Beth Johnston

From: Todd Lippert <tlippert@isaiahmn.org>
Sent: Monday, April 8, 2024 2:18 PM
To: Anna Burke; Beth Johnston
Subject: [EXTERNAL] Fwd: My testimony draft

Here is written testimony from a Rural Organizing Project of ISAIAH MN leader Jen Vogt-Erickson that we hope can be also be included in packets in the HHS and State Government Finance committees.

Todd

---------- Forwarded message ---------
From: **Jennifer Vogt-Erickson** <jenvogt@gmail.com>
Date: Mon, Apr 8, 2024 at 1:53 PM
Subject: My testimony draft
To: Todd Lippert <tlippert@isaiahmn.org>

My Mom's Experience

On the morning of October 26, 2023, my 80-year-old mother blacked out from low blood pressure and fell face-first to the floor from a sitting position.

Mom arrived at Mayo's Albert Lea ER via ambulance shortly after 9 am. She was in fragile shape--she was cold but could barely stand the weight of the blanket on her shoulder and she was oversensitive to light. These were obvious concussion symptoms, but first the providers wanted to check for a brain bleed, which would be more serious.

Fortunately her CT scan came back negative for a brain bleed. She had other tests and also received IV fluids because she was severely dehydrated. She slowly started to settle down as the morning progressed.

My sister from northern Minnesota arrived at the ER in the afternoon. The nurse told us that the doctor wanted Mom to be hospitalized but they were looking for a bed. No beds in Austin.

That's when the uncertainty of the situation really hit--where would Mom end up going? How far would she have to ride in an ambulance, and how far would we have to drive to see her? I knew of numerous patients being sent an hour or more away to hospitals in communities smaller than Albert Lea.

The nurse asked if Faribault would be okay, even though it's outside the Mayo system. Mom said yes; her cardiologist is there. No beds there either.

No beds anywhere, so the providers decided to keep her in the ER overnight for more observation.

When it was supper time, the nurse gave Mom a menu to look at, and the task made her so dizzy that she vomited. (Another concussion symptom.)

That night my sister was allowed to stay in the ER room with mom on a chair that pulled out to a bed, but their rest came to an abrupt end early the next morning.

My sister texted me at 4:30 am on October 27,
"Well the nurse popped in about 20 minutes ago to move Mom into SDS recovery because the ED suddenly got super busy."

At 5:25 she texted, Oh good grief. Now the guy next door who is going through dts [delirium tremens] has decided that the way to take his mind off the shakes is to blare his TV.

At 5:29, she texted, I don't think mom realizes it yet, but I have a feeling the nurse will be in with an AVS shortly.

One minute later she added, And right on cue the nurse showed up to unhook her.

By then I was grabbing Mom's walker and a winter jacket to bring to her. I arrived at 5:42 am, and they walked through the ER doors a few minutes later.

Mayo Clinic put my 80-year-old mother who had suffered a head injury the day before out on the street at about 5:45 in the morning.

It was insane.

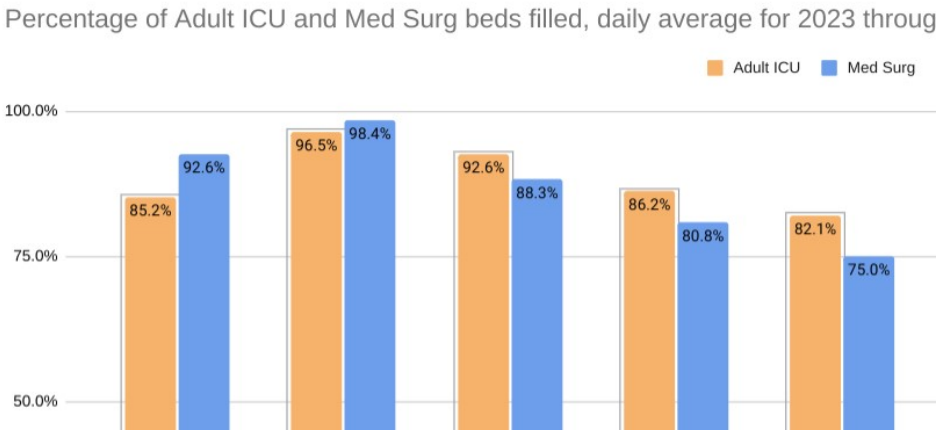
The ER staff didn't give her any instructions on concussion care before discharging her. Several days later, bruising appeared on the left side of my mom's face from the top to the bottom, so we could see where her head had landed when she fell.

Six years ago, my mom could have had a hospital room in Albert Lea. Now we often can't get a bed at "our" hospital 23 miles away in Austin--which is supposed to serve an area in which the two largest cities have a combined population of 45,000 people.

