DEPARTMENT OF HEALTH

COMMENT ON PROPOSED HOSPITALS

Name:

Kayla Brinkman Theimer

Do you represent an organization? If yes, please specify:

Regions Hospital Inpatient Rehabilitation Facility

Proposed hospital(s) that you would like to share comments. Please select all that apply:

Nobis Rehabilitation

Whether the proposed new hospitals are needed to provide timely access to care:

I am a therapy department manager of our inpatient rehabilitation facility at Regions. No, I believe the existing inpatient rehabilitation bed capacity in the metro area can be utilized to its full potential to meet the rehab needs of the patients without an additional free-standing facility. Many of the metro IRFs, including ours, still have room to improve our average daily census to fully utilize the beds available.

The financial impact of the new hospitals on existing hospitals that have emergency departments:

With a free-standing inpatient rehabilitation facility, any medical issues that arise will require returning the patient to a hospital via their emergency department so their medical needs can be assessed and addressed. Has Nobis published its rate of acute re-admissions? In our IRF that is not free-standing, when we have a patient who becomes acutely ill and needs to leave the IRF, we can re-admit them to the medical unit, bypassing the emergency department.

Overall, placement to settings like long-term care facilities and group homes, cause a significant delay in discharge and patients remain hospitalized much longer waiting for placement. These are often not patients who would meet IRF requirements and thus the overall financial impact in bed movement would not be significant with the emergence of the free-standing IRF.

Finally, insurance authorization is a reality in the process of getting admitted to an inpatient rehab facility. There are very specific criteria the patient has to meet to be admitted to an IRF and insurance often takes several days to review, many times with denial and requiring a peer-to-peer appeal to reach their final decision. This is a frustrating reality for all IRFs, free-standing or not. The TCU pre-authorization process is much faster and has fewer barriers so many patients may move this direction, even when their diagnosis and recovery could benefit more from the intensive therapy and medical care provided at an IRF.

How new hospitals would affect the ability of existing hospitals to maintain staff:

There is always a concern that a new entity in the market may draw staff away from their current employer. I believe our staff see the value of being an employee of Regions Hospital--we have the ability to obtain necessary tests or imaging for our IRF patients, to get consultations from a wide range of specialists (the wound ostomy team in particular comes to mind), and we share in costs related to facility/plant upkeep, environmental services, emergency preparedness, staffing training, and multiple other employee benefits. There is also the ability for staff to float back to the general medical floors if/when our IRF is not at bed capacity, which I would imagine at a free-standing facility would be more difficult. The savings gained by being within a hospital means there are more funds available to invest in technology that can impact that patient's progress. Therapists (PT, OT, and SLPs) in particular are very interested to have access to safe-patient-handling equipment and in technology that can help advance/progress the patient, such as bodyweight supported harnesses, advanced electrical stimulation units, and others. In reviewing Nobis's website and public information, I see inconsistencies in this investment. I would have concerns on how this ultimately impacts the patient's progress. In general, for-profit healthcare is always going to be concerned about improving their bottom line--how they do this in tandem with improving patient outcomes is the question.

One additional and important point I would like to emphasize is that patients will have to re-connect to an existing healthcare system to continue their rehabilitation journey. IRF admission is rarely the "last step" toward recovery--it often requires follow up medical care and home or outpatient therapy services. Current metro IRFs have the advantage that they all provide care across this whole continuum--meaning that the patient and the providers caring for them are better connected (within the electronic medical record, for appointment making, etc). I have a very large concern that patients at a free standing IRF may get lost to follow up care. This can end up being a greater financial burden for all involved.

The extent to which the new hospitals would provide services to nonpaying or low-income patients.:

I would ensure the committee is asking/reviewing data about what of payor sources Nobis works with and what forms of payment they accept. They would need to show a track record of accepting patients on medical assistance plans to demonstrate their commitment to serving all patients and it should be a percentage that is at/equivalent to the percentage of residents on those types of plans in the community. Sometimes insurances will stop approving the rehabilitation stay mid-way through, what is Nobis's stated policies if this occurs? Do they offer any form of charity care for the remainder of the stay so that patient has a fair chance to reach their full potential? Do they discharge when a patient loses their ability to pay?

Please share other thoughts on the proposals including, but not limited to, views on new models of for-profit care in Minnesota:

I have concerns about for-profit care. At the Zoom meeting, Nobis shared some data on their patient outcomes but it was not the data that is typically made public by inpatient rehab facilities. The data required should compare how the outcomes of their patients at their facilities compare with facilities within their region based on a standard set of metrics, such as change in mobility and self care, discharge to community, etc. I have concerns that they are being selective about what to share and not sharing in a way that is the industry standard.