

Joint Public Health Committee Meeting

May 2026

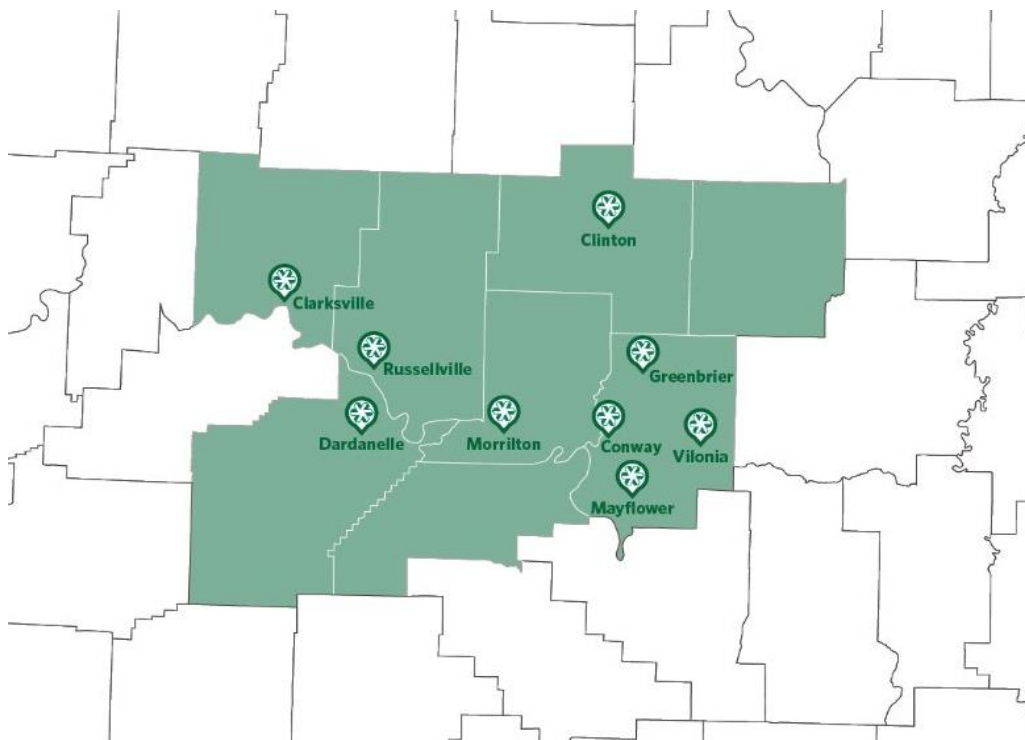


Conway Regional Health System – A History

- Founded in 1921
- Entered into a Management Agreement in 2015 with St. Vincent in Little Rock. Retained a community Board, balance sheet, contracting
- 2020-2022
 - Launched GME
 - Became ANCC Magnet Certified (1st outside of Little Rock)
 - Finished \$65M+ capital expansion
 - 2nd lowest funding of any AR hospital for COVID funding (as % of NR)
- Has grown significantly over the last several years through employed providers, regionalization



Conway Regional Health System



Population by County:

Cleburne: 24,711

Perry: 10,019

Conway: 20,715

Pope: 63,381

Faulkner: 123,498

Van Buren: 15,796

Johnson: 25,749

Yell: 20,263

Total Served: 305,000

**Data according to the 2020 census*

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Conway Regional Health System

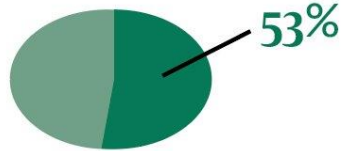
BY THE NUMBERS – 2025



28
LOCATIONS



120
EMPLOYED
PROVIDERS



53%
INPATIENT
MARKET SHARE

10,415
ADMISSIONS*



41,325
ER VISITS*

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Conway Regional Health System

- Conway Regional Medical Center
- Dardanelle Regional Medical Center
- 21 Clinic Locations – 9 Primary Care Clinics and 12 Specialty Care Centers
- Conway Regional Health & Fitness Center
- Conway Regional Rehabilitation Hospital
- Patient Navigation Center
- Conway Regional Imaging Center
- Conway Regional Home Health
- Conway Regional Health Foundation

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Organizational Accomplishments

- Growing Physician Enterprise, adding 15 providers in 2025-2026, including outpatient GI Physicians, Pulmonology/Critical Care Physicians, Hospitalists, and 2 Family Medicine Physicians
- Increased primary care network visits from 104,000 in 2024 to 119,490 for 2025
- Expansion of Care Coordination and value-based care, generating over \$3.4M in revenue for 2025, an increase from \$2.4M in 2024

INCREASES IN CLINIC VISITS

SPECIALTY CARE **11%**

ORTHOPEDICS **6.3%**

PRIMARY CARE
PATIENT PANELS **5.8%**

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Conway Regional Health Foundation

Provides financial support to Conway Regional to aid the health system in carrying out its mission of providing excellent health care for the central Arkansas area.

