

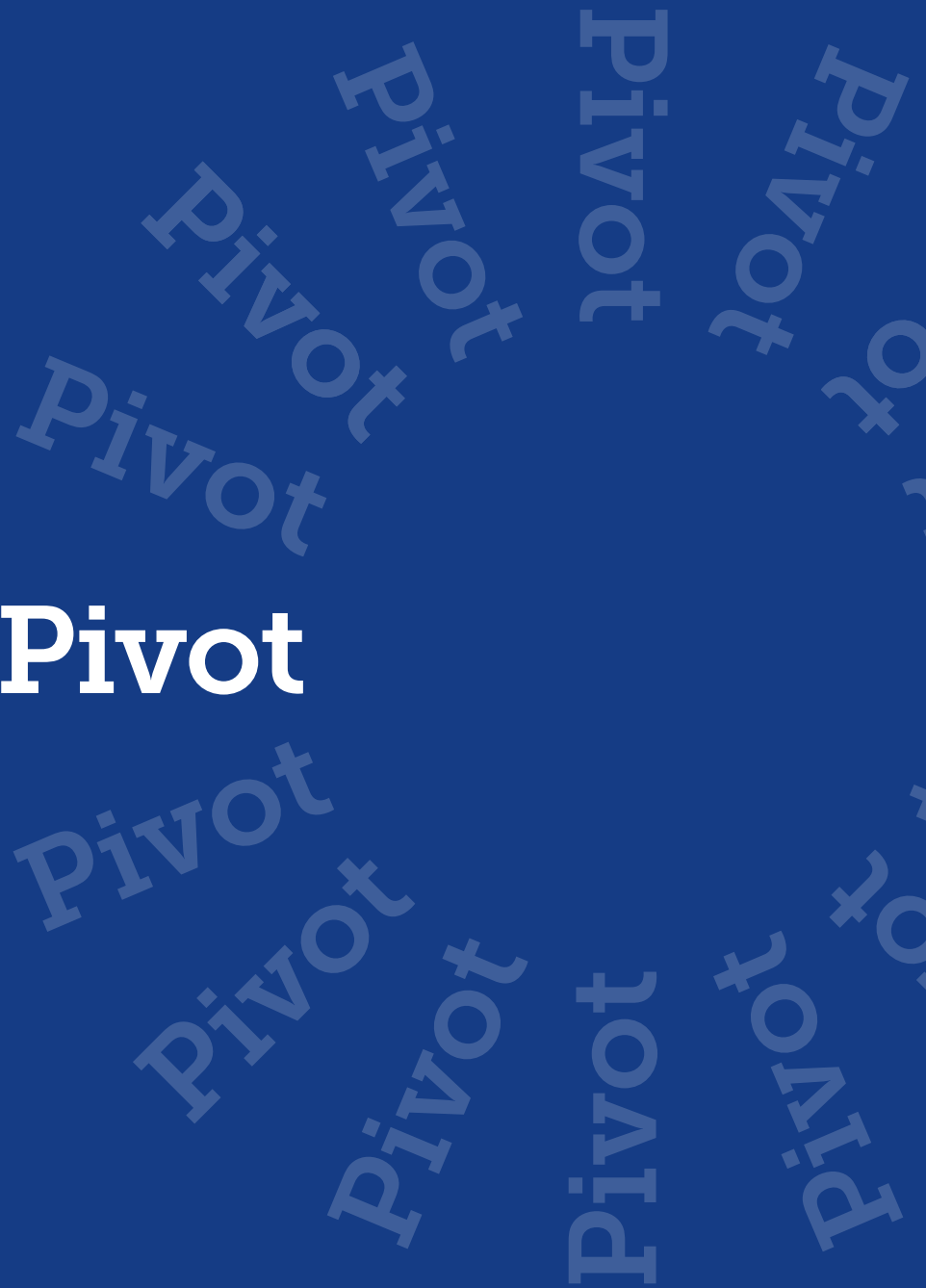


EXCELLENCE IN EMERGENCY MEDICINE

The Art of the Pivot

Navigating change in the COVID-19 era.

