



WEEKLY COVERAGE OF NEWS, LAWS, REGULATION AND LITIGATION AFFECTING MINNESOTA'S HEALTH CARE INDUSTRY

IN BRIEF

**REGIONS HOSPITAL PHYSICIAN
RECOGNIZED BY HOSPITALIST SOCIETY**

A physician with HealthPartners' Regions Hospital in St. Paul is one of four hospitalists recognized at the Society of Hospital Medicine's annual meeting. Burke Kealey, MD., chief of professional services for hospital medicine at Regions, was presented with the Clinical Excellence award at the conference in San Diego in early April.

Kealey has been a hospitalist at Regions since 1997, when he was part of the original team that developed the hospitalist program there. He also serves as chairman of the Hospitalist Compensation Committee and Fair Hearing Board for HealthPartners.

**U OF M OFFERS PUBLIC HEALTH DEGREES
FOR HEALTH PROFESSIONALS**

The University of Minnesota School of Public Health has announced it will begin offering an Executive Program in Public Health Practice for health care and human services professionals with advanced degrees.

The program is aimed at physicians, dentists, veterinarians, pharmacists and those with advanced nursing degrees. It will allow such health professionals to expand their knowledge of current public health issues such as bioterrorism,

THE WEEK'S TOP STORIES

Strikes Continue at Metro Hospitals

Hospital workers who are unhappy with their health care benefits have voted for a series of strikes at Twin Cities hospitals over the past few weeks. SEIU Local 113 has authorized strikes at Abbott Northwestern Hospital, Fairview-Southdale Hospital, Mercy Hospital, United Hospital and others. The strikes have mostly been one-day strikes, with a two-day strike at Fairview Southdale.

Hospital workers say that the hospital contracts do not offer enough in health insurance benefits, and that many executives at area hospitals pay less for health insurance than hospital workers would under the contracts being offered. Hospital officials counter that their latest contract proposal, which the union has refused to vote on, would cover 70 percent of health insurance costs for family coverage. Officials with the Minnesota Hospital Association (MHA) note that hospitals are struggling with very difficult economic circumstances, as state and federal reimbursements decline while health care costs continue to rise.

Shireen Gandhi-Kozel, spokeswoman for MHA, says the contracts put forward by hospitals have been fair. "We have our final offer on the table; we've done this in tough economic times," she says. "We've made a very generous offer and we'd like them to bring it to their membership for a vote."

Rick Varco, spokesman for SEIU, calls the contracts a good first step, but says that they don't do enough for single workers. "It does almost nothing for the bulk of our membership," he says. "In most cases they're still paying more [for insurance] than anybody else in the facility and far more than the CEOs and managers."

Although the union has not held a formal vote on the hospitals' final offer, Varco says the union membership has voted with their feet. "They've been out on the streets marching in the picket line," he says. "Our members understand that this doesn't provide affordable health care."

The strikes seem likely to continue, but Gandhi-Kozel says hospitals have been able to cope with the situation so far. "Hospitals have worked hard to put contingency plans in place, and for the most part have been able to maintain the full range of services," she says. "Patient care has not been affected."

No direct talks are scheduled for the two sides, but hospital and union representatives continue to meet with federal mediators.

Hennepin County Moves to Reduce Health Spending

Faced with continuing deficits at Hennepin County Medical Center (HCMC) and the prospect of providing increased levels of uncompensated care, Hennepin County officials have taken a number of steps to improve the long-term health of the hospital and make health services in general more efficient.

On April 22, the Hennepin County board approved a 14-member Governance Task Force to examine the hospital's future, including looking at other models for the

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food-borne illness, vaccinations, environmental health, occupational health, AIDS and obesity.

"It is essential for health professionals today to have a solid educational foundation in public health," says Robert Veninga, director of the Executive Program and professor at the School of Public Health. "The Executive Program offers a one-of-a-kind opportunity for health professionals to build that foundation and keep current on emerging public health issues."

HALVORSON, ISHAM CO-AUTHOR BOOK

A former CEO of HealthPartners has joined with its current medical director to write a book on how to address problems with the country's health care system. The book, "Epidemic of Care: A Call for Safer, Better and More Accountable Health Care," attempts to examine why health care costs so much, and why the results are so inconsistent. George C. Halvorson, former CEO of Bloomington-based HealthPartners and current CEO of Kaiser Permanente in California, and George J. Isham, M.D., medical director and chief health officer of HealthPartners, collaborated on the book.

The authors say they wanted to delve deeper into the issues raised by the landmark Institutes of Medicine report on patient safety and health care improvement. They say the country needs to make health care a national priority and implement solutions that reflect the needs of different stakeholders, especially consumers.

"As a physician and leader, I see firsthand the inconsistencies that plague health care and the missed opportunities to make health care bet-

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public hospital, which is the biggest safety-net provider in the state. The board also approved a performance plan designed to improve the hospital's revenues and reduce costs.

According to Mike Opat, chair of the Hennepin County Board, HCMC ran a \$16 million deficit in 2002. The situation could get worse, he adds. "Our strategic plan showed us being possibly an additional \$30 million in the red in just a few years," he says. "This is before the state budget cuts." Those cuts, although not yet finalized by the Legislature, are generally expected to increase uncompensated care in the state, since many people on state health insurance programs would lose eligibility. Opat estimates the upcoming cuts could double the projected deficit numbers.

