

IN BRIEF

UNITY'S RESSLER TO RETIRE

Rickie Ressler, the president of Unity Hospital in Fridley, has announced plans to retire in early 2010. Ressler has led Unity, which is part of Allina Hospitals and Clinics, since 2006. She has been with Allina more than 40 years as a caregiver and administrator, officials say, and served six years as executive vice president of Allina's regional hospitals and specialty operations.

"Rickie's contributions have helped shape Allina Hospitals and Clinics," says Ken Paulus, Allina president and CEO. "She is tenacious and courageous in her quest for patient care excellence. She has led and continues to lead with her values and commitment to our mission."

BLUE CROSS "DO" CAMPAIGN WILL TARGET OBESITY IN MINNESOTA

Blue Cross and Blue Shield of Minnesota has launched a new series of television ads targeted at reducing the rising rates of obesity in Minnesota. The ads, part of Blue Cross' "do" campaign, use ordinary people to talk about how they are overcoming barriers to maintaining a healthy weight.

Officials say the goal of the campaign is to inspire Minnesotans to move more and eat less in order to achieve better

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Flu Cases Down, but More Deaths Reported

Influenza activity is down in the state, but people are still catching the flu and deaths continue to be reported, Minnesota Department of Health (MDH) officials announced last week.

According to standards set by the Centers for Disease Control and Prevention (CDC), influenza activity in Minnesota has been downgraded to "local," meaning that most influenza activity is occurring in one area. In Minnesota's case, the area with the most flu activity is the northwestern region of the state.

Flu activity in other areas is down, officials say, but cases continue to be found. Influenza types A, B, and H1N1 have caused deaths in the state. MDH confirmed 10 more influenza deaths on Dec. 2. Of those, seven were due to H1N1, two were due to influenza A, and one death was associated with influenza B. The total number of influenza deaths in Minnesota since April is 45, with 31 deaths due to H1N1. Officials say Minnesotans should continue to take precautions to protect themselves and others from influenza. They say people should stay at home if sick, cover their nose and mouth when coughing or sneezing, and practice frequent hand washing.

MDH has also designated priority groups who are urged to get vaccinated against H1N1 as soon as possible. Priority groups include pregnant women, people who live with or care for children younger than six months old, health care workers and emergency personnel, anyone between six months and 24 years old, and those with underlying medical or immune system conditions.

United Way Forum Examines Loss of GAMC on Health Care, Community Services

Panelists at a Dec. 2 forum sponsored by the United Way provided a panoramic view of how the loss of the state-funded General Assistance Medical Care (GAMC) program will affect patients, health care organizations, and the broader community.

The GAMC program, which was established by the Minnesota Legislature in 1975, provides health care assistance to low-income individuals not eligible for other public programs such as Medical Assistance (Medicaid) or MinnesotaCare, the state's subsidized insurance plan for the working poor. Last spring, Gov. Tim Pawlenty used a line-item veto to cut funding for the GAMC to help balance the state's historic budget deficit. In November, Pawlenty announced that as of March 1, most of GAMC's 35,000 recipients will be transferred to MinnesotaCare.

At the event, held at the University of Minnesota's Humphrey Institute, three panels of speakers shared their perspectives on the elimination of GAMC. The panels examined the impact on patients and the health care and social services



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health. Slowing the rise of obesity, they add, is a critical issue in the state because more than 60 percent of adult Minnesotans are overweight or obese, resulting in increased risk for high blood pressure, type 2 diabetes, heart disease, stroke, osteoarthritis, and colon cancer.

T. J. Melcher, from Bemidji, and Kathleen Evers of Millville are featured in the first two ads of the new series, talking about how they addressed weight issues.

Marc Manley, chief prevention officer for Blue Cross, says the health plan is seeking to spotlight success stories such as Melcher's and Evers'. "Losing weight and adopting a healthier lifestyle can seem overwhelming, but success can be easier if you don't feel alone. Our new ad campaign is designed to build momentum and get friends, family, and coworkers moving and doing something about obesity and its alarming upward trend," Manley added.

U OF M OPENS \$79 MILLION MEDICAL BIOSCIENCES BUILDING

The University of Minnesota has opened its new Medical Biosciences Building, which officials say will house brain and immune system researchers.

The \$79.3 million, 115,000-square-foot building will be home to 210 researchers, including 25 principal investigators, and is part of the university's Biomedical Discovery District.

Officials say the district will bring scientists and researchers together to collaborate in state-of-the-art facilities to find cures and treatments for conditions such as cancer, heart disease, diabetes, Alzheimer's disease, and more.

"The Biomedical Discovery District is critical to the university's research in the

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organizations that serve them; options for continuing to provide services for the GAMC population; and the political landscape for legislators trying to save the program in some form while grappling with daunting fiscal and social realities.

Art Gonzalez, CEO of Hennepin County Medical Center (HCMC), called the loss of GAMC revenue "devastating" and "an unfair cost shift" for safety net hospitals such as HCMC and Regions Hospital in St. Paul. HCMC will lose 10 percent of its total operating revenue through the elimination of GAMC, he said. Ramsey County Commissioner Rafael Ortega added that counties could expect "significant increases" in costs for services such as detox, mental illness, public safety, corrections, housing, and hospital stays for indigent patients.

Monica Nilsson, director of street outreach for St. Stephen's Human Services, Minneapolis, made the case for linking needs for housing, health care, and support services for GAMC clients. "What's obvious to people who work with the homeless is that housing is health care," she said. In eliminating GAMC and other services, she said, "We're not sheltering mentally ill people; we're creating them."

