

Mahnomen Health Center Transition to Rural Emergency Hospital Public Hearing Transcript

APRIL 30, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing at 6 p.m. April 30, on Mahnomen Health Center's transition to Rural Emergency Hospital. Rural emergency hospitals do not have inpatient or swing beds.

According to the submission filed by Mahnomen Health Center, they will continue to provide outpatient services and emergency services to the community.

More information can be found on the [Mahnomen Health Center Public Hearing page](https://www.health.state.mn.us/about/org/hrd/hearing/mahnomen.html) (<https://www.health.state.mn.us/about/org/hrd/hearing/mahnomen.html>) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): Welcome everyone, we've got one more minute before it's the top of the hour so let's give a little bit more time for those who are coming on board to join us. Hang tight and we'll begin shortly.

All right, unless any of my team are behind the scenes saying, "hey, hang on Stacy, we're not quite ready", we are going to begin, so I'm going to pause for just a second. And I'm hearing no "hold on Stacy", so we are going to begin even as more people join us. We are so glad you're here. We would like to welcome you to the public meeting to hear from the Mahnomen Health Center about its transition to a rural emergency hospital. Rural emergency hospitals do not have inpatient services or swing beds. According to the submissions filed by the Mahnomen Health Center, they will continue to provide outpatient services and emergency services to the community.

My name is Stacy Sjogren, I'm with Management, Analysis, and Development and serving as the moderator for this meeting. This evening's meeting is being hosted virtually through Microsoft Teams. I'm -- excuse me. I'm a contracted facilitator from Minnesota management and Budget, and not part of MDH.

If you have any technical issues, please visit the Microsoft Support page for Teams or you can email the HRD Communications team, and that information will be popped in the chat in just a moment. Captions are being provided for this event. You can view captions in Teams by clicking the more -- that's the "... " button in the window, then choose "turn on live captions." You can also view the captions online at the address now been posted in the chat. And you can find more information about today's hearing on the MDH website also been posted in the chat.

For this hearing, participants will be muted until the public comment portion of that meeting. At that time, participants will be selected and allowed to speak. If you don't wish to speak, you could add to your question in the chat box at that time, and a Minnesota Department of Health staff person will ask the question on your behalf. The chat feature will be used to provide information for the session as you've already seen and to ask questions during the meeting comment period. To open the chat box, click on the icon that looks like a

cartoon speech bubble with two little lines in it. If you are using Teams in the browser window, the icons are at the bottom of the screen. If you are using the Teams app, the chat icon is at the top right corner of your screen.

The Minnesota Department of Health, also sometimes referred to as MDH, is hosting this public meeting which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, share comments, and ask questions about Mahnomen Health Center's transition to a rural emergency hospital. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

The following is your Tennessee warning. The Minnesota Department of Health is hosting this public hearing to inform the public as required by law. Your comments, questions, and image which may be private data may be visible during this event. You are not required to provide this data and there are no consequences for declining to do so. The virtual presentation may be accessible to anyone who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within ten business days of the meeting. So, with all of that in mind, to opt out of the presentation, please exit now.

Today's agenda will include some introductions, a welcome from MDH's Health Regulation Division Director, an overview, a presentation by the Mahnomen Health Center staff, public comments and questions, some closing remarks from the Mahnomen Health Center staff, and a conclusion. Today's speakers include Maria King, Health Regulation Division Director at the Minnesota Department of Health, Dale Kruger, CEO from the Mahnomen Health Center, and Lori Guenther, CFO from the Mahnomen Health Center.

And now I would like to welcome Maria King, Health Regulation director -- excuse me, Health Regulation Division Director at MDH. Maria?

>> Maria King (MDH): That's kind of a mouthful, isn't it? Hello everybody.

>> Stacy Sjogren (moderator): I'm tripping over my tongue all. I'm just - that's the day today. So anyway, go ahead, Maria.

