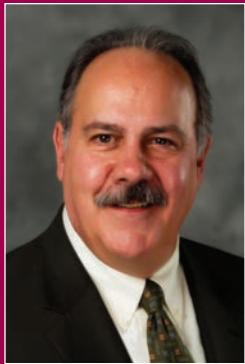


2011 ANNUAL REPORT

Letter from the Leaders



Lawrence J. Massa



Mary J. Klimp

Fellow Minnesota Hospital Association Members:

From the start this year, the Minnesota Hospital Association's highest priority was getting Minnesota to opt in to early Medicaid enrollment. Convincing Gov. Dayton to sign the necessary executive order in early January was monumental, but it wasn't enough. Throughout the contentious legislative session, early Medicaid enrollment remained a big target. The first Health and Human Services bill passed by the legislature would have reversed this coverage expansion entirely.

Because of MHA's advocacy and Gov. Dayton's unwavering commitment to this issue, almost 70,000 of Minnesota's poorest residents have enrolled in Medicaid coverage that was not available before. Unlike MinnesotaCare or previous experiments with few places to get care, these 70,000 people now have meaningful, comprehensive health insurance that gives them access to providers throughout the state.

2011 also brought some disappointments for Minnesota's hospitals:

- Funding for health care and medical education took significant cuts in the state budget and face dramatic cuts at the federal level.
- The nurses' union leadership continues its unsuccessful and confrontational negotiation style and its preparations for another campaign to impose mandated staffing ratios.
- The ranks of the uninsured and under-insured are growing in Minnesota.
- And, there is high anxiety about how health care providers should best adjust to reductions in revenues while meeting information technology standards and adapting to new reforms and regulations.

These challenges are real. It is because they are real that MHA's work has been so relevant.

To help us meet those challenges, we built upon our tradition of quality improvement and patient safety leadership. The association successfully launched and implemented one of the first statewide Transforming Care at the Bedside initiatives in the country. No other state has taken TCAB to this level. With MHA's leadership and our members' willingness to explore new care models, Minnesota is putting our commitment to patient safety, innovation, quality improvement, and staff empowerment into action.

This summer, in collaboration with the Minnesota Medical Association and the Minnesota Medical Group Management Association, we created a Safe Surgery coalition to bring renewed attention to MHA's time-out protocols. These evidence-based steps are designed to help prevent wrong-site procedures. A total of 118 of our member hospitals are participating in this campaign. So far, the data show that compliance with the time-out process is increasing and the number of these events in Minnesota is decreasing.

MHA also joined forces with Stratis Health and the Institute for Clinical Systems Improvement to help reduce our members' avoidable readmissions. This is exactly the kind of leadership MHA and our health care community are known for — working together to find the best way to provide care to patients across care settings. This collaboration harnesses the expertise and resources of the participating organizations to help providers implement evidence-based practices to both improve outcomes for our patients and reduce costs for everyone.

These are only some of the highlights from this year. We encourage you to review this summary of MHA's achievements for 2011 for the numerous successes we all were a part of in one way or another.

We are in a new normal. This new normal includes dramatic changes in our demographics, our economy, state and federal budgets, and both the promises and uncertainties rooted in the federal Affordable Care Act. These are significant, complex times of change that offer us new opportunities if we are willing to seize upon, rather than resist, these powerful new forces. Together, we will meet the challenges of the new normal.

Sincerely,



Lawrence J. Massa
President and CEO
Minnesota Hospital Association

Mary J. Klimp
Chair, MHA Board of Directors
Administrator, Mayo Clinic Health System – New Prague

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Health Care Reform

Goal: Impact health care reform by developing, advocating for and supporting new care delivery models and payment methodologies.

significant changes in health coverage policy, MHA successfully advocated during the last year's campaign season, and through the initial days of 2011, for Gov. Dayton to execute the order necessary for Minnesota to become one of the only states to begin early Medicaid enrollment of the state's poorest residents. Then, throughout the legislative session, MHA vigorously advocated for legislators and the governor to protect the new coverage. Because securing early Medicaid enrollment was the MHA board's highest priority for 2011, this accomplishment is particularly important.

MHA proactively developed a model request for proposals (RFP) for the Minnesota Department of Human Services (DHS) delivery system demonstration projects and provided additional information in response to DHS' subsequent requests for information and RFPs. When the initial RFP failed to meet MHA members' needs, MHA sought and obtained DHS' agreement to revise and extend the RFP. As a result, DHS received many responses from a variety of providers including eight MHA members.

MHA worked with legislative leaders to help draft health care reform legislation for possible enactment. In the days leading up

MHA advocated for shared-pain state budget solutions and payment reform models that minimize the impact of across-the-board cuts in the state's Medical Assistance program.