In a discussion of policy issues related to covering the uninsured, two panelists noted that if Congress passes federal health reform, help could be on the way—but probably not for several years. Lynn Blewett, director of the University of Minnesota State Health Access and Data Assistance Center, said that even if Congress beefs up Medicaid funding, additional funds won't be available until 2012 or 2013. In the meantime, she said, "we need to find a bridge" to continue providing services to GAMC recipients.

Blewett described both financial and administrative problems in moving the GAMC population to MinnesotaCare, which operates much like a private health plan, with members required to pay premiums and copays. "It isn't targeting the right population," she said, because people on GAMC are in general much sicker than those on MinnesotaCare. They are unlikely to fill out the lengthy application form and cannot afford the associated costs of MinnesotaCare, she said.

Veteran state legislator Roger Moe, who served as Senate majority leader for 22 years, said he believes the Pawlenty administration is open to a resolution to the GAMC situation, and is leaving it up to the Legislature to propose an "acceptable solution" prior to March 1. Noting that "timing is important—you have to know what you want to have done and by when"—Moe said he would advise legislators to devise a stopgap solution to sustain services to GAMC recipients over the next year, and then "start with a new blueprint" for a program to replace GAMC.

UCare's P4P Saw More Participation in 2008

UCare's annual Pay for Performance (P4P) program saw a jump in participation from clinics and independent providers in 2008, and is paying close to \$2.5 million for quality performance efforts. Officials say the payments recognize providers for superior or improved performance delivered to members of public programs such as MinnesotaCare or UCare's Medicare Advantage plan.

Minneapolis-based UCare, which offers products for public health plan enrollees, rewards providers of all sizes, officials note. The program tracks improvements in areas such as well-child visits, cancer screening, immunizations,



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health sciences, and to our goal of preventing and finding treatments and cures to diabetes, infectious disease, neurological conditions, cancer, and cardiovascular disease,” says Frank Cerra, MD, senior vice president for health sciences and dean of the medical school. “State-of-the-art research facilities are critical to recruiting new faculty and to educating and training the next generation of health professionals.”

PATOW CALLS FOR RESIDENTS TO HELP WITH QUALITY IMPROVEMENT EFFORTS

A top medical educator with HealthPartners says medical residents should play a greater role in quality improvement initiatives. Carl Patow, MD, executive director for the HealthPartners Institute for Medical Education and president of the Alliance of Independent and Academic Medical Centers (AIAMC) board of directors, says a national study shows benefits to including residents in quality improvement efforts.

Writing in the journal *Academic Medicine*, Patow says an AIAMC initiative found that hospitals are better able to meet quality and safety priorities when residents are involved in quality improvement programs. In addition, residency programs themselves were enhanced.

“While the original focus of the initiative had been improving patient care, it soon became clear that it was also improving the quality of the residents’ educational experiences,” Patow says. “This is an important lesson, which we can leverage as we work to further enhance our residents training programs.”

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and diabetes care.

Officials say 546 care systems and independent clinics serving the state’s Minnesota Health Care Programs received \$1,499,800 for care measured in 2008, an increase of 46 percent over 2007. For 365 care systems and clinics serving members of the UCare for Seniors Medicare Advantage plan, payments of \$945,450 were made, an 82 percent rise in payments from 2007.

“The increase in Pay for Performance payments means more of our members are receiving high-quality care and screenings from our providers,” says Barry Baines, MD, UCare’s chief medical officer. “We noted a heightened interest in the program this year, which led to a healthy boost in participation and measurable results achieved by our valued providers.”

Baines says the UCare P4P program is different from similar programs because it includes providers regardless of the size of their clinic. “Every provider—large and small—is eligible for payments,” Baines says. “We reward providers with results above the 50th percentile threshold; there’s no ‘all or none’ approach. Any clinic or care system posting improvements over the previous year’s performance also is rewarded, although these payments are one-half of the payments made to clinics above the 50th percentile threshold.”

Children’s Hospitals and Clinics Opens new NICU

Children’s Hospitals and Clinics of Minnesota has opened a new Neonatal Intensive Care Unit (NICU). The new unit at the Minneapolis campus opened Dec. 2 as part of a \$300 million expansion project that has featured improvements to Children’s Hospitals in Minneapolis and St. Paul. Nearly all patient rooms in the 25,000-square-foot NICU are private, with expanded family space.

Officials say the new space will allow for increased privacy and decreased stress for families of premature babies. The larger rooms are designed to allow staff to care for babies without moving them, and to support family-centered care and developmental care techniques that improve patient outcomes. The enhancements include a comfortable sleeping area for parents, dimming lights, sliding glass doors, and soundproof ceilings. Officials say the enhancements allow infants to sleep better and grow faster, so they can leave the hospital sooner.

“Children’s Hospitals and Clinics of Minnesota has shown a commitment to neonatal services since 1965, when we opened one of the first neonatal intensive care units in the region,” says David Brasel, MD, medical director of the Neonatal Program at Children’s—Minneapolis. “Our NICU staff cares for some of the most fragile babies and the new NICU ultimately matches our facilities to our state-of-the-art care and will give more privacy to the patient and family.”

Officials note that Children’s has the largest high-risk neonatal referral center in the region and is the fourth-largest neonatal program in the U.S., with more than 1,900 admissions per year. Children’s—Minneapolis NICU is the largest high-risk neonatal referral center in the region.



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