2021 Annual Report





Letter From Our President & CEO

The Art of the Pivot

In all my years practicing emergency medicine, I've never seen anything like what we're experiencing now. Just when we thought we were headed in one direction, new information repeatedly sent us down a different path. These pivots happened again and again as we navigated some of the biggest challenges we've ever faced—an unpredictable virus, surging volumes, capacity issues, and staff shortages.

In many ways, 2021 was more challenging than 2020. On top of the operational difficulties, our physicians, advanced practice clinicians (APCs), and staff are struggling both personally and professionally.

We know COVID-19 is not going away. We know these tumultuous times aren't over. So how do we practice emergency medicine sustainably in this new reality? That's the question EPPA leaders have wrestled with while gathering insights and data from our people and partners.

This report shares our new strategic direction that addresses the needs of our patients, clinicians, and partners while further strengthening our organization. As ever, we're working to ensure EPPA has a strong foundation and a bright future.

As we worked together to meet ever-changing demands that required rapid shifts, we became adept at the art of the pivot—and that's something we can be proud of. Our ability to deal with hardships and stay nimble during times of constant change allowed us to continue serving patients and collaborating with our partners during one of emergency medicine's most challenging times.

It's gratifying to see that our relationships with our partners and the teams we work with are stronger than ever. Thank you all for everything you do to help us deliver exceptional care under extraordinary circumstances.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Rob Thomas', is positioned above the printed name.

Dr. Rob Thomas



Board of Directors



Marny Benjamin, MD



Michael Schwemm, MD



Laura Berg, MD



Clare Sercombe, MD



Amy Cho, MD



Rob Thomas, MD



Stephen Evelsizer, MD



Steve VanTassel (external advisor)



John Houghland, MD



Scott White, MD



Scott Lutz (external advisor)



Mission Statement

EPPA provides an innovative, stable, and supportive platform to practice acute-care medicine as an independent group. This framework allows our health professionals the best opportunities to align with our partners in delivering world-class care for our patients.

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Turning Toward a Brighter Future

In 2021, healthcare experienced a perfect storm. It started with the challenges of fluctuating volumes and intensified as demand for healthcare services rose alongside severe staffing and bed shortages.

Left-without-being-seen (LWBS) numbers skyrocketed across the Twin Cities and the country. Patients who needed to be hospitalized were unable to get beds. Our teams were asked to help address that gap by providing care for critical patients who were boarded in our EDs for hours longer than usual. At the same time, our clinicians and staff experienced intense pressure as they struggled to cope with

the constantly changing care landscape while trying to combat misinformation.

“Since March of 2020, when COVID hit, we’ve been traveling through completely uncharted waters. We’ve never seen anything like this—and it’s not over,” says EPPA’s executive medical director, Dr. Michael Rock.

Though that perfect storm still rages and we’re not certain when or how it will end, we know one thing for sure—our teams have pulled together to face this crisis in ways that prove our strength, our resiliency, and our adaptability.

Total patient visits increased by **11.1%** in 2021

LWBS Numbers

2020—1.79%

2021—4.16%



A New Way Forward

To make sure our organization stands strong, EPPA recently went through a governance restructuring process. Our board of directors now includes more clinicians and diverse perspectives to ensure that as our group grows, all voices are represented and heard.

“EPPA’s shareholders have selected a dynamite set of board members who are bringing the diverse needs and thoughts of all our partners to the table,” says EPPA board member Dr. John Houghland. “They’ve engaged us all in deep, thoughtful, and challenging conversations about what’s best for our organization, our health-system partners, and our patients. That’s why I’m confident we’re going to be very successful in the next few years despite the challenges coming.”

EPPA board member Dr. Stephen Evelsizer is particularly excited to welcome more clinicians to the board. “We have a big group with lots of intelligent people with diverse backgrounds and skill sets. The restructuring is a deliberate effort to tap into the voices of everyone in the group so we can really bring forward the best we can offer.”