The task force will look at other models that public hospitals have adopted in attempts to stay financially healthy. That could include becoming completely independent from Hennepin County, or perhaps just a more autonomous hospital model, Opat says. "The governance task force is just an attempt to recognize that running a hospital is a very complicated business these days," he says. "To suggest that the county board can devote as much time and attention to that task along with everything else we do is just an outdated notion." Opat points to public libraries as an example, where the county approves a budget but leaves the operational details to a library board.

The county's goal is to help the hospital get back to financial health without losing its mission, Opat says, adding that the state budget crisis is just one more element to deal with. "We want to be the best public teaching, safety-net hospital in the country," he says. "We think we've been that for a while, but we've needed state assistance. Now if that's going to go away, we may have to scramble a little bit."

Staffing cuts and other changes at HCMC and county clinics are unavoidable, Opat says. "We have to make sure we get down to core levels," he says. "We just have to compete or die here, and we're going to compete."

Autism Screening Program Launched by State

A program designed to help primary care providers screen for autism among very young children will be launched this week. The program, Minnesota First Signs, was announced April 25 and will have its first educational sessions May 6 through May 8. Further educational sessions for state providers are scheduled in June.

The program will train providers to screen for autism and other developmental disorders, focusing on often-subtle differences between healthy and atypical development. Officials say that early detection of autism may result in fewer challenges as children enter school, and also could reduce long-term expenses for the state.

"Our goal is to improve screening practices and referral rates of young children with developmental delays and disorders," says Nancy Wiseman, president of First Signs, a national group that developed the model for the program. "We're really looking to improve screening practices across the board for young children." Wiseman says physicians simply aren't trained to screen for autism and other disorders among young children. "Doctors are not familiar with the most highly validated tools, and that's part of what we will train them on," she adds.

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ter," Isham says. "As an author, I have the opportunity to address the problem of health care from a point of view that gets beyond political debate to real solutions for real patients."

The book calls for a number of changes, including more emphasis on best-practice guidelines, taking advantage of new technologies such as electronic medical records, creating improved market models for health care purchasing, focusing on chronic illnesses that affect large numbers of people, investing in training and research, and providing more information on quality to patients and purchasers.

MDH VACCINATION PLAN APPROVED BY ADMINISTRATIVE LAW JUDGE

An administrative law judge has approved the Minnesota Department of Health's (MDH) plan to expand its vaccination requirements for school-age children. Judge Kathleen Sheehy, from the State of Minnesota Office of Administrative Hearings, ruled that MDH had made its case for requiring vaccinations against chickenpox and pneumococcal bacteria.

The expansion of vaccination rules was controversial among some groups who question the necessity of childhood vaccines. Sheehy heard testimony on the issue February 28, and reviewed submitted material as well.

Sheehy found MDH had the authority to make the changes that it had proposed, and said the changes are "rationally related to the goal of reducing disease and disease complications."

The vaccination plan will go to Gov. Tim Pawlenty, who can veto the rules or let them go into effect.

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The Minnesota Department of Children, Families and Learning (CFL) has committed \$100,000 in federal funds to the program. Officials with CFL say the program will also include participation from the Minnesota Department of Health (MDH), the University of Minnesota and the Autism Society of Minnesota.

Wiseman says there is still much about autism that is a mystery, including what causes it. However, she says, early detection is crucial for more effective treatment. Most children with autism are diagnosed at about age six, but Wiseman says with the right tools, autism can be detected much earlier, even within the first year of a child's life. "The earlier you can identify a developmental disorder, the earlier a child can have access to intervention and the better the outcome will be," she says.

Phil Sievers, an autism specialist with CFL, agrees. "Kids with autism spectrum disorders can improve, and in dramatic ways in some cases, if we can start early," he says. "Physicians play a critical role because they have an ongoing relationship with families that make it easier for families to listen to and trust their physician."

Senate Committee Approves Omnibus Health Bill

The Minnesota Senate Finance Committee last week approved an omnibus health and human services bill that raises cigarette taxes by a dollar and restores many of the cuts made in Gov. Tim Pawlenty's budget plan.

Health spending has been pointed to as a major reason for the state's \$4.2 billion deficit, and may be the biggest area of contention between the Republican-controlled House and the DFL-controlled Senate. Pawlenty, a former House Republican, has pledged not to raise taxes to balance the budget, preferring instead to cut the rate of growth in health care spending as one way to help balance the budget.

In the Senate plan, those cuts would largely be restored because of the cigarette tax. Sen. Linda Berglin, DFL-Minneapolis, says the plan would prevent the loss of insurance for an estimated 68,000 people currently enrolled in state health care plans. It also would maintain spending levels for programs aimed at senior citizens, nursing homes and mental health.

Berglin says the Senate's plan would eliminate measures suggested by the governor and the House to raise co-pays on prescription drugs and provider visits, as well as premium increases for senior care programs. "Make no mistake about it, these are truly the sick taxes of the Legislature," she says.

Taxes continue to be a sore spot for those trying to find a solution to the budget deficit. Although Berglin says House Republicans also suggested raising the cigarette tax by \$1, that plan, introduced by Rep. Fran Bradley, R-Rochester, was withdrawn April 30 by Bradley after he complained that DFL legislators had been misrepresenting his position. Bradley had called for replacing the current provider tax with the increased cigarette tax in the House budget. The provider tax funds programs such as MinnesotaCare, one of the state's programs to cover uninsured people. He and other Republican legislators had maintained that the proposal was budget-neutral.



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