

From: [REDACTED]
To: MN_Health_PIR@state.mn.us
Subject: Public Comment on Nobis Partners Rehabilitation Hospital
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I am a physician, board certified in Physical Medicine and Rehabilitation (PM&R). I would like to provide my opinion about the proposed Nobis Partners Rehabilitation Hospital. Although I work for Courage Kenny Rehabilitation, Allina Health, I am not representing Allina Health with these comments. I am a concerned rehabilitation physician with a long history in the Minnesota community.

I have practiced at the University of Minnesota or Courage Kenny Rehabilitation Institute (CKRI), Allina Health for 26 years. I served as the medical director of the CKRI Inpatient Rehab Unit at United Hospital for 10 years. I am currently the medical director of Courage Kenny Rehabilitation Institute, overseeing the entire continuum of rehabilitation, from the physician consults in the hospital intensive care units to integration into the community through sports, recreation, and work. Patients often have rehabilitation needs from the time of their injuries and continuing throughout their lifetimes. The inpatient rehab hospitalization is a small but important slice of the entire rehab continuum. Currently, the rehabilitation organizations in Minnesota who provide inpatient rehab also provide rehabilitation services prior to and after the inpatient rehab stay. For patients, this means high quality, consistent, and non-fragmented care. Financially, inpatient rehab is more profitable to health care organizations compared to other services provided throughout the rehab continuum. Without healthy inpatient rehab units, health care systems would struggle to support the other services provided to individuals with conditions that cause disability.

I am opposed to the Nobis Rehabilitation Hospital because Nobis intends only to provide inpatient rehab. Providing only this slice of rehabilitation will fragment patients' care which is not ideal for these people with very complex needs. Nobis does not intend to provide the less profitable services in the rehabilitation continuum such as acute hospital therapy and consults, outpatient hospital follow ups and outpatient care, community services, and vocational rehab. CKRI and other rehab organizations in Minnesota are committed to providing the continuum of services to patients, not just the profitable ones. A stand-alone rehab hospital without affiliation to any current health care system in Minnesota will have little benefit to the overall rehabilitation needs of the community and may even burden the community. This type of hospital will put a financial burden on the other rehab providers who will provide the post inpatient rehab services without the financial benefit of the inpatient rehab stay.

I am concerned that Nobis, being a for-profit, investor-driven company will be inclined to choose the most profitable patients, leaving the patients with less desirable or no insurance to the other inpatient rehab units. Patients with challenging social situations and greater medical complexity are less financially desirable patients. Nobis will have the ability to decline these types of patients, placing more financial burden on the inpatient rehab units affiliated with health care systems. Courage Kenny Rehabilitation Institute and other rehabilitation organization in Minnesota are

committed to research and education. As one example, CKRI is currently working collaboratively with the University of Minnesota, Mayo, and Regions Hospital as part of the Minnesota Regional Spinal Cord Injury Model System (mnsccims.umn.edu). These institutions work together on innovative projects and research to benefit individuals with spinal cord injury in our Minnesota community. I see no intention by Nobis to contribute to research in any way. CKRI and other rehabilitation organizations in Minnesota provide opportunities for medical students, residents, and nurses in training. I see no intention by Nobis to provide education or opportunities to develop medical professionals in Minnesota. Rehabilitation research and education are critical to our community and are partially funded by the more profitable parts of the rehabilitation continuum. I am concerned that the health care systems which contribute to research and education will struggle to continue to invest in these activities, while the for-profit rehab hospital with no Minnesota health care affiliation will skim off the profits in the rehab continuum.

More post-acute hospital options, including more inpatient rehab beds will be necessary with the growing older population, but Nobis Rehabilitation Partners would be harmful to the current Minnesota rehabilitation community and would not adequately meet the needs of the people in Minnesota.

Sincerely,
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