After gathering feedback from our shareholders, EPPA leaders have set a strategic direction for our organization that’s centered around four pillars.

EPPA Culture & Professional Satisfaction

The COVID era created intense pressure within emergency medicine. Our physician owners, advanced practice clinicians, and staff have encountered myriad personal and professional challenges. To ensure EPPA stands strong through this storm, we’re focusing on our people in a variety of ways:

- Enhancing communication among physician shareholders and clinicians
- Building strategic efforts to improve and solidify our culture
- Committing to positively affect professional satisfaction
- Continuing our equity and inclusion work

Value-Based Care

The future of healthcare reimbursements is changing from a fee-for-services model—in which we’re paid for the volume of patients we see—to a value-based care model. The goal of this new reimbursement model is to reward healthcare organizations for the quality of their care. Instead of relying on patient encounters, organizations are rewarded on measurements that create more value for patients from cost and quality perspectives.

“Before the pandemic, metrics were focused heavily on productivity and financial goals. This was detrimental to our people and our culture,” reflects EPPA board member Dr. Marny Benjamin. “This time has forced us to be more introspective: How can we create a successful culture that fuels financial success while helping our clinicians nurture their compassion and maintain their love of emergency medicine?”

The goal of the new payment model is to drive down healthcare costs and improve patient outcomes. “It’s clear this is where the world is going, and we want to be at the forefront,” says Dr. Benjamin. “We’re still in the process of defining what value-based care will look like for our group, but it’s a strategic priority because our hospital partners rely on us to stay ahead of the curve.”



EXCELLENCE IN EMERGENCY MEDICINE

EPPA Expansion

When we examine the continuum of care for our patients, we've identified several places where we can partner with organizations that need our expertise. From consulting via telehealth to expanding into other emergency departments, we have many exciting new opportunities to provide high-level care to our partners.

“We’re always looking for different opportunities and exploring potential collaborations that are a little outside the box. We maintain a growth mindset because medicine is always rapidly changing, and we can never afford to be complacent.”

—Dr. Marny Benjamin



Urgency Room Expansion

The Urgency Room (UR) was created to help reduce the growing burden on our hospital partners by providing unscheduled care outside a hospital setting. The COVID-19 crisis has highlighted the need for UR expansion. “We can provide excellence in emergency medicine to mid- and lower-acuity patients in a setting where we have staffing and operational control,” says EPPA board member Dr. Scott White.

The patient volume at all three UR locations has surged as hospitals struggle to free up beds and urgent cares close or trim hours due to staff shortages. With no end in sight to the boarding crisis, EPPA leaders believe expanding the number of UR locations will provide stability to our organization and relief to our partners.



From our partners

**“What makes EPPA
a great partner is
their interest and
willingness to help
us achieve our health
system goals.”**



We're Hiring

To support our clinicians, patients, and partners, EPPA is actively seeking physicians and advanced practice clinicians. We expect to be fully staffed by fall 2022.

More than 100 board-certified emergency physicians from across the country have already applied to join EPPA. The healthcare field is crowded with employers that aren't physician led, so the volume of expert emergency physicians applying illustrates the appeal of joining a highly reputable, quality-driven, independent physician group.



From our partners

“This group is probably the most engaged of all the physician groups we work with.”



QUALITY IMPROVEMENT

Best-in-Class Care

Despite the significant headwinds we faced in 2021, we continued to focus on the clinical quality of care we deliver to our patients and partners. Additionally, operational projects moved to the forefront of the quality work EPPA did across all five of our health-system partners.

Operational Improvement

Faster care. Many of our departments saw patients faster by moving clinicians to triage and getting work-ups started early, even if no beds were available.

Lower LWBS numbers. EPPA worked with our partners to reduce the rate of patients who left without being seen. We shared best practices with our partners and helped them look at how efficiently they're admitting and discharging patients. We encouraged the creation of discharge lounges and admission units to ease the bed shortage. And we advocated for smoothing the surgical schedule and canceling elective surgeries to address the severe staff shortage.

