
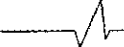


Minnesota Chapter
 **American College of
Emergency Physicians®**

ADVANCING EMERGENCY CARE 

CHAPTER MAILING ADDRESS

6 Greenhaven Bay, #289
Faribault, MN 55021

Ph: 612-370-2444
Fax: 612.370-2440

Minneapolis Location
Plaza VII
45 So 7th Street
Suite 2240
Minneapolis, MN 55402

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February 14, 2008

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

Dear Ms. Sonier:

This correspondence is being forwarded on behalf of the Minnesota Chapter, American College of Emergency Physicians (MNACEP), and deals with one of the more serious challenges to our healthcare delivery system - the ability to respond to the acute psychiatric needs of our residents.

Admitting patients with acute psychiatric illness to an inpatient psychiatric bed in this state has become increasingly difficult in recent years, and often results in "boarding" patients in hospital emergency departments for extended periods of time. It is not unheard of for a psychiatric patient to spend more than a day waiting for an open bed.

The challenges in meeting the needs of mentally ill patients are not new and a resolution will not be easily forthcoming. However, MNACEP believes that appropriate incentives to encourage a new generation of mental health professionals, appropriate facilities, adequate funding, and a strong out-patient support system may help the healthcare system deal with our serious mental health challenges.

MNACEP supports the addition of in-patient psychiatric beds as proposed by Prairie St. John's Hospital. However, we feel strongly that a number of important conditions should be first satisfied:

1) Prairie St. John's must accept all patients regardless of ability to pay or source of payment

2) The proposed institution must provide 24-hour access for acute psychiatric evaluation and admission;

3) The facility should have a staffing strategy that is not detrimental to other Minnesota hospitals, which are already facing serious professional psychiatric staffing challenges; and,

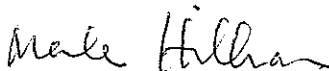
4) Prairie St. John's should endeavor to create a model for providing an integrated medical and psychiatric health care delivery system for those patients in need.

If these conditions are not met, MNACEP is concerned that the Prairie St. John's facility will not improve access for the very patients with acute psychiatric needs who we are currently struggling with and could even exacerbate an already brittle situation. The potential for so-called patient "cherry-picking", i.e. securing the most attractive patients, leaving the full service hospitals to deal with only the most difficult management and dispositional patients, is a very real fear among the healthcare provider community.

We do not believe that simply adding inpatient beds is the solution to this complex problem. Rather, a viable solution must be the result of an operationally integrated response as a key component of the entire healthcare delivery system in Minnesota.

Thank you for your attention to this important matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Merle Hillman, MD
President
MNACEP