



January 30, 2023

VIA USPS

Commissioner Brooke Cunningham
Minnesota Department of Health
Commissioner's Office
P.O. BOX 64975
St. Paul, MN 55164-0975

Dear Commissioner Cunningham,

I am the Founder and President of Nobis Rehabilitation Partners (“Nobis”), an organization dedicated to developing and operating inpatient rehabilitation facilities that provide exceptional patient care, decrease healthcare costs, and improve patient health outcomes. In accordance with Minn. Stat. § 144.553, subd. 1. I am writing to express Nobis Rehabilitation Partner’s intention to seek a hospital license to construct a sixty-bed inpatient rehabilitation hospital in Minneapolis. I am also providing additional information for your review based on the listed considerations in Minn. Stat. § 144.552.

I. Introduction

Nobis currently operates ten inpatient rehabilitative hospitals across the United States and has an additional ten hospitals under development. Through proven and reliable methods, Nobis is dedicated to managing hospitals and hospital-based units that will care for patients who have experienced life-changing diseases or injuries.¹ Our Nobis-operated hospitals and units employ exceptional caregivers and therapists to return these patients to the highest quality of life and independence.

II. Hennepin County and the surrounding metro have a significant need for an inpatient rehabilitation hospital.

Currently, in Hennepin County there is a conservative 200 plus rehabilitation bed shortage and we believe with population changes the bed shortage will be closer to a 400 bed shortage.² Additionally, the aging of the population is well documented through public health data in the region coupled with there is a high incidence of obesity, hypertension, and high cholesterol in the region. While some of the acute care short term general hospitals in the area provide inpatient rehabilitation services, these facilities have many other service lines that consume their expertise, strategies, and capital investments.

¹ The Nobis Scope of Services is attached hereto as Exhibit A. The Scope of Services is a detailed review of the rehabilitation services that Nobis provides at the rehabilitation hospitals.

²This analysis is attached hereto as Exhibit B. This data was gathered during an independent assessment of the regional inpatient rehabilitation bed needs.

Unlike short term acute care hospitals, Nobis rehab hospitals focus only on providing the best possible inpatient rehabilitation, without any other competing priorities. Our unique goal is to tailor our programs to the distinct needs of the Twin Cities community, such as targeting stroke and medical rehabilitation programs to accommodate the high disease prevalence previously mentioned related to these rehabilitation programs. Obtaining a hospital license in Minnesota will allow Nobis to greatly expand patient access to rehabilitative care, ultimately decreasing unnecessary patient readmissions into general care hospitals and significantly improving the quality of life and health outcomes of Minnesotans in need of rehabilitative care.

III. The inpatient rehabilitation hospital will financially benefit existing acute-care hospitals that have emergency departments in the region.

Our inpatient rehabilitation hospitals provide care to patients that are medically stable and able to tolerate up to three hours of intensive physical, occupational, and/or speech therapy with a minimum of fifteen hours per week. As such, our facilities do not compete with existing hospitals in the region that provide services to patients seeking emergent care. Instead, Nobis works closely with these local acute care hospitals through transfer agreements to ensure the streamlined transfer of patients requiring rehabilitation care to our rehabilitation hospital. Our inpatient rehabilitation hospital facilitates bed flow at crowded general acute care hospitals by admitting patients who need rehab services to our rehab hospitals which frees up those general acute care hospital beds to allow for more efficient admissions from their emergency departments.

Additionally, because our focus is providing inpatient rehabilitation services only, we strive to decrease the readmissions and negative financial impacts to the area's general acute care hospitals. Studies have shown that patients who receive rehabilitation care at an inpatient rehabilitation hospital versus a sub-acute rehabilitation center have greater quality outcomes, fewer readmissions, and a higher discharge to community rate.² By employing a clinical team dedicated to inpatient rehabilitation and building a close relationship with local acute care hospitals with emergency departments, we can ensure our patients receive the highest quality rehabilitation care and place them back in their community at the highest level of function, thus saving local hospitals and payors time, money, and resources.

² See Ickpyo Hong, et al., *Comparison of Functional Status Improvements Among Patients With Stroke Receiving Postacute Care in Inpatient Rehabilitation vs Skilled Nursing Facilities*, 2 JAMA 1, 2 (2019), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2756256> (finding that “inpatient rehabilitation in [inpatient rehabilitation facilities] for patients with stroke was associated with substantially improved physical mobility and self-care function compared with rehabilitation in [skilled nursing facilities].”); American Physical Therapy Association, *Therapy Outcomes in Post-Acute Care Settings: Study Summary*, American Physical Therapy Association (April 5, 2021), <https://www.apta.org/article/2021/04/05/apta-aota-joint-statement/tops-study-summary> (noting that “the TOPS study provides clear evidence that occupational therapy and physical therapy services improve patient outcomes across all [post acute care] settings”); American Medical Rehabilitation Providers Association, *Dobson DaVanzo Study Summary*, accessible at: <https://amrpa.org/Portals/0/Dobson%20DaVanzo%20Study%20Condition%20Specific.pdf> (providing a summary of the key findings of the TOPS study)



IV. A Nobis Inpatient Rehabilitation Hospital will create jobs and draw caregivers from schools and the community without impacting the staffing at existing local hospitals.

At each of our facilities, Nobis focuses on building a skilled, dedicated, and diverse team of caregivers and is committed to creating a workplace where all team members and patients are treated with respect and fairness. To do this, Nobis develops relationships with local colleges that offer physical therapy, occupational therapy, speech therapy, and nursing programs to recruit caregivers that are highly trained in the most cutting edge skills and techniques. In addition to local colleges, Nobis collaborates with local community groups to help connect job-seeking caregivers with opportunities to help us build a team that can provide culturally competent care that meets the distinct needs of all our patients.

Nobis currently operates facilities in two states where there are severe shortages of caregivers. As such, we have built our organization around recruiting, training, and retaining the best caregivers in the region without the need to poach staff from other hospitals. To ensure Nobis hospitals always have a full caregiving team, Nobis has its own nurse travel program to fill any gaps if needed.

V. Nobis Inpatient Rehabilitation Hospitals across the country provide lifechanging services to nonpaying or low-income patients.

While seniors on Medicare will likely make up the largest patient demographic at our proposed inpatient rehabilitation hospital, across the country, several Nobis hospitals are located in dense populations of Medicaid patients. At those hospitals where we have significant proportions of patients with minimal financial resources, our team leverages our full resources to provide exceptional care to all of our patients, regardless of their income level.

To do this, each hospital team reviews each patient's individualized plan of care and the established clinical and financial metrics at the hospital in their daily team huddles. These reviews ensure that our team are leveraging the best rehabilitation services for those patients while we are employing the best possible staffing plans and most effective admissions and discharge processes to have a clinically and financially high performing inpatient rehabilitation hospital. Additionally, our proposed hospital will have dedicated Case Managers who will help our clinical rehabilitation team, the patient, and their family connect with needed resources. Using these tested methods, Nobis has already developed processes that allow us to provide the highest quality care for all community members.

VI. Conclusion

Thank you for your consideration of our letter of intent to obtain a hospital license and in advance for your timely publication of notice of our intent in the State Register pursuant to Minn. Stat. § 144.553, sub. 1(b). Please contact Gina Thomas, our Chief Development Officer, by phone at 469-640-6507 or by email at gthomas@nobisrehabpartners.com at any time to request additional



information or if we can provide any clarity on our submission. We look forward to working with you throughout this process.

Sincerely,

A handwritten signature in blue ink, appearing to read "CC", is positioned above the printed name.

Chester Crouch
Founder and President, Nobis Rehabilitation Partners