Clinical Improvement



Vaccines. We began offering influenza and COVID-19 vaccinations to vulnerable populations and those who rely on the ED for their healthcare, including the homeless, people with access and transportation issues, and mental health patients.



Stroke and sepsis. We continue to focus on our sepsis and stroke projects to ensure we're giving the highest-quality care from the moment people arrive in the ED.



Electronic prescribing. Several of our departments are upgrading their workflow to include electronic prescriptions to pharmacies.





EPPA SCRIBE PROGRAM

Virtual Support

In 2021 the EPPA Scribe Program was inundated with requests for increased scribe coverage—from both EPPA sites and external organizations. “We’re responding as best we can to wild swings in staffing and patient volume,” says Dr. Michael Bryant, director of the EPPA Scribe Program. “We’re providing support to clinicians during these stressful times, and the scribes are clearly demonstrating their value. Still, just surviving this year is a marker of success.”



Technology

Recent challenges are driving continued innovation for the Scribe Program. Instead of a one-to-one, scribe-to-provider model, the team is leveraging technology and enhancements to Epic software to a greater degree. For example, providers and scribes can use templates and voice-recognition software to bridge gaps.



Expansion

Scribes currently cover all EPPA sites in the Twin Cities metro area. In April 2021, the group expanded to Hutchinson Hospital. “We provide overlap coverage between the day and evening teams for a seamless transition,” reports Dr. Bryant. “It’s been a huge success, and we plan to implement the same strategy in our other regional sites as soon as resources become available.”



Recruiting

To maintain coverage for as many EPPA sites as possible, the team had to turn down external requests for scribes. “We have the technology, but we don’t have the personnel to do the work,” says Dr. Bryant.

10-15
recruiting events
each month

The group is aggressively recruiting and training new people by hosting 10 to 15 recruiting events each month to show the value of becoming a scribe with EPPA. “We graduated 180 scribes this year,” Dr. Bryant reports. “The majority of them received graduate school acceptance, which demonstrates the high quality of our program.”



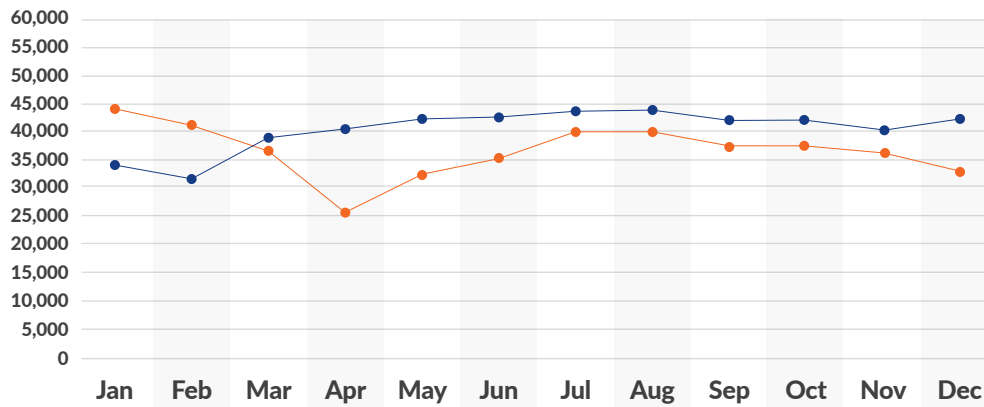
Strong Partnerships

In a year of constant change, one thing remained the same—our unwavering commitment to provide excellent patient care and trusted expertise to our partners.



