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Julie Sonier, Director
Health Economics Program
Minnesota Department of Health
P.O. Box 64882
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Dear Julie,

Thank you for the opportunity to respond to the Prairie St. John's proposal.

Hennepin County Medical Center and our Hennepin Faculty Associates practice plan have a longstanding commitment to the provision of mental health services, and in fact provide an extensive array of services, including our acute psychiatric service, inpatient beds partial hospitalization and outpatient programs. We are quite aware of the challenges associated with meeting the mental health needs of our Minnesota residents.

Upon reviewing the Prairie St. John application and related materials posted on the MDH web site, we would express these perspectives:

1. We concur with the perspective that the need for mental health professionals, inpatient facilities, and community based programs is greater than the current supply.
2. The proposed project is clearly oriented to providing additional inpatient beds. The other points on the continuum (a representative list is included on p. 14 of the application) receive minimal emphasis, and residential facilities-- one of the region's greatest needs--are clearly excluded from the project.
3. The project envisions minimal service to adults who receive Medical Assistance. Attracting a commercial payer mix to the Prairie facility will result in more Medical Assistance volume in the general acute care hospitals, which likely represents lower reimbursement for most facilities. The application refers to Federal regulation that guided Medicaid populations away from stand-alone psychiatric facilities. It may be instructive to reacquaint interested parties with the rationale for that direction.
4. The Prairie facility, because of minimal medical capabilities, will by definition have a patient population with comparatively minor co-morbidities.
5. Prairie projects that the conditions of the patient population to be seen will in the main be those with depression and anxiety. While these can be difficult conditions for some patients, there is a greater need for inpatient facilities that can accommodate patients with serious and persistent mental illness.

6. The Prairie project proposes a 24/7 Needs Assessment operation. It is not clear to what extent such a facility would divert patients from the existing general acute hospital emergency rooms; in fact, it may represent a source of additional referrals to those sites.
7. The Prairie project does not reference ways or means by which it will increase the supply of health care professionals in the area, other than to say it will conduct nation-wide searches for additional professional staff. Without assuming responsibility for financing or programming for the education of additional mental health professionals, we would have concerns that the project will more likely create upward pressure on human resource costs. It is already difficult to cover those costs for the facilities that are seeing a more acutely ill patient care population, and that see a high volume of uninsured and Minnesota public assistance patient volume.

We appreciate the opportunity to comment, and look forward to the public hearing on January 22.

Sincerely,



Lynn M. Abrahamsen
Chief Executive Officer

CC Michael Popkin, MD, Chief of Psychiatry
Michael Harristhal, Vice President, Public Policy
Mary E. Davidson, Intergovernmental Relations
Hennepin Healthcare System Board of Directors
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