>> Maria King (MDH): Well, it's all good. Hello, everybody, and welcome. We appreciate the time you're taking to learn about the changes at the Mahnomen Health Center. It's a pleasure for us to be here tonight, hosting this hearing. This hearing is being held under the law that offers the community an opportunity to learn about the hospital's plans and for the community to share comments and questions with the hospital.

In June of 2021, the Minnesota legislature passed legislation requiring public notice and a public hearing before closure of a hospital or hospital campus, relocation of services, or cessation offering certain services. You can read the whole statute at Minnesota Statutes section 144.555 if you are interested in doing that. It's an opportunity tonight for the public to engage with hospital leadership and learn about and hear the reasons why hospital leadership has made the decision to make the changes at their hospital. It also gives an opportunity for the community to learn from their hospital and health care provider about how the community can continue to access health care services after the change.

The MDH division of the Health Regulation Division received the notice on April 1st that Mahnomen Health Center was going to transition to rural emergency hospital licensure. Rural emergency hospitals do not have inpatient services or swing beds. According to the submission, filed by the Mahnomen Health Center, they will continue to provide outpatient services and emergency services to the community.

The Health Regulation Division is tasked with implementing this law, which includes providing a forum for hospital representatives to share information about the changes in the services and for you as the public to engage with the hospital by asking any questions and comments, being able to provide comments about the changes. The statute gives MDH the authority to host the meeting to ensure the public has the opportunity to hear about the hospital's decision and to have your feedback heard. We do not have the authority to change, delay, or prevent proposed changes, closures, or relocation. This meeting is an effort to provide an opportunity for us as your State Health Department to offer a forum for transparency, listening and understanding differing opinions and perspectives around these important decisions that affect the health care services in your community. I welcome you to share your perspectives, your comments, and your questions with the Mahnomen Health Center leadership and I look forward to the discussion tonight also.

We can slip to the next slide. Here we are going to be hearing from the Mahnomen Health Center leaders who will provide the information about the following: what services they plan to curtail and when, an explanation for the reasons for this, and a description of the actions that Mahnomen Health Center will take to ensure that the residents in their service area have continued access to health care services being modified.

Please welcome the Mahnomen Health Center representatives, Dale Kruger who is the CEO of the Mahnomen Health Center and Lori Guenther who is the CFO of the Mahnomen Health Center. Go ahead, Dale and Laurie.

>> Dale Kruger (Mahnomen Health Center): Hello, my name is Dale Kruger and I'm the CEO of Mahnomen Health Center. If you want to go to the next slide, please.

Today we'll be talking about who we are and how we serve the community. Challenges to the rural health care environment, changes to the services that we'll be offering, and our commitment to the community, next slide, please.

Mahnomen Health Center is a small rural hospital and a skilled nursing center owned by Mahnomen County and the city of Mahnomen. It's a 501(c)(3) operating under a Joint Powers agreement between the county and the city. Mahnomen Health employs about 110 individuals and provides health care to White Earth, Mahnomen County, and other surrounding counties. Next slide, please.

Mahnomen Health is transitioning to a new category of hospital called Rural Emergency Hospital or REH. And REH hospital does not provide inpatient care but provides 24-hour emergency services, outpatient, and observation bed care. The designation of REH was developed by a CMS, also known as Medicare, to reduce the vulnerability of rural hospitals and to keep essential services in rural communities. Although Mahnomen Health will not provide inpatient services, we are able to provide observation care to our patients. If more intense inpatient services are required, patients will be transferred to Sanford health or another designated hospital.

Mahnomen Health will continue to follow Emergency Medical Treatment and Labor Act which is also known as EMTALA. Mahnomen Health currently has five emergency room bays, two are of them are equipped for trauma specific patients. There will be no change in the emergency department or any of the other departments within the organization. We currently have four inpatient acute care rooms which will be transitioning to observation bed or extended E.R. rooms. After an inpatient stay at Sanford or another designated hospital, a patient may be able to return to Mahnomen Health for transitional care by way of Medicare Part A stay which is similar to swing bed. The only difference between swing bed care and Medicare Part A is where the care is provided. Next slide, please.

