

**January 1, 2006**  
**No Annual Deductible**  
Medical

<u>Blue Cross Blue Shield</u>	<u>Total Monthly Premium</u>	<u>Employee Contribution</u>
Single	350.00	300.00
Family	750.00	450.00

**January 1, 2007**  
**No Annual Deductible**  
Medical

<u>Blue Cross Blue Shield</u>	<u>Total Monthly Premium</u>	<u>Employee Contribution</u>
Single	340.00	335.00
Family	862.00	542.00

**January 1, 2008**  
**\$2500 Deductible - Single**  
**\$5000 Deductible - Family**

Medical

<u>Blue Cross Blue Shield</u>	<u>Total Monthly Premium</u>	<u>Employee Contribution</u>
Single	440.00	335.00
Family	1,010.00	542.00

**January 1, 2009**  
**\$2500 Deductible - Single**  
**\$5000 Deductible - Family**

Medical

<u>Blue Cross Blue Shield</u>	<u>Total Monthly Premium</u>	<u>Employee Contribution</u>
Single	660.00	356.75
Family	1,525.00	784.50

- 1) The Minnesota Health Plan is the only legislation addressing the structural dysfunction of our medical/health care complex. It covers everyone in Minnesota, and emphasizes prevention. Most importantly, it creates a SYSTEM for health care and it provides a 15 member public board for transparency.
- 2) The chart illustrates the dramatic increases for insurance and the decrease in access to care for the past 4 years at my multi-county nonprofit.

January 1, 2006, family premium with no annual deductibles was \$750.00

January 1, 2007 family premium with no annual deductibles was \$862.00

January 1, 2008 family premium with \$2500 per person and \$5000 family deductible is \$1,010 per month

January 1, 2009 family premium with \$2500 per person and \$5000 family deductible is \$1,525 per month.

We had to stay with this plan because we could get no other bids. Premiums more than doubled in 4 years and benefits were reduced. This is the story for all organizations.

- 3) I spent 4 years of my life working and teaching in respiratory therapy and three years developing and directing Northwest Minnesota Emergency Medical Systems. I was appointed as a consumer alternate to the Minnesota Health Care Commission following the passage of Minnesota Care in 1992.

Personally, I have had extensive experience with our fragmented medical/health complex since summer of 2008. I had a biopsy done on a small pink spot on my upper forehead by a family practice physician in Northfield. On August 7, 2008 it was confirmed to be small B-cell lymphoma. The Dr. referred me to a hematology oncologist in Burnsville, Mn. The Hematologist examined me and referred me to LifeScan in Edina for a PET scan. The Hematologist also referred me to a surgeon in Edina. I was scheduled for surgery to remove the tumor on my forehead at a Minneapolis hospital. I was sent to my local family practice Dr. for a pre-surgical physical, and a few days later I was admitted for outpatient surgery. Ten days after the surgery I saw the surgeon and my Hematology Oncologist, who then referred me for a consult on radiation oncology in Burnsville. Prior to starting radiation I called the insurance company and said I would settle up with them on my deductibles, co-pays, etc. for Dr.'s, clinics, hospitals, after my 3 weeks of radiation. They said fine and noted this in their computer system. One week into radiation treatment I got a call saying I was late paying my share and when would I be paying? I asked them to check their records for a call from me, and sure enough, they had a record of my call and apologized. One week later I received another call (now 2 weeks into radiation) asking when I was paying. Again I asked them to check their system, and again, I

got an apology. One week after radiation I paid my share after a mountain of paperwork.

Why have I rambled on about this? 1) There is no communication system (electronic or paper) that coordinates the medical treatment you receive from each separate provider. 2) Insurance companies are calling for money before you can look at what share of the costs are actually yours. Who is the patient's advocate and how do you get control of all the separate billings? How do you establish teamwork on your illness when each provider is in a separate geographical location? How do you develop accurate databases on what communities may be "hotspots" for certain cancers, cardiac disease, etc?

Filling out medical history for each individual provider ( 7 for me) is time consuming for the patient, provider, leads to errors, and is extremely costly. A single payer system gives us coordination, communication, outcome data, teamwork, cost control, error reduction, and a state and national database that can analyze environmental causes of disease.

