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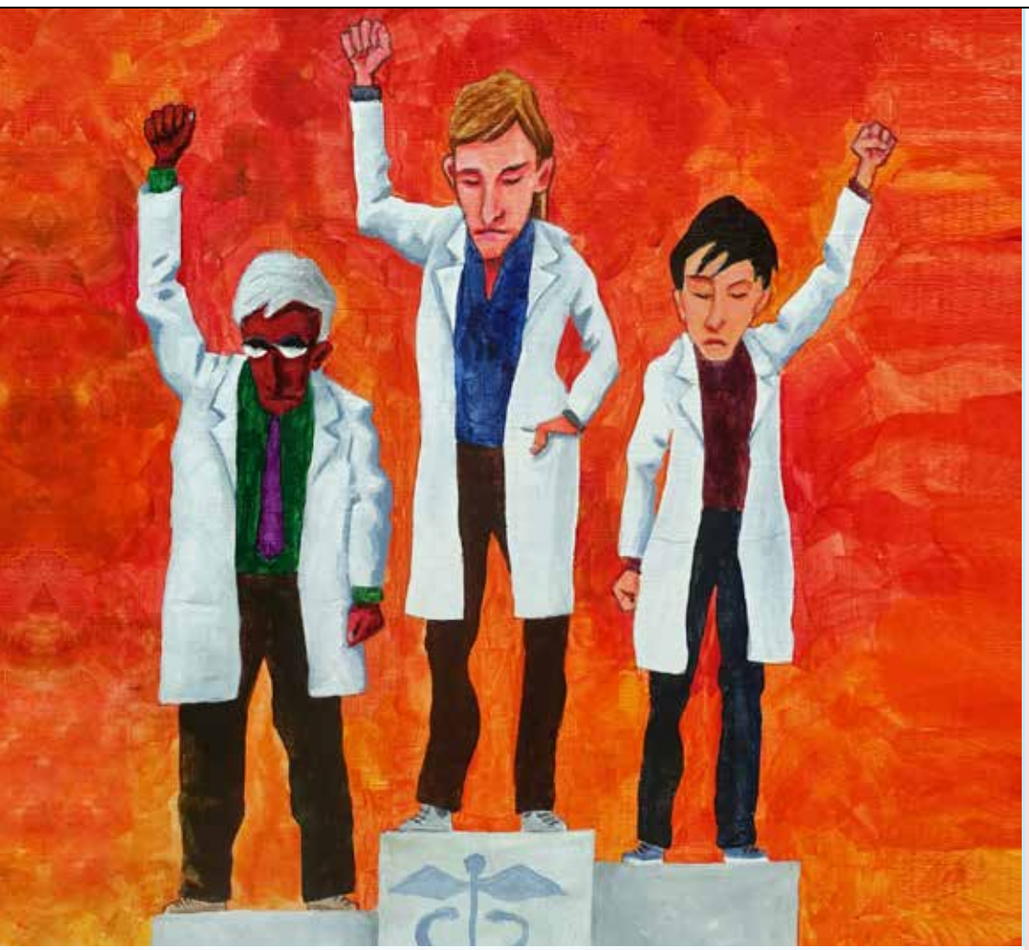

Diplomatic Defiance

Tools for courageous leadership

BY WENDY DEAN, MD

Last week, a colleague we'll call Kelly told me that a loved one had recently undergone a procedure that had traumatized them both. Kelly grew up with a physician parent and was surrounded by physician family friends who were staunch patient advocates, trusted experts and community leaders. She is a non-physician clinician, who works on a medical team. She has had deep faith in health care for half a century, dutifully adhering to physician recommendations for everything from screening tests to surgery.

But over the past five years that faith has shattered. In delicate situations, physicians have handed off care for her or her loved ones to less qualified professionals. In the most recent situation, the clumsily done — and ultimately unsuccessful — procedure cost her loved one pain, fear and something we too often ignore, indignity. And in another case, it nearly cost

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Integrating Physical and Behavioral Health Care

Solutions and benefits to the challenges

BY ZOMI BLOOM, MBA, AND SAVANNA CAMPBELL, RN

Issues pertaining to mental health are a critical part of overall health care delivery and, conservatively, affect one out of every five of us, crossing every demographic and socioeconomic group equally. Patients don't always realize they are experiencing mental distress – or if they are, they may not know where to get the care they need. At every point on the care delivery spectrum, from ED situations to annual check-ups, undiagnosed and untreated mental health conditions may play a vital role in patient outcomes. Quickly screening for and identifying such conditions has always been a complex challenge – from developing reliable assessment tools to incorporating them into best practice standards.

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PUBLISHER_____ Mike Starnes, mstarnes@mppub.com

ART DIRECTOR_____ Scotty Town, stown@mppub.com

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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.

