



Lessons from Minnesota

Lee E. Mortenson

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FROM THE EDITOR



Lessons From Minnesota

by Lee E. Mortenson, D.P.A.

Many analysts have pointed to the health care changes happening in the Twin Cities as an example of things to come. If the prognosticators are right—and it seems they are—we might learn a lesson in survival skills from our Minnesotan neighbors.

At a recent ACCC Regional Meeting held in Minneapolis, I had a chance to hear about a variety of solutions that have emerged from this managed care wonderland. The solutions reflect the new reality, but also offer us some hope that quality cancer care need not fall victim.

Too many hospitals. An oversupply of hospitals was the problem a few years ago. A number of competing facilities in downtown Minneapolis were draining resources from each other. Lo and behold, there are fewer now. Economics closed a couple without significant decline in patient access. Certainly each of these decisions was difficult to make. But the hospitals that remain appear relatively healthy.

Medical school losses. The University of Minnesota Hospital had been having a terrible time. At one point, the joke was that they were staying at 50 percent occupancy by periodically closing buildings. Now the medical school is doing joint ventures with surrounding hospitals on clinical services and considering a simplification of the department structure, which may leave it with just four basic departments.

There are substantial concerns about the health of our cancer research programs. Many of the cancer institutes are closing beds, and some are transferring their clinical activities to other facilities. Yet, it is important to realize that there are alternatives—high-quality community facilities where residents and fellows can see patients in

real-world environments.

Losing oncology patients to other oncologists. This used to be a continuing problem for some Twin City medical oncologists. Their hospital and/or practice would see patients for part of the course and then lose them to other hospitals and medical oncologists across town as each patient's managed care contract shifted. Of course, this shift was incredibly disruptive to the patient and exhausting to the physician. Now about 25 of the medical oncologists have joined together in a single multilocation group...and I suspect loss of patients to other oncologists is less of a problem.

Each of these changes was traumatic because physicians, nurses, administrators, and patients were displaced. Is care better or worse? That remains to be seen.

After listening to the ever-philosophical Minnesotans, I had the feeling that the health care environment has not worsened. On the contrary, people have kept working for better solutions and have come up with creative approaches that we would not have imagined a couple of years ago. Innovation has emerged from the demands of the changing health care marketplace. While the trauma of change is not to be dismissed, our ability to be flexible, creative, and adaptive should not be underestimated. Certainly we cannot anticipate all the bad events that will come our way during life. Recognizing the changes and looking for positive solutions, however, sometimes provide us with surprising outcomes. Seeing the positive changes in Minnesota does not mean that all is rosy. There are certainly a whole new set of issues besetting oncologists, hospital administrators, and patients right now. But the changes do give us hope, and perhaps, some inspiration. ■