Mayo Clinic New Prague Closure of Labor and Delivery Services Public Hearing Transcript

FEBRUARY 6, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing on February 6, 2024, at 6 p.m. on Mayo Clinic Health System New Prague ending labor and delivery services.

Mayo Clinic Health System in New Prague will soon stop providing labor and delivery services, including operative delivery and Cesarean delivery, according to the submission it filed with MDH. Mayo Clinic Health Systems will continue to provide prenatal, post-natal, and well-women outpatient services at its New Prague location.

More information can be found on the Mayo Clinic New Prague Public Hearing page (https://www.health.state.mn.us/about/org/hrd/hearing/newprague.html) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): Good evening, everyone. Welcome to the public meeting to hear from Mayo Clinic New Prague. New Prague will soon stop delivering or providing labor and delivery services including operative delivery and cesarean delivery according to the submission filled out with MDH. Mayo Clinic Health System will continue to provide prenatal, postnatal, and well-woman outpatient services at its New Prague location.

My name is Stacy Sjogren. I am with Management Analysis and Development which is a consulting group housed in MMB, the Management and Budget Agency and I'll serve as the moderator for the meeting tonight. This evening's meeting is being hosted virtually through Microsoft Teams. My job is to facilitate a respectful space in which everyone's comments and concerns can be shared, and decisions explained. I can't create that respectful place by myself and ask that you join me in making sure that we all work from a place that values hearing as much as being heard. If you have any technical issues, will you please visit the Microsoft Support page for Teams or email the HRD Communications Team. Both those links will or have been placed in chat for you.

For this hearing, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected in order, taking turns between raised hands, comments in chats and comments submitted prior to the meeting. I will give a reminder to the person on deck and the next person scheduled to speak so you know what to expect. As you may have figured out, if you wish not to speak, you can ask your questions in the chat box and a Minnesota Department of Health, that's MDH, staff person will ask the question on your behalf. To open that chat box, click on the icon that looks like a cartoon speech bubble with two lines in it. If you're using Teams in the browser window, the icons are at the bottom of the screen. If you're using the Teams app, the chat icon is probably at the top right corner of your screen.

So, the Minnesota Department of Health, I will sometimes refer to them as MDH, is hosting this public meeting which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, comments, and ask questions about the closure of the labor and delivery

unit at Mayo Clinic New Prague. The Minnesota Department of Health announced this meeting through a statewide news release and notified community leaders of the meeting.

The following is your Tennessen warning. The Minnesota Department of Health is hosting this public hearing to inform the public as required by law. Your comments, questions, and image, which may be private data, may be visible during this event. You're not required to provide this data and there are no consequences for declining to do so. The virtual presentation may be accessible to anyone who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within ten days of the meeting. So, to opt out of this presentation, please exit now.

The agenda for this evening will include some introductions, a welcome from MDH's Health Regulation Division Director, an overview, a presentation by the Mayo Clinic New Prague team, public comments and questions, some closing remarks from the Mayo Clinic New Prague team and a conclusion. The following are today's speakers: Maria King, Health Regulation Division Director from the Minnesota Department of Health; Dr. James Hebl, Regional Vice President Mayo Clinic Health System; Travis Paul, Regional Chair of Administration, Mayo Clinic Health System; Lisa McConnell, Regional Chief Nursing Officer with Mayo Clinic Health System; and Dr. Gokhan Anil, Regional Chair of Clinical Practice OB-GYN Physician, Mayo Clinic Health System. Now I'd like to welcome Maria King, Health Regulations Division Director of the Minnesota Department of Health. Maria?

>> Maria King (MDH): Hi. Thank you, Stacy, so much and welcome, everyone. We really appreciate that you're taking some time to be here this evening to learn more about the changes at Mayo Clinic New Prague. It's really a pleasure for us to be able to be here and of course the public hearing is being held under the laws that offers a community an opportunity to learn about the hospital's plans and for the communities so that you can share any comments and questions you might have with the hospital.

In June of 2021, the Minnesota legislature passed legislation requiring a public notice and a public hearing before the closure of a hospital or hospital campus, relocation of services or cessation offering certain services. The full information regarding that can be reviewed under Minnesota Statutes Section 144.555. This is an opportunity for the public to engage tonight with the hospital leadership so that you can better understand the reasons behind the decisions to modify the services and it also gives the community an opportunity to learn from their health care provider about how the community can continue to access health care services following the change. The Department of Health received notice from Mayo Clinic New Prague that they were going to be soon stopping labor and delivery services including operative delivery and cesarean delivery. The health system did indicate they would be continuing to provide prenatal, postnatal, and well-women outpatient services at the New Prague location. The Department of Health then when we get this information, is tasked with implementing the law. We're providing this forum tonight for hospital representatives to share with you information about the changes in services and make this an opportunity for the public to engage with the hospital to ask questions and provide comments about those changes. We are going to be facilitating the meeting as outlined in law, so our role is to ensure the meeting occurs. We want to make sure that your views are heard and presented, and the people's questions can be answered. The statute gives MDH the authority to hold this meeting and inform the public, but we do not have the authority to change, delay, or prevent the proposed changes, closures, or relocations. So, this is an opportunity for us as your state health department to offer a forum for transparency, listening, and understanding of the differing opinions and perspectives surrounding these important decisions that will affect health care services in your

community. I welcome you to share your perspectives and your comments and your questions with the Mayo Clinic New Prague leadership and I look forward to hearing tonight's discussion.

First we are going to hear from the Mayo Clinic New Prague leaders who are going to provide information about the following: the services that they plan to modify and explanation of the reasons for the curtailment of those services and a description of the actions that they are going to take to ensure that residents that are patients who are receiving care and the people in the community have continued access to the health care services. So, with that, I will turn it over to, back to you, Stacy, to bring on our members from the hospital there in New Prague. Thanks.

>> Stacy Sjogren (moderator): Well, and that's an easy job. Welcome, team. We are pleased that you're here and look forward to your presentation tonight and I'll just turn it right over to you.

>> Dr. James Hebl (Mayo Clinic New Prague): Perfect, thank you so much, Stacy. Good evening, everyone. Thanks for sharing some time with us this evening. Next Slide Please.

We are going to begin this evening by having our leadership team introduce themselves. These individuals will be participating not only in the presentation portion but also the question and answer portion of tonight's hearing. As was previously mentioned, my name is Dr. James Hebl. I am an anesthesiologist by training. I had the privilege of working within a high-risk OB Labor and Delivery Unit for the greater part of two decades. Currently I serve as the Regional Vice President for Mayo Clinic Health Systems, Southwest Minnesota Region. And in that capacity, I am the Senior Physician Leader that is responsible for the quality, the safety, the service, and the clinical outcomes of the five hospitals and the 15 clinics located within our region. Now those hospital campuses within our Southwest Minnesota region are located in Mankato, Minnesota, which is our regional hub location. We also have hospital campuses located in New Prague, Minnesota, as well as Waseca, Fairmont, and St. James, Minnesota. I appreciate the opportunity to be here this evening and look forward to tonight's conversation. And with that I'll turn things over to in my administrative partner, Travis Paul.

>> Travis Paul (Mayo Clinic New Prague): Thanks Dr. Hebl and good evening and thanks for joining us. As Dr. Hebl said, my name is Travis. I serve as Chair of Administration for the Southwest Minnesota Region of the Mayo Clinic Health System and that's the same region that Dr. Hebl outlined in his campus and that includes New Prague. So, what that means is I partner with Dr. Hebl and Lisa to form our leadership triad for the region, and I have overall responsibility for the administrative functions. I'm looking for to tonight's discussion.