State Medical Associations Rally Against Trump Cuts

Recently, a group of 40 state medical associations, including Minnesota's, sent a letter to congressional leaders urging rejection of the proposed cuts to health care funding. The cuts will result in the loss of coverage for at least 7.6 million Americans on Medicaid, including children, veterans, people with disabilities, seniors, pregnant women and low-income workers. This will lead to even more crowding of emergency departments, closures of rural hospitals and community physician practices, as well as widespread health and economic instability. Citing bipartisan research, estimated project cuts in payments to states would result in nearly $200 billion less to systems already struggling to provide patient care, devastate state budgets and force states to raise taxes.

Several comments and recommendations were made, including:

- Opposition to the provision that addresses taxes on hospitals, managed care organizations, nursing homes and other providers. The uniformity rule is unfair and unrealistic for states to meet. In states with low proportions of commercially insured individuals, restructuring their programs to meet these new requirements will be near impossible without massive tax increases resulting in higher premiums.
- Opposition to proposed limits on state-directed payments and a freeze on provider taxes. This freeze amounts to a long-term funding cut as it will not keep pace with increasing health care costs. It forces states to reduce benefits for Medicaid recipients, diminishing care, especially in rural communities.
- Opposition to the proposed Medicare payment cap. This will negatively impact public hospitals and physicians who care for the most critically ill patients and complex cases. The Medicare physician fee schedule is an inadequate benchmark for state-directed Medicaid payments. When adjusted for inflation, Medicare payments have declined by 33% over the past two decades and do not cover the costs to provide care.
- Opposition to cost-sharing mandates on extremely low-income Medicaid enrollees. A $35 copay/visit or a 5% income contribution on an annual income of $15,600 creates a significant barrier to care. Instead, these individuals, many of whom are chronically ill or disabled, will end up hospitalized, driving up costs.
- Opposition to proposed additional paperwork to ensure compliance with receiving less money, such as verifying employment status, on a monthly basis, of benefit recipients.

State medical associations and physicians nationwide are urging Congress to reject the harmful cuts to Medicaid, a proven, cost-effective safety net, that serves 80 million vulnerable Americans, nearly 25% of the nationwide population.

Mayo Study Explores Telehealth Benefits

A recent study from the Mayo Clinic found that telehealth dramatically improved health care outcomes across a broad range of services. The 2022 annual survey from the American Hospital Association, and other sources, were analyzed, looking at data from over 1,000 acute care general hospitals that included community indicators. Specific areas of the study included telestroke, telepsychiatry and addiction treatment, teleconsultation and office visits, tele-intensive care units, telemonitoring postdischarge, and ongoing chronic care management. Although the value of telehealth

continues to grow, limited study exists of how social determinants of health are addressed in using it as a tool for care delivery.

The new study showed that patients who received telehealth monitoring support after discharge achieved significantly better outcomes with less follow-up care than those without monitoring.

"This study explores the relationship between hospitals' implementation of telehealth services and the impact on patients' social needs," says Aaron Spaulding, PhD, senior study author.

When patients used online therapy, they were much more likely to say their overall health had improved compared to those who did not receive such services. This shows telehealth's ability to address social determinants of health and offer a path for future research into ways to enhance overall patient-centered care. "There has been significant research identifying gaps in health care due to social determinants of health," says Dr. Spaulding. "The publication team has explored various avenues to understand the barriers to access and areas that inadvertently worsen outcomes related to social determinants." Dr. Spaulding notes that telehealth, when combined with in-person visits, has the potential to help create a more integrated approach to health care delivery, but that it should be treated as a complementary tool and that any approach needs to be personalized. "Different patients require varying levels of care, and while our systems are improving, some patients may benefit from telehealth, while others may prefer in-person care. Additionally, a combination of approaches might be beneficial for certain individuals," says Dr. Spaulding. He added, "We must continue to assess the most effective ways to use telehealth to benefit patients. This evaluation should consider both hospital-specific outcomes, such as readmissions and emergency department visits, as well as patient experience and patient-reported outcomes."

Allina Physicians Join Picket Lines

Making Minnesota history, physicians recently joined picket lines with other health care providers outside four Allina Clinics to protest working conditions, voicing frustration with what they called the "factory style" of modern medicine. Physicians voted overwhelmingly in favor of joining Doctors Council – SEIU in October 2023, forming the nation's largest private-sector doctors union with more than 600 members across 60 Allina clinics in Minnesota and Wisconsin. This historic protest resulted after not enough progress was made in contract negotiations. Unionized physician assistants and nurse practioners joined the picket lines, and all carried signs with slogans such as "Fair Contract for Patient Care" and "Fair Contract Now." Contract negotiations have been ongoing for over a year. Union leaders seek fair wages, fair benefits, safe working conditions and also that caregiver voices are heard. They claim Allina is trying to eliminate sick time and cut pay.

