

# Evaluation of Statewide Health Care Needs and Capacity and Projections of Future Health Care Needs

## REQUEST FOR INFORMATION (RFI)

01/24/2025 – 02/14/2025

### RFI Purpose

As required in [Laws of Minnesota 2024, chapter 127, article 66, section 23](#), the Minnesota Department of Health (MDH) is seeking public comments through this Request for Information (RFI) to assist in planning a potential comprehensive evaluation of current and future health care needs and provider capacity in the state.

The information received through this RFI will assist MDH in defining the scope of the study and answering methodological questions in support of conducting the study, including development of any potential requests for proposals (RFP). Responses from *all* interested stakeholders – not just those who can provide the services that will be required to carry out the evaluation or who deliver health care services – will be considered for this RFI.

The Commissioner of Health must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care that provides the results of the request for information along with recommendations for conducting a comprehensive evaluation of current health care needs and capacity in Minnesota and projections of future health care needs in the state.

### Relevant Information

This RFI originated with a set of recommendations issued in January 2024 by the Governor's Task Force on Academic Health at the University of Minnesota, which was administered by

MDH. The 2024 task force report<sup>1</sup> provides helpful context for respondents to consider as they prepare their responses to the RFI.

While this RFI and the idea for an evaluation of current health care needs and capacity originated with the Governor’s Task Force, the RFI is not specific to the University of Minnesota or M Health Fairview health care systems.

Additionally, several recent reports from MDH provide data and information addressing aspects of Minnesota’s health care system that are relevant to this RFI. It may be helpful for respondents to take these reports into consideration as they frame their responses to the RFI.

- [Chartbook Section 8A: Health Care Providers and Service Availability – Hospitals](#) (November 2024). This slide deck from MDH’s Health Economics Program (HEP) is part of Minnesota’s Health Care Markets Chartbook, which is an annual review of key metrics in health care access, coverage, market competition, and costs. Section 8A focuses on acute care hospitals in Minnesota.
- [Chartbook Section 8B: Health Care Providers and Services Availability – Clinics, Diagnostic Imaging, and Other Facilities \(PDF\)](#) (November 2024). This HEP slide deck is also part of Minnesota’s Health Care Markets Chartbook. Section 8B focuses on clinics, imagining, and other facilities.
- [Minnesota Health Care Markets Chartbooks](#). The HEP chartbooks provide statistics on a wide variety of topics, including health care spending and drivers of increased health care costs in Minnesota, access to insurance coverage, foregone care, and health care provider trends.
- [Minnesota Health Care Spending Projections, 2022-2031 \(PDF\)](#) (October 2024). MDH issues projected estimates of health care spending for Minnesota residents and summarizes key expected trends in health care spending based on its latest projections.
- [Rural Health Care in Minnesota: Data Highlights \(PDF\)](#) (November 2024). This chartbook, produced by the MDH Division of Health Policy, presents statistics on a wide variety of topics regarding Minnesota’s rural health care system—including rural demographics, health care access and utilization in rural areas, rural health care workforce, and rural health care financing.

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<sup>1</sup> Governor’s Task Force of Academic Health at the University of Minnesota (2024) [“Recommendations to Support World-Class Academic Health Professions Education, Research, and Care Delivery.” \(PDF\)](#)

- [Health Care Workforce Data and Analysis](#). The MDH Office of Rural Health and Primary Care (ORHPC) collects and analyzes Minnesota-specific data on nearly 20 different licensed health care professions. See recent publications on the health care workforce.

## Who Should Respond to this RFI?

MDH recognizes that there are many Minnesotans who have perspectives on the needs and capacity of the existing system, and therefore welcomes responses from a wide variety of stakeholders. MDH invites input from community members, researchers, health care advocates, associations, policy makers, providers, medical practices, and health systems of all sizes, employed staff across the care continuum, insurance companies and brokers, actuarial firms, employers, and entities that provide or pay for health services for Minnesotans. MDH also invites and encourages individuals and groups representing patients or family caregivers to share their perspectives on what MDH might consider in developing the study.

