MINNESOTA
PHYSICIAN

MARCH 2026

THE INDEPENDENT MEDICAL BUSINESS JOURNAL

Volume XXXIX, No. 12

The Civics of Health Care

7 Life sustaining dimensions

BY JESSE BETHKE GOMEZ, MMA

Medical science is advancing more rapidly than at any time in history; with this it is important that we also advance our fundamental understanding of the role of health care in our society. We should ask the question of why the well-being of families, children, individuals and older adults is not only vital for each person, but also for society itself. We can answer this question by looking within the U.S. constitution.

Today the United Nations recognizes 190 constitutions worldwide and all are designed to provide laws and governance. Presumably ours was designed to protect the basic rights of American citizens. It established a government based on popular sovereignty ("We the People")

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Moderate Pediatric Behavioral Health Issues

A new program to assist parents

BY CHRISTOPHER J. MEHUS, PhD, LMFT AND SONJA COLIANNI, MD

Consider a parent clearly at his or her wits' end with tantrums, a young child with attention challenges or hyperactivity, or a parent whose child is hitting other children at preschool. These families could benefit from behavioral health support but may not need the level of care that typically requires a mental health referral. A new program in Minnesota is now available to parents of children with moderate behavior challenges.

Providing support to parents is often the best way to address behavioral health challenges in young children. Unfortunately, parent-focused programs for moderate behavior challenges are not widely available or accessible. We are filling this gap by providing a network of therapists who offer brief services to parents via online sessions. Therapists in our network have specialized training to effectively provide support to parents, who can then address child behavior challenges at home.

Moderate Pediatric Behavioral Health Issues
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MARCH 2026 | **Volume XXXIX, Number 12**

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PUBLISHER Mike Starnes, mstarnes@mppub.com

ART DIRECTOR Scotty Town, stown@mppub.com

Minnesota Physician is published once a month by Minnesota Physician Publishing, Inc. Our address is 758 Riverview Ave, St.. Paul, MN 55107; email comments@mppub.com; phone 612.728.8600;. We welcome the submission of manuscripts and letters for possible publication. All views and opinions expressed by authors of published articles are solely those of the authors and do not necessarily represent or express the views of Minnesota Physician Publishing, Inc. or this publication. The contents herein are believed accurate but are not intended to replace medical, legal, tax, business, or other professional advice and counsel. No part of the publication may be reprinted or reproduced without written permission of the publisher. Annual subscriptions (12 copies) are $48.00.

Minnesota Health Care Roundtable

61ST SESSION

DEFENDING SCIENCE

Evolving new partnerships –

Publishing this winter

BACKGROUND AND FOCUS:

It would be difficult to find a more concise definition of inmates running the asylum than the one playing out before our eyes. Science is being redefined as tool of political agenda. In the name of cost savings and efficiency, billions are slashed from research funding ultimately costing trillions. Tens of thousand of highly trained health care providers and researchers are being forced to leave the field or the country. The shortsightedness and betrayal of ethics touch every element of health care. To address these challenges, new pathways and partnerships must emerge.

OBJECTIVES:

Our panel of diverse stakeholders will discuss the carnage in terms of costs, lives lost and damage inflicted by our own government. We will explore opportunities to challenge, slow and reverse the ongoing attacks on science, medicine and education. Navigating a path back to progress and sanity will require the evolution of new partnerships between health care entities, state government, the judicial system and the public at large. We will discuss what this might look like and what an effective response to the carefully orchestrated chaos might be.

JOIN THE DISCUSSION

We invite you to participate in the conference development process. If you have questions you would like to pose to the panel or have topics you would like the panel discuss, we welcome your input.

Please email: Comments@mppub.com and put "Roundtable Question" in the subject line.

Minnesota Oncology Earns Minnesota's First ASCO Certification

Minnesota Oncology recently became the first and only oncology practice in Minnesota to earn ASCO Certified™ status. ASCO Certified is a patient-centered cancer care certification program from the Association for Clinical Oncology (ASCO). Achieving this certification demonstrates that Minnesota Oncology has a strong and enduring commitment to measuring the quality of cancer care delivery and meeting national standards in quality and safety. Minnesota Oncology is one of only 18 certified practices in the United States and 22 worldwide to earn this certification.

ASCO Certified works by certifying oncology group practices and health systems that meet a single set of comprehensive, evidence-based Oncology Medical Home (OMH) standards from ASCO and the Community Oncology Alliance (COA). These standards focus on seven different domains of cancer care: patient engagement; availability and access to care; evidence-based medicine; comprehensive team-based care; quality improvement; goals of care, palliative, and end-of-life care discussions; and antineoplastic therapy safety. To achieve certification, practices go through a rigorous process to meet all care delivery standards and antineoplastic therapy safety standards.

"Achieving ASCO Certification demonstrates our dedication to providing high-quality, patient-centered cancer care," said Minnesota Oncology President Paul Thurmes, MD. "It is an important recognition of the systems, processes, and teamwork we have in place to support safe, effective care and continually raise the bar for our patients and their families."

Minnesota Oncology will continue to work with ASCO Certification Program surveyors to review quality improvement initiatives, patient satisfaction surveys, and oncology treatment pathways utilization, as well as data on quality measures, such as advance care planning, depression screening, antineoplastic therapy in the last 14 days of life, and pain assessment to maintain certification and demonstrate its continued commitment to providing high-quality cancer care.

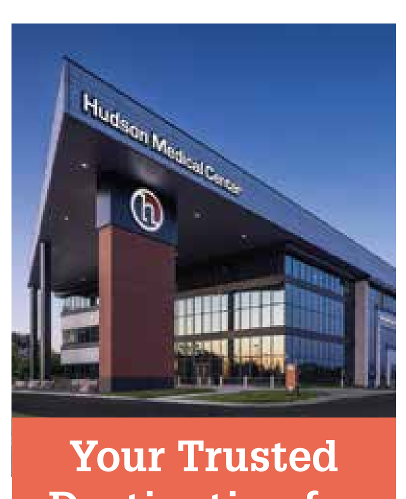
"The ASCO Certified program is a vital tool for practices dedicated to providing the best quality cancer care," said ASCO CEO Clifford A. Hudis, MD, FACP, FASCO. "Focusing on patients, it supports the provision of coordinated and evidence-based care and that is why we are thrilled to see this program embraced by the oncology community."

Children's Minnesota Opens Regions First Pediatric Stroke Suite

Children's Minnesota recently opened its $2.5 million, state-of-the-art biplane neuroangiography suite — the region's only facility dedicated to pediatric neurointerventional procedures. This advanced imaging technology brings new treatment options for children with a variety of cerebrovascular diseases, further expanding Children's Minnesota's neurosurgical capabilities.

"With this advanced biplane neuroangiography suite, we are raising the bar for children in our region impacted by a stroke or other cerebrovascular conditions," said Meysam Kebriaei, MD, medical director of neurosurgery at Children's Minnesota. "By becoming the regional referral program for complex pediatric cerebrovascular and stroke cases, we are ensuring no child has to travel farther than they should to get world-class care, and we're building a future where our kids not only survive but thrive."

The suite delivers exceptionally detailed, three-dimensional images of blood vessels in and around the brain.



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This allows neurointerventional surgeons to diagnose and treat pediatric stroke, aneurysms, arteriovenous malformations, as well as brain tumors and other intracranial pathologies. This advanced imaging capability enables Children's Minnesota's multidisciplinary team to identify and characterize vascular blockages and other abnormalities with unmatched precision. Using these high-resolution images, neurointerventional surgeons can develop targeted treatment plans and perform minimally invasive interventions for complex conditions to minimize risk and improve outcomes.

"This defines a new chapter in pediatric neurovascular care in the Upper Midwest. We are very fortunate to have assembled one of the most experienced neurointerventional teams in the country right here in the Twin Cities. Our goal is to become one of the leading practices nationally and contribute our experience to the expanding field of pediatric neurointervention internationally through academic and service missions," said Collin Torok, MD, medical director of neurointerventional surgery at Children's Minnesota, and co-director of the cerebrovascular program with Dr. Kebriaei.

This added technology strengthens Children's Minnesota's cerebrovascular and stroke program, making it one of only a few dedicated pediatric programs of its kind in the country with depth of experience, high-quality multidisciplinary treatments, long-term management and strong clinical outcomes for patients. The cerebrovascular and stroke program at Children's Minnesota brings together a team of pediatric experts to provide the most advanced level of care for kids and young adults.

CentraCare Expands Sartell Clinic

CentraCare has recently opened its newly expanded CentraCare - Sauk Crossing Family Medicine clinic in Sartell, Minnesota. The expansion involved moving primary care services into CentraCare Sauk Crossing, located at 2000 23rd Street South in Sartell.

This new location for Family Medicine is just east of the current CentraCare Sartell - Clinic location (also known as the former St. Cloud Medical Group building) and has been the home to CentraCare Eye Center since 2017. Patients can expect the same trusted primary care, now provided in a modern, expanded environment that supports collaboration and a better care experience.

