“Fierce Independence: Lessons Learned Along the Way”

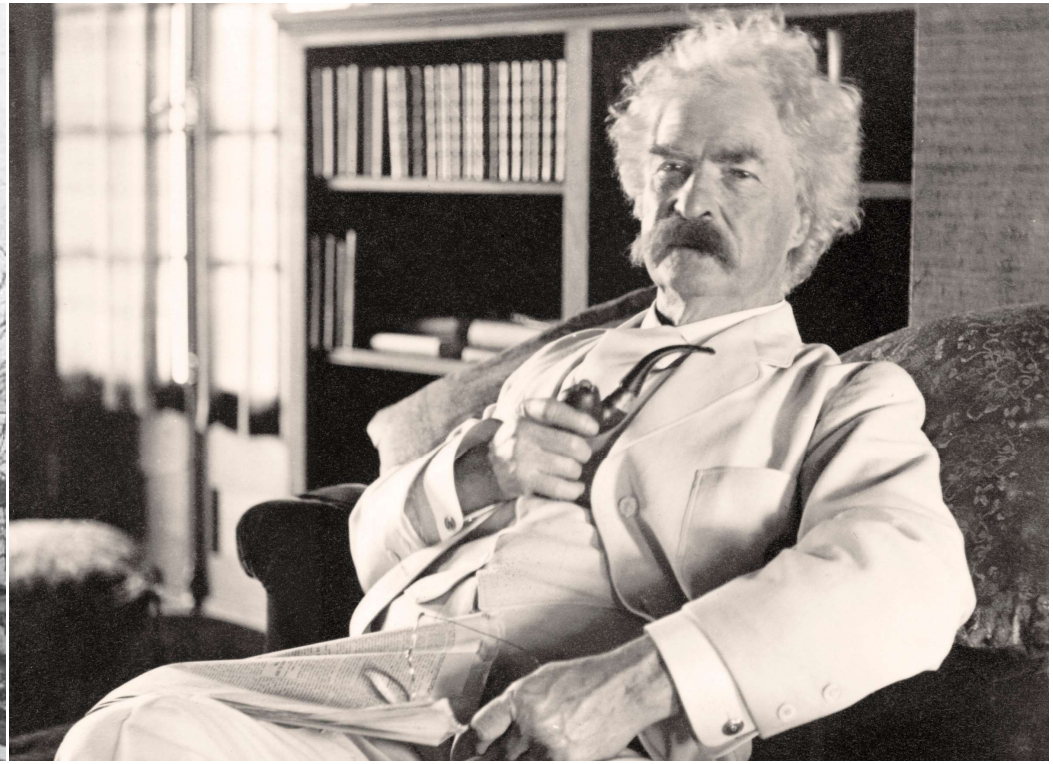
C. Todd Ahrens, FACHE
President and Chief Executive Officer
Hannibal Regional Healthcare System

Prepared for
The Governance Institute Leadership Conference
San Diego, California – October 2022