## RFI Questions

Please answer as many questions as you like; **there is no need to answer all the questions.** Please see **Question #3 to provide additional feedback beyond the questions posed below.**

### 1. Purpose and Focus of the RFI

- a. Are there data sources or research findings that MDH should use and/or consider as part of this evaluation? Please explain why any recommended data source and/or research is important to consider or necessary to require.
- b. Are there similar studies or evaluations conducted in other states or countries that MDH should use, in whole or in part, as examples or starting points for designing Minnesota's evaluation?
- c. Are there specific methodological frameworks or evaluation design choices that MDH should consider when planning for data selection/collection and analysis for this evaluation? Could a mixed methods approach be used to leverage stakeholder input for any part of the analysis?
- d. What methods of gathering important input, especially from individuals, should MDH consider? For example, should MDH conduct listening session or focus groups?
- e. What areas of expertise and/or experience should MDH have available or contract for to conduct the health care needs and capacity evaluation?

## 2. Focus and Components of the Evaluation

- a. What parameters (e.g., temporal, geographic, demographic, service/provider/facility type), if any, should MDH consider in defining the scope of this evaluation? How should MDH think about framing the analysis? Are there topics/issues or particular segments of the health care system that should or should not be considered as part of the evaluation (e.g., long-term care, substance use disorder, pediatric care)?
- b. How should the evaluation define health care provider capacity? How should the evaluation define expectations for capacity by geography/distance, service/provider/facility type, population characteristics, and/or insurance network?
- c. Please define minimum level of access to care by service type. Should access be measured in geographic distance, wait times for appointments, and should it be measured or segmented by insurance network?
- d. How should the evaluation conceptualize community need or demand? As when considering system capacity, how should the evaluation frame community need or demand when taking into consideration geography, service/provider/facility type, population characteristics, insurance network, and/or insurance acceptance by providers (vs. private pay)? If there are specific target diagnoses or utilization patterns that should be considered, please be specific.
- e. How should the evaluation identify community perspectives on access to health care services across Minnesota in a way that reflects a wide spectrum of perspectives and experiences? What steps should be taken to incorporate these views into the evaluation?
- f. If inpatient care continues to become less central to health care delivery, how should hospital-based services be considered as companions to services that are not hospital-based? How does this shift affect analyses of health care capacity as the number of inpatient beds available may no longer be the most appropriate default capacity measure? How should the number of inpatient beds be incorporated into the evaluation of health care needs and capacity in Minnesota?
- g. How should this evaluation consider the role of technology (e.g., telehealth and remote care, health monitoring technology, electronic health records) in service delivery? What metrics could be used to account for the impact of technology on demand for care, efficiency of care delivery, and meaningful access to care?

- h. How should this evaluation consider health care workforce supply issues? Which provider type(s) should be considered? How should the evaluation define or measure adequate workforce supply? What existing benchmarks/standards should be examined when determining adequate supply?
  - i. Specifically for primary care, mental care, oral health, and nursing, how should MDH measure provider postsecondary education relative to the population's health care needs? What factors, trends, technologies, etc. will impact these specialties and the how should MDH factor in workforce supply from or exit to other states?
  - j. What types of challenges (e.g., payer mix and reimbursement, regulations, decreased inpatient admissions, uncompensated care) are health care facilities facing that impact their financing? What are the biggest of these challenges? How do these challenges vary by facility type and geography?
  - k. How should this evaluation examine broader systemic health care financing issues? For example, should the evaluation consider both administrative (e.g., non-benefit health care spending) and health care costs? What issues should this evaluation focus on (contracting and payment arrangements, payer mix, resource allocation, etc.)? What data could be used?
  - l. When projecting future health care needs and capacity, what factors and trends will be most important to include in the analysis? What types of scenarios should be considered? What forecasting models should be considered? What forecast horizon should be used?
- 3. Please share additional perspective that MDH should consider in the planning and design of a potential evaluation of current and future health care needs and capacity.**

## Instructions for Responding

Responses to the RFI can be submitted anonymously via the online [Health Care Capacity and Needs RFI form](https://forms.office.com/g/EfNcAz6mbq) (<https://forms.office.com/g/EfNcAz6mbq>).