"This expansion strengthens primary care and makes it easier for patients to get the care they need close to home," said Ken Holmen, MD, CEO and president of CentraCare. "By bringing family medicine into Sauk Crossing, we're investing in care models that support today's needs while positioning us well for the future."

The project was developed in partnership with HMA Architects and RJM Construction and features updated clinical spaces that support collaboration among care teams and more efficient patient flow.

Services now available at Sauk Crossing include:

- CentraCare Eye Center
- Imaging Services
- Lab Services
- School of Diagnostic Imaging
- Family Medicine
- Integrated Behavioral Health
- Medication Therapy Management

The addition of family medicine further advances CentraCare Sauk Crossing as a hub for coordinated care, supporting CentraCare's long-term commitment to serving growing community needs. The three-story addition integrates patient check-in, laboratory services, leadership and staff areas, family practice suites, nurse stations, exam and procedure rooms and essential patient support spaces into a cohesive, functional and forward-thinking environment. Natural light, intuitive way finding, and generous clinical work areas were central to the design approach.

Nataly Bazo Reisman, an architect and interior designer at HMA noted, "I've had

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the opportunity to work on many projects with CentraCare, and every experience reinforces what an exceptional client they are. Their team brings a clear dedication to design quality and a genuine commitment to the well-being of both patients and caregivers. Sauk Crossing reflects that thoughtful, collaborative spirit and it's been a privilege for our design team to help bring their vision to life."

ICE Legal Violations Spread Statewide

A recent press conference in Minneapolis featuring several prominent health care leaders and state legislators detailed the extraordinarily violent actions and violations of law that ICE agents have been part of in Twin City hospitals seems to have had little effect. Apparently their actions have only spread as federal law enforcement officers recently escorted a patient, in custody, to an appointment at a Duluth hospital. It was unclear if the patient was suffering from injuries inflicted by the agents and hospital management cited HIPPA laws, which limit information they can share, including the immigration status of the patient.

In response to the incident the Duluth Legislative Delegation released the following statement:

"We are dismayed that federal agents continue their occupation and campaign of harassment, intimidation, and violence. Health care is a human right – no matter your immigration status. Importantly, ICE detention is also civil, not criminal. Patients in civil immigration detention retain the same rights as any other person seeking health care.

"Hospitals, clinics, and every place where people receive health care should be safe and healing spaces. The confirmed ICE presence in one of our Duluth hospitals today lays bare the absolute necessity of putting clear policies and plans in place to ensure the safety of doctors, nurses, patients, and their family members. When institutions put clear practices in place, workers are protected and communities are safer.

"We are working with immigrant rights leaders like Unidos, hospital employees' union leadership, and Essentia Health and Aspirus administrators to encourage their systems to proactively adopt and implement clear policies, protocols, and training. We're encouraged by Essentia Health's care and responsiveness today, and thankful to the community legal observers who showed up promptly."

Despite claims of reducing the number of ICE agents in Trump's Minnesota operation metro surge, new activity has been reported after the announcement in Willmar and Mankato where a moving ICE vehicle appears to have run into a moving civilian vehicle.

Tom Holman explained the need to retain a seemingly significant number of ICE agents in Minnesota in order to protect other Ice agents.

Minnesota Files Suit to Block Trump Medicaid Funding Cuts

Minnesota Attorney General Keith Ellison recently filed a lawsuit asking for a restraining order against President Donald Trump's administration in an attempt to stop it from withholding $243 million in Medicaid funding. The lawsuit names the Department of Health and Human Services and the Centers for Medicare and Medicaid Services as well as Dr. Mehmet Oz, in his official capacity as CMS administrator, and Robert F. Kennedy Jr. in his official capacity as HHS secretary. The move came after Vice President JD Vance said the administration would "temporarily halt" some $285 Million in Medicaid funding to Minnesota over fraud concerns, as part of what he described as an aggressive crackdown on misuse of public funds.

Ellison has a strong track record of fighting Medicaid fraud and has won more than 300 convictions and $80 million in judgments and restitutions during his time in office. His office issued a statement that said, "Trump's attempts to look like he's fighting fraud

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only punish the people and families who most need the high-quality, affordable health care that all Minnesotans deserve. As long as I am attorney general, I will do everything in my power to defend our tax dollars, both from fraudsters and from the Trump administration's cruelty."

The lawsuit claims the administration violated due process by taking hundreds of millions of dollars without proving Minnesota's noncompliance with Medicaid regulations through discovery and evidentiary hearing. Furthermore, the lawsuit also claims the administration failed to provide Minnesota with details about its decision, in violation of federal law. It cited legal precedents, including one stating Congress may impose conditions on states' acceptance of federal funds, but "the conditions must be set out unambiguously." In addition, it charges that the administration violated the Constitution because the withholding imposed retroactive conditions on Minnesota's Medicaid funding and that withholding the funds was arbitrary, capricious and part of a pattern of political punishment of Minnesota. Medicaid funding provides health care for low-income families. Withholding funding places an additional strain on those who are least able to manage.

Mayo Posts Record Annual Earnings

The Mayo clinic recently released its 2025 financial repost, citing a record $21.5 billion in income. From this sum the non-profit reported $1.5 billion in net income after deduction $20 Billion in expenses.

An independent health care analyst estimated the total was around 13 percent higher than it was in 2024, which was also a record breaking year.

Patients come to Mayo from all over the world. The hospital – consistently rated among the best in the country – performed the most organ transplants in the nation last year. Mayo is the largest employer in the state and is growing to meet patient needs, adding 12,400 new employees last year, bringing its total number of employees to nearly 85,000, an increase of about 20 percent. Over 50,000 of those employees live in Minnesota.

Some analysts have criticized Mayo for not spending more on charity care. While the 2025 numbers show an increase in this category, Mayo spent only $157 Million or 0.7% of its income on charity care, a figure three times what they spent in 2021. In exchange for tax exempt status some states, Texas and Washington for example, require a minimum of between 2 and 3 % of their overall income go to charity care. Minnesota has no law stipulating minimum charity care contributions.

To address this issue Mayo released a statement that read; "The rise in charity care is in part due to Mayo Clinic's expansion of our presumptive eligibility policy, which identifies patients who may qualify for charity care and eliminates the need for a formal application. This reflects Mayo Clinic's unwavering commitment to provide access to care for those who need it."

Despite closing six rural clinics last year, and increasingly repressive federal health care policies, Mayo continues to be at the top of national hospital rankings and is a global leader in medical technology innovations. It continues to add partners all over the globe who receive Mayo branding and access to Mayo collaboration. This is also occurring here in the U.S. where in early March they announced a new affiliation with a health care system in Southern Alabama. The prognosis for continued growth is very strong.

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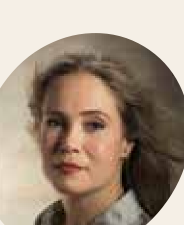
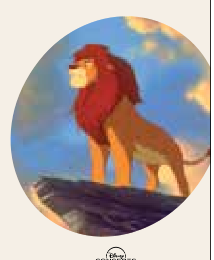
Beethoven Symphony No. 9
MAR 19–21
Eun Sun Kim, *conductor*
FRANK *Pachamama Meets an Ode*
BEETHOVEN *Ah! Perfido*
BEETHOVEN Symphony No. 9, *Choral*

Barnatan Plays Rachmaninoff
MAR 27–28
Anna Sułkowska-Migoń, *conductor*
Inon Barnatan, *piano*
BACEWICZ Concerto for String Orchestra
RACHMANINOFF Rhapsody on a Theme of Paganini
RIMSKY-KORSAKOV *Scheherazade*



Tchaikovsky Symphony No. 6
APR 9–10
John Storgårds, *conductor*
Leila Josefowicz, *violin*
ANTHEIL *McKonkey's Ferry* Overture
ADAMS Violin Concerto
TCHAIKOVSKY Symphony No. 6, *Pathétique*

U.S. BANK MOVIES & MUSIC
Disney in Concert: The Sound of Magic
with the Minnesota Orchestra
APR 17–18
Sarah Hicks, *conductor*
Your favorite Disney characters and music come to life on the Orchestra Hall stage and screen for an extraordinary cinematic concert experience.



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Lindsey Patee Deeb, APRN, CNP, CEO, Grow Pediatrics

> “A big part of our role is partnering with families to develop sustainable care plans.

Please share some of the history behind Grow Pediatrics.

Grow Pediatrics began as Dakota Pediatrics in the late 1970s. It was founded by my mother-in-law, Jane Vanroekel, MD, and her husband, Robert J. Deeb and was one of the few female-owned health care practices in the Minneapolis–Saint Paul area at the time. Originally located in South Saint Paul, the practice moved to our current Inver Grove Heights location in 1983. Dr. Vanroekel continued to grow the practice through the 1980s, ’90s, and 2000s until her passing in 2009.

