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Challenges Facing Not-for-Profit Healthcare 2023 IHA Leadership Summit

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Lombard, IL | September 21, 2023

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Agenda

- 1. State of the Industry
- 2. Healthcare's Wicked Problems
- 3. Recent Rating Activity
- 4. Building High Reliability Organizations
- 5. Discussion, Questions

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The Industry Remains in a State of Rapid Transition

- Volume trends are mixed and highly dependent on location
- Labor and supply inflation remains relentless
- Payer mix shift away from commercial and toward more governmental
- Well-funded disruptors embrace speed-to-market
- Liquidity remains integral during periods of industry or organizational volatility

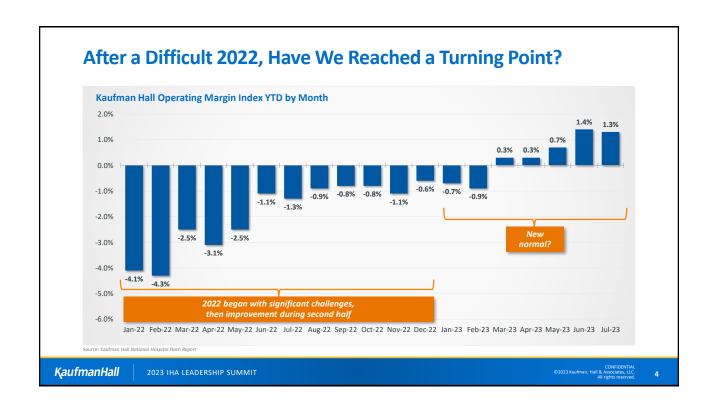
"...the very actions to solve healthcare's wicked problems may likely make aspects of the strategic problem worse."

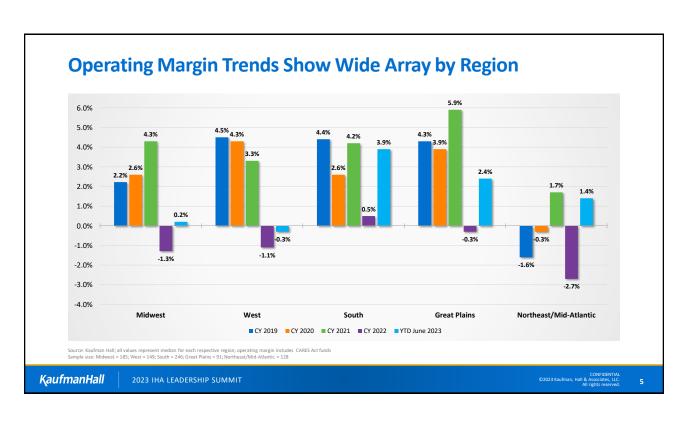
— Ken Kaufman, Healthcare's Wicked Problems

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Illinois Hospitals Volume Trends are Largely in Line with National Trends; Revenues Show Divergence



Financial "Twindemic" Hits Both Margins and Cash



Financial Performance Has Reached All-Time Low

- Intractable labor issues
- Unpredictable volume recovery
- · High average length of stay
- Limited relief from payers; end of the CARES Act; sequestration re-starts



Financial Position Has Sharply Declined

- Use of cash to fund operations
- Investment losses
- Outsized daily operating expenses reduces cash on hand
- Payers slow to pay

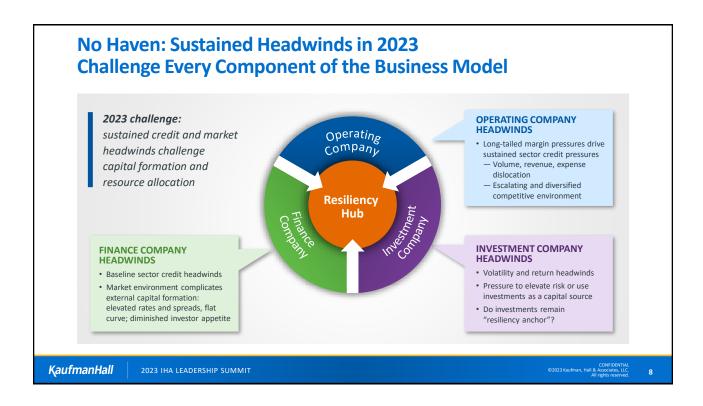
Capital is a hospital's oxygen and hospitals can no longer afford to hold their breath.

- Eric Jordahl, Moving Into and Through 2023

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Healthcare's "Wicked Problems"

What is a "Wicked Problem"?