>> Lori Guenther (Mahnomen Health Center): This is Lori Guenther, CFO. Why a change? In 1997, the federal government created the Critical Access Hospital, sometimes referred to as CAH. That designation, the CAH was developed as a result of 400 rural hospitals closing in the 1980s and 90s as a measure to keep health care in rural communities. Since its inception in 1997, there have been financial changes to the designation that resulted in a decline in payment reimbursement, and it has led to a situation where the critical access hospital designation does not benefit Mahnomen Health Center anymore. Due to changes in these regulations and prior authorizations from insurance companies, it is more difficult to classify a patient as an inpatient. And so, 67% of Minnesota hospitals are reporting operating losses in 2023, and this is similar to what's being seen across the nation as well. 55% of rural independent hospitals nationally are operating in the red. Next slide, please.

You can see from the slide the volume of inpatients and swing bed patients has been dramatically decreasing. You can see our average patient days to start there in 2021 at 1.29 for swing beds, down to .25 through the first quarter of this year. For inpatient 2021, we are about half a patient day average and we're not even making it through to a tenth there of a patient day in the first quarter of 2024. So, in exchange we are giving up inpatient services and swing services. Medicare CMS will annually pay Mahnomen Health a flat sum of money. The net positive effect for our facility is estimated to be about \$1 million per year. Next slide, please.

>> Dale Kruger (Mahnomen Health Center): Moving to REH there will be no staff changes, and no one will lose a job to the transition. To preserve health care in Mahnomen County and White Earth, this change is necessary. Mahnomen Health will continue to meet the needs of the community while balancing resource limitations and financial considerations. We have regional partners to help meet health care needs, better utilizing health care resources and capitalizing on the expertise of large organizations such as Sanford Health. Mahnomen Health is committed to serving the community and we look forward to the opportunity to grow some additional outpatient services. Thank you.

>> Stacy Sjogren (moderator): Thank you. All right. Well, now we begin the public comment portion of this meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspective. Each person will have to have up to 3 minutes to ask their question or share their comments. I will stay on camera during this time and give a time signal when you need to start wrapping up your comment. If I need to, I will interrupt you, verbally if you miss that queue.

Again, please remember the information you are sharing is being shared virtually in public forum. This means any information you share is public, so you might want to keep in mind sharing private medical information. Mahnomen Health Center will have an opportunity to respond to the questions and/or comments.

We will be muting participants until their turn to share their comment or ask their question. So, here in more detail is how this is going to work. There are two ways to ask a question or provide a comment. The first is to raise your hand, your virtual hand and you will be unmuted it when it's your turn to ask your question or provide a comment. In both the mobile app and the browser version of Teams, click on that more button, the "..." button to show the raised hand option. In the mobile app, the icon is a little yellow hand. In the browser version, the raised hand feature is the fifth item from the top of the list. We know there are a few of you calling in on your phone. If you choose to share a comment, you'll need to press *5 to raise your hand and once it's your turn, press *6 to unmute yourself.

The second way you can ask a question is to use the chat box that will turn on in just a bit. To do that, press enter or send so the staff can see your comment and read it on your behalf. To open your chat box, click on the icon that looks like the cartoon speech bubble with the two lines in it. If you are using Teams in a mobile browser, the icons are at the bottom of the screen. If you are using the Teams app, the chat icon is in the top right corner of the screen. We will select participants as hands are raised, read questions or comments received during the public comment period, as well as questions and comments during tonight's chat.

We will also invite you when it's your turn to speak to share your name and the city where you live before asking her questions or sharing your comments. We also ask you to be respectful. Everyone participating in the session tonight has an important perspective to share, community members care they will receive the services they need when they are most vulnerable, the staff care about their patients, and hospital administrators care that their communities are well served with resources available. I ask that you help me make sure you can all be heard and treated with mutual respect. With this in mind, abusive comments, comments meant to discredit or malign someone, or vulgar language won't be tolerated in chat or during verbal comments. People who use language that is threatening or make false accusations meant to damage reputations or use offensive or inappropriate language that creates an intimidating environment will be muted and the next person in line will be given an opportunity to provide their comment.