In 2010, my husband Robert and I took over the practice, making it not only one of the few female-owned health care groups in the area but also one of the few nurse practitioner–owned practices in Minnesota. We’ve overseen its growth through the past 15 years. In 2017, we opened a second location in Richfield and rebranded as Grow Pediatrics. Since then, we’ve transitioned from a sole ownership model to a partnership and continued expanding—adding new partners (Brett Mortenson, Michelle Ohnstad and Linnea Sorensen), acquiring an Eden Prairie location and recently breaking ground on a new Lakeville clinic.

What are some of the most unique things about the practice?

First and foremost, following the tradition of Dr. Vanroekel, we focus on providing family-centered, personalized care. We believe in truly getting to know our patients and families and building long-term relationships, which helps support stronger preventive care and better health decisions over time.

As a privately owned practice, we’re not driven by corporate or private-equity pressures that prioritize profitability over patient care. This allows us to devote the time and attention needed to build meaningful relationships with families.

Finally, we are one of the few nurse practitioner–owned health care groups in Minnesota. While our team includes both pediatricians and pediatric nurse practitioners, we believe having nurse practitioners in ownership and leadership roles brings a valuable perspective to how we deliver primary care.

What do you mean when you say that you provide a holistic approach to health?

When we talk about providing a holistic approach to care, we mean looking beyond just the patient to consider the whole family. We think not only about what’s happening right now, but also about the patient’s past and long-term health.

While we treat the usual acute illnesses, we also focus heavily on prevention and helping families understand how to support their physical and mental health. Our care is grounded in standard, evidence-based guidelines, but we also recognize that every family is different. Because of that, we work to tailor those recommendations in ways that make the most sense for each family.

Recent federal policy around childhood vaccinations seems antithetical to empirical science. What do you tell parents who have questions about these issues?

At Grow, we’re committed to having open, honest and respectful conversations with families about vaccines. We believe vaccines are safe and effective, and we follow the AAP vaccine schedule, which is basically the original CDC schedule and supported by strong evidence.

At the same time, we recognize that the traditional approach to vaccine hesitancy hasn’t been very effective, as vaccination rates continue to decline nationally. While we strongly recommend vaccines, we understand that these decisions can feel very personal for families and often require thoughtful discussion and education.

Our goal is to make sure families feel comfortable having those conversations with us. Regardless of where a family stands on vaccines, we want them to feel heard, respected and never shamed. By building strong relationships with our families, we believe we’re better able to address misinformation and share evidence-based guidance about why we recommend vaccines. Ultimately, we believe these discussions should happen through shared decision-making with a trusted health care provider, rather than being shaped by misinformation on social media.

Please tell us about the Children’s Health Network and your work with that organization.

The Children’s Health Network (CHN) is a group of independent pediatric practices affiliated with Children’s Hospital of Minnesota. The network helps practices like ours navigate the complexities of our health care system while also connecting us with a community of like-minded pediatric providers. Whether it’s payer contracting, credentialing assistance or coding advice, CHN helps us focus on patient care and less on the administrative burdens of running a practice.

Through CHN, we work together to stay up to date on current guidelines and evidence-based practices in pediatric medicine. The group also provides a space to discuss and take an active role in addressing important pediatric health issues within our community. Our affiliation with CHN strengthens the collaborative approach that we value at Grow Pediatrics.

There is a growing mental health crisis among adolescents. How do you see this in your practice and how do you address it?

We are definitely seeing an increase in mental health crises among preteens and adolescents in our patient population. During well-child visits, we routinely screen for mental health concerns. When issues come up — either during those visits or separately — we provide as much in-clinic support and counseling as we can and often refer to and collaborate with outside mental health specialists.

As primary care providers, we see ourselves as the "hub" of the wheel, helping connect patients and families with the many other providers involved in their care. Because we are a small, privately owned practice our providers can dedicate more time to this type of care coordination, even when it isn't reimbursed.

We are also involved in a mental health task force through CHN that is working to improve best practices across pediatric groups and expand resources for teens and families. One focus of this group is identifying new pathways to help patients access mental health support more quickly and strengthening collaboration with outside specialists.

Chronic illness is another area that seems to be more common in pediatrics than ever. How do you see this manifested in your practice?

Chronic illness is something we're definitely seeing more often in pediatrics, and it shows up in many ways in daily practice. Conditions like asthma, allergies, ADHD, anxiety and obesity are increasingly common, and many kids are managing more than one condition at a time. We're also seeing more children with complex medical needs who require coordination between specialists, schools and therapists.

Pediatrics today isn't just about treating acute illness — it's also about long-term management and supporting the whole child. A big part of our role is partnering with families to develop sustainable care plans and helping them navigate medications, lifestyle changes, school supports and mental health resources.

We also talk a lot about the social and environmental factors that influence health, like sleep, nutrition, physical activity, screen time and stress. Ultimately, managing chronic illness in pediatrics takes a team approach—working closely with families, schools and specialists to help kids not just manage their conditions, but continue to thrive.

Provider burnout is a problem across all specialties. How does Grow Pediatrics address this issue?

At Grow, we try to support a healthy work–life balance for our providers and staff in several ways. Most team members work three to four days per week, which helps create a better balance between work and personal life. Because we are

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◀ **The Civics of Health Care** from cover

and natural laws that are immutable, such as those put forth in the Declaration of Independence, including the inalienable rights of life, liberty and the pursuit of happiness. Our constitution identifies the importance of the role of government in protecting its people and ensuring that we all benefit from fundamental, inherent rights that cannot be transferred, surrendered or taken away by the government.

If we look at Minnesota's constitution, Article I of the Bill of Rights states "Government is instituted for the security, benefit and protection of the people, in whom all political power is inherent, together with the right to alter, modify or reform government whenever required by the public good." The constitution creates a through line for laws that create government and the basis by which it seeks to organize for the security, benefit and protection for its people. While this appears to be the basics of a civics lesson, there is more here when we begin to see the connections of various sectors and systems within a society to the constitution itself.

Looking at Direct Care

Working on health care means working on tough intractable communal and societal issues. Among the most important are complex humanitarian crises such as the current severe direct care workforce shortage. As we search for ways to address this we must start by looking at the increasing level of human suffering that is growing due to the crisis. It is about understanding the complexities of systems that need to be addressed and understanding causation. Such matters require a multidisciplinary approach involving teams with expertise in areas that intersect at an interdependent system level.

What does this term multidisciplinary approach mean? It refers to bringing experts from an array of fields that become part of a team to understand causation and the interrelationships between various systems and sectors. It presents an opportunity for health care leaders to think in new terms and build a system of profound knowledge wherein we approach health care issues with a variety of perspectives. From this approach solutions become three dimensional, and the result is not simplicity but clarity.

Early in my tenure as CEO for Metropolitan Center for Independent Living (MCIL), I met individually and with groups of people with disabilities. Many of these people shared a growing anxiety related to the lack of direct care workers and how this affected their daily living. It was creating a worsening crisis.

We know there is a growing workforce shortage; there are not enough direct care workers to assist people with disabilities or older adults who rely upon direct care services for daily living.

Approaching this in terms of the interrelationships between various systems is critical to the many high-level health care commissions, panels and appointments that are involved in advancing better health care. To pursue a deeper understanding of the growing direct care workforce shortage crisis, I volunteered on several workgroups and became one of three technical writers issuing a report and recommendations for improving the statewide direct care workforce. The findings and root causes were truly astonishing.

Direct care services are often provided through state and federal service mechanisms. Certain federal services and related state services for people with disabilities and older adults have what are known as asset limitations, meaning that in order to receive the service, a person must not have assets over a certain limit. Accessing the system of inter-related services that are separate yet conditionally connected requires an asset limitation for individuals of $2,000 and $3,000 for couples. These asset limitations are the exact same dollar amounts as when the law was enacted in 1983. Astonishing! That means 43 years of the same asset limitation, all the while the cost of living continues to go up year after year.

There is more here than just the severe humanitarian direct care crisis: fixed asset amounts unchanged for over 40 years indicate a humanity crisis. We have a crisis of executive and legislative co-equal branches involving inaction at both the federal and state levels. We have a nation in crisis because of its collective drift from fundamental clarity about its constitution.

When all parties can better understand the nature of the crisis, solutions may arise from a better understanding of the nature of society and how health care is an inherent part of it.

There is an important through line in understanding issues of significant human suffering, policy neglect and drift. Looking at these issues from an international perspective, we see ample empirical research that countries with the highest per capita incomes are the most productive due to the presence of freedom, safety and fairness in policies, culture and commitment to the societies they serve.

Freedom, Safety and Fairness

From a sociological perspective, the primary organization of society is not government; it is the family. Thus, the natural laws that identify those principles, which are inalienable, self-evident and endowed in all humanity, serve as the organizing basis for a civil society as exemplified in its constitution. The inalienable rights of life, freedom and pursuit of happiness along with human dignity are equally endowed in all individuals throughout the world throughout all time.