- 1. Hard to define;
- 2. Hard to know when they are solved;
- 3. Potential solutions are not right or wrong, only better or worse;
- 4. No end to the number of solutions or approaches; and
- 5. No way to test the solution to a wicked problem; solutions are not easily reversible and may affect many people in profound ways

"This is the new role of healthcare leaders: solvers of wicked problems"

— Ken Kaufman, Healthcare's Wicked Problems

Source: Horst Rittel and Melvin Webber, 197

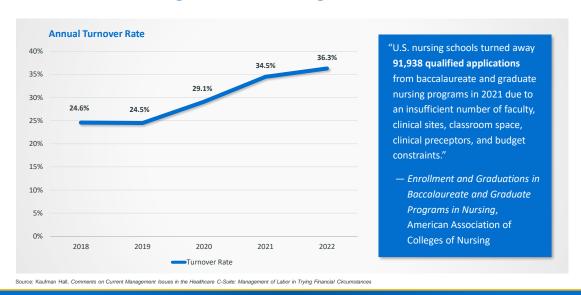
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Labor Remains a Significant Challenge



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Hospital Workforce Challenges Didn't Happen Overnight



Environment

- The workforce ship was rickety before the pandemic
- The worst of the workforce resignations have been in the acute-care setting
- The team concept, historically the heart and soul of acute-care delivery has collapsed
- The image of the healthcare working environment has suffered—how do we make the field attractive?



Workforce Needs

- A portion of the healthcare workforce is prioritizing flexibility over money, and hospital scheduling has been very inflexible
- First-year turnover is higher than ever—signaling a need for mentoring
- Work-from-home issues are complicated, particularly mentoring and promotion



Hospital Issues

- Leadership matters more than ever, especially at the middle-management level
- Hospitals have been slow to adopt technology to support workforce flexibility

These challenges are long-term, at least 5-10 years before the ship is righted Organizations need to favor prompt, aggressive, innovative, and tailored actions

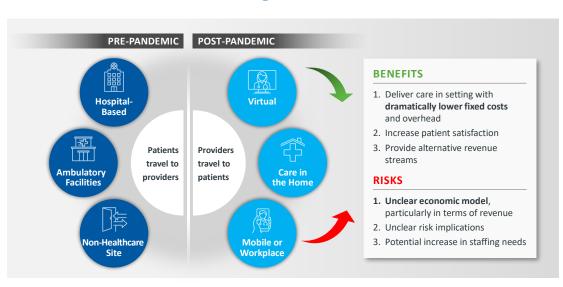
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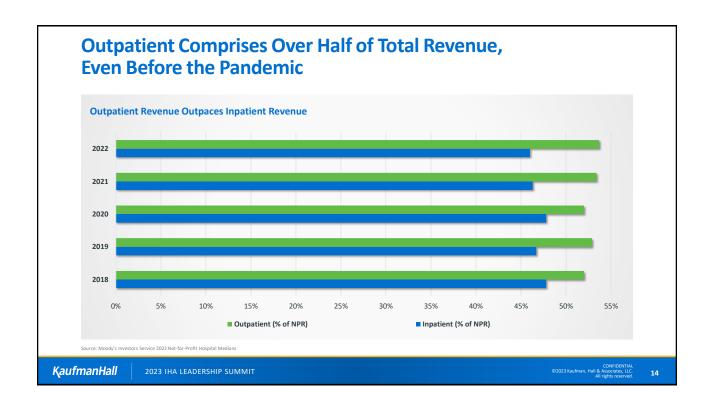
Demand for Lower Cost Settings of Care Accelerated

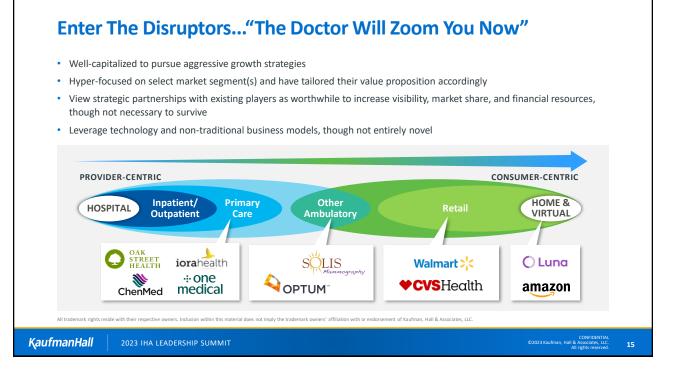


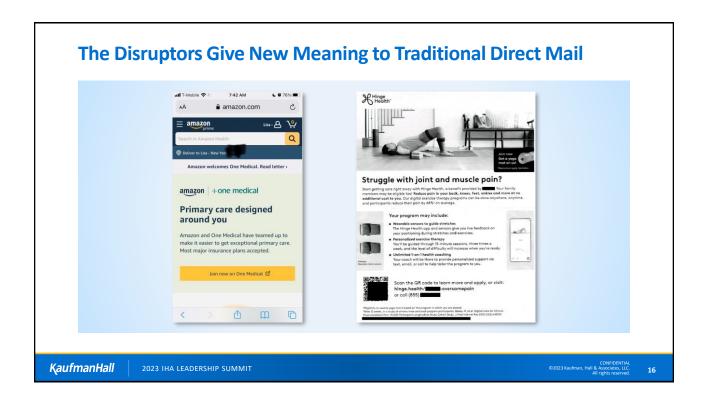
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All Rating Agencies Maintain Negative Outlooks on the Sector