As a non-profit hospital, all revenues are invested back into Conway Regional.

\$1,800,514

Total Dollars
Raised

1,200

Number of
Unique Donors

\$748,652

Invested in
the community

\$243,044

Endowment Growth

752

Employee Donors

1,049

Patients & Families
Supported

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The Cost of Being a NFP Community Based Independent Health System

Our challenge as a health system

- Declining liquidity (2019: 180 days cash vs. 104 today)
- Increased reliance on “non-operating” revenue such as 340(b), investment income, fitness center, other
- Inflationary pressure outpacing health insurance payment increases
- Conway is an example of the challenge our state faces: Our current model of healthcare funding is not sustainable. Growth does not cure all ails



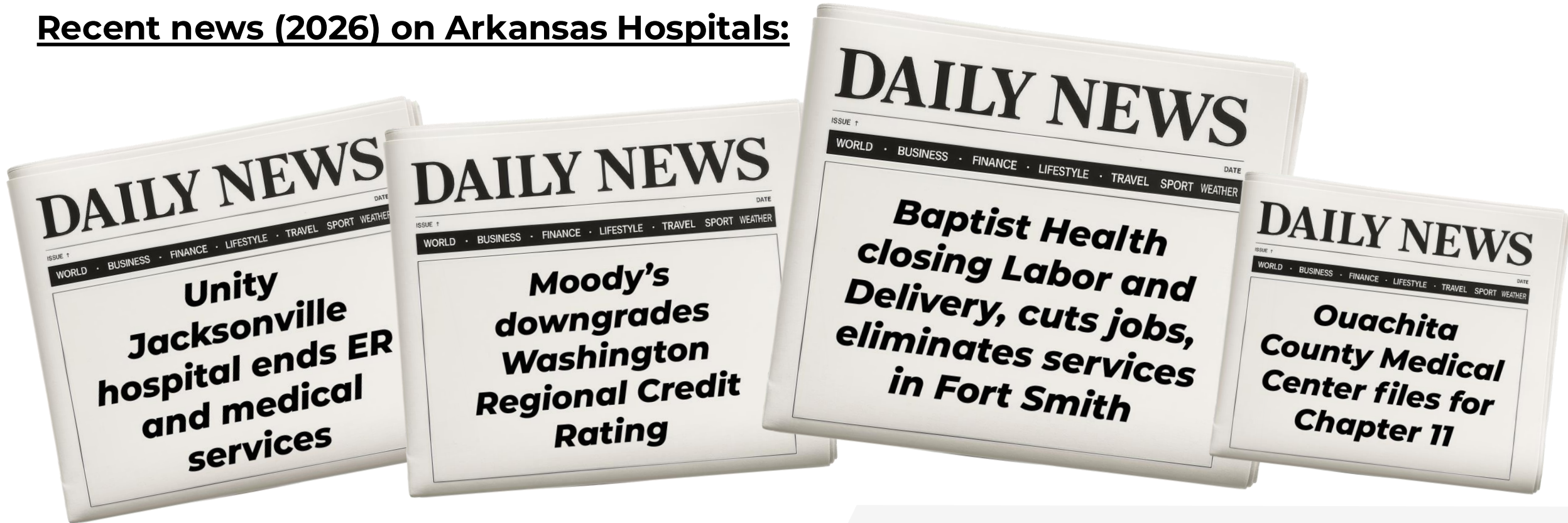
Priorities and Challenges:

For Conway Regional and Arkansas



Too Big to Fail?

Recent news (2026) on Arkansas Hospitals:



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Population Growth a Sign of Solid Healthcare?

THE WALL STREET JOURNAL.