They speak to what we all have in common globally, namely that as *Homo sapiens* our universal journey is one and the same and our nature as a species is, in fact, *human*. Euclid of Alexandria around 300 BCE had first among his five general axioms: Things which are equal to the same thing are equal to each other.

Societies are guided by natural laws that create the form of their constitution. It is the constitution that provides for their basis of government. For American society both at the federal and state levels, we have the three co-equal branches of government and laws based upon our constitution. The summation of a society overall has as its intergenerational ongoing concern the prosperity, freedom, protection, safety, health and well-being of its people over time and throughout time. These bedrock societal constructs give rise to why a society supports the health and well-being of families, children, individuals and older adults as not only vital for each person, but also for society itself in assuring future generations life with freedom, safety and fairness.

Health care must be perceived as an inalienable right.

From this, when we look at a nation that has allowed 43 years of asset limitations to remain at the exact same amount for people with disabilities and older adults, we can also see an indicator of a nation in crisis. We can see the need to rediscover the essential focus and nature of our society, one that is based upon natural laws that are self-evident and endowed with the inalienable right to life, liberty and happiness. Solving the severe human direct care crisis also means advancing the very means of freedom, safety and fairness for all members of society including people with disabilities and older adults.

To bring this back into addressing the severe humanitarian crisis faced by people who go without needed direct care services for daily living, we can find what is astonishingly a humanity crisis. The executive branch, legislative branch and judicial branch at the federal and state levels have drifted from the through line of what a constitutional form of government means for "We the People."

When there is an intractable magnitude of human suffering, we must begin to recognize it as a "constitutional threshold of human suffering." The denial of rights and freedoms of independent living by the rule of law, and more important, when government fails to respond to the requirements of human dignity, the nature of a civil society is at risk. This means for all three co-equal branches of government, the executive branch, the legislative branch and the judicial branch, the oath of office is a vitally important means of fidelity to the constitution.

It is through these oaths that constitutional meaning and amendments are upheld for society and they provide the path for taking action to address human suffering.

Part of a Solution

Health care delivery for many nations is formed by two sectors, the medical sector and the home care sector. The medical sector provides care in facilities such as hospitals and clinics, whereas, not surprisingly, the home care sector provides

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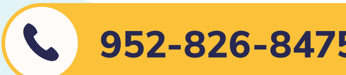

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◂ **The Civics of Health Care** from page 11

care primarily in the home. In the medical sector a key role of a college credit-based credential of a Certified Nursing Assistant plays an ever-increasing range of roles in the medical sector, with clear paths to career advancement and financial security. In the home sector one of the important issues leading to the direct care work force shortage crisis is that no such paths exist for a similar college credit-based credential of a Certified Direct Support Professional, *until now*.

When we examined the home care sector, including 5 million direct care workers, we discovered that there is no college credit-based curriculum leading to a degreed credential of a "Certified Direct Support Professional." Metropolitan Center for Independent Living identified that the role of a college credit curriculum leading to the credential of a "Certified Nursing Assistant" is an essential interoperable role and should be recognized throughout the health care delivery system.

> The primary organization of society is not government; it is the family.

Furthermore, when we examined the homecare sector we discovered that there is no college credit-based curriculum leading to any credential with a clear career path. We then spent over three years in careful micro development with a full range of the diverse team members and numerous post-secondary professors working on the development of a college credit-based curriculum that would lead to the credential of a Certified Direct Support Professional.

Thanks to a $2.1 million grant from the Bush Foundation, we are creating a transformative solution to one of the home care sector's work force shortage crisis issues by bringing this new curriculum into the postsecondary system of education, presenting scalable solutions nationally and globally.

Central to this curriculum is the concept of a person-centric approach, a revolution in the home care sector. The question is why and the answer is that it re-orders direct care to advance the health, health outcomes and the overall well-being of families, children, and individuals and older adults who rely upon direct care services for daily living. Health care is often very siloed, and as such is often overlooked for the important role it plays as part of society as it is vital in stabilizing the lives of so many who need it.

7 Life Sustaining Dimensions

Drawing on these principles and through lines, MCIL has created a new framework that is universal to stabilize families, children, individuals and older adults and is specific for families, children and individuals with disabilities to advance independent living.

We identified seven areas, each separate yet interrelated and all critical, that were necessary to optimize health. We called this model the 7 life sustaining dimensions of stabilizing families, children and individuals with disabilities advancing independent living. Assisting individuals to attain the goals of this model is necessary to stabilize their lives and support how they advance their own life journey of independent living.

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The 7 Life Sustaining Dimensions are as follows:

- Access to nutritious food
- Affordable and accessible housing
- Access to responsive and affordable health care, including behavioral health care
- Human services, long-term services and supports
- Education, along with the Individuals with Disabilities Education Act (IDEA) and the Individualized Education Programs (IEP)
- Employment
- Community connectedness, civic participation and transportation

To advance independent living for individuals and the disability and older adult communities, utilizing the 7 life sustaining dimensions presents tangible deliverables that will improve and stabilize health.

This is a departure from the silo approach often directed by government in a narrow span of services. It presents an integrated framework that concerns the effects of the 7 life sustaining dimensions stabilizing the individual, the community and society itself.

These 7 dimensions are necessary for all families, children, individuals and older adults as well as for a community, a state and a nation. Health care must be perceived as an inalienable right and an interoperable part of a functioning society. It must place its top line focus on advancing the health, health outcomes and the well-being of families, children individuals and older adults that it serves. It must act as a through-line and contributing factor to the ongoing needs of society by insuring the health and well-being of its people. Health care can do so only by understanding the true context of its enterprise as aligned with the constitutional nature of its society.

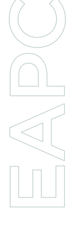
W. Edwards Deming, Ph.D., known among many other things for his international achievements in the field of quality improvement, stated: "If economists understood cooperation and the loss and damage from competition, they would no longer preach salvation through competition. They would instead lead us into optimization through cooperation."

Government is rightly concerned with the costs and fiscal notes of health care. Yet it often does not assess the investment of advancing the health and wellness of the people it serves. We know that investing in stabilizing families, children, individuals and older adults leads to the vibrancy of a community. This produces the freedom, safety and fairness that leads to both a sustainable economy and higher per capita incomes.

Investing in public health and well-being results in increased social connectedness. It affirms the natural laws that serve as organizing principles for the greater and common good of all. To do so serves the most important and noblest of values for civilization itself, namely, to advance the ability of people to care for one another.

When a country or even a state forms a constitution, notably upon the natural laws, those that are immutable such as the inalienable rights of life, liberty and the pursuit of happiness, the constitution identifies the importance of the role of government in protecting its people.

Jesse Bethke Gomez, MMA, is the executive director of the Metropolitan Center for Independent Living. He has served on more than 40 commissions, boards and leadership teams throughout his career.



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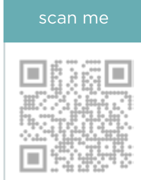

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◀ **Moderate Pediatric Behavioral Health Issues** from cover

Primary care clinicians who see patients from the ages of 3 to 8 have access to our network of therapists and can refer parents of children with moderate behavior concerns.

In this article, we provide background information about parent-focused interventions, explain how we are expanding access and share how primary care clinicians can access our network of therapists and help us expand services across Minnesota and beyond.

Effective Support for Parents

Our core intervention is called Empowered Generations (eGen), a brief parent-focused intervention. Parent-focused interventions are designed to improve children's behavioral health outcomes by providing direct support to parents, rather than to children.

Parent-focused interventions are an evidence-based, first-line treatment strategy for addressing behavioral health challenges in young children, such as tantrums, attention-deficit/ hyperactivity disorder, early conduct disorders, emotional dysregulation and other common concerns. All children deserve the best opportunity for healthy development. When it comes to children's behavioral health, parents are in the best position to address many challenges but may need additional skills and tools to do so.

Parent-focused interventions teach parents how to effectively help their children learn and practice healthy, prosocial behaviors. For example, in eGen, therapists help parents identify positively framed goals and new behaviors to work toward (rather than focusing solely on disruptive behaviors). Parents then learn and practice tools for supporting and coaching children in new behaviors. Examples range from giving effective directions, to using encouragement to teach new skills, to employing healthy, age-appropriate limit setting.

Reflecting on the tools learned from a therapist in our network, one parent said, "The minute that we slowed down and got to [the child's] level and did the things that [the therapist] told us to do, our cooperation with our child at that point literally skyrocketed to like, we'd say probably 80% of the time they listened the first time we said it. And we were just mind-blown... It really helped us remove a lot of stress from our lives." Another parent commented, "I just felt very empowered that such a small change could make such a big difference in my relationship with my son and how I feel as a parent... I can see, still, months and months after I've completed this program, that I get a much better response and reaction."