>> Dr. James Hebl (Mayo Clinic New Prague): Lisa?

>> Lisa McConnell (Mayo Clinic New Prague): Thank you, Dr. Hebl. Good evening everybody. I'm Lisa McConnell, the Regional Chief Nursing Officer and service that triad partner for the practice of nursing with Dr. Hebl and Travis. Just a little bit of background about me, I do have experience as an OB nurse for several years and I do look forward to the conversation tonight. Thank you.

>> Dr. James Hebl (Mayo Clinic New Prague): And Dr. Anil?

>> Dr. Gokhan Anil (Mayo Clinic New Prague): Good evening. My name is Dr. Gokhan Anil. I'm a practicing OB GYN physician. This is my 17th year with the Mayo Clinic system. I previously practiced in the Wisconsin region. Over the last more than five years have been within the region. My role is as the Chief Medical Officer, I oversee clinical practice, delivery of services and quality of care. I partner with Dr. Hebl, Travis, and Lisa and our clinical teams. Good to be here.

>> Dr. James Hebl (Mayo Clinic New Prague): Sounds good. Thank you, Dr. Anil. Travis and Lisa as well. Next slide please.

During our time together this evening, I'd like to complete this agenda that you see before you here. We'll begin by providing a broad overview of Mayo Clinic Health System in New Prague, that campus, including the clinical services that are available on that campus. We'll then move on to a discussion relating to a summary of the changes we are discussing here this evening regarding our inpatient obstetrical program that will include several components. Beginning with the current description of the state of our labor and delivery practice in New Prague. We'll then talk about a little bit about the reasons for the changes we are discussing here this evening. We'll then also discuss our plans to transition to what's referred to as a shared model of care and we'll talk a little bit more about what that means in future slides. We'll then also share with you our communication plan that has been ongoing for the past two weeks regarding the changes, the communications that we've had up until this date with not only our patients but with our community as well. We'll then move on to describe how we as an organization intend to support our patients, support our staff as well as support our community during this transition of services. And then lastly the end of the presentation, I'll turn things over to Dr. Anil who will describe our ongoing commitment and our ongoing plans for investments within the Mayo Clinic Health Systems New Prague campus. Next slide.

So, we'll start by talking a little bit about our Mayo Clinic Health System and New Prague campus. The city of New Prague, as many of you know, is situated right on the border between Scott and Le Sueur counties and it is one of our critical access hospitals within the Mayo Clinic Health System. We're currently staffed to serve 19 inpatient beds and we care for patients not only referred to as acute patients or patients that may be admitted with acute illness directly from our emergency room, but we also care for patients with and what's referred to as a transitional care program. So, these are patients that may have been receiving care at a higher complexity hospital whether that hospital may be in Mankato, Rochester, or one of the Twin Cities metropolitan hospitals. They no longer need care at that higher complexity hospital but are not quite ready to go home and transition to a lower acuity hospital into what's referred to as a transitional care program. So, we care for those patients in New Prague as well. We have a fully staffed emergency department and urgent care on our campus. We have surgical suites which include three operating rooms and two procedural rooms. We recently introduced robotic surgery to the new Prague campus, as well as a complement of rehabilitation services and therapy as well. We also have an infusion therapy center for both chemotherapy and nonchemotherapy infusions. And lastly have on-site both laboratory as well as radiology services with the modalities you see listed there in the bottom right-hand portion of the slide then are the primary care, the medical and the surgical services that are currently and will continue to be provided our Mayo Clinic Health Systems New Prague campus. Next Slide Please.

Let's talk a little bit about the New Prague inpatient obstetrical practice. Now what we are experiencing in New Prague is what's being experienced at many labor and delivery units around the country, around the upper Midwest and throughout Minnesota and that's a declining volume of births that have been ongoing and have happened over the past several years. In fact, if you look in our birth volumes here for the past five years, we can see there's been a 20% decline in birth volumes since 2019. Now those birth volumes that you see listed there include both vaginal births as well as cesarean or surgical deliveries. And if we take out of the number, that's cesarean or surgical deliveries, we're left with the vaginal births and in the year 2023, we performed 70 vaginal births on our New Prague campus which translates into about 1.2 vaginal births per week or about one birth every six days. Now, importantly, that volume that I just mentioned represents 1% of

all births happening within the New Prague service area. In other words, 99% of mothers here today already choose to deliver their babies at sites outside of our New Prague campus. Next slide, please.

So why are volumes low in New Prague, in Minnesota, and around the upper Midwest and around the country? Like many things in medicine attends to be multifactorial. First and foremost, we are seeing a declining birthrate. Simply put, families are choosing to have fewer children than in decades past. In the state of Minnesota for example, we've actually seen the birthrate plummet by 21% since 2007 with projections that it will likely continue into the future as well. If we look at a report that has been published entitled “Impact of Change”, a report published by the U.S. Agency for Healthcare Research and Quality, they predict birth volumes are going to continue to decline well into the next decade. In fact, they predict that over the next ten years that total births will decline yet another 4% from where they are at today. But probably more importantly, particularly for the New Prague campus, we know that the number of high-risk pregnancies are going to increase over the next ten years. And why is that important? Well, high-risk pregnancies are women that are not eligible to deliver on our New Prague campus for several reasons. High-risk pregnancies may require additional ancillary support, additional medical or surgical services, or higher levels of care. For example, level two nursery care with inpatient intensive care for newborns and infants. Those services are simply not available on our New Prague campus. If we look at the bottom right statistic there, currently about 35% of all pregnancies are considered high risk with the projection of that going up to about 42% of pregnancies over the next five to ten years. Which means approaching one out of every two pregnancies would not be eligible to deliver in New Prague because of the high-risk nature of that pregnancy. Next slide, please.

So, what are the impacts then of these very low birth volumes within a hospital such as New Prague? Well, there’s two very important impacts. The first is that these low birth volumes contribute to significant challenges regarding our ability for staff to maintain their skills and experience within a low-volume practice. For example, if we take those 70 vaginal births and we assume that all the nurses working within the New Prague campus are equally exposed to those births, each one of our labor and delivery nurses in New Prague would be involved in between four and five vaginal births every year or about one vaginal birth per quarter. And as you can imagine, that very low level of exposure simply makes it a challenge for all of our staff, both physicians and nurses, to maintain the high level of skills and experience necessary when working in a potentially high-risk specialties such as a Labor and Delivery Unit.

The second impact of these low birth volumes, in part contribute to challenges we have with both recruiting, both doctors and nurses, as well as retaining our staff. Individuals who go into the field of obstetrics and gynecology or labor and delivery wanted to be involved in a high-volume practice to maintain adequate exposure to those clinical experiences. And unfortunately, that's so much of a challenge within a low birth volume practice as New Prague and so those are some of the major impacts of these low birth volumes. Next slide, please.