EPPA Hospital Visits

2020 Total Patient Visits = 438,407 2021 Total Patient Visits = 483,467*



*Estimated



Our Partners

- Allina Health Buffalo Hospital
- Allina Health Cambridge Medical Center
- Allina Health Mercy Hospital
- Allina Health Mercy Hospital—Unity Campus
- CentraCare St. Cloud Hospital
- HealthPartners Hutchinson Health Hospital
- HealthPartners Olivia Hospital
- HealthPartners Park Nicollet Methodist Hospital
- MHealth Fairview Ridges Hospital
- MHealth Fairview Southdale Hospital
- North Memorial Health Hospital
- North Memorial Health Maple Grove Hospital



Allina Health Buffalo Hospital

“I was working my 13th shift at Buffalo Hospital on the day of the shooting at the Crossroads Clinic in Buffalo. The team was phenomenal. They really pulled together and provided top-notch care at a Level 4 trauma center. That experience helped us bond as a team, which has helped us manage the challenges everyone is facing right now—long waits for beds and a staff shortage.”

—Dr. Laura Contreras, Medical Director

Highlights

- Worked with hospital and health-system leadership on safety protocols, including a safety button, safety app, and treatment plans that identify patients who may pose safety risks.
- Rolled out a new stroke protocol, passed stroke evaluation and certification, and prepared to recertify as a Level 4 trauma center.

Allina Health Cambridge Medical Center

“We’re having to transform and manage patient cares that aren’t typical in emergency departments. For example, given the boarding challenges, we’re covering inpatient care in the ED for extended periods—sometimes more than 24 hours—which is a whole different path and requires providers, nursing, and support staff to be adaptable. Our biggest success in the past year is the resiliency of the providers and ED staff. Everyone is pitching in and contributing.”

—Dr. Luke Dandeleit, Medical Director

Highlights

- Received support from Cambridge Medical Center leadership, who sent floor nurses to the ER to help relieve the pressure of higher patient volumes, limited beds, and a staff shortage.
- Worked with Allina Health’s new rapid-transfer process—which allows easier transfer of patients from regional ER sites to metro locations with more resources—to address long boarding times for critical patients.



Allina Health Mercy Hospital

“The ER surge overlapped elective and operative surges. And many people are leaving the healthcare field, creating a tremendous mismatch in demand and the ability to meet it. Yes, we’re battling unprecedented boarding issues, but it’s a point of pride that while patients are waiting 8 to 10 weeks to see their specialist, they can get into the ER within a few hours. We’re able to see them, expertly manage their problem, and get them pointed in the right direction.”

—Dr. Michael Schwemm, Medical Director

Highlights

- Demonstrated to hospital leaders and our community a key function of the ED in the healthcare structure: If urgent care sites are closed and waits for specialists are too long, patients can still go to the ED.
- Treated patients with higher acuity and patients experiencing health issues not typically seen in the ED.

Allina Health Mercy Hospital— Unity Campus

“It’s been a very challenging year for all of us—with a staffing crisis in hospitals and EDs, plus tremendous volume fluctuations. It’s been hard for us to keep on top of our staffing and figure out creative ways to see patients we don’t have beds for. I’m very proud of our team’s inspiring resilience. It’s amazing to see people who are this worn down still come in with a positive attitude and deliver excellent care.”

—Dr. Eric Haug, Medical Director

Highlights

- Improved stroke care tremendously over the past two years by transitioning to a telehealth stroke system and a new group of neurologists. In 2021, the team had a 100% rate of delivering TPA within one hour for CVA patients—up from under 50% two years ago.
- Recertified as a Level 4 trauma center with improvements in several categories and zero deficiencies.



CentraCare St. Cloud Hospital

“The strength of our teamwork and professionalism is behind our success. Everyone rallied together to be creative and innovative in using our resources so we can best care for our patients.”

—Dr. Kurt Belk, Medical Director

Highlights

- Developed a flex shift from 4 p.m. to midnight that’s staffed with a physician and techs who go wherever they’re needed to care for patients—in triage, ED treatment rooms, or even a different part of the hospital.
- Welcomed six new physicians who brought an influx of new energy and ideas.