Extensive research across diverse communities and settings have shown that evidence-based, parent-focused interventions have a positive impact on children's behavioral health outcomes. The children of parents who complete these programs grow up to have better mental health outcomes, have more prosocial peer groups, are less likely to abuse substances and are less likely to be involved with the justice system.

Furthermore, the benefits of parent-focused interventions grow over time. The difference between children with parents who completed a parent-focused intervention and those with parents who did not becomes larger as time passes. Research even shows positive effects of these programs in the next generation of children with no further intervention.

As one therapist in our network said, "I see the difference in the families who do this [program]. If you help these parents with their little ones, there's a ripple effect, it keeps on going. I feel like we're really making a difference."

Improving Access

We make support for parents widely available by providing primary care clinicians with a simple referral resource. Engaging parents through primary care can solve the two main barriers to wide-spread implementation of parent-focused child behavior interventions.

The first challenge is stigma around seeking behavioral health support and parenting support. Parents most commonly share that the reason they did not attend an available parenting program is that it would suggest they are a bad parent or do not know how to raise their children. Of course, the opposite is true; parents who seek or receive support in raising healthy children are proactively pursuing their children's best futures. Primary care clinicians are ideal for delivering this message to parents. Primary care is often the first place that parents ask questions about behavioral concerns, and primary care clinicians are a trusted source of information. When primary care clinicians connect parents to resources and encourage them to seek additional tools to support their children's health, parents are more likely to attend parent-focused programs.

The second challenge that prevents parent-focused interventions from being widely available is that they are not 'housed' in any one service setting. In other words, if a parent were interested in seeking this type of support, they likely would not know where to look. Because nearly all families with young children interact with primary care, it is the ideal setting for the initial engagement of

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parents in this care. Although parent-focused interventions are available in some mental health organizations, this is far from universal. Furthermore, parents do not often seek out mental health services until problems progress to more significant levels. Primary care clinicians can identify challenges early, when they are mild or moderate, and provide a widely available point of entry.

> The benefits of parent-focused interventions grow over time.

How the Program Works

Therapists in our network provide behavioral resources to parents with children from the ages of 3 to 8. Parents are offered practical tools to respond to common behavioral concerns calmly and confidently, and in a way that strengthens trust and their bond with their children.

The therapists meet online with parents and conduct one-on-one sessions, have immediate availability in most cases, and can provide services in a wide range of languages, including Spanish, Somali, Hmong and others. By providing services online, resources are accessible to parents all over the state. As one parent reflected, "I just want to say, basically, thank you for breaking down the barriers so that folks, moms, single moms, all the moms can be involved. I haven't found a lot of things accessible, being that single parent."

On a continuum of care, our program sits between universal parent and family education and intensive services for higher levels of need. Minnesota is fortunate to have broad access to Early Childhood Family Education (ECFE) through the public school system. Some families, however, need more support than general education can provide. At the other end of the continuum are services for families with significant behavioral health needs. Our program fills the gap in the middle. Families who are referred to therapists in our network are those who would benefit from more support than general education, but do not have safety concerns or significant needs related to mental health or substance use.

As one referring primary care clinician described, "It is a gift to be able to offer behavioral health resources before parents have lost confidence in their parenting."

In making referrals, we rely on primary care clinicians to use their clinical judgment as to whether a family might benefit from behavioral parenting tools and brief intervention. Some common reasons for referrals include: tantrums, difficulty with recent family transitions, hyperactivity, behavior challenges at school or daycare, observed coercive parenting behaviors, or a positive screening for social-emotional difficulties.

When parents are referred to therapists in our network, they are offered our core program, called Empowered Generations (eGen), a six-session, parent-focused, behavioral intervention. Rather than being rigidly scripted, eGen is tailored to the family's needs and values. It is strengths-based, includes active

learning and practice, and equips parents with a core set of tools that help them set their children up for success.

The eGen program is offered to parents on one of two timelines: (1) Some parents meet with a therapist for one initial session, in which the therapist guides the parent to various resources and tools that may address their challenges. Resources in the initial session range from videos to worksheets to online tools. The therapist encourages the parent to utilize the resources and then follows up with the parent in about six weeks to offer eGen if additional support is needed. While some parents find that their needs are met after the initial session, others elect to continue to eGen. The initial session is always free to parents. (2) Other parents are offered eGen immediately. In this case, therapists usually schedule an intake session and then provide the six-sessions of eGen. When appropriate, therapists bill insurance for the sessions like any other mental health service. Some therapists also offer sliding scale fees or other payment options.

eGen is tailored to the family's needs and values.

All therapists in our network are licensed mental health professionals, and nearly all are credentialed with all major insurance companies. The therapists receive extensive training through our project to equip them to work effectively with parents of young children. Their training covers the tools they teach parents as well as the clinical process skills needed to empower parents to try new skills without feeling shamed or criticized. When therapists agree to participate in our network, they hold appointment slots for these referrals, which allows for immediate appointment availability.

Initial data have shown noticeable benefits for families who participated, including a significant reduction in children's externalizing behaviors and strengthened parenting behaviors. Parents' experiences are illustrative of what we see in our data. Some parents who have participated report concrete behavior changes, such as, "We've had almost all good bedtimes for the past two weeks!" In other cases, parents have offered reflections on important second-order changes: for example, "It helped me better understand what my child thought in situations. It made me get less angry and helpless when he didn't listen and put things in a new perspective."

Three Levels of Impact

Our hope for this project is to have an impact on three levels, which is possible only with primary care clinician participation. At the most proximal level, the immediate goal is to offer resources to thousands of parents. Parents have access to this network of therapists only if their primary care clinician refers them. Primary care clinicians who enroll can refer as many eligible families as they wish for at least the duration of the project (approximately through 2029).

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Cognitive and Mental Health for Women

Closing the Gaps in Care

BY DEBORAH DITTBERNER, MD

Minnesota is facing a growing mental health access crisis, with demand for care outpacing the number of providers in the state. For women, and especially older women, limited access to timely support can make it harder to fully evaluate symptoms like anxiety, depression, sleep disruption and social withdrawal. In many cases, these concerns are treated as siloed mental health challenges, even though they can also signal something more serious as women age.

Dementia is one of the conditions where the overlap between mental health and cognitive health is most consequential. As our population ages, dementia is becoming one of the most pressing public health challenges, and it is currently the fourth leading cause of death in the state. While memory loss is often discussed as a natural part of aging, dementia is not an inevitable outcome, and its relationship to mental health is far more complex than many people realize.

Early signs of dementia are frequently subtle. In many people, especially women, changes in mood, sleep, or overall emotional well-being can emerge alongside or even before noticeable memory problems. These symptoms are commonly attributed to stress or anxiety, which can delay further evaluation.

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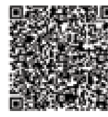

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For aging women, the relationship between cognitive and mental health deserves particular attention. Women live longer than men on average, and often spend more years navigating chronic health conditions and caregiving responsibilities, while also experiencing hormonal and social factors that can increase both dementia risk and mental health strain over time. At the same time, men are more likely to delay seeking care and may present later with more advanced symptoms, underscoring that cognitive and mental health challenges affect both genders, though often in different ways.

There are also broader systemic challenges women face in current care systems. For decades, women's health has largely been framed around reproductive care, leaving gaps in research, guidelines and routine screening for women as they age. Many women interact with health care regularly through OB/GYN care, yet still lack consistent longitudinal primary care as they enter midlife. Symptoms such as fatigue or mood changes are also more likely to be minimized, even when they may signal broader cardiometabolic or inflammatory conditions. Closing these gaps starts with recognizing that conditions like dementia can present early through mood, sleep and emotional changes.

Dementia Is More Than Memory Loss

Dementia is commonly associated with memory loss, but early symptoms often extend beyond cognition alone. Depression, anxiety, irritability, social withdrawal and sleep disturbances can precede noticeable memory impairment by years. In clinical settings, these symptoms are frequently addressed in isolation, particularly among women, whose concerns may be attributed to life transitions or emotional stress rather than evaluated as potential indicators of cognitive decline.

Research suggests dementia symptoms may present differently across genders. Women are more likely to experience early changes in mood, sleep or emotional regulation, while men may present later with more pronounced cognitive or functional impairment. These patterns are influenced by both biological factors and differences in how individuals engage with health care, with important implications for timely recognition and appropriate care. Men are also more likely to seek care later in the course of illness, which can shape when and how cognitive decline is identified.

These patterns are reinforced by broader gaps in mental health access for women. More than a quarter of adult women in the state report symptoms of anxiety or depression, yet only a portion of the demand for mental health services is currently met. Approximately three-quarters of Minnesota counties face shortages of mental health professionals, leading to long wait times, long travel distances, and higher costs before care is available. When mental health needs go unmet, early signs of dementia are more likely to be overlooked or dismissed.