Context for Hospital Beds

I knew my mother wasn't alone. I had been hearing many stories last year of Albert Lea patients being sent to hospitals other than Austin and Rochester, including Fairmont, New Prague, Mankato, Cannon Falls, Lake City, Owatonna, Faribault and Northfield. Many of these hospitals are over an hour away from Albert Lea.

After my mom's experience, I put together this chart from MDH data that helps visualize our shortage of staffed hospital beds in the entire SE Minnesota region due to Mayo's monopoly.



The chart indicates that SE Minnesota hospitals were running very near capacity. Only the Metro region had higher bed usage rates.

I would like to know how many of Albert Lea's patients are being sent to other hospitals, by location, but a Mayo representative told me that Mayo doesn't share those numbers with individuals.

I asked my Freeborn County commissioner, Chris Shoff, to request the numbers since the county has an obligation to help meet transportation needs, and local patients sent to other hospitals have to find a way back again. He told me he has asked, and Mayo has not given him an answer yet either.

Moreover, it appears that Mayo is purposely moving patients around to operate its rural hospitals at higher capacity with fewer staff while keeping more beds available at its hubs at Rochester and Mankato: Optimizing inpatient bed management in a rural-based hospital. The Mayo doctors who authored the study state, "Historical capacity goals of 80% to 85% may no longer serve the intended purpose of maximizing the resources of space, staff, and equipment."

In contrast to Mayo Clinic, my understanding from the Minnesota Rural Healthcare Association is that rural hospitals usually aim for 75% capacity. The flip side of a larger reserve capacity is that patients are more likely to get a bed closer to home when they need one, which is more "optimized" for the patients.

How We Got Here

We have been dealing with evaporating services since 2017, when Mayo announced that it was closing all existing inpatient services at our hospital in Albert Lea over the following two years--ICU, med/surg, inpatient surgery, and birthing unit--and moving them to Austin. Mayo had merged Albert Lea's and Austin's hospitals into one entity several years prior, which we realized too late was a precursor to the changes Mayo made. We fought it every step of the way, but ultimately we legally had no say in it. Mayo forced it upon us against our will.

We did not believe Mayo's rationale that our hospital was losing money. The hospital's 990 forms indicated it had been in the black in 2015, the latest year for which we had tax documents at the time. Furthermore, Mayo Clinic, the parent organization, was hundreds of millions in the black. Because Mayo merged our hospital with Austin's, we were no longer able to tease out how much our hospital was in the red or black from later 990 forms. Mayo further obfuscated the financial picture by merging all its MCHS hospitals in the SE Minn region.

Mayo's justifications didn't stand up to scrutiny, and the most critical coverage was national reporter Dan Diamond's article in Politico: Tax Exempt Mayo Grows, But Rural Patients Pay the Price.

Albert Lea's rural birthing unit, which was averaging 350 births a year, was by far the largest rural birthing unit to be shut down in the state at the time. Since then, Allina has followed Mayo's lead by closing Hastings and Cambridge and moving those births to its hospitals in the Twin Cities metro.

I tried and failed to convince reporters to look at births from the standpoint of what is average for rural hospitals. I put together hospital birth numbers from MDH and broke it down by rural vs. metro, but reporters accepted Mayo's frame that 750 births a year is really what is necessary to keep skills up and have good outcomes: A birth services 'desert' that includes Minnesota. Hardly any rural hospitals in Minnesota deliver anywhere near this number of babies! Mayo's target number is not realistic for rural areas, and it's dangerous to rural maternal health.

Mayo recently used similar framing to justify closing New Prague's birthing unit: Mayo Clinic Addresses Closing Its New Prague Labor Ward As Pattern Persists Across Minnesota.

Our access to rural healthcare is also being lost in small towns. In the past five years, Mayo has closed clinics in Alden, Kiester, LeRoy, Adams, Blooming Prairie, Lake Crystal, Truman, Trimont, Sherburn and Janesville.

Again, Mayo Clinic netted $1.1 billion in operating margin last year, so it could maintain rural healthcare services if it wanted to. Instead, Mayo's priority is to invest $5 billion in Rochester while disinvesting in rural healthcare every way it possibly can.

On our own

The takeaway is that **Mayo has little interest in rural healthcare delivery, but it wants to keep its rural patients, and we just need to go wherever is most convenient for Mayo.** Obviously, this shifts a lot of burdens to rural patients, including time, money, the stress of driving in poor road conditions, and potential delays to care for women in labor.

A recent study found that Mayo is also falling short on providing community benefit for the annual tax breaks it receives by close to $500 million.

Mayo's behavior and its market dominance in SE Minnesota make it crystal clear that Mayo is not going to change its priorities until our leaders at the state and national level hold it accountable to patients.