So, the second reason behind making the decisions that we are discussing here this evening includes not only the low birth volumes that we just commented on but also a nationwide shortage in obstetricians across the U.S. So, this is a report entitled “Projections of Supply and Demand for Women's Health Service Providers” that was published by the U.S. Department of Health and Human Services and what this study did is it evaluated what percent of the OB-GYN demand is currently met by the existing workforce. And they looked in two different clinical environments. On the left they looked at OB-GYN practices within metropolitan areas. On the right, they looked at OB-GYN practices within nonmetropolitan or rural practices such as New Prague. So,

if we begin on the left-hand side of this slide, we can see that in 2018, 106% of the demand for OB-GYN physicians was met within metropolitan areas which is wonderful. In fact, they had about a 6% over staff of the demand for OB-GYN physicians. The projections in the next five to six years is that will decrease slightly to about 95%. But we can see the situation is very different within the nonmetropolitan or the rural areas of the country. Back in 2018, only 61% of the demand for OB-GYN positions was met with a nonmetropolitan area similar to New Prague with the projection that it will decline even further over the next five to six years so that in 2030, only 50 -- just over 50% of the demand will be met. In other words, the next five to six years, half of all practices where an OB-GYN physician is needed will actually have the ability to staff their unit with an OB-GYN physician. Next slide please.

So, what is our current situation in the New Prague practice regarding our staffing? Well, throughout the year 2023, our New Prague campus had two OB-GYN physicians managing the practice which as you can imagine is a challenge with such a small pool of physicians and the high demand of call intensity for those two physicians. Late last fall we were notified by one of those positions that they were going to be retiring and going into retirement on December 27th and that individual left the practice at the end of December which left us with a current single OB-GYN physician for the New Prague practice. Unfortunately, a few weeks ago now that lone remaining OB-GYN physician notified us they needed to take an unexpected personal leave of absence for an unknown duration. Which means that as of Monday of next week, we'll be left with no OB-GYN physicians for this New Prague practice. Now that's not something that just occurred recently. We've been having recruitment and staffing challenges for many years, and this is despite our aggressive recruitment efforts for the past several months and years. We've had challenges filling not only full-time OB-GYN physicians but even filling temporary slots for contracted employees that may come in on a part time basis to help us fill roles. We have been unsuccessful filling those candidates as well.

So as a result of the staffing challenges, the New Prague campus has needed to go on was referred to as intermittent diversions because of limited staffing. A diversion refers to a period of time where we need to literally close down the inpatient practice because we simply don't have the staff, whether that's physician staff or nursing staff to provide the high level of care that's needed. That diversion may be a close down of the labor and labor unit for a few days or even a few weeks depending on what staffing we are able to acquire for that practice. And as you can imagine, going on and off intermittent diversion is a challenge and a potential safety risk for the patients of that may be entering labor and delivery as well as confusion for the community as well. Given the variables that we've just kind of reviewed, the low birthing volumes as well as the national workforce shortages of OB-GYN physicians, we have made the conclusion that our current model simply is unsustainable given our own Mayo Clinic expectations of achieving and providing excellence and quality of care. And therefore, I've made the decisions that we are here tonight to talk about. Next slide please.

So given those reasons for the change, as was shared with you previously, we have made the difficult decision based upon these very challenging circumstances before us that we will be discontinuing inpatient obstetric care and closing our Labor and Delivery Unit effective February 9 at 5:00 p.m. At that time will be transitioning to what's referred to as a shared model of care. What is a shared model of care? Well, a shared model of care is a situation where multiple OB-GYN providers and professionals, perhaps even different sites or locations may share in the care of a patient. So, in our model that we will be moving forward beginning on Friday, February 9, OB-GYN services will be maintained within New Prague in the following areas including preconceptual care and counseling, prenatal care, postnatal care, well-baby care as well as pediatrics, and GYN, both medical and surgical care. All of these services will be maintained on our New Prague campus and

these services will be provided by a multitude of team providers including nurse practitioners, obstetricians, as well as potentially nurse midwives as well. The sharing care portion of the model then will include the inpatient portion of that obstetrical experience. In other words, the labor and delivery portion and that portion of the shared care model will be performed seamlessly within our Mayo Clinic Health System Mankato location at the time of labor and delivery. Now importantly we want to stress the fact that patient choice of their delivery site will always remain a priority. And what I mean by that is if patients so choose not to deliver at our Mayo Clinic location in Mankato but rather choose one of the other three non-Mayo locations that provide labor and delivery care within a 20 or 25 minute drive of New Prague, we completely honor and respect that decision and will fully assist that patient and facilitate that transition of care to non-Mayo providers as well. Next slide please.

For those patients who do in fact plan to transition their shared model care to Mayo Clinic Health System in Mankato, just a little bit of information about this facility. This is one of our regional hospitals within the Mayo Clinic Health Systems system. It is a high-volume Labor and Delivery Unit practice delivering between 1200 and 1300 babies every year at that location. We have comprehensive obstetrical services made up of not only OB-GYN physicians but a team of certified nurse midwives as well as a comprehensive anesthesia care team which includes not only nurse anesthetist but anesthesiologist as well. It includes on-site inpatient pediatric specialists 24/7, 365 whose staff are level 2, higher complexity nursery that is able to provide intensive care for sick and premature infants. We also have a team of certified lactation counselors on site in Mankato and the practice also partners with the Minnesota Milk Bank for babies as part of the breast milk donor program. In addition to that obstetric practice, with regard to the facility, we are in the process of adding a new bed tower to the Mankato campus and the top floor of that bed tower will be a new state-of-the-art family birth center which will be opening in May of 2024. Next slide please.

So, I just shared with you the difficult decision that our team made based upon the difficult and challenging circumstances that were put before us and after announcing that change a few weeks ago, we have implemented a comprehensive communication plan that has been ongoing for the past several weeks. The first thing required is that we reported our change to the Minnesota Department of Health that resulted in tonight’s public hearing, and we also notified other regulatory bodies including the Joint Commission. But probably equally, if not more importantly, we also communicated, communicated with all the stakeholders that were going to be impacted by this decision. For example, we've held one-on-one personal conversations with our patients impacted by this change. We’ve obviously had conversations with our Mayo Clinic Health System staff. We've also already spoken with community leaders, state elected officials, as well as county departments of health and public health officials as well. We've had conversations with community education resources. We've also had conversations with the leadership of the three hospitals within that 20 to 25 minute drive of New Prague who also provide labor and delivery services to notify them they may see an increase in volume of patients from New Prague. We've also had conversations with the ambulance transport service to let them know effective on Friday, February 9th, the changes in our program for inpatient OB and if a laboring woman were to call 91 where appropriate hospital locations would be to take those patients. And lastly we've also had communications with local media on these plans as well with our goal of being entirely transparent with this decision and these plans. Next slide please.

So how is the transition going to go? I previously mentioned that we have absolute commitment to our patients, to our staff, and to our community during this transition and we're going to help these individuals in a variety of ways. For example, during the transition, we are going to assist our patients and we been actively

working with each of them on developing a new birth plan that includes a shared care model with Mayo Clinic Health System in Mankato or as I mentioned, another non-Mayo facility in proximity to the New Prague campus. We've also offered during the transition accommodations in the form of hotel costs at no cost to the patient's for care if they wanted to be closer to a Mankato site because they weren't anticipating that location. We've offered that during the transition and as I previously mentioned if women and their families choose to have a non-Mayo location deliver their baby we will facilitate in that handoff as well.

We're also working very closely with our staff. To date 75% of our staff have already identified and accepted new positions within Mayo Clinic Health Systems. We hope that number will be 90% in the coming days. We've also launched additional education and training for our emergency department teams to prepare them for any obstetrical scenarios or emergencies of women that may still show up in the emergency room for labor and delivery care. So, they are insured, uh, prepared to deliver and manage any of these situations.