Why Dementia Often Looks Different in Women

Women face a higher lifetime risk of dementia, yet early cognitive changes are often not addressed until they begin to interfere with daily functioning. In Minnesota, the number of adults age 65 and older living with dementia,

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including Alzheimer's disease, had reached nearly 120,000 cases by the end of 2025. Women account for nearly two-thirds of Alzheimer's cases in the state, underscoring the disproportionate impact of dementia across genders. At the same time, men face higher mortality earlier in life and are more likely to present later in the disease course, shaping differences in diagnosis and progression.

Hormonal changes during midlife may affect brain health, including how the brain responds to inflammation, vascular changes, and chronic stress, all of which are increasingly linked to dementia risk and progression. Several studies suggest women are also more likely to be diagnosed later than men, limiting opportunities for early planning, intervention, and support. A woman may seek care for sleep disruption, anxiety, or mood changes during periods of stress or transition, while also noticing more difficulty with attention, organization, or daily routines. Even when these changes are present, they may not be described as memory problems. Without integrated screening, early signs can be attributed to mental health strain alone, delaying evaluation. These biological differences, however, are only part of the story.

Women face a higher lifetime risk of dementia.

How Daily Strain Affects Brain Health

Social factors further shape dementia risk for women. Many women spend decades prioritizing the health of spouses, parents, and children, often delaying care for themselves. Caregiving responsibilities, which are common among Minnesota families, can lead women to downplay symptoms or postpone care while focusing on others. Across the lifespan, these caregiving roles often begin early and continue into later adulthood, contributing to chronic stress that may influence cardiometabolic and inflammatory pathways increasingly linked to cognitive health.

In Minnesota, nearly 30% of caregivers report symptoms of depression, and more than half report managing chronic health conditions themselves. A woman may be coordinating care for a spouse or parent while struggling to stay on top of her own appointments, paperwork and daily routines, which can be dismissed as stress even when it may reflect early cognitive decline.

Women are more likely to live alone later in life, particularly after the loss of a partner. Social isolation, combined with chronic stress and untreated depression, can have lasting effects on brain health. In Minnesota, long winters and transportation barriers can further limit social engagement, making these risks especially pronounced for older women aging independently.

When Medications Become an Early Warning Sign

Medication adherence often becomes a critical but under-recognized issue as cognitive changes begin to affect daily routines. Many older adults manage complex medication regimens for multiple chronic conditions, and even mild cognitive impairment can disrupt habits that were once automatic. In practice, early concerns often show up in medication routines first. A patient who previously managed medications independently may begin asking the same questions about instructions across multiple visits, even after counseling. Others may request early refills after taking doses twice or show gaps in refills after stopping a medication unintentionally. Struggling with a pill organizer, mixing up similar-looking bottles, or relying more on reminders can signal early difficulty with attention and organization.

For women, these challenges may be harder to detect early when medication routines are strained by caregiving responsibilities or competing demands. Symptoms such as depression, anxiety or sleep disturbance can further undermine consistency by affecting motivation, energy and daily organization. Research also suggests women may respond differently to certain medications due to differences in metabolism and hormonal influences, which can affect side effects and symptom presentation.

Because many older adults take multiple medications for chronic conditions, pharmacist-led medication therapy management and care coordination programs can play an increasingly important role in identifying adherence issues and flagging potential early signs of dementia.

Addressing Dementia and Mental Health Together

The intersection of dementia and mental health represents a national challenge, but our aging population, workforce shortages, and geographic barriers make this issue especially urgent across the state. Addressing these conditions together, rather than separately, is essential for earlier recognition and more effective care. For Minnesota, where a growing population of women are entering midlife and older age, this shift is especially important.

Routine screening that considers cognitive health alongside mental health symptoms can help clinicians identify concerning patterns even when memory

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complaints are not the primary reason for a visit. Brief, structured tools can support this approach without adding significant burden, particularly in busy or resource-limited settings.

Care models that prioritize prevention and long-term outcomes, including value-based care approaches, can help close these gaps by enabling earlier identification and management of risk. Clear pathways between primary care, mental health services, pharmacists and community supports are especially important in communities where care is often fragmented by distance or provider shortages.

At Herself Health, we have built primary care intentionally for women, particularly those in midlife and beyond. That means longer visits, integrated behavioral health, proactive screening for osteoporosis and cardiovascular risk, and clinicians trained to connect the dots across systems rather than treat symptoms in isolation. When women feel heard and understood, engagement improves, and so do outcomes.

> The intersection of dementia and mental health represents a national challenge.

What is Next for Cognitive Care

As the population continues to age, clinicians, health systems and policymakers must prioritize integrated approaches that treat cognitive and mental health as interconnected elements. Earlier screening, better coordination across care settings and improved access to mental health services can help ensure dementia is recognized sooner and care is delivered more effectively.

Even small changes can improve early identification and support. Clinics can incorporate more brief cognitive check-ins for older adults during annual visits, particularly when patients present with new or worsening depression, anxiety, sleep disruption or functional concerns. Practices can also build in a standard step when medication issues emerge, such as missed refills, repeated questions about dosing, or increasing reliance on reminders, prompting a broader assessment rather than treating adherence challenges in isolation. These approaches help clinicians identify early risk sooner and connect patients and families to appropriate follow-up.

Looking ahead, value-based and personalized care models will be critical to meeting the growing and varied needs of all older adults. Approaches that emphasize continuity, longer visits and individualized care planning can better account for differences in how dementia presents and progresses, while supporting earlier intervention and more consistent follow-up. For women in particular, these models offer an opportunity to move beyond episodic care toward more tailored, relationship-based support that improves planning, coordination and quality of life as cognitive needs evolve with age.

Deborah Dittberner, MD, is the chief medical officer at Herself Health.

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Endoscopic Spine Surgery

Shifting the Paradigm in the Treatment of Spine Pathology

BY MATTHEW GODLEWSKI, MD, AND OMAR RAMOS, MD

The evolution of modern spine surgery has been characterized by a progressive movement toward techniques that minimize soft tissue disruption while maintaining or improving surgical outcomes. Traditional open spinal procedures often require an extensive midline incision, significant muscle dissection, bony resection and the potential for prolonged recovery periods. Over the past three decades, minimally invasive spine surgery (MISS) techniques have evolved to reduce these drawbacks and produced excellent clinical outcomes.

Endoscopic spine surgery (ESS) represents one of the most advanced forms of MISS. Using a one centimeter incision and a specialized endoscope, surgeons can visualize the native anatomy of the spine and perform decompression and/or stabilization procedures with minimal collateral damage to surrounding tissues. Improvements in high-definition imaging, surgical instrumentation, and navigation technologies have significantly expanded the capabilities of ESS over the past several years.

Although initially limited to a relatively small number of procedures, ESS has grown rapidly and is now applied to a wide range of spinal pathologies involving the cervical, thoracic and lumbar spine. As interest in outpatient spine surgery increases and health care systems prioritize faster recovery and reduced costs, ESS has gained increasing attention among spine surgeons and health care administrators worldwide.

This article reviews the historical development of ESS, outlines its current surgical indications, discusses its advantages and limitations, and examines future trends that may shape the evolution of this rapidly advancing field.

History and Development

The origin of endoscopic surgery can be traced to the early twentieth century with the development of optical devices used for diagnostic procedures in various medical specialties. With expanding surgical capabilities, endoscopy became a mainstay of surgical treatment in several surgical specialties. Despite the evolution and adoption of endoscopic techniques within other surgical subspecialties, its application to the spine was significantly more challenging due to the absence of a natural cavity and the proximity of critical neural structures. Early spinal endoscopy was therefore limited by poor visualiation, suboptimal instrumentation and limited surgical access.

Evolution of Endoscopic Spine Surgery

Modern endoscopic spine surgery began to take shape during the 1970s and 1980s with the development of percutaneous techniques designed mainly to treat lumbar disc herniations. These procedures allowed surgeons to remove herniated disc fragments through small incisions using fluoroscopic guidance. Specialized small-diameter cannulas were initially used as the working channel to remove these disc fragments, followed by first generation iterations of what became the modern day endoscope.

A key milestone in the development of ESS was the description of Kambin's triangle, an anatomical "safe zone" bordered by the superior articular facet, the exiting nerve root and the vertebral body end plate at the symptomatic vertebral level. Kambin's triangle allows consistent and reproducible access to the lumbar intervertebral disc while minimizing the risk of iatrogenic nerve injury. This concept became fundamental to the transforaminal approach used in contemporary endoscopic discectomy procedures. During the 1990s, continued technological advances in fiberoptic imaging and endoscopic systems improved visualization and allowed safer and more controlled surgical interventions.

Modern Era of Endoscopic Spine Surgery

The early 2000s marked a turning point in the evolution of ESS. High-definition cameras, improved irrigation systems, specialized endoscopic drills and radiofrequency ablation tools significantly enhanced the safety and effectiveness of these procedures. Additionally, advances in imaging technologies such as intraoperative CT and navigation systems further improved surgical accuracy.