HealthPartners Hutchinson Health Hospital

“Unlike other EPPA sites, we have a single-coverage model. That provides a unique set of challenges. We’re experiencing increased volumes, higher acuity, and a nurse shortage just like EDs in the metro, plus we have only one physician working at a time with no overlap. I’m continually amazed at the dedication and resilience of our ED team. They do an exceptional job under extraordinary circumstances to serve the community while keeping everyone safe.”

—Dr. Jill Donofrio, Medical Director

Highlights

- Partnered with HealthPartners Park Nicollet Methodist Hospital to design an APC telemedicine program to support physicians and initiate work-ups during busy evening surge times. The hope is to launch the program when the shortage of nurses has improved.
- Supported physicians by making the call room a more rejuvenating space and by adding a tele-scribe to reduce the charting load.



From our patients

“ I’ll always be thankful
for the kind words the
doctor said to ease my
husband’s heart.”



HealthPartners Olivia Hospital

“We provide medical direction and moonlighting physician access to Olivia Hospital at this time. Their ED staff are excited and welcome the opportunity to have board-certified emergency physicians to work alongside. It’s had a positive impact on staff satisfaction.”

—Dr. Jill Donofrio, Medical Director

Highlights

- Developed a pool of moonlighting physicians who can provide ED coverage.
- Increased quality of care delivered to patients.

HealthPartners Park Nicollet Methodist Hospital

“Our people have done a really nice job of staying professional and positive. They go the extra mile, pick up extra shifts, and remain flexible when we see a decrease or increase in hours. The resilience and teamwork are fantastic. Everybody is pitching in even though we’re struggling with burnout.”

—Dr. Brent Walters, Medical Director

Highlights

- Created openings to hire four to five new clinicians to help keep the ED safely staffed and relieve the pressure on tired team members.
- Innovated care in response to boarding challenges by assigning a physician to work with triage and by seeing patients in nontraditional spaces, including hallways and family rooms.



MHealth Fairview Ridges Hospital

“At baseline, practicing emergency medicine is unpredictable, and it’s often intense and fast-paced. Now we have added layers of challenge—surging patient volumes, a severe nurse shortage, and limited resources. We’re seeing more patients with higher acuity than ever before. The EPPA team has really stepped up. People are coming in early and staying late. Our relationships with our staff, operations teams, hospitalists, and nursing teams have deepened during this challenging time.”

—Dr. John Houghland, Medical Director

Highlights

- Launched a surge pilot to address patient volumes with more EPPA clinicians working in triage during busy times.
- Increased our value to our health-system partners, who appreciate how EPPA teams go the extra mile with our leadership and delivery of care.

MHealth Fairview Southdale Hospital

“People are tired and morale is low, not just in healthcare but in our society. Our team has been remarkably resilient during this dire time. Everyone—our partners at MHealth Fairview, our medical directors and assistant medical directors’ group, the EPPA board, and our shareholder advisors—have been at the table working to support each of our departments, each of our physicians, and our APCs as much as possible.”

—Dr. Brandon Trigger, Medical Director

Highlights

- Opened Minnesota’s first Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) unit for mental health patients, streamlining care and opening beds in the ED.
- Partnered with the nursing team to place a clinician in triage to facilitate ED throughput and decrease length of stay.



North Memorial Health Hospital

“This year was even harder than 2020. I have such pride in our staff. Their perseverance is remarkable. Our clinicians recognize when someone on the team is having a bad day and do whatever they can to assist. That kind of supportive culture isn’t created in a day or week. It takes years to develop, and it’s important to maintain.”

—Dr. Christopher Palmer, Medical Director

Highlights

- Started remodeling the ED to include seven new negative-airflow rooms for patient and staff safety.
- Began several IT projects to streamline workflow, including new phone tech with app-based tools and a badge sign-in process for faster access to patient data.