And lastly with regard to the community, we had conversations, and we'll continue to work in an ongoing way with our community education and public health resources as well because we know that many times women in early pregnancy interact with these county and public resources and look for answers to them as well. So, I'm now going to turn things over to Dr. Anil, our Chief Medical Officer, who is going to describe our ongoing commitment and investment plans with the Mayo Clinic Health Systems practice. Next slide please.

>> Dr. Gokhan Anil (Mayo Clinic New Prague): Thank you, Dr. Hebl. As a practicing OB-GYN physician who has dedicated his entire career to health and well-being of women, this was a difficult decision. This was a difficult decision to address. Difficult set of challenges, however we are thankful for the dedication of our team to providing high-quality local care for our patients and their families. We deeply value the partnership and trust developed with our patients, colleagues, and community over the years and we know it is a privilege and honor to be a part of the life of each patient that comes to us for care. Now, however, this decision is not a reflection of our commitment to the New Prague community. In fact, this is quite the opposite. Our ongoing commitment to New Prague and plans for investment are not going to change as a result of this decision. Next slide please.

I would like to go over some of these expansions or enhancements to provide better and high-quality services because our teams have done phenomenal work, and this is by no means is a reflection of their service or high quality. We have completed operating room expansion and modernization project. I myself have provided outreach service in New Prague and have operated in these operating rooms. They are state-of-the-art technology, providing the utmost care and comfort to our patients. We have been growing our surgical specialties, adding new services again from general surgery, robotic surgery, orthopedic surgery, neurosurgery to the practice of that we can provide local care, high-quality patient centered care. We are happy to announce that the cancer center that we currently have will be expanding and modernizing to serve cancer patients locally, along with the new infusion therapy center that patients can receive their chemotherapy and nonchemotherapy infusions locally without the need to travel. Again, these are expansion enhancement of services and in a comfortable environment with the same dedication our teams providing high quality patient centric care. I will turn it over to Dr. Hebl to summarize these points thus far. Thank you.

>> Dr. James Hebl (Mayo Clinic New Prague): Thank you, Dr. Anil. Next slide please.

In summary, then, as I have mentioned previously, we have reached the difficult decision based upon the difficult set of circumstances before us to discontinue inpatient obstetric care at Mayo Clinic Health System in New Prague and close the Labor and Delivery Unit effective February 9th at 5:00 p.m. At that point we plan to

transition the practice to a shared regional model of care that I referenced earlier that will include a shared model of caring for patients with inpatient obstetric care or labor and delivery provided at our Mayo Clinic Health System Mankato location or an alternative location at the patient's choice with prenatal, postnatal, well-baby pediatric and GYN medical and surgical care still being provided on our Mayo Clinic Health System campus.

That concludes our comments for this evening, and we look forward to ongoing conversation and additional questions and answers. Back to you, Stacy.

>> Stacy Sjogren (moderator): Thank you so much. Now we would like to begin the public comment portion of the meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspectives. Each person will be given up to three minutes to ask that question or provide a public comment. Again, please remember that the information you are sharing is being shared virtually in a public forum. So, keep that in mind before sharing any private medical information. The Mayo Clinic New Prague will have up to three minutes to respond to each of the questions and/or comments should they wish to.

And we like to give you some information on how, again, how to ask those questions. You've got two ways. One is to raise your virtual hand and you will be unmuted to ask your question or to provide a comment. In both the mobile app and the browser version of Teams, click more, that is the "…" button to show the raised hand option. In the mobile app, the icon is a little yellow hand. In the browser version, the raise hand option is the fifth item from the top of the list. If you're calling in through a phone and I see a lot of phone numbers listed in the attendees list, press *5 to raise your hand. Once it's your turn, you have to press *6 to unmute yourself. You can't just depend on us to unmute you. You have to do a little bit of extra work there.

The second type of way or option of providing comment is to post your comment in the chat box. Don't forget to press enter or send so that others can see it. To open up the chat box, click on the icon that looks like that cartoon speech bubble with two little lines in it. If you're using Teams in the mobile window, the icons are at the bottom of the screen. If you're using the Teams app, the chat icon is at the top right corner of your screen. MDH staff will raise your question on your behalf. We'll select participants in order and add questions from the chat throughout the public comment period. Usually, I go back and forth with my in-house partner, Jane, to make sure we've got a variety of verbal and chat and questions that were submitted ahead of time.

When you do get to be your turn, we'd sure appreciate it if you would share your name and the city where you're living before you ask your question or share your comment. Also important, please be respectful. Abusive comments or comments meant to discredit or malign someone or use vulgar language won't be tolerated in the chat or through verbal comments. People who use language that's threatening or make false accusations meant to damage reputations or use offensive or inappropriate language that creates kind of an intimidating environment will be muted and the next person in line will be given an opportunity to make comments. And then again, just a reminder to the Mayo team, you'll have up to three minutes to respond. Whether you are a commenter or responder from the team, I will have my camera on. If it looks like we're getting up to that three minute mark, I'll just do a like "OK, it's your, it's your time to stop" or I'll step in verbally and help you out that way. That way we are doing everything we can to make sure all that want to speak have an opportunity to do so.

And with that and with a quick check in with my colleague Jane to see if we are in good shape that way, I'll go ahead and begin by calling on Mark Berg. But Jane, let me know if you're all set first, would you please?

>> Jane Danner (MDH): Yes, all set, Stacy.

>> Stacy Sjogren (moderator): OK. Thanks so much. So, Mark Berg, if you would please come on and I think you have been unmuted so you should be able to go ahead and tell us where you're from and state your question, your comment please.

>> Mark Berg (Inver Grove Heights): Thank you. My name is Mark Berg. I reside in Inver Grove Heights, and I am currently faculty at the University of Minnesota and train family medicine physician, physician residents including in obstetrics at the Woodwinds Hospital in Woodbury. Prior to this from 1998 to 2016, I delivered 240 babies at the hospital in New Prague and my father, Dr. John Berg, delivered over 1,000 babies over his career. My son was born in New Prague and also a classmate of Dr. Hebl's. I served on the Queen Peace Hospital Board from 2003 to 2006 which was prior to Mayo Health System being given assets and operations of the Queen Peace Hospital in the early 2010s. Providing OB services was revenue negative even while I was on the board. However, traditional health care consumer logic at that time deemed that effort spent delivering excellent OB care was worth the downstream revenue from loyal patients who would get their MRI or child's knee scoped locally. My question. I have two questions. I may only be able to ask one question?

>> Stacy Sjogren (moderator): Or put both of them out there Mark, that's fine.

>> Mark Berg (Inver Grove Heights): Okay. So, while the dollar and cents case for the decision is clear, and I've heard about O.R. expansion robotic surgery which are great and cancer infusion which I think will help the population to have that locally, I would not consider any of these to be negative revenue operations. My question is, will the dollars saved from closing OB be used to support revenue negative gaps in service that the community has? These would probably be identified in the Mayo's needs analysis as a not-for-profit like behavioral health for instance comes to mind. Is that considered in part of the decisions on where to expand?

>> Stacy Sjogren (moderator): Okay, Mark. Thank you. And your second question? Let's T both of those up and they'll respond to both.