These innovations expanded the indications for ESS beyond lumbar disc herniation to include spinal stenosis, foraminal stenosis, spondylolisthesis and other degenerative conditions. Additional technological advancement and surgical innovation have also expanded the traditional transforaminal

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approach to now include an interlaminar approach as well, broadening the scope of spinal pathology amenable to endoscopic intervention. More recently, endoscopic assisted spinal fusion techniques have been introduced, further broadening the scope of endoscopic spinal procedures. As the field of orthopedic spine surgery evolves, ESS has increasingly been recognized as a mainstay of minimally invasive surgery for treatment of various spinal pathologies.

> Endoscopic spine surgery represents a significant advancement in the field of spinal surgery.

Surgical Indications for ESS

Lumbar Disc Herniation Lumbar disc herniation remains the most common indication for ESS. Patients presenting with radicular pain caused by nerve root compression who have failed conservative therapy may benefit from endoscopic discectomy. Both transforaminal and interlaminar approaches are commonly used depending on the location of the herniation and patient anatomy. Numerous studies have demonstrated excellent clinical outcomes with endoscopic discectomy, including significant improvement in pain and functional scores equivalent or superior to traditional open surgical techniques.

Lumbar Spinal Stenosis Endoscopic decompression techniques are increasingly used for lumbar spinal stenosis. ESS can address:

- Central canal stenosis
- Lateral recess stenosis
- Foraminal stenosis

Through endoscopic approaches, surgeons can remove hypertrophic ligamentum flavum, osteophytes and compressive disc material while preserving important stabilizing structures of the spine.

Degenerative Spine Disorders ESS is also used to treat a variety of degenerative spinal conditions, including degenerative disc disease and spondylosis. In carefully selected patients, endoscopic decompression can relieve neurologic compression secondary to spinal stenosis, while minimizing structural disruption to the native spine. More recently, endoscopic lumbar interbody fusion techniques have been introduced, offering the potential to combine decompression with stabilization in a minimally invasive manner.

Cervical and Thoracic Pathology Although ESS initially focused on lumbar pathology, techniques have expanded to include cervical and thoracic procedures as well. Indications include:

- Cervical disc herniations
- Cervical foraminal stenosis
- Select thoracic disc herniations

These procedures require a higher degree of technical proficiency due to the narrower anatomy and increased proximity to the spinal cord. These procedures are typically conducted under the guidance and safety of real-time intraoperative spinal cord monitoring.

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- Pipestone County Medical Center (Pipestone)
- Regions Hospital (St. Paul)
- Glencoe Regional Health Services (Glencoe)
- Glenfields Living with Care (Glencoe)
- Sanford Medical Center (Thief River Falls)
- St. Luke's Hospital of Duluth (Duluth)
- Madelia Health Hospital (Madelia)
- Windom Area Health (Windom, MN)

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Emerging Applications Recent advancements have expanded the potential role of ESS in the management of:

- Selected spinal tumors
- Spinal infections
- Traumatic injuries
- Certain deformity corrections

While these indications remain limited, continued technological advancements are expected to allow broader application in the future.

Advantages of ESS

Reduced Soft Tissue Trauma One of the primary advantages of ESS is the ability to perform surgery through very small working channels, most times under 1cm in size, minimizing damage to paraspinal muscles and the surrounding soft tissues. Preservation of normal anatomy contributes to improved postoperative recovery and reduced complications.

Decreased Postoperative Pain Patients undergoing ESS have been shown to report lower postoperative pain levels compared with traditional open procedures. Reduced tissue disruption and smaller incisions are likely key factors contributing to this benefit.

Faster Recovery and Earlier Mobilization Because ESS involves minimal muscle dissection and limited structural disruption, patients have been shown to recover more quickly and can return to normal activities sooner. Many endoscopic procedures can be performed in outpatient or short-stay surgical settings.

ESS has grown rapidly and is now applied to a wide range of spinal pathologies.

Lower Blood Loss and Complication Rates Endoscopic approaches typically result in negligible intraoperative blood loss compared with open surgery. In addition, continuous irrigation used during endoscopic procedures may reduce infection risk and maintain clear visualization.

Preservation of Spinal Stability Traditional open decompression procedures sometimes require removal of stabilizing structures such as lamina or facet joints. ESS techniques are designed to preserve these structures whenever possible, potentially reducing the risk of postoperative instability.

Improved Visualization Modern endoscopic systems provide ultra high-definition magnified visualization of neural elements and pathological structures. Angled lenses allow surgeons to visualize regions that might otherwise be difficult to access with conventional surgical approaches.

Limitations and Disadvantages of ESS

A significant limitation of ESS is a relatively steeper learning curve associated with mastering endoscopic techniques, as compared to traditional open surgical techniques. Surgeons must develop skills in navigating spinal anatomy using indirect visualization and manipulating instruments within a narrow operative corridor.

Training and experience are therefore essential for achieving optimal outcomes, which is routinely obtained through dedicated cadaveric training sessions, and other simulated surgical environments.

Endoscopic spine surgery requires precise hand-eye coordination and familiarity with specialized instruments that are not typically used within the field of spine surgery. Maintaining orientation within the spinal canal and performing complex decompression through a limited working space can be challenging, and proprioception and an inherent technical familiarity with the instrumentation is paramount to obtaining excellent surgical outcomes.

Furthermore, the equipment required for ESS, including endoscopic towers, cameras, irrigation systems and specialized instruments can be expensive. These costs may limit adoption in some health care settings. The additional surgical costs, however, are generally offset by decreased hospital admissions, a lower complication profile, potentially less time under general anesthesia and the quicker return to pain free function following endoscopic surgery.

Limited Indications in Certain Conditions

Although the number of spine pathologies treated with ESS has expanded significantly, it may not be appropriate for all spinal pathologies. Conditions that may still require open surgery include:

- Severe spinal deformity
- Advanced instability
- Extensive multilevel disease
- Large tumors
- Certain traumatic injuries

Careful patient selection remains critical.

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Endoscopic Spine Surgery from page 24

Although a growing number of studies support the effectiveness of ESS, long-term data comparing endoscopic techniques with traditional surgical methods are still under study. Continued research is necessary to better define the long-term benefits and potential risks.

When to Refer to a Spine Surgeon

Recognizing which patients may be appropriate candidates for ESS can meaningfully improve time to treatment and patient outcomes. ESS is generally considered for patients who have undergone an adequate trial of conservative management, typically six to twelve weeks, without sufficient improvement in symptoms.

Preservation of normal anatomy contributes to improved postoperative recovery and reduced complications.

Patients most likely to benefit from evaluation include those with: radicular leg or arm pain with a correlating disc herniation or foraminal stenosis on MRI and symptoms that significantly affect quality of life and function despite appropriate conservative care.

Red flags warranting more urgent referral include progressive neurologic deficits such as worsening extremity weakness bowel or bladder dysfunction, or gait instability. These findings may indicate significant neural compression requiring timely surgical evaluation, regardless of prior treatment history.

Looking Ahead

The future of ESS is promising. Robotic technologies are increasingly being integrated into spine surgery. Robotic assistance may enhance precision in instrument placement, improve surgical planning and reduce variability between surgeons. In the context of ESS, robotics may potentially help address some of the technical challenges associated with the procedure.

Intraoperative navigation and three-dimensional imaging technologies are becoming more widely used in spine surgery. These systems allow surgeons to visualize anatomical structures in real time, improving accuracy and potentially reducing complications. Integration of navigation with endoscopic systems may significantly enhance surgical safety.

Artificial intelligence is expected to play a growing role in surgical planning and intraoperative decision-making. Machine learning algorithms may assist with identifying anatomical landmarks, optimizing surgical trajectories and predicting patient outcomes. AI-assisted imaging analysis may also improve preoperative planning for endoscopic procedures.

Augmented reality technologies may allow surgeons to overlay imaging data onto the surgical field in real time. This capability could improve spatial orientation and precision during endoscopic procedures.

As surgeon experience and technology improve, ESS may be applied to more complex spinal conditions. Continued advancements in instrumentation and technique may allow endoscopic approaches to become standard for a broader range of procedures.

The minimally invasive nature of ESS aligns well with the growing trend toward outpatient surgical care. With continued improvements in perioperative management, more spinal procedures may be safely performed in ambulatory settings.

Conclusion

Endoscopic spine surgery represents a significant advancement in the field of spinal surgery and continues to evolve rapidly. From its origins in percutaneous disc procedures to its current application in complex decompression and emerging fusion techniques, ESS has demonstrated the potential to improve patient outcomes while reducing surgical morbidity.

The advantages of ESS, including reduced tissue damage, faster recovery, and preservation of spinal stability make it an attractive option for both patients and surgeons. Challenges such as technical complexity, equipment costs and the need for specialized training, however, remain important considerations.