North Memorial Health Maple Grove Hospital

“We’ve seen vertical growth in patient volumes since March, and in August 2021 the ED set an all-time record for the number of patients seen. As a result, we’ve experienced excessive wait times and limited bed availability here and across the metro, making transfers difficult. These new challenges demand a different level of commitment, empathy, and enthusiasm from our teams. We strive to provide the best care possible under any circumstances, and our team does an exceptional job.”

—Dr. Jeffrey Elder, Medical Director

Highlights

- Doubled full-time coverage at night to lower overnight wait times and increase physician and patient satisfaction.
- Achieved 100% of the annual quality goals negotiated with the hospital system since joining EPPA three years ago.



The Power of the Pivot

At The Urgency Room, we didn't just learn the art of the pivot in 2021, we saw how innovating through difficult times can change our business for the better.

The URs had a phenomenally successful year, thanks to several big shifts that will result in lasting changes. Through it all, serving patients and protecting staff remained a top priority. "Early in the year, we were testing for COVID and lines wrapped around the block," reports Dr. Craig Matticks, UR medical director. "We risked burning out the staff. We quickly realized our teams felt overwhelmed by the volume and pace of the URs."

As the volume peaked in 2021, UR leadership decided to reduce hours of operation, even though patient demand was high. "We did this for our staff," reports Dr. Matticks. "Morale has improved, and we haven't seen a significant drop in patient volumes."

This reduction in hours is just one recent example of the critical and exciting innovations the UR experimented with in the past



Telemedicine

The UR launched video visits for lower-acuity patients. When required, we direct patients to the UR for certain tests and then deliver their results remotely. If they need more care, we ask video-visit patients to come to the UR. This new system enables us to provide sophisticated telemedicine to our partners in ways that can open exciting possibilities for EPPA.