In one of the most

to and during the state government shutdown, MHA attempted to build a consensus position on specific health care reform language among our members, but the Legislature adjourned from a short special session before such consensus was achieved.

MHA communicated its support of greater transparency for all health care stakeholders to the governor's new administration. Accordingly, MHA applauded Gov. Dayton's decision to post significantly more information about the state's contracts with managed care organizations and to conduct a competitive bidding process for state public program business in the metropolitan area.

Advocated for MHA members' interests and influenced implementation of federal health care reform legislation, as well as provided communication and education for MHA members to comply with and succeed under new regulations and payment models, such as accountable care organizations, value-based purchasing and bundled payments.

MHA submitted more than 20 comment letters to several federal agencies regarding health care reform. Through MHA's strong relationship with Minnesota's congressional delegation, MHA created opportunities for small groups of members to meet with high ranking CMS officials, including Dr. Don Berwick, CMS administrator, and Dr. Richard Gilfillian, the new head of the Center for Medicare and Medicaid Innovation, as well as leaders from the CMS regional office for Minnesota.

MHA staff delivered multiple presentations on value-based purchasing, readmissions, accountable care organizations, health insurance exchanges, individual mandates and coverage changes and other federal reform topics.

MHA continued its efforts to promote Medicare payment reforms and participated in coalitions of health care providers and associations to distribute letters advocating for high-value based purchasing, ACOs, wage index reforms and reduced geographic disparities.

Largely because of those efforts, Lawrence Massa, MHA's president and CEO, was appointed to a new American Hospital Association task force addressing wage index reforms.

Convened relevant stakeholders to begin development of policies and strategies for better addressing the behavioral health needs of Minnesotans.

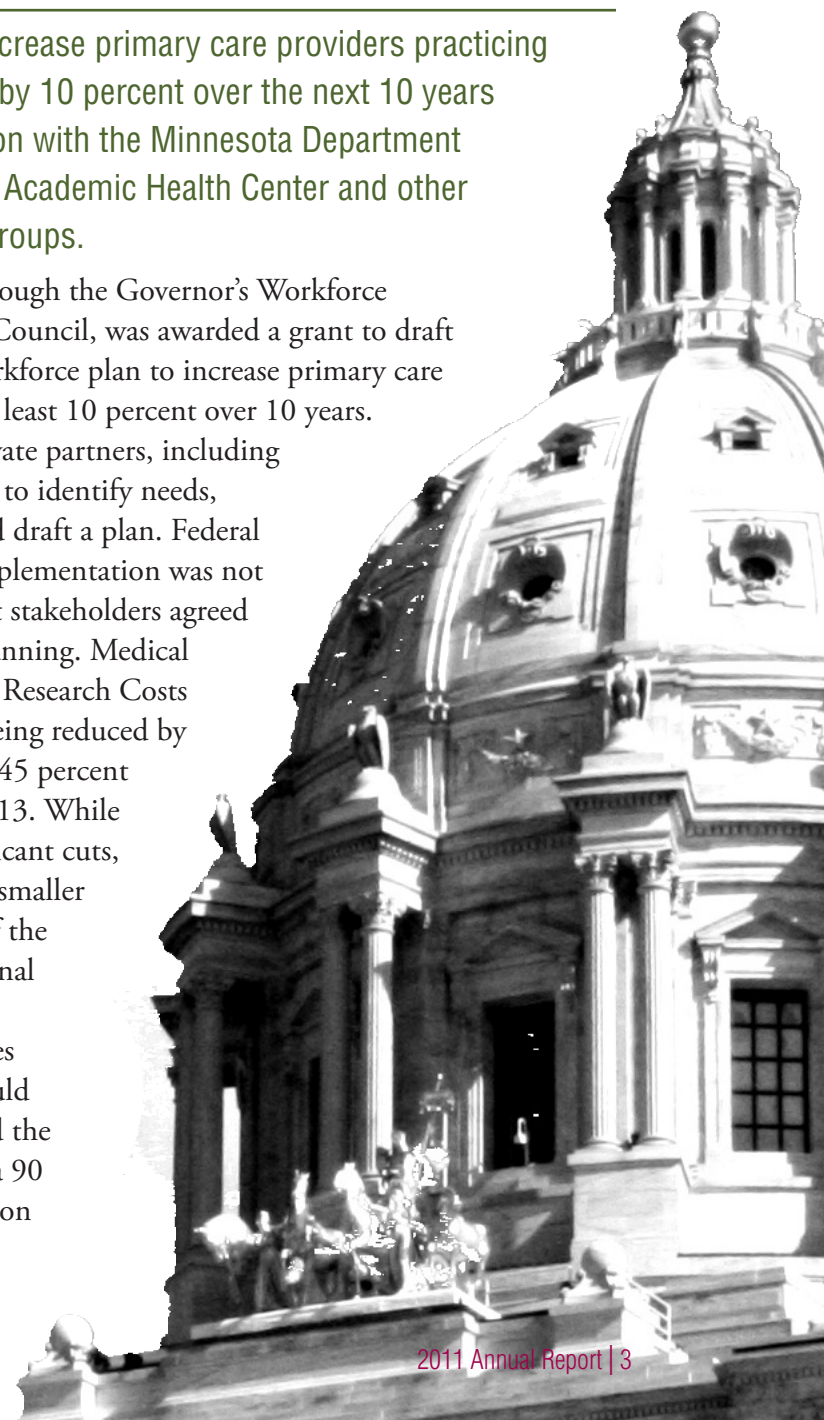
Board approval was secured to create a mental health and behavioral health task force. The task force had its inaugural meeting on Sept. 20. MHA submitted comments to DHS' Department of Chemical and Mental Health Services regarding its proposed planning process, as well as to CMS regarding its proposal to include payment for depression screening of older adults and its revisions to the conditions of participation for community mental health concerns.