This Arkansas Town Is Humming With the Sound of Missile Making

To meet wartime demand, Camden is channeling its residents into defense manufacturing

By [Chao Deng](#) [Follow](#) | Photography by Houston Cofield for WSJ

May 17, 2026 12:00 pm ET

Camden, Ark.—When the Pentagon put out an urgent call for rocket launchers and ammunition to send to Ukraine and replenish supplies at home in 2022, an answer came from an unlikely place: this remote southern pine-belt town, population around 10,000.

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Too Big to Fail?

Other hospitals impacted over last two years:

- CHS divests in AR
- Wadley Texarkana divestiture / sell
- Levi Hot Springs
- El Dorado
- Helena Regional Medical Center



Too Big to Fail?

Key facts about our state:

- Approximately 40% of hospitals across the state have reported net financial losses
- 9 hospitals have shut down OB services since 2020
- Lowest paid state in the US (Rand Institute) for Commercial and Medicare / Medicaid:

“For the same episode of care, relative MCR payment to hospitals are \$1 in NJ, \$1.25 in NY, \$1.45 in CA, and \$.82 in AR”

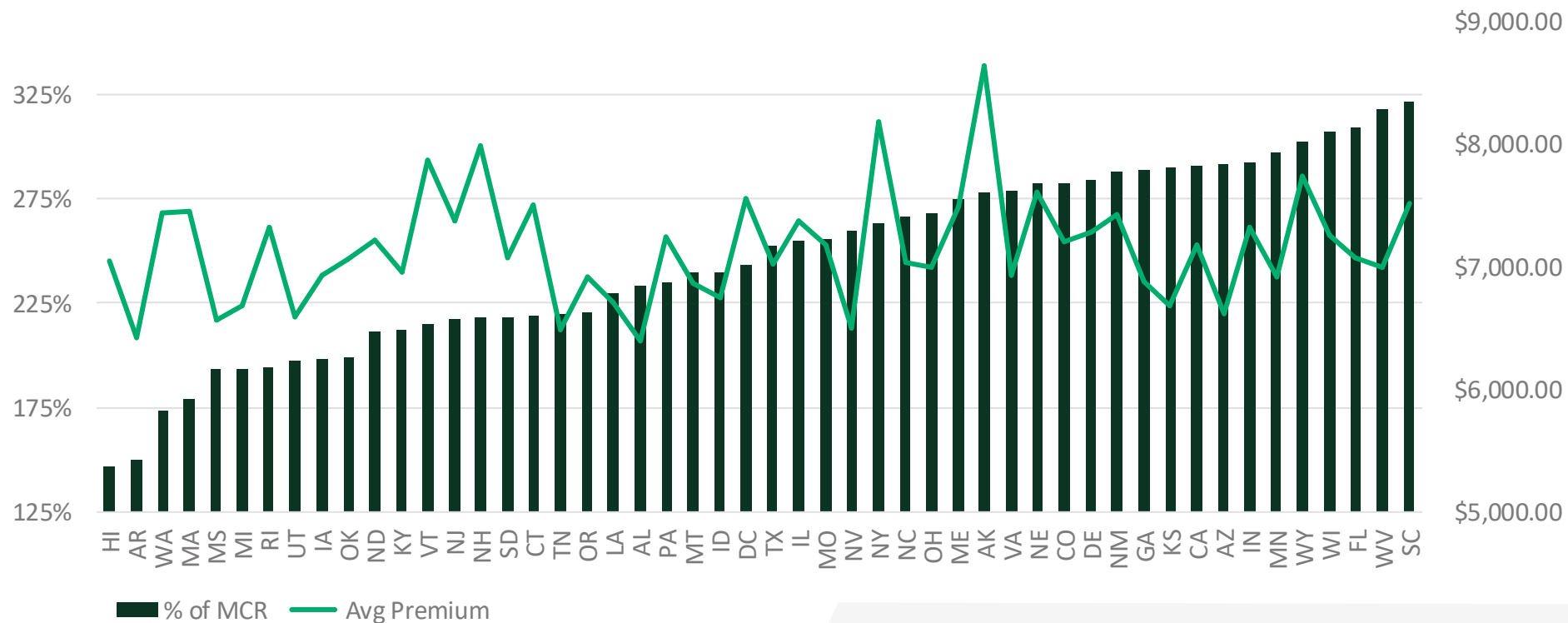
Question: Is California 77% better than Arkansas?