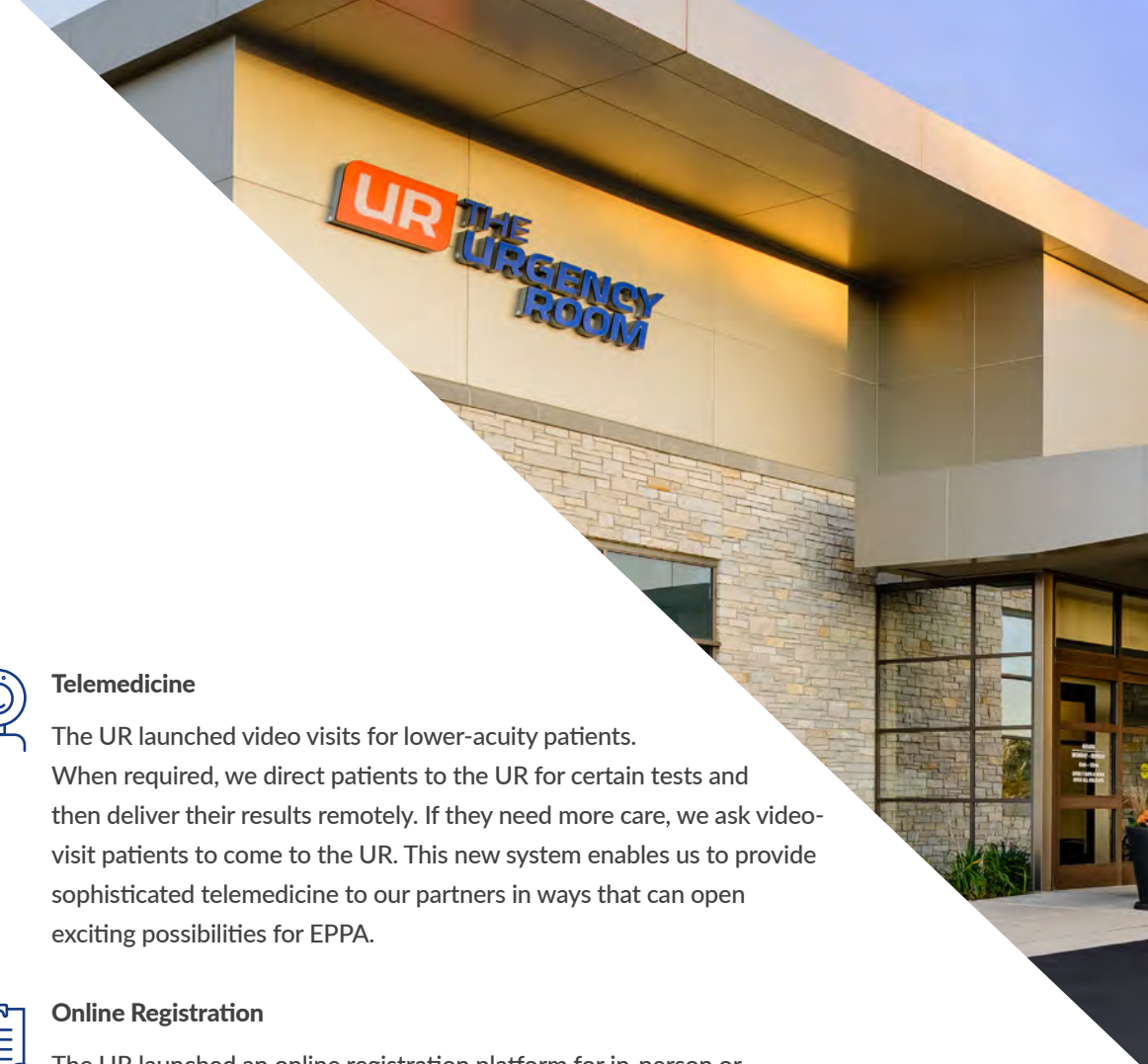
Online Registration

The UR launched an online registration platform for in-person or telemedicine visits. In addition, online registration was required for COVID testing to control the number of people getting tests. The strategy proved successful in managing patient flow.



Mobile Registration

We also created an option for people to register from their digital device. Patients fill in their information and wait in their cars until we text them that a room is ready. This helps us reduce the processing time for our staff and limits the number of ill patients sitting in the lobby.



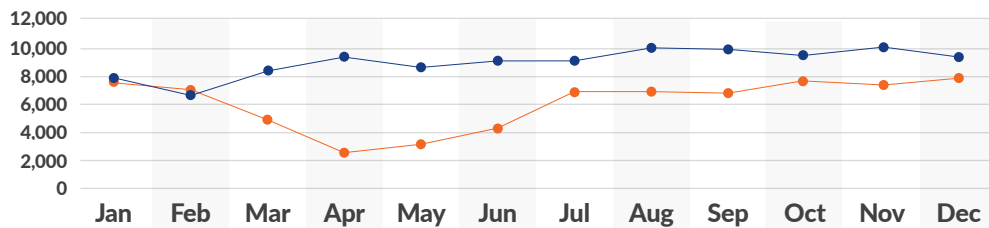


year. Here are a few other notable shifts:
Due to staff shortages, many health systems are shutting the doors of their urgent care locations. Hospitals are overrun and struggling with rising LWBS numbers. More than 70% of people who visit hospital emergency departments don't need to be admitted for care—but they do need an intervention. The Urgency Room provides an alternative that helps reduce boarding issues for our partners and gives our patients a fast way to access quality care.

And now, by tapping into the power of the pivot and embracing the changes we've implemented in how and where we see some patients, the UR is positioned to better serve our communities and partners in new ways that will benefit all.



2020 Total Patient Visits = 74,334 **2021 Total Patient Visits = 108,693***



*Estimated



From our patients

“ I can't thank you
enough. Your care
was above and
beyond! ”



“ This year we learned just how fragile our communities’ acute healthcare safety net is. As much as we rely on technological advancements, we’ll always need a well-trained and dedicated healthcare workforce. Our collective imperative is to reinvigorate everyone on the front lines of acute-care medicine so they feel valued enough to continue to care for our communities. Without our healthcare team members, as a community, we can’t expect to be well cared for in our times of need. ”

—Dr. Rob Thomas, President and CEO

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