Last thing. Mahnomen Health Center will be given an opportunity to respond to the questions and/or comments. I'll work with my MDH team, when we near that 7:15 mark to begin winding down the comment period, as the session is scheduled to end at 7:30, but we will adjust our time together as we need to accommodate participants who have their hands raised and simply haven't had a chance to ask questions or comments.

With that in mind, we'll turn to Shellae and Kia to say did I forget anything because they're my partners behind the scenes to read the chat comments or comments that may have been submitted before the session started. So, may I just check in with those two before we go ahead and see who has a comment to share?

>>Shellae Dietrich (MDH): You covered everything, and we did not get any comments ahead of time.

>> Stacy Sjogren (moderator): So, I'm going to be looking at the list of attendees. I see that there are now 36 people that are listening in or eager to provide an opportunity for you to share your comments. So, remember, you can just do your raised hand feature and we'll call on you or post your comment in chat. Either Shellae or Kia will help out. I'll just be quiet for a while and see who's ready to share a comment.

>>Shellae Dietrich (MDH): OK, we did get something in the chat.

>> Stacy Sjogren (moderator): OK, go ahead.

>>Shellae Dietrich (MDH): It said, "Will ambulance services continue to be provided?"

>> Stacy Sjogren (moderator): Dale, Lauren?

>> Dale Kruger (Mahnomen Health Center): Yes, my name is Dale Kruger. Yes, all of the ambulance services will still be provided. All of the outpatient services that we currently have will continue.

>> Stacy Sjogren (moderator): If you are just joining us, this is an opportunity for the public to make comment. We have two ways of doing that. You can either post your comment in chat and we have staff ready to ask your question on your behalf or you can use your raised hand feature and come on microphone and ask the question or make the comment yourself. And I'm perfectly comfortable waiting in silence.

Thank you, Dale and Lori, we're just gonna just be quiet here for a while longer and make sure that everybody that wants to has an opportunity to speak. Let's be in the space for a little while.

>>Shellae Dietrich (MDH): We did get another question. What is the effective date of the transition?

>> Dale Kruger (Mahnomen Health Center): We do not have an official date from Medicare yet. Back in January, February when we started this journey, we did get a request for a May 1st transition date. However, as of an hour or so ago, it has not been approved for May 1st yet.

>>Shellae Dietrich (MDH): Stacy, I think you were muted.

>> Stacy Sjogren (moderator): It's just definitely one of those nights.

>>Shellae Dietrich (MDH): It is.

>> Stacy Sjogren (moderator): I bet you could all tell what I was saying is the floor is open. If you would like to make a comment either verbally, raise your virtual hand or put your comment or question into chat and we will read it for you. We just want to make sure people who would like to make a comment or be heard have a chance to do so. So just here, providing an opportunity for you.

>>Shellae Dietrich (MDH): We've received another question in chat. Can CMS deny your request?

>> Dale Kruger (Mahnomen Health Center): I believe they can deny the request, however it has already gone through the Medicare Administrative Company. The State of Minnesota has already approved it, and so it doesn't seem likely that they will deny the request, and we meet all the criteria set forth by Medicare to become a rural emergency hospital.

>> Stacy Sjogren (moderator): I'm seeing a hand raised here on my side. I see it's an Amy Card. Amy, go ahead.

>> Amy Card: Good evening, thank you for giving me a chance to talk, Dale. Thank you so much for explaining your situation and what's going on, I'm very aware of that. Perhaps this question is more for MDH regulations. So, in northwest Minnesota, we are predominantly almost all critical access hospitals. Many small, independent hospitals. So, Mahnomen being the first here in Minnesota to go through this process, I of course have a concern perhaps of another five or six doing this process, just knowing the region and the area. In the future, should more hospitals in the Northwest research this and perhaps look for this designation? Would you perhaps look at bringing in other partners such as Altru Grand Forks, Sanford Fargo, and Essentia Fargo who are the main referral patterns to ensure they can prepare for perhaps multiple critical access hospitals turning into rural emergency hospitals to make sure they can take those loads appropriately? Thank you.