S&P Revises Outlook to Negative

Moody's

Outlook: Negative

S&P Global

Outlook: Negative

FitchRatings

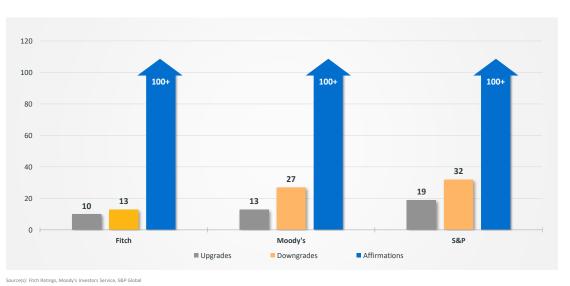
Outlook: Deteriorating

- · The sector continues to experience severe labor shortages and will be the largest driver of operating
- · Operating performance remains under pressure, as expense growth will likely outpace revenue growth; performance will have a longer runway to pre-pandemic margins
- · Revenue gains will be limited, in part, due to, the inability to meet demand because of labor constraints, deteriorating payer mix and the continued shift of care to low-cost settings
- · Unpredictable volumes will make budgeting and forecasting increasingly difficult
- · Liquidity will decline as market turbulence continues, cash flow is weak and capital spending increases following some delay during the pandemic
- · Organizations with strong balance sheets are less likely to experience a negative rating or outlook action; weaker credits may continue to struggle
- · M&A activity will continue as providers seek size and scale to achieve stability although tougher regulatory oversight may slow activity
- · Partnership opportunities for efficiencies and strategic investments are likely to evolve
- · Significant shifts in care delivery models are occurring, with disruptors speed-to-market advantage
- · The credit quality gap may continue to widen between stronger and weaker providers

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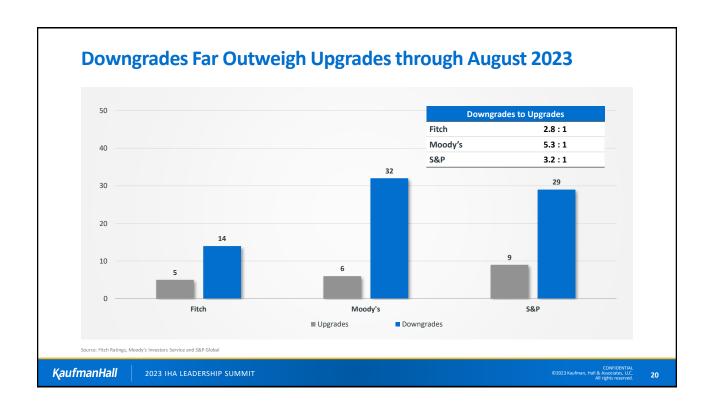
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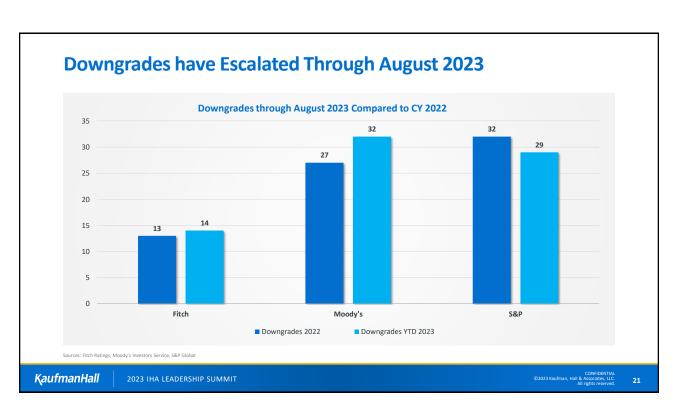
Affirmations Remained the Predominant Rating Action in 2022



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Characteristics of Healthcare Systems "Bucking the Trend"

High-Growth Service Area



Population growth driving increasing volumes

Located in growth markets with diversified economies and affordable housing Proactive Expense Strategies



Enacted early-on expense control strategies during the pandemic and doubled down on efforts during the 2021 margin rebound Identified Levers & Tough Decisions



Implemented levers for improvement such as labor force reallocation/reduction, pension suspension

Executed exit strategies for certain non-core services or facilities

Manageable Debt Positions



Adequately managed debt capacity to fund future growth strategies or to replenish reserves for prior capital