Collaborated with the Minnesota Medical Association (MMA) and the Minnesota Council of Health Plans (MCHP) to develop a health insurance exchange within federal health reform timeline.

MHA supported proposed legislation authorizing a health insurance exchange. MHA discussed areas of common agreement with the MCHP and the MMA, as well as played an active role in trying to shape and extend the Minnesota Chamber of Commerce's position supporting an exchange. MHA continues to monitor the exchange planning.

Working to increase primary care providers practicing in Minnesota by 10 percent over the next 10 years in collaboration with the Minnesota Department of Health, the Academic Health Center and other stakeholder groups.

Minnesota, through the Governor's Workforce Development Council, was awarded a grant to draft a statewide workforce plan to increase primary care providers by at least 10 percent over 10 years. Public and private partners, including MHA, worked to identify needs, garner data and draft a plan. Federal funding for implementation was not authorized, but stakeholders agreed to continue planning. Medical Education and Research Costs (MERC) are being reduced by approximately 45 percent in FY 2012-2013. While these are significant cuts, they are much smaller than the size of the cut in the original Health and Human Services bill, which would have decimated the program with a 90 percent reduction in funds.



The Cost Curve

Goal: Improve the cost curve to reduce the rate of growth of health care costs.

Working with MHA's new Nurse Staffing Steering Committee to lay the necessary advocacy groundwork for a multi-year effort

to defeat unnecessary, costly and burdensome staffing mandates, including proposals to statutorily mandate patient-to-nurse ratios.

The MHA Nurse Staffing Steering Committee met regularly throughout the year and helped guide MHA's efforts to collect research supporting the evidence-based conclusion that mandatory staffing ratios add a substantial amount of costs without corresponding improvements in patient care.

Working to prevent, reduce or eliminate costly administrative and regulatory burdens on health care providers that do not promote, protect or enhance patient care, stewardship of health care resources or accountability.

MHA successfully opposed legislation that would have required every hospital in Minnesota to complete the Leapfrog survey.

MHA's comment letters and direct communication with senior leaders at CMS, along with an outpouring of responses from providers across the country, led to a substantial decrease in the regulatory burdens in the final Medicare Shared Savings Program (ACO) rule compared to those in the proposed rule. MHA provided suggestions for regulatory relief legislation and/or rulemaking to both legislative leaders and the Dayton administration.

MHA successfully advocated against an approach suggested by the Minnesota Council of Health Plans that would have required hospitals in the metropolitan area to submit data on all emergency room patients to health plans daily.

MHA formed a Regulatory Relief Work Group to develop additional proposals for the 2012 legislative session.

Identified MHA members' health information technology policy interests and advocated for federal and state rules, standards and expectations that address those needs.

MHA successfully advocated for an appropriation that provides \$405,000 for the state's necessary match to access almost \$4.5 million in federal electronic health record incentives for hospitals.

Mitigated cuts to hospital payments within any no-fault automobile insurance reform legislation.

MHA successfully blocked legislation proposing to repeal Minnesota's no-fault automobile insurance statute.

Pursued opportunities to advance tort reform at the state and federal level or otherwise help members mitigate the cost of professional liability insurance and the practice of "defensive medicine."

MHA communicated the association's position to Minnesota's congressional delegation to make sure our elected officials in Washington, D.C. know that tort reform is a preferred alternative to other proposed health care spending cuts under consideration.

Coverage for All

Collaborated with the Minnesota Department of Human Services (DHS) and other stakeholders to implement early Medicaid enrollment before Oct. 1, 2011.