My lymphoma was most likely environmentally caused by pesticides, herbicides, other chemicals, etc. ( Mayo website ). What does it mean that within two weeks of my diagnosis ( August 7, 2008 ), my ex-spouse, Mary Hedges , was diagnosed with Large B-cell lymphoma ? She has been treated with chemotherapy. Most importantly, what does this mean for my (our) children who grew up where we lived? I want health care for all because as a country, we have already been waiting for 75 plus years. If not now, when?

Elie Wiesel once wrote: "God made man because He loves stories". I believe that stories create more opportunity for people than all the facts and statistics proving a truth. I have shared part of my story, now I would briefly like to share the story of my best friend Ross, and my friend Gene. The attached are in the words of Kathy and Jo, their loving survivors. There are thousands of these stories untold. Incidentally at the time, Jo had a 14 year old daughter and a 16 year son and worked full time. Ross had 3 daughters, one a recent college graduate, one who finished college 4 months before he died, and one who was a freshman in college.

## Providing quality care and providing efficient management

My friend Mike says the problem is in the system, not with the care-providers. And I believe that too because the nurses and doctors we encountered over the two years my partner Ross was treated for cancer were amazing.

But errors made in administration –record keeping and communication- remained the back story to the last two years of Ross's life. The first error was the deadly one, failing to notify Ross that the biopsy taken identified cancer. It wasn't revealed to him until two years after the biopsy, when Ross was applying for life insurance and contacted his doctor's clinic for his most recent records. After the clinic staff opened Ross's file they realized he'd never been notified and called him in to give him the grim news that he had malignant melanoma. The cancer by then had advanced to stage three.

Over the two years, as the cancer progressed while receiving various treatments, Ross's experience with the many nurses and doctors along the way was extraordinary, and Ross trusted these skilled and compassionate care-providers. At various hospital emergency rooms in Duluth, Minneapolis and even in Hawaii, I'd find myself repeating as best I could the medical history, the medications prescribed and everything I could recall while feeling anxious about the circumstances, whatever they were, that landed us there.

Sometimes Ross had no advocate with him when arriving at the emergency room and could barely assist the doctor in immediate decisions they had to make about his care.

The hospital staff was hampered by insufficient, perhaps even inaccurate information he/we gave them under these stressful circumstances about Ross's current care regimen.

**If I understand universal health care correctly, Care-providers anywhere, particularly in an emergency could call up electronically an up-to-date history with all the details of the patient's care including where it was provided and by whom.**

Simultaneously, Ross sought legal advice and secured an attorney to wrangle over the serious omission by the clinic and to determine the extent of the fault. This could not have been called a 'frivolous' lawsuit. Curiously during that same time there were efforts to legislate caps and limits, to curtail legal action against HMO's, doctors and insurance companies. I realized then and now this does nothing to identify and correct the problem.

In the 11/2 years since Ross's death I've still appreciated the care given by the doctors and nurses. I've also observed that the insurance companies and large HMO's are at cross-purposes with allowing a person to die with dignity, grace and serenity. That the period of time in which dying becomes apparent, no matter how long that may take, concern over billings, sorting through the heaps of paperwork should not be the primary activity of a dying person or his family. **If there were one simplified stream of sequenced billing this would go a long way towards relegating the management to the sidelines where it belongs.**

**These issues are a symptom of an old model that has outlived its usefulness but is sustained because the organizations have derived great wealth and scale and are undoubtedly reluctant to reform.**

## AN EXPERIENCE WITH OUR HEALTHCARE SYSTEM

**Patient:** 49 year-old Male  
**Occupation:** County Administrator  
**Journal Keeper:** 51 year-old Wife  
**Occupation:** Non-profit Administrator  
**Diagnosis:** Liposarcoma  
**Duration of Treatment:** 16 months (Diagnosis to Death) October 4, 2000 – February 24, 2002

### Journal Reflects:

- 86 dated entries in a 16 months period
- 3 different employer sponsored group health plans
- 16 Medical Specialist at 9 different Medical Facilities