>> Mark Berg (Inver Grove Heights): Delivery at a tertiary center with immediate high-risk capabilities, it was alluded to as potentially better. This may be so for the 98 to 120 pregnant persons that are typically were probably healthy and low risk that did deliver in New Prague in each of the past five years. Is there an actual quality metric that it is lower for them than it would've been had they traveled or been brought to Mankato? I would, as a researcher, it's a hard question to answer because of all the variables but I would suggest achieving a vaginal delivery versus needing an operative might be a bigger marker and based on the numbers from 2023, 70 vaginal deliveries and 98 operative deliveries, it would seem the C-section rate for actual laboring patients and not just scheduled C-sections might be better than what Mankato has.

>> Stacy Sjogren (moderator): Thanks, Mark. So, Dr. Hebl, we have two questions teed up. Obviously you heard both of them. The first was about, umm well saving money, or will savings from this closure be put in an area that the revenue balances out, that it makes sense. You probably have a better grasp of that question than I do so I'll have you help restate it too and the second one was all about quality metrics and high risk situations. Do you want to answer those questions, or do you want to pitch them to the team? Here you decide what works best.

>> Dr. James Hebl (Mayo Clinic New Prague): I will take the first question and then I'll ask Dr. Anil to take the second question regarding our quality metrics. With regard to the first question, I hope everyone understands this is not a financial decision by any means. This is a decision based upon the two challenging factors that we

discussed earlier. The low volumes and the nationwide shortage of obstetricians and our inability to recruit and retain in the way that we need to sustain the practice. Once again, that volume number that we talked about is very important because the fewer deliveries, obviously the fewer experiences by our staff. That was the first component which is critically important. The low volumes, as I mentioned is also contributing to the labor and delivery recruitment challenges because it's difficult to find, whether it's obstetricians or labor and delivery nurses that want to work within a very low volume practice. They want to be involved in delivering babies daily. If not multiple times a day and so it's just very, very difficult. So, the low volumes and the shortage of finding and hiring obstetricians and nonmetropolitan areas is the second component which has contributed to the challenges that New Prague and many other facilities are facing. Dr. Anil, do you want to address the issue regarding quality in numbers?

>> Dr. Gokhan Anil (Mayo Clinic New Prague): Yes. Dr. Berg, thank you for the question. So, when it comes down to what is the ultimate number necessary to provide the highest quality care, that's obviously somewhat debatable because there's no such specific number that exists. But obviously anytime we are talking about numbers below 100 per year, and Dr. Hebl tried to allude to the overall experience of the team because, as you well know, most of us depend on our entirety of our teams to be prepared for emergencies and that each and every time we are going to be just depending on just the OB-GYN physician, there is an entirety of the team available to have resources and experiences come into play. Again, those are some of the metrics but primarily, the rate has been nationally proposed and recommended as one of the quality metrics and our teams, just to highlight, has provided great patient experience. In fact, been award internally within Mayo Clinic. Now that being said, I'm going back to the overall experience of an individual nurse. Maybe once a quarter which is quite low. And in the setting out of an emergency, along with the physicians and anesthesia teams and the slew of resources that are needed to provide high-level care it's obviously concerning. Those are the impact of the overall quality, how it pertains to the number of deliveries occurring at a single facility. So that's how I'll answer the question.

>> Stacy Sjogren (moderator): Thank you, Doctor. Appreciate that. And Dr. Hebl. Oh Jane, I don't see any of their hands up so let's start our rotation, shall we? If you'd like to pull from a pre-submitted question or a question in chat.

>> Jane Danner (MDH): I think yes. Thank you Stacy. There is one comment that was submitted anonymously prior to the public hearing that I will read and then I will move on to a question I can respond to. The comment is "my wife had both our children in New Prague, a girl in 2021 and a boy in 2023. We loved the doctors and especially the nurses they gave both our kids and my wife the best care. It's a shame that Mayo came to this decision." That was one comment.

A question also submitted anonymously. And I do read these verbatim, so people are aware. "This closure will require pregnant women to drive to Rochester so if the distance is not too far for a woman in labor to drive, then why was it too far for the leadership at Mayo to drive to New Prague and host this meeting in person?" And I can just explain that as the Minnesota Department of Health is the host of these public hearings, the virtual-ness of hosting the public hearings was something that was decided when this statute first went into place in 2021. Coming past the pandemic and out of accessibility reasons, this has been the best approach for making this public hearing accessible to all.

>> Stacy Sjogren (moderator): Thanks, Jane. I just wanted to reiterate that we had a comment in there about a family experience and a question that we read through, comments were submitted ahead of time with the

answer from the MDH team. Just would be remiss if I didn't ask if there were any comments or follow-ups that the Mayo team would want to share on any of that. So, before I move on, I'll check in with you.

>> Dr. James Hebl (Mayo Clinic New Prague): Sure, Stacy. Thank you. I think we maybe would make a comment for the first individual that described their wonderful experience in New Prague. I'd like maybe Lisa McConnell, our Chief Nursing Officer because I think nursing was referred to in the comment, to highlight our staff. Lisa?

>> Lisa McConnell (Mayo Clinic New Prague): Thank you, Dr. Hebl. Appreciate the opportunity to speak to this again. I couldn't agree more with the comment. We are extremely proud and grateful for our staff who come to work every day and provide the best clinical care and patient experience possible and like Dr. Anil had referenced, this team actually had been nationally recognized as being in the top 10% of labor and delivery units for the patient experience. So yes, we are very proud of this team and appreciate the comment. Thank you.

>> Stacy Sjogren (moderator): Thanks. Jane, I am checking on my attendee list. I don't see any more hands up on my side. Do you want to pull another question from chat or pre-submitted?

>> Jane Danner (MDH): Yes. One comment or question is “What do you consider the service area? What is the root? What is the reason this report presumes such an increase in high-risk pregnancies? When was MDH…”

OK, I'll stop at those two questions even though they were submitted together so we can keep it clear.

>> Stacy Sjogren (moderator): So, Jane, the first question was on what's defining the service area. Can you repeat the second question? The presumed question one more time for us please?

>> Jane Danner (MDH): Of course. “What is the reason this report presumes such an increase in high-risk pregnancies?”

>> Stacy Sjogren (moderator): So how was the assumption of high-risk pregnancies. All right, very good. Thank you. And Dr. Hebl, do you want to go ahead?

>> Dr. James Hebl (Mayo Clinic New Prague): Yeah, I'll take the first one and then I’ll refer to my OB colleague, Dr. Anil for why an increase in high-risk pregnancy is anticipated or projected to occur. With regards to the service line question, the standard definition is a 25-mile radius around the center of New Prague which would be considered the service area. And as I mentioned during my opening comments on the current state, the New Prague campus delivers 1% of babies in their 25-mile radius with 99% of births already happening at another location.

>> Stacy Sjogren (moderator): OK. Thank you.

>> Dr. James Hebl (Mayo Clinic New Prague): Dr. Anil, do you want to take the comment on why the number of high-risk pregnancies are increasing?

>> Dr. Gokhan Anil (Mayo Clinic New Prague): So, what we’re seeing in the nation is that women are delaying childbirth. That's happening later and later in life which inevitably creates certain medical conditions to put them at high risk from high blood pressure to what we call pregnancy related diabetes or gestational diabetes as well as the use of infertility techniques to help women conceive. However, all these things can increase the woman's risk of high-risk pregnancy. As a percentage of high-risk is increasing is also there are less women delivering babies. The family size has been decreasing as an overall percentage. So. when you combine those

factors, that increases and pushes the risk of high-risk pregnancy and an overall percentage of deliveries as well. So that will be my answer.