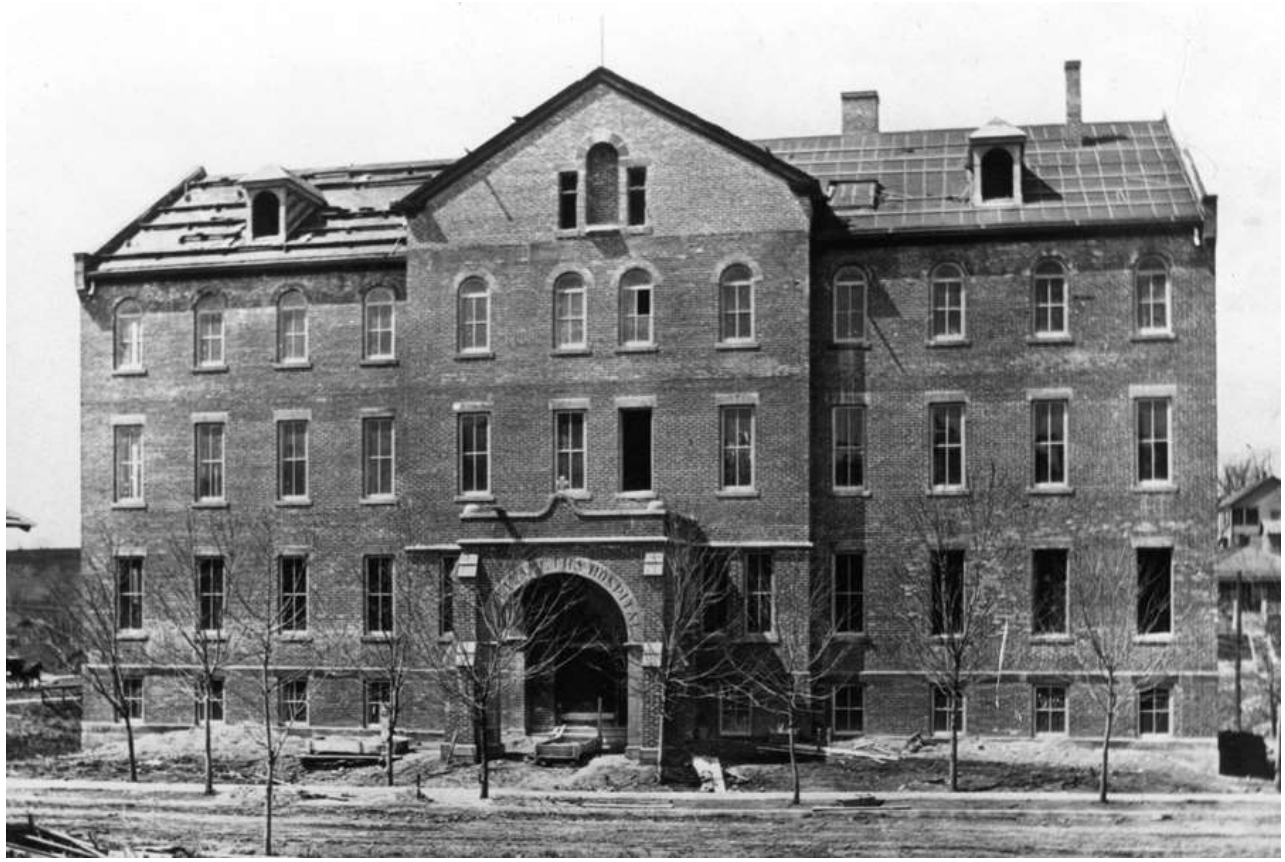
Objectives

- Articulate the reasons why a small/rural hospital might benefit by remaining independent.
- Identify the risks and pressure points to remaining independent.
- Identify short and long term strategies to achieve and maintain independence.

In the beginning - 1903



Two hospital town - 1915



Hospitals merge, begin journey to independence – 1988

Hospital-centric – 1994 to 2000

- Only employed hospital-based physicians
  - Emergency Medicine
  - Anesthesiologists
  - Pathologists
  - Psychiatrists
  - Radiologists

Hospital-focused with some outreach clinics - 2001 to 2007

- Established clinics in small rural communities in northeast Missouri with no, or few, healthcare providers.
- Making healthcare "local" at the community level.

Integrated health system - 2008 to 2015

- Medical Office Building
- Acquisition of local physician practices
- Development of physician group
- Identification of the importance of primary care

Integrated health system - 2016 to Present

- Identification of the importance of specialty care
- Evaluate additional service lines
- Facility needs
- Expansion outside of hospital's catchment area
- Second Medical Office Building

Strategies for Success

- Manage the Board of Directors
- Soft affiliations can replace benefits achievable from hard affiliations
- The "right" corporate structure and the impact on Form 990
- Earning goodwill - lessons from Covid-19
- Increase degree of difficulty
  - Enhance revenue generation
  - Make more healthcare "local"

Risks & Pain Points

- Medical Staff challenges in a small community
- Threats from larger health systems
- Bond ratings
- Bond covenants
- Moderation of Days Cash
- Potential delay of a needed affiliation
  - Affiliation from a position of weakness

Questions???

Thank you!

C. Todd Ahrens, FACHE
President and Chief Executive Officer
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Todd.Ahrens@hannibalregional.org