MHA's advocacy helped gain the steadfast support of Gov. Mark Dayton who signed the executive order for early Medicaid enrollment as one of his first acts as governor. Then, MHA helped convey information our members needed to help reduce the time it took DHS to transition residents to the new Medicaid option. As a result, instead of the nine months originally estimated, DHS was able to implement early Medicaid enrollment in three months. MHA advocated for preserving early Medicaid enrollment throughout the budget process.

Worked with other key stakeholders to protect coverage of Minnesota residents in Medicare and Medicaid programs from changes in state and federal law.

The final Health and Human Services bill retained coverage for all Medicaid and, with very few exceptions, MinnesotaCare enrollees. The only potential loss of coverage comes from the elimination of coverage for undocumented residents and from the experimental MinnesotaCare program that will subsidize private insurance for approximately 3,500 childless adults earning more than 200 percent of the federal poverty guidelines. It is unclear how many of those residents will purchase private insurance under the new program.

MHA worked to defeat this subsidy approach for the broader MinnesotaCare population.

When the Legislature proposed eliminating coverage for more than 100,000 residents, MHA developed a proposal to modestly increase the hospital Medicaid surcharge from the current rate of 1.56 percent to 3 percent, so long as an equal amount of money would be returned to hospitals through reimbursement rate increases. Ultimately, no increases in surcharges were passed this legislative session.

Goal: Continue the pursuit of affordable health insurance coverage for all Minnesota residents.



Quality and Patient Safety

Goal: Expand and amplify Minnesota's national leadership in improving quality and patient safety.

The Safe Surgery Campaign led by the Minnesota Safe Surgery Coalition, which includes MHA and other stakeholders, was launched in June. As of Nov. 21, the campaign had 118 hospitals participating in the campaign and 31 days without report of a wrong-site surgery.

Helped MHA members reduce preventable or avoidable readmissions by completing the safe transitions pilot project and rolling out the safe transitions of care road map.

Thirteen Minnesota hospitals piloted MHA's Safe Transitions of Care project. The project is one of five key areas offered to all Minnesota hospitals as part of the Reducing Avoidable Readmissions Effectively (RARE) campaign that rolled out in July. MHA, ICSI and Stratis Health are co-leading the RARE Campaign to disseminate best practices and strategies for reducing avoidable readmissions by 20 percent before 2013.



Drove down the number of wrong-site procedures through activities such as developing a new community collaborative.

Successfully implemented Transforming Care at the Bedside (TCAB) on a statewide basis.

TCAB's first cohort has almost completed its 18-month project, and teams are showing tremendous success. A second cohort was launched in September for another 18-month project. Minnesota was the first state to implement TCAB on a statewide basis. No other state is close to the number of teams being trained in TCAB: 49 teams at 46 hospitals are working on the project.



Advancing a safety culture throughout Minnesota by developing a culture road map of best practices.

MHA is leading work through the Minnesota Alliance for Patient Safety to provide a framework of best practices for members to implement a culture of safety. The road map of best practices is completed and being pilot tested. The road map and implementation tool kit will be launched statewide in April 2012.



Working to secure 100 percent participation of MHA's membership in the FluSafe program.

As of Nov. 1, 71 hospitals have signed on to participate in the MDH FluSafe program. Because the deadline is Dec. 1, MHA expects that more hospitals will participate.

Engaging Physicians

Collaborated with the Minnesota Medical Association (MMA) to convene joint meetings of the leaders of each association's board, as well as regular meeting of the associations' key staff members.

MHA and MMA continue to convene meetings of key staff members and each association's executive committee members.

Deployed a rapid-response system for members of the MHA Physician Leadership Council to consider and provide feedback regarding various legislative proposals impacting physicians and physician leaders in hospitals and health systems.

In accordance with the council's preference, MHA submitted relevant legislative proposals to the physician leadership council for feedback. In particular, the council recommended adoption of the association's position to support legislation aiming to prevent medically unnecessary inductions of birth prior to 39 weeks gestation.

Exploring development of education programs designed for physician leaders in hospitals and health systems.

The MHA Physician Leadership Council provided recommendations for education topics aimed at physician leaders. In accordance with that input, MHA is developing physician-oriented education programs with other organizations that can ensure the events include continuing education credits.

Goal: Find a common ground and develop a common voice with physicians and other provider groups.



The Value Equation

Goal: Develop and advocate for national metrics for defining “value” and delineating “accountability” in health care.

outline options for greater transparency of health plan data. DHS then developed a new website that consolidates publicly reported health plan information and creates access to previously undisclosed information, thereby providing greater access to information regarding managed care organizations participating in state public programs.

MHA helped develop potential legislative language for even greater health plan transparency. Through the RARE partners, MHA requested access to health plan data in order to offer providers even more evidence-based protocols for improving quality of care, including reducing avoidable readmissions.