Future developments in robotics, navigation, artificial intelligence and visualization technologies are likely to further expand the capabilities of endoscopic spine surgery. As clinical evidence continues to accumulate and training programs evolve, ESS is expected to play an increasingly central role in the treatment of spinal disorders.

Matthew Godlewski, MD, and **Omar Ramos, MD** are both surgeons at Twin Cities Spine Center.

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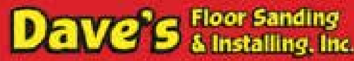

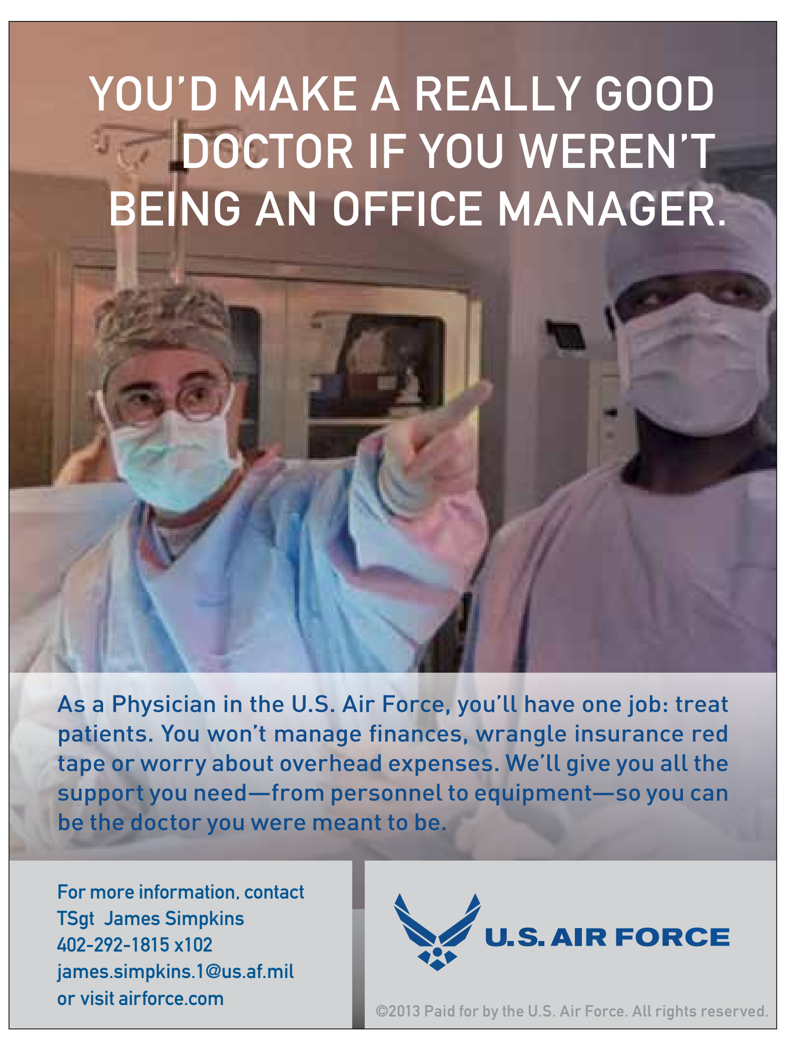

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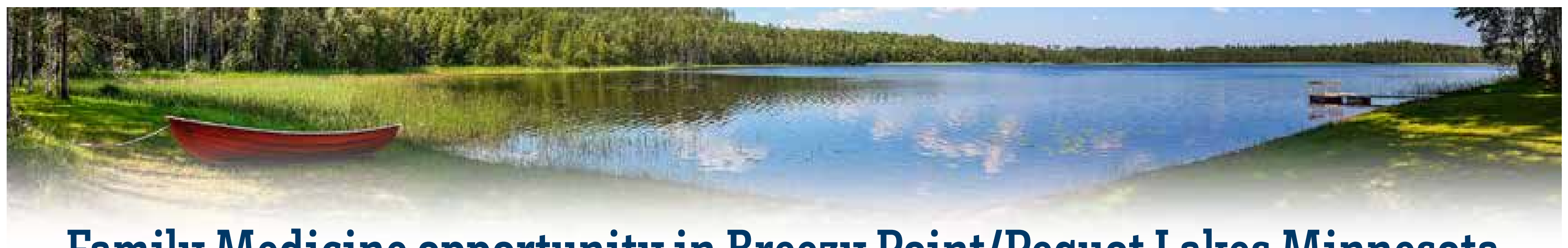

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◀ **Moderate Pediatric Behavioral Health Issues** from page 17

At the state level, our hope is to grow this referral network of primary care clinicians and therapists to a large enough scale that it can continue after completion of the currently funded project. When primary care clinicians participate now, they help grow the network and provide feedback that helps to improve the referral process.

At the national level, we seek to generate data that will inform broader dissemination and implementation of parent-focused interventions across the country. Our project is funded by the National Institutes of Health. Referred parents have the option to participate in our research study, which will fill critical gaps in the literature related to the cost-benefit of parent-focused programs with primary care referred families. Research participation is completely optional, and parents get the exact same services whether they participate or not..

How to Access the Referral Network

There are currently over 200 primary care clinicians from 12 health care systems and clinics able to refer. Primary care clinicians who are interested in gaining access to this referral resource should enter their contact information at knowledgeforparents.umn.edu/referralstudy.

Once system-level approvals are in place, primary care clinicians receive a brief introduction to the program, and two brief surveys (less than 5 minutes) to complete. After completing the first brief survey, primary care clinicians can immediately begin to refer eligible parents.

We are proud that this resource can support the great work of primary care clinicians, who are the front line of care for children. One referring physician said, "I'm just so grateful that you and the team of therapists are available to serve my patients and families. There is so much mental health need at this time and I am thankful for [this program]! Your team is meeting part of a need that used to bring me moral distress. When I see families and kids struggling with mental and emotional needs, I spend extra time with them, and give a list of options for them to get connected to services, but more than half of them never see a therapist because of various barriers. So it was a huge relief to find out about your project and a team of therapists that would actually reach out and connect to my patients."

Another primary care clinician said, "I feel so lucky to have access to this resource." And we feel lucky each time we partner with a new clinic or clinician!

Please contact the Knowledge for Parents team kfp@umn.edu or the principal investigator, Dr. Christopher Mehusc jmehus@umn.edu, to learn how you can offer this resource to families you serve.

Christopher J. Mehus, PhD, LMFT is a research associate professor at the Family Social Science department at the University of Minnesota. He is the principal investigator for the e-Gen study.

Sonja Colianni, MD is a pediatrician at Hennepin Healthcare and has served as the director of Pediatric medical education at HCMC since 2011.

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Helping Children Face Increasing Daily Stress from page 9

privately owned, we're also able to keep provider schedules manageable. Our care philosophy emphasizes building relationships with families, so visits are intentionally longer and providers are rarely overbooked.

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What are the biggest challenges that lie ahead for pediatrics?

One of the biggest challenges facing primary care pediatrics is the increasing daily stress that many children and adolescents are experiencing, and how it affects their growth and development. Increased screen time and exposure to social media, especially algorithm-driven platforms, are already showing measurable effects on adolescent mental health. While there is some emerging data on how these factors affect brain development and social-emotional well-being, more research is needed to fully understand the long-term impact.

At the same time, the ongoing shortage of pediatric and pediatric mental health providers makes it harder to address these growing needs. As mental health concerns continue to rise among youth, primary care pediatric providers will likely face increasing challenges in supporting these patients with already limited resources.

Recent federal cuts to Medicaid funding, both nationally and specific to Minnesota, are creating considerable challenges to public health. How do you see these actions affecting children?

Any reduction in Medicaid funding is deeply concerning, particularly because children depend so heavily on this program — especially here in Minnesota. When coverage is cut, children often lose access to care, even if they remain technically eligible. This happens because parents may lose their own coverage or families face complicated renewal processes that disrupt enrollment.

The impact of Medicaid cuts is well-documented and straightforward. Children's health relies on stable family coverage and a strong, accessible care system. When funding is reduced, we see longer wait times, fewer preventive visits and delays in care. These disruptions often shift care away from cost-effective primary care settings like ours and toward more expensive emergency services.

While policy changes may be aimed at adult populations or budget concerns, children frequently bear the most immediate — and lasting —consequences. Interruptions in care during critical stages of development can have long-term effects on their health and well-being.

Lindsey Patee Deeb, APRN, CNP, is the CEO of Grow Pediatrics.

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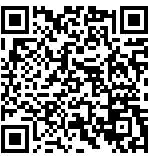

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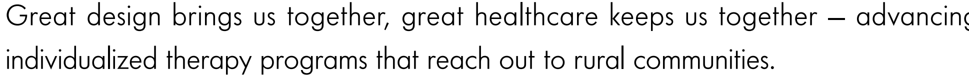

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