

May 8, 2024



Developing Healthcare Leadership

Wilderness Health Offers Roundtables around Compassionate Financial Stewardship

Two Harbors, Minn. - Several finance and leadership roundtables held across the Northland are bringing best practices to rural hospitals. Nationally recognized speakers like Donna Littlepage, Rachel Everhart, Amy Graham, and Joe Schindler presented to hospital leaders. The events brought leaders from Duluth-area hospital St. Luke's, now a part of Aspirus Health, and rural hospitals like North Shore Health in Grand Marais and Ely- Bloomenson Community Hospital in Ely, together. Recent events were held at Lake View Hospital, now a part of Aspirus Health, in Two Harbors, MN, with options for leaders around the region to join by Zoom.

The event sponsor, Wilderness Health, sees these meetings as an opportunity to bring best practices to the region. They also give leaders the opportunity to network. According to Cassandra Beardsley, executive director for Wilderness, "It's critical that members of our network have the opportunity to collaborate with each other. The ability to ask questions, get feedback, and learn from each other is especially important in our mostly rural area."

According to Kelly Swearingen of North Shore Health, "Joining with other professionals, colleagues and leaders in our industry gives us tools to take back and work into our daily operations. These sessions allow us to learn from others and share our best practices. We can strategize how to best communicate with our State and Federal leaders to advocate what is important not only for financial well-being, but the well-being of those who our facilities serve and care for when our doors can remain open."

Good Decisions begin with Good Data

In December 2023, Donna Littlepage (Senior Vice President for Carilion Clinic) presented on the uses of data analytics in healthcare. In healthcare, as in all industries, good decisions come from good data. Littlepage encouraged moving from using *past data* (hospital admissions, doctor visits, prescriptions) to

determine how to interact with a patient. Instead, Littlepage encouraged using *predictive data* to shape patient interactions.



For example, instead of focusing on a patient's diagnoses and prescriptions to determine care, Littlepage pairs that information with income, education, geography (whether a patient lives in a food desert, etc.) and with real life indicators – like whether the patient *actually fills* their prescriptions. This richer data helps the health system predict the health challenges the patient may face in the future.

Littlepage claims that hospitals using predictive data show a drop in ER admissions among the patients included in the program.

At the same meeting, Rachel Everhart (Director of Research, Denver Health) showed the ways that Denver Health (DH) used data to improve care. Combining

predictive modeling and clinical insights provides better care than either alone. The DH pilot program integrates (1) *community data* from county-level social services and corrections facilities with (2) *clinical data* for serving patients with substance use disorders – a driving issue in our region, too.

Healthcare Financial Leadership Requires Staying on Top of Market Forces

In April 2024, Joe Schindler (Vice President, Finance Policy & Analytics for the Minnesota Hospital Association) addressed financial trends that are impacting Minnesota Hospitals. These include financial pressures, rising costs of labor (such as from agency staffing), and prior authorizations. The group also discussed how a recent cyberattack impacted hospital finances.



Amy Graham (Stroudwater Associates) addressed revenue cycle management, a process that requires a healthcare administrator to see their work in a big-picture way. Revenue cycle management begins long before a patient even picks up the phone for their appointment. Finance leaders must evaluate their charges based on cost of service and negotiate contracts with insurance companies. They also need to think about how their charges impact the Medicare Cost Report and support the

financial health of their organizations.

Hospital finance leaders ensure that the hospital can afford to survive and thrive into the future. In rural Minnesota, the hospital is often the lifeblood, and the major employers, of its small-town home.

Emily Roose of Ely-Bloomenson Community Hospital commented that “The Finance Roundtable has provided me with peers that I can bounce ideas around with and feel comforted knowing that other similar hospitals are going through the same struggles.”


 <p>WILDERNESS HEALTH</p>	<p>About Wilderness Health- a non-profit collaborative of independent providers working together to improve rural health care in Northeastern Minnesota and Wisconsin. Headquartered in Two Harbors since 2013, Wilderness Health aims to create a unified and supportive network for its members through its core values of collaboration, independence, networking, and quality.</p> <p>Wilderness Health offers roundtables to hospitals and clinics serving rural communities. For more information about Wilderness, visit https://wildernesshealthmn.org/</p> <p>Wilderness Health Members: Bigfork Valley Hospital Community Memorial Hospital Cook Hospital Ely-Bloomenson Community Hospital Fairview Range / Range Regional Health Services Grand Itasca Clinic & Hospital Lake View Hospital, now a part of Aspirus Health North Shore Health St. Luke’s, now a part of Aspirus Health</p>
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Photo Captions:

1. Emily Roose of Ely Bloomenson Community Hospital and Nate Cavallin of Lake View Hospital, now a part of Aspirus Health, discuss rural finance leadership. (Photo by Zomi Bloom)
2. Amy Johnson and Nancy Moen of St. Luke’s, now a part of Aspirus Health, discuss revenue cycle opportunities. (Photo by Zomi Bloom)