Secured greater accountability and transparency of health plan information with respect to state public programs.

MHA staff met with the Minnesota Commission of Human Services to

Recruiting 60 hospitals to collect and report necessary data for MHA’s nation-leading comparative effectiveness grant from the Agency for Healthcare Research and Quality (AHRQ) aimed at identifying the most effective and efficient care practices for heart failure.

The kickoff to the project was held in February and work with 32 volunteer hospitals is underway.

Examine and explore development of models to define, measure and compare “value” in health care.

MHA has reviewed Institute of Medicine studies on geographic disparities and Medicare payment variation. MHA is closely monitoring and working with hospitals to ensure that MDH’s provider peer grouping methodologies are reliable and fair. MHA analyzed and commented on Medicare’s value-based purchasing and ACO-proposed rules. Because of MHA’s recognized interest and leadership in this issue, the American Hospital Association invited Lawrence Massa to serve on its work group to develop national policies for improving and reforming the wage index methodology.



Association Effectiveness and Stewardship



**Minnesota
Hospital
Association**

Built enhanced relationships with officials from the Dayton administration, including the Commissioners of Health and Human Services, as well as with newly elected legislators and legislative leaders.

MDH's commissioner and DHS' commissioner participated in MHA board meetings this year. A delegation of MHA board members met privately with Gov. Dayton and DHS' commissioner to discuss legislative and budget issues, and Gov. Dayton cited the discussion in subsequent public statements. MHA presented Gov. Dayton with its Public Achievement Award for his steadfast commitment to early Medicaid enrollment. MHA held several one-on-one meetings with legislators, and staff continues to hold these meetings.

Finalized an economic impact analysis of hospitals' role in Minnesota's economy with the Minnesota Department of Employment and Economic Development and distribute the results to MHA members, policymakers, health care stakeholders and business leaders.

As requested by MHA, the Minnesota Department of Employment and Economic Development (DEED) completed a statewide economic impact analysis of Minnesota's hospitals. MHA staff delivered a presentation at the winter trustee

conference on preliminary results of this analysis. MHA distributed the final report to the news media, thereby generating stories that appeared in a number of outlets, including the Star Tribune. MHA also used the DEED analysis to create and distribute sample facility-specific letters for members to use with legislators, their local media, and other stakeholders.

Made MHA's claims-based reporting services more efficient, robust and user-friendly for members.

MHA launched an online system for members to access and run customized data reports. The new system allows for more substantive use of data for presentations and other summaries, and reduces members' costs by making it available from their desktops.

Hospital and Health System Members

Abbott Northwestern Hospital, Minneapolis
Albany Area Hospital and Medical Center
Allina Hospitals & Clinics, Minneapolis
Anoka Metro Regional Treatment Center
Appleton Area Health Services
Avera Marshall Regional Medical Center
Avera, Sioux Falls, S.D.
Bethesda Hospital, St. Paul
Bigfork Valley Hospital
Buffalo Hospital
Cambridge Medical Center
Catholic Health Initiatives, Fargo, N.D.
CentraCare Health System – Long Prairie
CentraCare Health System – Melrose
CentraCare Health System, St. Cloud
Children's Hospitals and Clinics of Minnesota, Minneapolis/St. Paul
Chippewa County-Montevideo Hospital
Clearwater Health Services, Bagley
Community Behavioral Health Hospital – Alexandria
Community Behavioral Health Hospital – Annandale
Community Behavioral Health Hospital – Baxter
Community Behavioral Health Hospital – Bemidji
Community Behavioral Health Hospital – Fergus Falls
Community Behavioral Health Hospital – Rochester
Community Behavioral Health Hospital – St. Peter
Community Memorial Hospital, Cloquet
Cook County North Shore Hospital, Grand Marais
Cook Hospital & C&NC
Cuyuna Regional Medical Center, Crosby
Deer River HealthCare Center
District One Hospital, Faribault
Douglas County Hospital, Alexandria

Ely-Bloomenson Community Hospital
Essentia Health, Duluth
Essentia Health Ada
Essentia Health Duluth
Essentia Health Fosston
Essentia Health Graceville
Essentia Health Northern Pines
Essentia Health Sandstone
Essentia Health St. Joseph's Medical Center, Brainerd
Essentia Health St. Mary's Hospital – Detroit Lakes
Essentia Health St. Mary's Medical Center, Duluth
Fairview Health Services, Minneapolis
Fairview Lakes Medical Center, Wyoming
Fairview Northland Medical Center, Princeton
Fairview Red Wing Medical Center
Fairview Ridges Hospital, Burnsville
Fairview Southdale Hospital, Edina
Fairview University Medical Center – Mesabi, Hibbing
FirstLight Health System, Mora
Gillette Children's Specialty Healthcare, St. Paul
Glacial Ridge Health System, Glenwood
Glencoe Regional Health Services
Grand Itasca Clinic and Hospital, Grand Rapids
Granite Falls Municipal Hospital & Manor
HealthEast Care System, St. Paul
HealthPartners, Minneapolis
Hendricks Community Hospital Association
Hennepin County Medical Center, Minneapolis
Hennepin Healthcare System Inc., Minneapolis
Hutchinson Area Health Care
Johnson Memorial Health Services, Dawson
Kittson Memorial Healthcare Center, Hallock