>> Stacy Sjogren (moderator): Thanks both of you. Thank you. Jane. If you want to continue on with whatever else you are seeing in the chat?

>> Jane Danner (MDH): Yes, the next question, and this is a third question all which were submitted by Representative Kristi Pursell. The third question is, “When was MDH notified of the reduction of services and when did the services cease? Or will they cease?

>> Dr. James Hebl (Mayo Clinic New Prague): Travis, do you want to take that?

>> Stacy Sjogren (moderator): Yeah, yeah, go ahead.

>> Travis Paul (Mayo Clinic New Prague): Can you repeat the question please? I think it was two parts and make sure I get it right.

>> Jane Danner (MDH): Of course. When was MDH notified of the reduction of services? And when did the services cease? Or will they cease?

>> Travis Paul (Mayo Clinic New Prague): The date, I guess I’ll just defer to MDH when you received the memo. As Dr. Hebl outlined, the situation in New Prague became challenging suddenly. We had been on divert on and off towards the latter part of the year and then with the retirement and other staff absences. I think, Jane, I will look to you or Stacy, the data, the memo.

>> Stacy Sjogren (moderator): And I’m just checking in with the MDH team to see if they've got the facts right in front of them at this time. Jane, do you know? Oh, Maria, go ahead.

>> Maria King (MDH): Hi, thank you. So yes, this was a little bit unique in that the change for the hospital I think did not come at the timing that they were expected but we did get notice from them on January 17th.

>> Stacy Sjogren (moderator): Thank you.

>> Travis Paul (Mayo Clinic New Prague): But.

>> Stacy Sjogren (moderator): And the second part? Oh, go ahead, Jane. Did I hear your voice?

>> Jane Danner (MDH): No.

>> Stacy Sjogren (moderator): Okay. I thought I heard. Now we’re good. Okay. And Travis, was there anything else you wanted to add to that or?

>> Travis Paul (Mayo Clinic New Prague): Yeah, I think the other part, I think when services end. The inpatient labor and delivery services will end at 5:00 p.m. on the ninth with maintenance of the preconception, prenatal, postpartum well woman services.

>> Stacy Sjogren (moderator): Right and you had some of that information in the slide deck. I remember that. OK, very good. Jane, I see a question here on my list so I'm going to go ahead and call on. Is it representative Kristi and that your name is cut off at the end? Pursell perhaps?

>> Representative Kristi Pursell (Northfield): Yes

>> Stacy Sjogren (moderator): And you should be unmuted if you'd like to go ahead.

>> Representative Kristi Pursell (Northfield): Thank you so much. Can you hear me?

>> Stacy Sjogren (moderator): We can hear you just fine.

>> Representative Kristi Pursell (Northfield): Wonderful. I guess a follow-up question is not for Mayo Clinic but for the Department of Health. So, in that statute 144.555, it states that the notice needs to be made to the Department of Health 120 days before the change occurs and then within 45 days we have to conduct a public hearing. So, I know that the $1,000 fine that the Department of Health could levy against Mayo Clinic is optional and I guess I'm curious sort of the other questions that the community will have. I represent just the Scott County portion of New Prague, I'm the state representative so I and wondering about, if there are those repercussions or consequences this for what is I think, unfortunately a lack of transparency in this process.

>> Stacy Sjogren (moderator): Thanks, Representative. Maria, are you in a position to be able to come on camera again? I don't know if you've been able to pull the dates together in the process here. I don't want to put you on the spot, but I do want to give you an opportunity to be able to shed some light on this.

>> Maria King (MDH): Appreciate that question and I think it's really important for us to be looking at those processes. In this case, we got our notice from the hospital on January 17th with an explanation from them about what the reason was for that was unanticipated for the quick turn-around time here. And so, we did take it into consideration. Happy to have additional conversation about that if anyone would like to and you can certainly reach out to the department and we're happy to give you an audience, provide an audience to answer questions. But that's how that decision was made.

>> Stacy Sjogren (moderator): Thanks Maria. Go ahead, doctor.

>> Dr. James Hebl (Mayo Clinic New Prague): If I could also make a quick comment. So, the decision on our part to move forward with this was on Tuesday, January 16 and we notified the Department of Health the following morning on Wednesday, January 17. And with regards to the 120 day period, there is in fact an exemption, and exception to the statute if, in fact, staffing simply makes it untenable to be able to continue the service in question. And so there are exceptions within that statute that exempt a group from that 120 day notice period. We would have liked to have gone the full 120 days but our staffing limitations that I previously described simply did not make that possible for us.

>> Stacy Sjogren (moderator): Very good. Thank you so much. Let's see. Jane, do you have…? I see I've got another hand raised here but I'm trying to do our loop so let's check in with you and see if you've got any pre-submitted questions or if you are in a position to be able to pull something from chat. Just so everybody knows, I'm not seeing chat when you're doing this, I've got to rely on Jane to keep me posted.

>> Jane Danner (MDH): There are some pre-submitted comments, and we are transitioning, and I believe Shellae is prepared to take over our comments.

>> Stacy Sjogren (moderator): Ok, very good thanks. Well, changing in the guard here. Shellae, what do you have for us?

>> Shellae Dietrich (MDH): Yeah, we have a couple more comments that came in the chat. One of them is "One of these facilities you may be referring to is the freestanding birth center in St. Peter which announced they are also closing in May, so one less option to our general area, huge loss." Comment.

>> Stacy Sjogren (moderator): So, I am hearing that is just a comment. Doctor, is there anything that you'd want to share in terms of a response or acknowledgment?

>> Dr. James Hebl (Mayo Clinic New Prague): Sure. Yeah, the freestanding St. Peter facility was not one of the three I was referring to. The three locations that are all within the 21 to 28-mile range of New Prague include Shakopee, Northfield, and Faribault that all provide labor and delivery services as well.

>> Stacy Sjogren (moderator): Oh, thanks for the clarification. Appreciate it. OK Shellae. I think it's back to me if that's alright with you as we've changed hats here a little bit and I'm seeing Maria with her hand up here. Maria, if you would like to come on microphone and share your name and where you're from and your question or comment please.

>> Joey (New Prague): Yeah, hi. Can you hear me okay?

>> Stacy Sjogren (moderator): We can.

>> Joey (New Prague): So, I am on my wife's computer. Her name is Mariah. My name is Joey. We happen to be from New Prague, Minnesota. I have about three questions if you guys may entertain that. So, I saw on one slide, some of the births declining in New Prague. The first question is, was part of that reason because of COVID and just lack of people potentially getting pregnant? And then what do you foresee those numbers would ever increase because now we are out of the pandemic? And the second question would be, was Mayo or the people in charge, were they pushing for the increase of pregnancies in New Prague or was it something that was driven towards Mankato to begin with? And then, has there been any consideration of the growing community in New Prague and surrounding area that things would change in the future? And then my last question, sorry, that's four questions. My wife and I – so actually the first the comment that you read earlier was mine. So, we had a child, we had a baby girl in 2021 and baby boy in 2023. We experienced the best, best possible care. We couldn't speak enough about how well our children and my wife was taking care of. I guess my last question is, what would be the reason for my wife and myself -- mostly her because she's the one having the baby, right? What would be the reason for us to continue to go through Mayo for future pregnancies and in the short-term, what would be the main reason? If we don't have the option of New Prague as kind of the one-stop shop I don't feel that it's necessarily fair to be passed off to another hospital we could do it all here. Thank you.

