

COMMENT ON PROPOSED HOSPITALS

Name:

Elizabeth Beck

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

No

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:

Expanding inpatient rehabilitation is a moderate priority. as a PM&R provider for a large local system, MOST of the time we are able to move patients from acute hospitalization to inpatient rehab in a very timely manor and bed availability is not a consistent barrier to care. Occasionally bed availability is a barrier to care, but in most of those instances is more related to a location preference on the part of the patient or family (ie there is a rehab bed available but it may not be at the preferred location).

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

The Noblis plan would have a very negative impact on existing hospitals in the area. We have several rehab hospitals locally that are providing care at all levels of care from therapy services in the emergency department, to PM&R and therapy services in the acute care hospitals into the post acute inpatient rehab hospitals and then continuing in the outpatient setting. The inpatient rehab ward is the single MOST lucrative level of care and it is the ONLY level of care that they are proposing to be a part of. This is an entirely economic grab for the most lucrative piece of the rehab spectrum and it is NOT what our community needs most. We have several month waits in all rehab clinics to see rehabilitation physicians. There are also severe week to months waits to get into outpatient therapies for certain complex diagnoses.

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

This would thin the pool of available trained rehabilitative nurses, physicians and therapists.

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

As a for profit institution who can control admissions to their rehab facility, there is very high risk that this would offer little to no service to our low income or non-paying patients.

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

As a practicing rehab physician, I have been very discouraged by changes to the model of for-profit care in Minnesota. Those of us providing non-profit care will be the only ones left willing to serve low income or non-paying patients.