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Drive for New Capabilities Creates Cross-Market Strategy



BJC + Saint Luke's: 318 Miles (pending)

Kaiser Permanente + Geisinger: 2,500 Miles (pending)

Aspirus Health + St. Luke's Health System: 237 Miles (pending)

Presbyterian + UnityPoint: 983 Miles (pending)

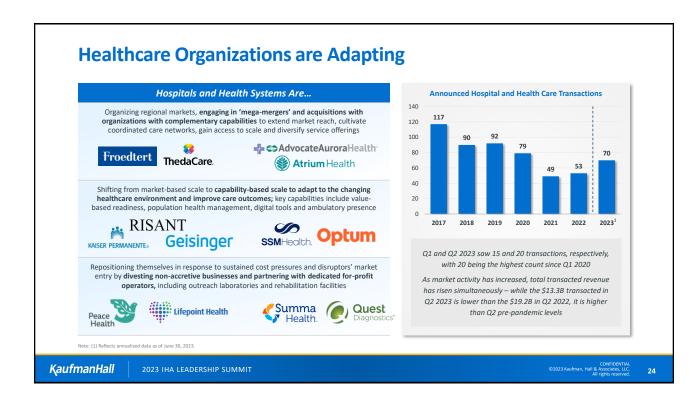
SCL Health + Intermountain: 508 Miles

Advocate + Atrium: 754 Miles

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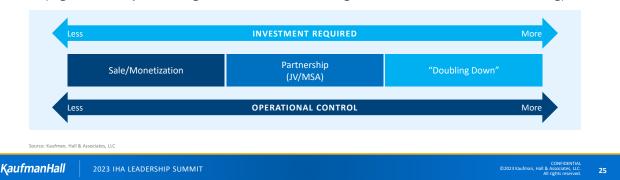
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Partnerships Will Become Increasingly Important

- What is our core business and where is there strong consumer need/demand?
- Are there potential partners who can provide these services better than we can?
- What do we offer to potential partners?
- What degree of control do we need/want in the partnership? Do we need to own it?
- What is the optimal structure for the partnership (e.g., ownership, branding, financial commitment, governance, clinical decision-making)?





Not-for-Profit Hospitals Define "Agility" Through the Decades



Conversion to PPS in 1983

- Industry ill-equipped to change from costbased payments
- Leveraged hospitals defaulted, filed for bankruptcy, or closed



Medicare reductions via BBA of 1998

- Medicare rates frozen with teaching hospitals particularly hard hit
- Medicare typically represents about half of a hospital's revenues



Liquidity crisis and Recession in 2008

- Auction rate securities failures
- Bank liquidity became expensive, if attainable
- Decline in volume, rise in unemployment and bad debt



Coronavirus pandemic in 2020

- Clinical crisis with unknown treatment plan
- Mandated shutdown of non-elective services
- Labor shortage contributes to financial losses

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Liquidity is Paramount to Long-Term Sustainability

Six Reasons

Six Examples

- 1. Cash for rainy day events
- 2. Pursue community mission
- 3. Strong liquidity gives access to capital
- 4. Source of capital when debt is limited
- 5. Financial cushion when debt increases
- 6. Key metric for the rating agencies

- 1. Mandated shutdowns in March 2020
- 2. Healthcare, shelter, food banks, laundry
- 3. Spiraling cost of PPE, ventilators
- 4. Liquidity bridge before CARES, MAPP
- 5. Collateral for lines of credit
- 6. "Triage" hospital ratings at risk

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The Journey Toward Building a High-Reliability Organization



- How do we create reliable hospital organizations in the near term to sustain the organization for the long term?
- Every organization is on a different phase of their journey, but all need to move with urgency
- Strategies and capital spending are under review, if not being given a complete makeover
- Local market dynamics, coupled with state and federal scrutiny, will also inform strategies

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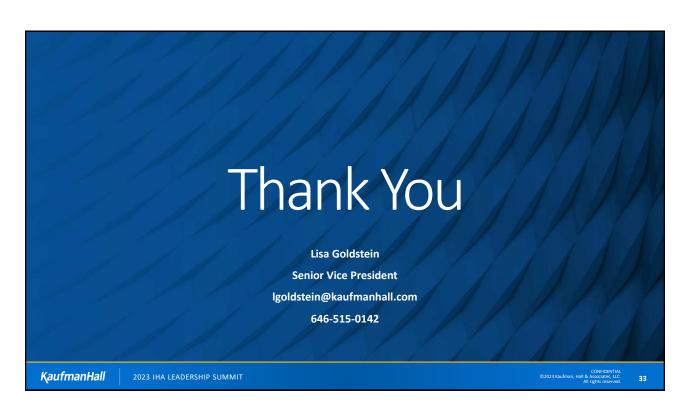
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