>> Stacy Sjogren (moderator): So, Joe, don't go anywhere OK? Because I want to make sure I've got these questions right and so that the Mayo team can hear them again before they start answering. The first question you had is, were the numbers of births going down related to COVID and so that now that we're through that might they be increasing again? Your second question, I think, and this is me paraphrasing. So, the second question was, was Mayo, and I'll call it headquarters, perhaps pushing for this change in anyway? Is that a fair statement of the intention of your question?

>> Joey (New Prague): I guess I don't want to, I don't want to characterize it as advertising, because I don't want it to be looked at as, well, kids are just something to sell, or birth. But is it? Was it something that it wasn't? It wasn't necessarily pushed in the community to hey, have your kids here instead of going somewhere else. Because I guess I've never seen anything like that, but I guess I don't want to mischaracterize them so.

>> Stacy Sjogren (moderator): Okay, alright. And help us out with your third question again, would you please?

>> Joey (New Prague): Yeah, considerations for a growing community in New Prague. There's, you know, houses are getting built. The community of New Prague is not shrinking, it's growing. You have Montgomery

to the south. They have a Mayo Clinic. It's just the surrounding community. I feel that it would have a great support for maternity just because it is a growing community.

>> Stacy Sjogren (moderator): Okay, so, that's the third question and then the fourth question you asked was what would the reason be for community members in the short term to go through Mayo for labor and delivery assistance. Fair enough?

>> Joey (New Prague): Yeah. Yeah. Yep, that would be cool.

>> Stacy Sjogren (moderator): Okay, very good. So, there we go. I'll do them one more once at a time here and you can all help me out. Who would like to field the question about births going down during COVID and what do we really know about whether or not those numbers will creep back up again.

>> Dr. James Hebl (Mayo Clinic New Prague): I will refer that to Dr. Anil.

>> Dr. Gokhan Anil (Mayo Clinic New Prague): So, I'll start with first and foremost we appreciate the fact that you entrusted your care to Mayo Clinic and love hearing what a wonderful experience you have had in our facility. Now, the number of births have been declining in the United States since 2007 for about 15% decline for the last 16 years. So, we used to have about 4 million deliveries in the country. Now that number is about 3.4. so that's about 15% decline. As Dr. Hebl alluded to in Minnesota we've seen a 21% decline in the state of Minnesota. Some of the numbers, as you've asked, that during COVID, was further dipped, stabilized. But we keep seeing this decline happening everywhere, not just within the state of Minnesota, but across the country. So those are the national trends as family sizes are shrinking down, people are having either less children or later in life. That is what we are seeing, like many other industrialized nations, the United States is not immune to that.

The second portion of the question is are we pushing some of the deliveries to Mankato or other facilities within Mayo? As I said, we have seen some declines in our Mankato numbers, number births and I happen to have the privilege of actually looking for the entirety of southern Minnesota. We have about seven hospitals that provide maternal care and most of those units have seen similar declines as well, so this is not unfortunately unique to New Prague or Mankato or southern Minnesota. So, we have seen those numbers drop down, not some, some of them are a little higher, some of them are little less but nevertheless a decline. We have experience in seeing across. It will turn it back to Dr. Hebl to maybe take on the other two questions.

>> Stacy Sjogren (moderator): Very good. So, Dr. Hebl, I think the remaining two questions are, New Prague is growing. How does that figure in to your thinking?

>> Dr. James Hebl (Mayo Clinic New Prague): We agree that New Prague is in fact a growing community which is why we are seeing so much demand and many of the other specialties outside of the obstetrical practice. We mentioned the incredible demand for cancer care, for orthopedics, for sports medicine, care for urology and the demand for those specialties has been tremendous which is why we're growing those specialties in response to what we are seeing within the community. Unfortunately, that's just not what we're seeing within the labor and delivery world. We're not seeing the increasing demand like those other specialties. In fact, we're seeing the declines we've been talking about throughout the evening here. And so, our commitment is to respond to the demands to best meet the needs of the community which are many of those specialties outside of labor and delivery that we talked about. And then perhaps maybe I'll address the last question, why would you continue to choose to stay at Mayo? Why would you continue to get your child born in Mankato? I guess I would ask and first of all, thank you for sharing your wonderful experience that you describe in the

New Prague campus. I would like to believe you would experience that same exact situation in our Mankato campus. We are one Mayo Clinic. We have the same expectations, the standards, the same qualities and expectations and the same wonderful staff at many of our locations. And so, I would hope you would experience the same great service and care that you received in New Prague at our Mankato campus as well.

>> Stacy Sjogren (moderator): Thank you. Shellae, I don't see other hands up on my list. What are you seeing in chat? And I think we have handled the questions submitted ahead of time so perhaps just chat.

>> Shellae Dietrich (MDH): Yes. A couple more questions in the chat. “Which are the additional locations that offer delivery and less than the 45 to 60 minute drive as is the commute to the Mayo campus in Mankato?”

>> Stacy Sjogren (moderator): So, additional close locations?

>> Dr. James Hebl (Mayo Clinic New Prague): Yes, I think I mentioned those earlier. They would include facilities within Shakopee, within Northfield, and withing Faribault, which are all between 21 and 28 miles or a 20-25 minute drive from New Prague. Those three locations would in fact be closer than our Mankato campus which is about 44 miles or a 45 minute drive.

>> Stacy Sjogren (moderator): Super. Thank you Shellae. What else do you have?

>> Shellae Dietrich (MDH): So, this is from Jennifer Hoff with KARE 11. “This is about the 24th hospital that has closed labor and delivery services since 2011 in Minnesota. Some of the highest in the country. How would you respond to this pattern and the impact these closures have on rural areas and patients?”

>> Stacy Sjogren (moderator): Do you have some thoughts about this pattern that we are seeing here?

>> Dr. James Hebl (Mayo Clinic New Prague): So, first of all, thank you so much for the question and I understand why that question is on the minds of I think many individuals out there with the challenges surrounding rural health. I think it would be inappropriate for me to speculate on why other locations have made the decisions they have made because I think we know from our own experience that every situation is simply very, very different. So, we know that each clinical practice is impacted by their own set of unique circumstances so I can only comment on New Prague and the rationale and reasoning behind our decision so I wouldn't want to speculate on why other organizations may have made similar decisions in the past. So, what we are seeing in New Prague once again are the low volumes and the workforce shortages which continue to be ongoing challenges from that perspective. Dr. Anil, anything you would add on the impact of rural health regarding some of the closures from your perspective as an obstetrician?

>> Dr. Gokhan Anil (Mayo Clinic New Prague): Well, this is dear to our heart, right? I mean, this is one of the things we dedicate our entire life. At least Lisa McConnell as a nurse, me as an OB-GYN physician, Dr. Hebl have provided obstetrical anesthesia. So, we are making this very difficult decision to address the difficult set of challenges. So now that being said, what we are trying to contemplate is in this circumstances, how can we provide, bring the whole entirety of Mayo Clinic team from our colleagues in Rochester through our colleagues in New Prague as much as locally possible but bringing the best of the world that we can to the care of our patients because the challenges there not enough OB-GYNs, as Dr. Hebl talked about in the rural community. The shortage will only get worse unfortunately, not get better so we are trying to employ digital technology as much as we can, provide ultrasound services, local prenatal care which is the bulk of still important access to health care services. Now, that being said, I can't say that this is unique to Mayo Clinic. I can't say that this is happening just in Minnesota, unfortunately and I wish we had better answers. But we are committed to providing integrated, coordinated care that is as local as possible within safety, quality, and patient centric

approach. So that's what we are committed to. Lisa, I don't know if you'd like to add anything to what I just said.

