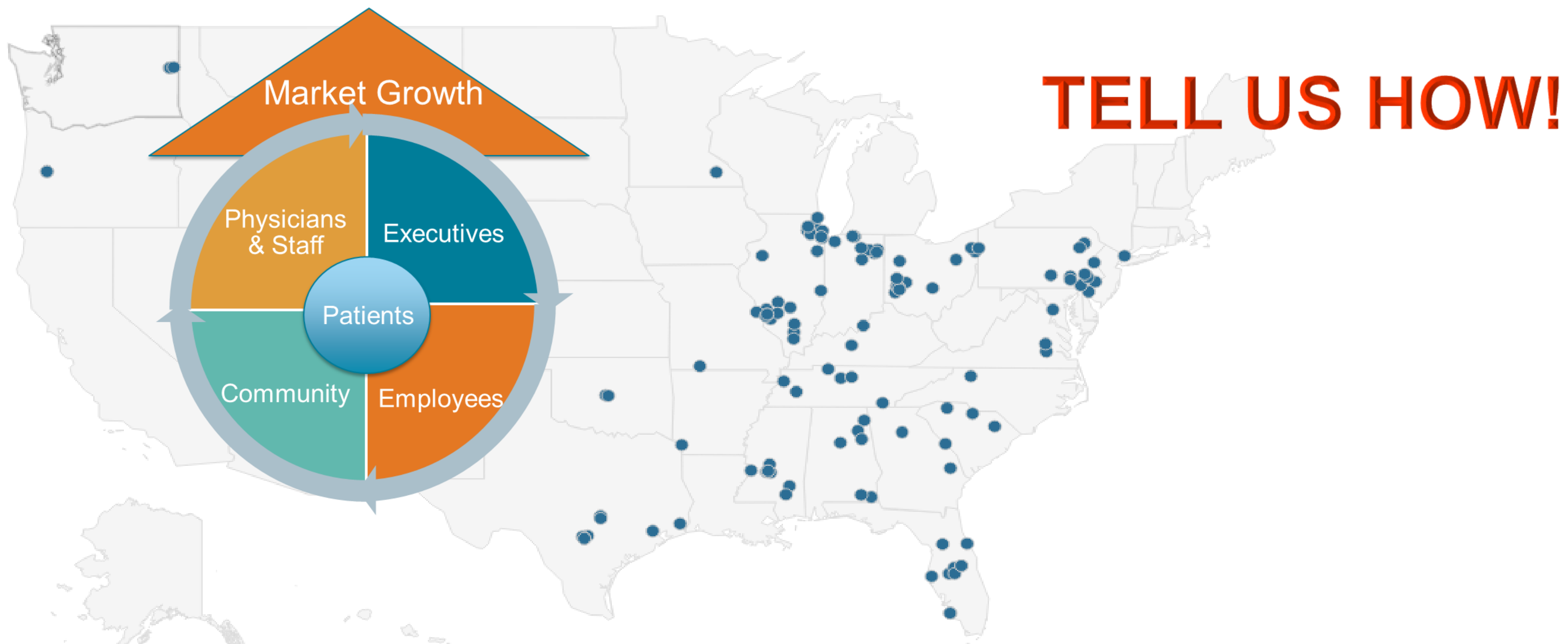


Pillars of Sustainable Performance
People = Execution

TRANSLATING BEST PRACTICES TO UNIQUE MARKETS, ORGANIZATIONS AND RESOURCES

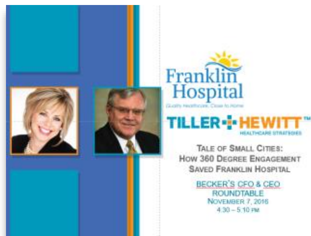
"…but we're different!"

TELL US HOW!



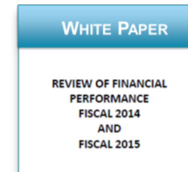
ADDITIONAL RESOURCES

To request a copy of today's resources, email: tth@tillerhewitt.com



Presentation:
How 360 Degree Engagement Saved Franklin Hospital

Article:
Modern Healthcare



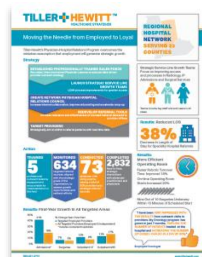
White Paper:
Review Of Financial Performance

By Hervey Davis

Case Studies:

PHR Produced Rapid Improvement and Sustainable Growth

The Art of Execution: Executing a National Outreach Strategy



Moving the Needle from Employed to Loyal

Liaisons Move the Needle for Hospitalist Programs

ADDITIONAL QUESTIONS?

PLEASE CONTACT US!

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THANK YOU!