Lake Region Healthcare, Fergus Falls
Lake View Memorial Hospital, Two Harbors
Lakeview Hospital, Stillwater
LakeWood Health Center, Baudette
Lakewood Health System, Staples
LifeCare Medical Center, Roseau
Madelia Community Hospital
Madison Hospital
Mahnomen Health Center
Maple Grove Hospital
Mayo Clinic, Rochester
Mayo Clinic - Methodist Hospital, Rochester
Mayo Clinic - Saint Marys Hospital, Rochester
Mayo Clinic Health System – Albert Lea
Mayo Clinic Health System – Austin
Mayo Clinic Health System – Cannon Falls
Mayo Clinic Health System – Fairmont
Mayo Clinic Health System – Lake City
Mayo Clinic Health System – Mankato
Mayo Clinic Health System – New Prague
Mayo Clinic Health System – Springfield
Mayo Clinic Health System – St. James
Mayo Clinic Health System – Waseca
Meeker Memorial Hospital, Litchfield
Mercy Hospital, Coon Rapids
Mercy Hospital, Moose Lake
Mille Lacs Health System, Onamia
Ministry Health Care, Milwaukee, Wis.
Minneapolis VA Health Care System
Minnesota Valley Health Center, Le Sueur
Murray County Medical Center, Slayton
New River Medical Center, Monticello

New Ulm Medical Center
North Memorial Health Care, Robbinsdale
North Memorial Medical Center, Robbinsdale
North Valley Health Center, Warren
Northfield Hospital
Olmsted Medical Center, Rochester
Ortonville Area Health Services
Owatonna Hospital
Park Nicollet Health Services, St. Louis Park
Park Nicollet Methodist Hospital, St. Louis Park
Paynesville Area Health Care System
Perham Health
Phillips Eye Institute, Minneapolis
Pipestone County Medical Center
Prairie Ridge Hospital and Health Services, Elbow Lake
PrairieCare, Maple Grove
QHR, Wisconsin Rapids, Wis.
Rainy Lake Medical Center, International Falls
RC Hospital & Clinics, Olivia
Redwood Area Hospital, Redwood Falls
Regency Hospital of Minneapolis, Golden Valley
Regina Medical Center, Hastings
Regions Hospital, St. Paul
Rice Memorial Hospital, Willmar
Ridgeview Medical Center, Waconia
River's Edge Hospital & Clinic, St. Peter
RiverView Health, Crookston
Riverwood Healthcare Center, Aitkin
Saint Elizabeth's Medical Center, Wabasha
St. Cloud Hospital
St. Cloud VA Health Care System
St. Francis Healthcare Campus, Breckenridge

Hospital and Health System Members, continued

St. Francis Regional Medical Center, Shakopee
St. Gabriel's Hospital, Little Falls
St. John's Hospital, Maplewood
St. Joseph's Area Health Services Inc., Park Rapids
St. Joseph's Hospital, St. Paul
St. Luke's, Duluth
St. Luke's Hospital, Duluth
St. Michael's Hospital & Nursing Home, Sauk Centre
Sanford Bemidji Medical Center
Sanford Health, Sioux Falls, S.D.
Sanford Luverne Medical Center
Sanford Medical Center Canby
Sanford Medical Center Jackson
Sanford Medical Center Thief River Falls
Sanford Tracy Medical Center
Sanford Westbrook Medical Center
Sanford Wheaton Medical Center
Sanford Worthington
Shriners Hospitals for Children, Minneapolis
Sibley Medical Center, Arlington
Sleepy Eye Medical Center
Stevens Community Medical Center, Morris
Swift County-Benson Hospital
Tri-County Health Care, Wadena
Tyler Healthcare Center/Avera
United Hospital District, Blue Earth
United Hospital, St. Paul
Unity Hospital, Fridley
University of Minnesota Medical Center, Fairview, Minneapolis
Virginia Regional Medical Center
Windom Area Hospital
Winona Health Services
Woodwinds Health Campus, Woodbury