>> Maria King (MDH): I don't know if you have any comment to that, but Amy, thank you for that question. You know, one thing to be aware that you just called out – I put my camera on because I wanted to call this out too. This is our first hospital in Minnesota to transition to a rural emergency hospital and all of us across the state, I would say were anxious to see how this works. We've had conversations with states across the nation who had facilities utilize this option. And of course, it was identified to try and ensure health care services could be continued, provided in the rural communities, so it doesn't close the hospital it just changes the designation. So, they will be doing, you know, they will be working on emergency type -- it would be like having an emergency room where people come in and then they get stabilized and potentially sent to an alternate level of care if that's what's needed.

To your question specifically, Amy, there are a number of thoughts around our concerns around how this might affect the state in general especially in our rural areas and there are a number of legislators that are looking at this and during this legislative session, we have seen some language from several different legislators surrounding this and we are just waiting to see how that plays out.

Our division is the division that actually holds providers accountable to the requirements, and so we are the regulatory division. We, like you, are interested in seeing how this is going to play out across our state here and would welcome you to have additional conversations with you or others about this particular designation and how it might affect us across our state.

>> Stacy Sjogren (moderator): And Shellae, Kia, I'm seeing more comments come through the chat feature. There are other questions you want to pose on their behalf?

>>Shellae Dietrich (MDH): Yes, we received another question. "Will the transition put more of a burden on emergency medical service? Longer, more frequent trips on the ambulance, perhaps? And this is a media question from KAXE Northern Community radio serving Bemidji and Bagley areas.

>> Dale Kruger (Mahnomen Health Center): For the most part, it won't put in a lot of additional burden on emergency services. Right now, a lot of our patients who do need emergency services are already transferred to Bemidji or Sanford and Fargo, or Altru. So, they are already sending patients there. I really don't believe it's going to put any addition, a lot of the additional burden on the services.

>> Stacy Sjogren (moderator): Are there any others who would like to make a comment verbally or post their comment in chat? So, I'll wait for about another 30 seconds and then we can go to closing remarks from the Mahnomen group and we will wrap up our evening. Let's give it just a little more time.

Dale Kruger and Lori Guenther, would you like to share some closing remarks?

>> Lori Guenther (Mahnomen Health Center): This is Lori Guenther. Just one closing remark that I will make is that in 1999, for those who aren't aware, Mahnomen Health Center became the first critical access hospital in the state of Minnesota as well. Taking advantage of the new CMS designation at that time.

>> Dale Kruger (Mahnomen Health Center): In closing we just want to make sure everybody knows we are here, and we are committed to serving our community. We want to continue to provide health care to our community and the county and White Earth Nation for many years to come. Thank you.

>> Stacy Sjogren (moderator): Thanks. Thanks Lori. Thanks Dale. Maria, I will turn it over to you for closing remarks.

>> Maria King (MDH): Thank you so much, Stacy. I appreciate everybody attending tonight and participating in this hearing. I really appreciate the time you took to share your comments and learn about the hospital's plans. As for the next steps underneath the statute 144.55, we just remind you that we have the authority to hold this meeting and inform the public we don't have authority to change, delay, or prevent the proposed changes to the Mahnomen Health Center. You can continue to provide comments if maybe you got shy and didn't get to make your comment tonight or didn't feel comfortable. You are certainly welcome to provide comments or feedback on the hearing website through tomorrow evening and a transcript is going to be made available for all of you in about ten business days.

2024-04-30 MAHNOMEN HEALTH CENTER TRANSITION TO RURAL EMERGENCY HOSPITAL
PUBLIC HEARING TRANSCRIPT

We want to thank you so much again for the time that you've taken tonight to share your concerns, comments, and questions and I want to thank the Mahnomens Health Center representatives for sharing their time, information, and insights with us tonight and for embarking on this journey of transitioning, being the first provider to transition to this hospital provider type. So, appreciate that. Appreciate all of you. And I want to thank you for your participation, have a great night.

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