If you would prefer to submit your information in a fillable PDF, please email [healthsystemstudy.mdh@state.mn.us](mailto:healthsystemstudy.mdh@state.mn.us) with the subject line *Health Care Capacity and Needs RFI* or call 651-201-4573.

To ensure that MDH has adequate time to review and incorporate RFI comments into the report to the Legislature, individuals and interested parties are strongly encouraged to submit RFI responses by **Friday, February 14, 2025**.

Feel free to send any questions regarding the health care capacity and needs RFI, or request a meeting with MDH staff, by emailing [healthsystemstudy.mdh@state.mn.us](mailto:healthsystemstudy.mdh@state.mn.us). Responders are responsible for all costs associated with the preparation and submission of responses to this RFI. Even though not all information received through the RFI process will be published by MDH, all responses to this RFI will be considered public data and accessible to the public upon request.

## References

- [Laws of Minnesota 2024, chapter 127, article 66, section 23](https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/127/)  
(<https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/127/>)
- [Chartbook Section 8A: Health Care Providers and Service Availability - Hospitals \(PDF\)](https://www.health.state.mn.us/data/economics/chartbook/docs/section8a.pdf)  
(<https://www.health.state.mn.us/data/economics/chartbook/docs/section8a.pdf>)
- [Chartbook Section 8B: Health Care Providers and Services Availability – Clinics, Diagnostic Imaging, and Other Facilities \(PDF\)](https://www.health.state.mn.us/data/economics/chartbook/docs/section8b.pdf)  
(<https://www.health.state.mn.us/data/economics/chartbook/docs/section8b.pdf>)
- [Minnesota Health Care Markets Chartbooks](https://www.health.state.mn.us/data/economics/chartbook/index.html)  
(<https://www.health.state.mn.us/data/economics/chartbook/index.html>)
- [Minnesota Health Care Spending Projections, 2022-2031 \(PDF\)](https://www.health.state.mn.us/data/economics/docs/projectedkeytrends.pdf)  
(<https://www.health.state.mn.us/data/economics/docs/projectedkeytrends.pdf>)
- [Rural Health Care in Minnesota: Data Highlights \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/docs/summaries/rhcmn.pdf)  
(<https://www.health.state.mn.us/facilities/ruralhealth/docs/summaries/rhcmn.pdf>)
- [“Recommendations to Support World-Class Academic Health Professions Education, Research, and Care Delivery.” \(PDF\)](https://www.health.state.mn.us/facilities/academichealth/recommendations.pdf)  
(<https://www.health.state.mn.us/facilities/academichealth/recommendations.pdf>)
- [Health Care Workforce Data and Analysis](https://www.health.state.mn.us/data/workforce/index.html)  
(<https://www.health.state.mn.us/data/workforce/index.html>)

## Contact Information

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*Upon request, this material will be made available in an alternative format.*

## Attachment A

### Minnesota 2024, Chapter 127, Article 66, Section 23

#### Sec. 23.

#### **REQUEST FOR INFORMATION; EVALUATION OF STATEWIDE HEALTH CARE NEEDS AND CAPACITY AND PROJECTIONS OF FUTURE HEALTH CARE NEEDS.**

(a) By November 1, 2024, the commissioner of health must publish a request for information to assist the commissioner in a future comprehensive evaluation of current health care needs and capacity in the state and projections of future health care needs in the state based on population and provider characteristics. The request for information:

(1) must provide guidance on defining the scope of the study and assist in answering methodological questions that will inform the development of a request for proposals to contract for performance of the study; and

(2) may address topics that include but are not limited to how to define health care capacity, expectations for capacity by geography or service type, how to consider health centers that have areas of particular expertise or services that generally have a higher margin, how hospital-based services should be considered as compared with evolving nonhospital-based services, the role of technology in service delivery, health care workforce supply issues, and other issues related to data or methods.

(b) By February 1, 2025, the commissioner must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care, with the results of the request for information and recommendations regarding conducting a comprehensive evaluation of current health care needs and capacity in the state and projections of future health care needs in the state.