### Chronology of Treatment and Facilities:

- Initial biopsy at **Northfield Hospital**
- Removal of tumor and 2 quadriceps at **Hennepin County Medical Center**
- Radiation follow-up on remaining quad's **Hennepin County Medical Center**
- Recommended to Oncologist at **MN Oncology Hematology Professional Associates**
- Surgery to biopsy lung nodules **Abbott Northwestern Hospital**
- Referred for clinical trials at the **Mayo Clinic**
- Removal of Brain Tumor **Abbott Northwestern Hospital**
- Cranial Radiation **Abbot Northwestern Hospital**
- Psychological assessments and therapy **Abbot Northwestern Hospital**
- Rehab OT, PT and Speech Therapy **Sister Kinney Institute**  
Social Worker at Abbot Northwestern Hospital tried to be useful but had no concept of what had transpired to date
- Yet another referral this time to **Phillips Eye Clinic**
- Another referral to **Northfield Sport Medicine Clinic** and **Northfield Home Care**
- Finally referred to **Northfield Hospice**

It's not that my husband died! It was that no one had our back and it was late into the progression of the disease and attempted treatments that we got it through our heads that no one was in charge. It's the story of each specialist treating their particular specialty and none of them referencing the other. It's that none of them communicated treatment plans to our family physician. In fact, our family physician was told by a friend that death was imminent. Throughout the 16 month period multiple errors were made – several of which are mentioned in an attached copy of letter sent to Abbot Northwestern Hospital Administration two weeks before his death. It is the story of dozens and dozens of phone

calls to the managed care coordinator to get prior approval for each treatment directive to ensure that it was insured. It's that two years after the death a bill arrived from one of the medical facilities stating that the patient still owed \$2000 + for a procedure not billed to the insurance company two years prior. I attempted to follow-up and the medical facility stated they could not provide detail because the records were archived but never the less payment was still due. It's the story of Occupational Therapy and Physical Therapy being prescribed 2 weeks before death of the patient when anyone could see this was inconsistent with the terminal condition of the patient. I had to meet with the Physical/Occupational Facility Director to find out why these treatments were still being ordered. The patient had not eaten for a month and didn't have the strength to even walk.

Words can not explain the sense of helplessness – when each and every directive is suspect only because experience has shown that we have only ourselves monitoring and tracking the patient. Sadly, those who do not have a Caregiver are at the mercy of.....I don't know WHO?

February 1, 2002

Denny Denarvaez  
Abbott Northwestern  
Hospital Administrator  
800 E. 28<sup>th</sup> Street  
Minneapolis, MN 55407

Dear Ms Denarvaez:

It is with some reluctance that I write this letter of complaint to you because my husband Gene is still a patient of Allina Hospitals. However, because of a recent incident I really must write.

On Thursday, January 31, 2002 my husband, a cancer patient, was scheduled for a cat scan and MRI ordered by his primary oncologist as an out patient. The appointment was for admission at 9:30 AM with cat scan at 10:00 and MRI at 11:00. The cat scan was performed as order. He was then prepped for the MRI including an intravenous and anxiety medication. We were then told that he didn't need the MRI because of a previous MRI performed on January 21, 2002. My husband has been receiving treatment for the past year and while we know mistakes are made, they seem to have become more frequent. The results of the latest mistake were he was sent home with the IV still intact in his right arm.

Other recent incidences include:

- Two failed attempts on January 28<sup>th</sup> and again on January 29<sup>th</sup> to have my husband's cathlink port flushed by staff at Allina Hospital in Northfield. We are now rescheduled to come back next week.
- Error in a phone order for a refill prescription of dilantan on Friday, December 28. The prescription amount was 230 mg. (100mg. tablets and 30 mg. tablets). The order was for only the 30mg. tablets. The pharmacy made frequent attempts to correct and in the end gave us enough to get through the New Year holiday.
- Inappropriate referral for out of home OT, PT and speech therapy two week after hospital discharge from brain surgery and concurrent with full cranial brain radiation.
- Limited communication with our primary physician – we have since reminded all hospital personnel at each visit to send reports to our primary physician.

While we have had many instances of excellent care from caring, and professional staff at your facility, we believe it is important to express our concerns. Communication seems to be the primary reason for these occurrences. But regardless, we have experienced lost time at work, cost for unnecessary travel, many phone calls, undue stress in an already difficult time, not to mention the obvious health risks.

I would like an acknowledgement of our concerns and losses. Finally, we hope these comments will result in improved service for other families in the Allina Network.

Sincerely,

Jo Mahn  
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