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RCM, the Middle Brain and the Quiet Revolution Happening Behind the Scenes

By Sal LoPorto
August 5, 2025

Editor's Note: In response to 4sight Health CEO David W. Johnson's recent three-part series on revenue cycle reform, SparkChange CEO Sal LoPorto shares his perspective on what it takes to implement lasting operational change and why the most meaningful innovations often happen behind the scenes.

When 4sight Health's David W. Johnson writes about healthcare, he doesn't just describe the system, he dissects it. In his recent piece for hfm Magazine, "[Lessons in Solving the Nation's Current Revenue Cycle Dilemma](#)," part of a [three-part series](#) on revenue cycle management (RCM), Johnson draws a sharp, historical parallel between today's revenue cycle challenges and Henry Adams' struggle to understand the industrial revolution shaping his world. It's a reflection that resonates deeply. Like many of us working inside healthcare's financial core, I didn't arrive here by design. I stayed because what I saw was broken — and fixable.

Johnson calls RCM a "dilemma," and he's right. There is no perfect solution to a system built on opposing incentives. However, there is a path forward, not paved with promises of disruption or radical transformation, but with durable and technology-centered progress.



RCM leaders operating in the "middle brain," the space between tech and experience, are finding that durable change happens through rewiring logic, not layering on hype. If the healthcare system's "brain" has a front end (experience) and back end (technology), the middle brain is where daily operational decisions live.

Unlike many who led with marketing, [SparkChange](#) started by helping clients fix what wasn't working and making those changes stick.

Many of the most effective RCM transformations today aren't driven by showy front-end tech or high-level strategy. They begin at the operational core, including solving persistent, often overlooked workflow issues, and building change that lasts.

SparkChange doesn't lead with flashy AI headlines or hollow automation hype but with the thoughtful rewiring of daily workflows, logic and behavior that actually deliver revenue cycle change. Our AI and automation capabilities, while central to our success, come next but not before. It's not glamorous. It's hard work. And it's happening right now in hospitals across the country.

Centra Health's experience reflects a broader trend among health systems: a move away from patchwork solutions and toward rethinking foundational workflows. Their choice to optimize internal processes, rather than outsource or over-tool, is increasingly common among systems focused on long-term RCM stability. The results: faster cash, fewer delays and a revenue cycle team finally back in control.

That's the kind of progress the middle brain makes possible.

Johnson raises another point that deserves even more attention: consumer experience. RCM is no longer just a back-office function. It's the frontline of trust with patients and their families. Most touchpoints a person has with their healthcare provider, from scheduling to statements to surprise bills, aren't clinical. They're administrative. And when those experiences are confusing or delayed, people lose confidence.

That's why our work must bridge operations with experience. Better logic isn't just about better cash flow; it's about reducing the friction people feel when trying to understand and pay for



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care. That's the human side of the revenue cycle — and the reason we obsess over things like claim timelines, payment posting rules and small balance workflows. Behind each of those steps is a patient waiting for clarity.

Johnson's piece reminds us that RCM's success is "modest." It's not a single innovation or dramatic reveal. It's a series of small, intentional wins. And in a space where incentives rarely align, those wins matter.

I'm proud of what SparkChange is building and grateful to have partners like 4sight Health, who are helping elevate the importance of this work.

The middle brain may not get the spotlight, but it makes innovation possible. And in a system overdue for clarity, quiet progress might be the loudest signal of all.

AUTHOR



Sal LoPorto is the co-founder and CEO of SparkChange, where he leads with a clear mission: to support a high-performing team in solving some of the most persistent and complex challenges in healthcare. Since launching SparkChange in 2019, Sal has remained closely involved in every part of the business, with a particular focus on building trusted relationships and delivering results that matter.

He brings deep experience in healthcare revenue cycle management. He began his career at a major EHR vendor, quickly advancing to lead global clinical and revenue cycle support operations. Under his leadership, the team grew from 100 to more than 1,100 professionals. This experience shaped his belief that support is not a back-office function but a strategic advantage. After years of watching clear client signals go unaddressed, he co-founded SparkChange to take a more direct approach to problem-solving.

His motivation is rooted in a simple but powerful belief: healthcare is broken, and fixing it matters. He is passionate about simplifying the system, empowering teams, and driving meaningful change. At SparkChange, he works to eliminate barriers, create opportunities for listening and learning, and help the team develop forward-thinking automation that transforms outdated systems.