



January 17, 2008

Ms. Julie Sonier  
Director of Health Economics Program  
Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164-0882

Dear Ms. Sonier:

On behalf of the nearly 11,000 members of the Minnesota Medical Association, we write to express our concerns regarding the current proposal by Prairie St. John's to build a psychiatric hospital in Woodbury.

In 2007, the MMA Board of Trustees authorized the creation of a Psychiatric Bed/Patient Diversion Task Force to address access issues to mental health services in order to identify statewide solutions to the problem of access to psychiatric services. The task force is comprised of physician members from psychiatry, emergency medicine, family practice and internal medicine.

Both the Psychiatric Bed/Patient Diversion Task Force and the MMA Board of Trustees have reviewed the Prairie St. John's Application as well as the supplemental information on the Minnesota Department of Health website; and although we support and encourage an increase in inpatient psychiatric beds, we cannot at this time support the Prairie St. John's Proposal unless the following conditions are met:

- **Prairie St. John's must accept all patients regardless of insurance status or type**  
According to their proposal, due to their standalone psychiatric facility status, they will be unable to accept Adult Medicaid patients. This constitutes a significant percentage of the patients with inpatient needs who are frequently found among those spending hours in the emergency room awaiting a bed. Without this capability at Prairie St. John's, other hospitals in the region will be forced to take a disproportionate share of uninsured and/or publicly funded patients with greater risk of financial insolvency and bed closure.
- **Prairie St. John's must provide 24-hour emergency access for psychiatric evaluations and admission**

Although Prairie St. Johns has stated that they will provide a Needs Assessment department staffed 24 hours, 7 days a week, this is very different than a psychiatric emergency room. Ambulances and families with psychiatric emergencies will not be directed to Prairie St. John's since they have no emergency room capacity. They may also be exempted from EMTALA laws as a result. This does little to alleviate the backlog in existing emergency rooms.

**Prairie St. John's must make provisions for availability of medical services for psychiatric patients with stable medical illness at the Prairie St. John's facility and for acute care psychiatric services to patients with unstable medical illness in collaborative adjacent medical facilities.**

Prairie St. John's will be unable to admit patients with unstable medical comorbidities. Their policy states that patients who are medically unstable will be transferred to an appropriate facility for care. Since patients with psychiatric illness commonly have active and concurrent medical diseases, this is a major drawback. Acute care hospitals in the region will continue to have the sole responsibility to care for psychiatric patients with significant medical comorbidities.

The MMA understands the scope of the problem of psychiatric bed availability and its impact on emergency and general medical resources. However, we also realize that open beds that do not have the capability to take the breadth of patients who need admission hurts rather than helps the issue of access to psychiatric services. Although Prairie St. John's would add beds, the constraints of the facility would mean that existing facilities in the metro area would be adversely affected by having to take the most ill and low income patients entering the system.

Thank you for the opportunity to respond.

Sincerely,



Robert K. Meiches, M.D., MBA  
Chief Executive Officer



Roger G. Kathol, M.D.  
Co-Chair, MMA Psychiatric Bed/Patient Diversion Task Force



Steve P. Sterner, M.D.  
Co-Chair, MMA Psychiatric Bed/Patient Diversion Task Force