- ARBCBS financial challenges, quick turnaround. 26% premium rate increase by state



Commercial Reimbursement vs Average Annual Premium

Commercial Reimbursement as % of Medicare₁ vs Average Annual Premium₂

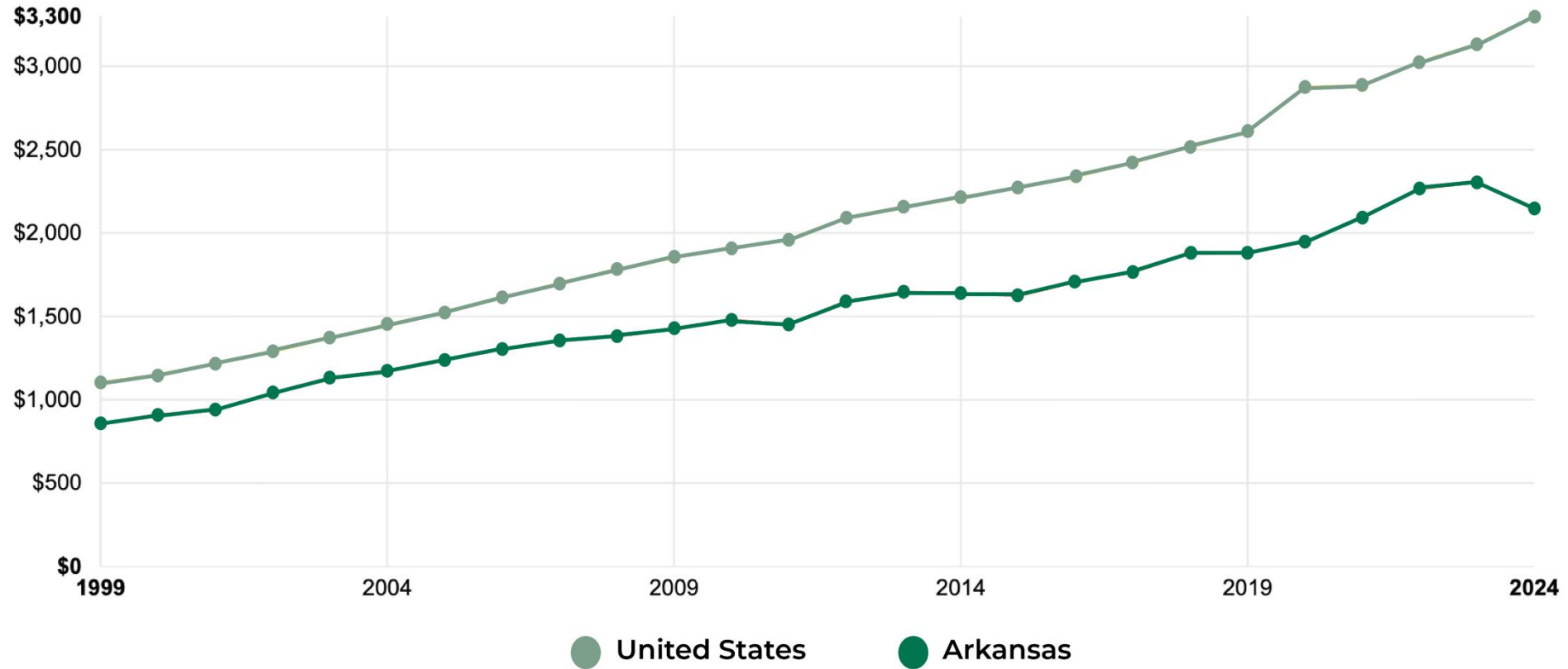


1 Commercial Reimbursement from RAND
2 Annual Premiums by state from Kaiser Family Foundation

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Hospital Expenses per Adjusted Inpatient Day 1999 - 2024



Data from the Kaiser Family Foundation

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Answering our Call to Serve

Strategy & Growth

- OB/GYN outreach, call and coverage (laborist program in progress)
- Nursery coverage and staffing (expanding capability and capacity in Central Arkansas)
- Rural Health Transformation Program (strategic partnership assessment)
- Service line growth and development
- Dardanelle Regional Medical Center inpatient growth and investment
- Graduate Medical Education:
 - Continued support and development, retention in community.



2026 Priorities and Challenges

Financial

- Making our case with payors and employers: United and BCBS
- Fighting to protect 340(b)
- Tighten expenses we can control
 - Relative to 2022, S&W expense per adjusted patient day is flat while non-labor (supplies) are up 45.4%
- Addressing inpatient staffing challenges
- Other MD call and coverage challenges



Thank you!