Associate Members

A'viands Food and Services Management, Roseville
ACT Services LLC, St. Paul
Acute Care, Inc., Des Moines, Iowa
Adolfson & Peterson Construction, Minneapolis
Advantage Healthcare Net, Grand Forks, N.D.
American Red Cross, St. Paul
Amphion Medical Solutions, Madison, Wis.
Arcadia Solutions, Burlington, Mass.
Array Services Group, Sartell
B.E. Smith, Lenexa, Kan.
BWBR Architects, Inc., St. Paul
Central Minnesota Diagnostic, Inc., Milaca
Consulting Radiologists, Ltd., Minneapolis
Courage Center, Golden Valley
Crystal Certified Solutions, Inc., Buffalo
Deloitte, Minneapolis
Delta Medical Systems, Pewaukee, Wis.
DirectSource Media, Loudon, Tenn.
Dorsey & Whitney LLP, Minneapolis
Dougherty & Company LLC, Minneapolis
DSGW Architects, Duluth
Dunham, Minneapolis
eDocument Resources, LLC, Minnetonka
Eide Bailly LLP, Minneapolis
Electric Resource Contractors, Minneapolis
Ellerbe Becket Inc., an AECOM Company, Minneapolis
Emergency Practice Associates, Waterloo, Iowa
Experienced Resources, LLC, Bloomington
Faegre & Benson LLP, Minneapolis
Felhaber, Larson, Fenlon & Vogt, PA, Minneapolis
Fredrikson & Byron, P.A., Minneapolis
Fulbright & Jaworski LLP, Minneapolis

Furst Group, Rockford, Ill.
Garden and Associates, Inc., St. Louis Park
Gardner & White, St. Paul
GE Healthcare, Prescott, Wis.
Grant Thornton, LLP, Minneapolis
Gray Plant Mooty, Minneapolis
Hanratty & Associates, Inc., Plymouth
HBE Corporation, St. Louis, Mo.
HDR, St. Paul
Health Care Insurance Services, Inc., Grand Forks, N.D.
Health Planning & Management Resources, Inc., Edina
Healthcare Services Group, Inc., Green Bay, Wis.
Healthland, Glenwood
HGA Architects & Engineers, Minneapolis
Horty Elving, Minneapolis
Howalt+McDowell Insurance, St. Paul
Humana, Minnetonka
Hunt Electric Corporation, St. Paul
ICE Technologies Inc., Pella, Iowa
JE Dunn Construction, Eden Prairie
Knutson Construction, Minneapolis
KPMG, Minneapolis
Kraus-Anderson Construction Company, Minneapolis
Kurt Salmon Associates, Minneapolis
Lancaster Pollard, Lawrence, Kan.
Larkin Hoffman Daly & Lindgren Ltd., Minneapolis
LarsonAllen LLP, Minneapolis
Lease Finance Group, Eden Prairie
LEO A DALY, Minneapolis
Leonard, Street and Deinard, P.A., Minneapolis
LHB, Inc., Minneapolis
LifeSource, Upper Midwest Organ Procurement Organization, St. Paul

M&I, A Part of BMO Financial Group, Minneapolis
Mahowald Insurance Agency, LLP, St. Cloud
Marco, Inc., St. Cloud
Marsh, Minneapolis
McGladrey, Minneapolis
McGough Construction, St. Paul
Medical Protective, Fort Wayne, Ind.
Medicalis, Kitchener, Ontario, Canada
Memorial Blood Centers, St. Paul
Meridian Leasing Corporation, Minneapolis
MidCountry Equipment Finance, Minnetonka
Midwest Language Banc, Minneapolis
Minnesota Lions Eye Bank, St. Paul
MMIC Group, Minneapolis
Mohagen/Hansen Architectural Group, Wayzata
Mortenson Construction, Minneapolis
Nor-Son, Inc., Baxter
Novartis Pharmaceuticals Corporation, Lakeville
OnApproach, LLC, Minneapolis
Outreach Services of Minnesota, Inc., Golden Valley
Parsons, Minneapolis
Perkins+Will, Minneapolis
Pope Associates, Inc., St. Paul
Presidents Solutions, Inc., Minneapolis
ProAssurance Wisconsin, Madison, Wis.
QHR, Brentwood, Tenn.
Red Capital Group, Columbus, Ohio
RJM Construction, Minneapolis
RSP Architects, Minneapolis
Rycan Technologies, Inc., Marshall
Sanford Health North, Fargo, N.D.
Sanford Health South, Sioux Falls, S.D.