>> Lisa McConnell (Mayo Clinic New Prague): Yes. Thank you, Dr. Anil. I just to maybe just to share, you know, this is really a difficult decision. Being a rural community member, it's hard to make these decisions but we also know we need to maintain that high quality care and when you don't have the providers to be able to support the practice and you have enough experience for our staff to remain competent or have that high level of competency to react to a very high-risk situation that that could occur at any site anywhere, it's the right decision to not put our patients in way of harm or put our staff in way of harm.

>> Stacy Sjogren (moderator): Lisa and Dr. Anil, thank you. I continue on this end to see no hands up. Shellae, what do you have on your end?

>> Shellae Dietrich (MDH): Yes, I do have another question. "Is there a chance that births could return to the New Prague hospital in the foreseeable future and what would be the tipping point for that?"

>> Dr. James Hebl (Mayo Clinic New Prague): I think we would have to see dramatic changes in both state and regional birth rates which are certainly not, as I've mentioned in many of the studies and projections by national regulatory bodies, not what appears to be on the horizon. They don't seem to anticipate an acute change in the number of births happening or birth rates or shortages related to obstetricians. And so, we have to keep in mind there's two parts to this decision, right? It was the low birth volumes which are impacted by birth rates but also the OB-GYN physician shortage. And they both are dependent upon each other and unless we see significant changes in either one of those I wouldn't anticipate a birth returning to New Prague in the foreseeable future. As I mentioned unless we see significant changes in both of those variables.

>> Stacy Sjogren (moderator): Thank you. Shellae, I think there might be a couple more questions, but why don't we do maybe two more and then let’s check in and see where we’re standing as we are winding down the presentation and comment time tonight.

>> Shellae Dietrich (MDH): So, we just got one more question in the chat. "Will the E.R. be properly trained for when a labor patient does arrive for a delivery?" And "How would we know if they go to other facilities?"

>> Stacy Sjogren (moderator): So, two questions. Is the E.R. team going to be ready in case somebody comes in and the second question again, Shellae?

>> Shellae Dietrich (MDH): How will we know if they go to other facilities?

>> Stacy Sjogren (moderator): I am assuming, how would the community know they should go somewhere else? Is that how you’re reading that one?

>> Shellae Dietrich (MDH): Yes. And then there’s another meaning. If we had the volume to open again.

>> Stacy Sjogren (moderator): OK, so, let's take the first one. The E.R. preparedness.

>> Dr. James Hebl (Mayo Clinic New Prague): Sure. Maybe I'll take that one. So, as I mentioned in my opening comments, we have already embarked on providing additional both education as well as training, including simulation training to our ED teams in anticipation of a patient showing up in labor within the E.R. so that they feel comfortable managing women under those circumstances. Interestingly, within the past month during one of the periods of times that we were on diversion where our labor and delivery unit was closed, we actually did have a woman show up in our ED in New Prague where the baby was safely delivered. And so, we

have had that happen within the last month. Fortunately, everything went well for both mom as well as baby. And so, we are training our staff and they are prepared to deal with obstetrical scenarios if women in fact show up. Regarding the second question, Stacy, I'm not sure I entirely understand it.

>> Travis Paul (Mayo Clinic New Prague): I can maybe take a stab at. I think it was There was a follow-up question that I saw come through. It was really around; how would we know if there was enough volume to reopen. As you picked up in the comments we've made tonight, we are constantly evaluating the services we provide, we use a variety of sources looking at data from different consulting companies. We look at that data to decide what services are we in a position to provide? How best to provide those services. Whether it be virtual or other ways. So those are the ways we would start to pick up if our deliveries are going up in the market. Is this a service that we should evaluate whether we need to provide in the future? Do we have staff able to provide this service? So, we have access to a variety of data to help guide the service decisions both now and in the future. That's how we'd know.

>> Stacy Sjogren (moderator): Thank you. Shellae, did we get all aspects of the questions that were posed then?

>> Shellae Dietrich (MDH): Yep and then we just received one more question and chat. "If safety is an issue for the OB staff, wouldn't it be more unsafe for E.R. to be only minimally trained?

>> Dr. James Hebl (Mayo Clinic New Prague): Well, we know the training of emergency room physicians include the delivery of newborns as part of their emergency room training. And we know that children are born in emergency rooms around the country, around the state of Minnesota on an annual basis. We know that simply happens. Is that the preferred or optimal site or location? No. The appropriate location and the safest location would be at a high volume obstetrical labor and delivery practice for the reasons we kind of outlined today. So, are there risks potentially associated with delivering a baby, whether it's in a parking lot, on the highway, the freeway, or in an ED? Yeah, there's potential risks associated with that, which is why it's not an optimal situation. So, we will work with every patient to ensure they have a very clearly lined out birth plan that they understand what their options are at both Mayo as well as non-Mayo facilities. And we are committed to working with them to ensure they develop a birth plan where they feel very comfortable with the options put before them and the decisions that need to be made to ensure they have a safe, seamless birthing experience.

>> Stacy Sjogren (moderator): Shellae, do we have anything else or are we ready to pivot now?

>> Shellae Dietrich (MDH): Yes, that's all we have.

>> Stacy Sjogren (moderator): Okay. Well then Mayo team, I might turn it back to you to share your closing comments for this evening.

>> Dr. James Hebl (Mayo Clinic New Prague): You bet. Thank you so much. So, I will begin, and I'd like to close by first and foremost thanking everyone for attending this evening's event. Your passion and commitment to New Prague is clearly obvious as is ours. I hope you have understood and been able to feel that as well. We deeply value the partnership and trust we have developed over the years with our patients as well as with the entire New Prague community. Secondly, we are also very grateful for the honest and transparent conversation that we've had this evening. Also, very grateful for our MDH colleagues who have facilitated a truly respectful and a meaningful dialogue, so thank you very much. And finally, I would like to simply thank our New Prague staff. As we've mentioned earlier, for their long-standing dedication and unwavering

commitment and the outstanding care and service that they provide to the patients of New Prague as well as their family. It's an absolute privilege to be part of the life of each patient who entrusts Mayo Clinic with their care, and we are very grateful for the opportunity. Thank you so much.

>> Stacy Sjogren (moderator): Well, thanks to all of you, we appreciate it. I'm going to turn it over to Maria King to come back on camera and wrap things up for this evening.

>> Maria King (MDH): Hi. Thanks again, Stacy and thank you to all of you participating in the hearing tonight for the Mayo Clinic New Prague facility. We appreciate all the comments and the time people have taken to share those comments and for your listening to learn about the hospitals plans. And then for next steps, just remember that MDH has the authority to hold the meeting and to inform the public, but we do not have authority to change, delay, or prevent the proposed changes, closures, or relocations. You can provide comments or feedback on the hearing website until February 7 which is tomorrow and then a transcript will be available within ten days.

Thank you again for taking the time to share your concerns, your comments, and your questions. Really appreciate that. And I'd again like to thank the Mayo Clinic New Prague team for sharing their time, the information, and insights with us. And with that, I wish you all a good night.

>> Stacy Sjogren (moderator): Thank you, everyone.

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