Associate Members, continued

Schowengerdt Consulting, LLC, Minnetonka
Shred-It, Minneapolis
SISU, Duluth
Sodexo, Fontana, Wis.
SpectraCorp Technologies Group, Dallas, Texas
Stratis Health, Bloomington
Sullivan, Cotter and Associates, Inc., Minneapolis
The Affiliated Group, Rochester
The Walker Company, Lake Oswego, Ore.
Towers Watson, Minneapolis
TSP, Inc., Minnetonka
VALIC, Edina
von Briesen & Roper, S.C., Milwaukee, Wis.
Walker and Associates, Inc., Minnetonka
Wells Fargo Insurance Services, Minneapolis
Wipfli LLP, Edina
Witt/Kieffer, Savage

Standing Committees

Finance Committee

Chair: Michael M. Allen, vice president of finance and CFO, Winona Health Services

In-House Legal Counsel Committee

Chair: Andrew Mitchell, Asst. Hennepin County attorney, Hennepin County Medical Center, Minneapolis

Physician Leadership Council

Chair: Roy M. Yawn, M.D., president, Olmsted Medical Center, Rochester

Patient Safety Committee

Chair: Steven Mulder, M.D., president & CEO, Hutchinson Area Health Care

Patient Safety Registry Advisory Council

Chair: Thomas A. Schmidt, M.D., chief of patient safety, Park Nicollet Health Services, Minneapolis

Policy & Advocacy Committee

Chair: Carl Vaagenes, chief executive officer, Douglas County Hospital, Alexandria

MHA Board of Directors

Small, Rural Hospital Committee

Chair: Ben Koppelman, president & CEO, St. Joseph's Area Health Services Inc., Park Rapids

Trustee Council

Chair: James Morris, trustee, Mayo Clinic Health System – New Prague

Workforce Development Committee

Chair: Scott Wordelman, president & CEO, Fairview Red Wing Medical Center

Annual Event Planning

Annual Meeting Task Force

Chair: Mary Klimp, administrator, Mayo Clinic Health System – New Prague

Healthcare Executives Institute Task Force

Chair: Stephen J. Pribyl, chief executive officer, District One Hospital, Faribault

Officers

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- Chair-elect: Alan R. Schilmoeller, vice chair, administration, Mayo Clinic Rochester
- Secretary/Treasurer: Ben Koppelman, president & CEO, St. Joseph's Area Health Services Inc., Park Rapids
- President: Lawrence J. Massa, president & CEO, Minnesota Hospital Association, St. Paul

Standing Directors

- David J. Abelson, president & CEO, Park Nicollet Health Services, Minneapolis
- Mark A. Eustis, president & CEO, Fairview Health Services, Minneapolis
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- Arthur A. Gonzalez, Dr.P.H., chief executive officer, Hennepin Healthcare System, Inc., Minneapolis
- Timothy H. Hanson, president & CEO, HealthEast Care System, St. Paul
- Brock D. Nelson, president & CEO, Regions Hospital, St. Paul
- Kenneth Paulus, president & CEO, Allina Hospitals & Clinics, Minneapolis
- Peter E. Person, M.D., chief executive officer, Essentia Health, Duluth
- Terence Pladson, M.D., president & CEO, CentraCare Health System, St. Cloud
- Loren L. Taylor, chief executive officer, North Memorial Health Care, Robbinsdale

MHA Board of Directors, continued

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- Mary Maertens, regional president, Avera Marshall
- Daniel D. Odegaard, chief executive officer, Bigfork Valley
- Margaret E. Perryman, president, Gillette Children's Specialty Healthcare, St. Paul
- Rachele Schultz, president & CEO, Winona Health

Regional Directors

- Region 1: Christine Harff, chief executive officer, Sanford Medical Center Thief River Falls
- Region 2: Jeffry Stampohar, chief executive officer, Deer River HealthCare Center
- Region 3: Carl Vaagenes, chief executive officer, Douglas County Hospital, Alexandria
- Region 4: Bradley Beard, president, Fairview Southdale Hospital, Edina
- Region 5: Frank Lawatsch, chief executive officer, Swift County-Benson Hospital
- Region 6: Stephen C. Waldhoff, chief administrative officer, Mayo Clinic Health System – Albert Lea

Trustee Directors

- Joannell Dyrstad, board member, Fairview Health Services, Red Wing
- Steve Laraway, president, Laraway Financial Advisors, Inc., St. Cloud and board member, St. Cloud Hospital
- James Morris, board of directors, Mayo Clinic Health System – New Prague (*resigned July 13, 2011*)
- Clayton R. Peterson, board member, St. Joseph's Area Health Services, Inc., Park Rapids
- Jodie R. Torkelson, administrator, City of Thief River Falls and board member, Sanford Medical Center Thief River Falls

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Members are welcome to contact Lawrence Massa, MHA president and CEO, with questions and comments at any time. He can be reached by email at lmassa@mnhospitals.org or by phone at (651) 641-1121 or toll-free at (800) 462-5393. To contact someone on staff with expertise on a particular topic or around a certain department function, feel free to consult the following list or call (651) 641-1121 or toll-free at (800) 462-5393.

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