In response, Allina stated that they deeply value the dedication of its care team members and assured there would be no disruption in care during the pickets. The claimed they would continue to negotiate in good faith and seek to reach responsible agreements that maintain competitive pay and benefits for providers while ensuring it can sustain its caring mission during these extremely uncertain economic times.

After nearly 40 negotiating sessions, Chris Antolak, a family physician union member at the Coon Rapids Clinic, said, "We're not seeing Allina come to the table with meaningful proposals. We're here today to picket because we need to prove to Allina that we're standing in strength and solidarity." Similar protests took

place at Bloomington, Maplewood and West St. Paul clinics.

"I'm a union kid. My parents were teachers ... I never thought I would be union until I realized the power that we have as a single voice," said Dr. Kara Larson, who has worked as a pediatrician at the Coon Rapids Clinic since 1999. "The union brought us together to advocate for change for our patients."

The two sides have come to tentative agreements over the control of their schedules, creation of a mentorship program and labor management committee, and protections against unfair discipline. Serious differences, however, remain to be resolved.

Mental Health Social Media Warning Label Enacted

The Minnesota Legislature recently passed a provision requiring mental health warning labels on social media platforms. The law requires that by July 1, 2026, all social media platforms must display a clear mental health warning label to users in Minnesota and is a bold step toward protecting youth mental health. Authored by Rep. Zach Stephenson, DFL-District 35A, the legislation reflects the rising urgency among lawmakers nationwide to address the mental health crisis fueled by unregulated social media. Similar bills are now advancing in Texas, California and New York.

"This legislation is a critical victory for young people and families in Minnesota," said Erich Mische, CEO of Suicide Awareness Voices of Education (SAVE). "We applaud Representative Stephenson and members of the Legislature for responding to a public health emergency that's playing out in children's lives every single day. Mental health warning labels won't solve everything, but they are a necessary first step in helping families and youth navigate a digital landscape that too often puts profit over protection."

Founded in 1989 and based in Minnesota, SAVE is one of the nation's first organizations dedicated to the prevention of suicide. For many Minnesotans, the fight for accountability on social media is personal. Bridgette Norring, whose 19-year-old son, Devin Norring, died after purchasing a fentanyl-laced pill through Snapchat, has been a leading voice calling for stronger protections.

"Devin didn't get a second chance. One pill on a social media app was all it took," said Norring, Devin's mother. "If this warning label law can spark just one conversation, prevent just one loss, or make one teen think twice, it will have done something powerful. Our kids deserve to be protected, and this legislation helps shine a much-needed light on the real dangers hiding behind the screens. I'm proud that Minnesota is taking this step, and I'm thankful for the leadership that made it happen."

With this new law, Minnesota joins a growing chorus of voices demanding change from an industry that has little to no regulation or accountability.

Federal Judge Strikes Down Trump NIH Cuts

Judge William Young, a 1985 Reagan appointee, recently issued a ruling from the U.S. District Court in Massachusetts that the termination of National Institutes of Health (NIH) grants by the Trump administration was "void and illegal." The ruling further accused the government of discriminating against racial minorities and LGBTQ people. Since Trump has returned to office the NIH has terminated 2,100 research grants totaling about $9.5 billion, as well as an additional $2.6 billion in research-related contracts. Hundreds of research projects — many of which have been underway for years, representing thousands of hours of work and billions of dollars in investment — were abruptly cancelled without a scientifically valid explanation. The court reversed the grant terminations at issue in the case,

stating that the government must immediately make the funds available ordering the administration to "promptly comply."

"The ideologically motivated directives to terminate grants alleged to constitute DEI, 'gender ideology,' or other forbidden topics were, in fact, arbitrary and capricious, and have now been ruled unlawful," said Peter Lurie, MD, head of the Center for Science in the Public. The administration has attempted to justify its sweeping grant cancellations by vaguely citing connections to "gender identity" or "diversity, equity, and inclusion" (DEI), without defining these terms or explaining how they apply to the terminated research. The recent ruling was in response to an early April lawsuit filed by the American Civil Liberties Union, and many others, challenging the abrupt cancellations on behalf of individual researchers, the United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and many others. Many similar suits have been filed around the country. As with other rulings unfavorable to Trump edicts that have been deemed illegal and/or unconstitutional, it is likely this ruling will be appealed.

Referring to the termination of research grants Young said that in four decades on the bench, he had "never seen a record where racial discrimination was so palpable" and that he would be blind not to call it out. "This represents racial discrimination and discrimination against America's LGBTQ community. You are bearing down on people of color because of their color," he said, referring to the Trump administration. "The Constitution will not permit that." He indicated there were further actions he might take.

Minnesota Survey Strongly Opposes Medicaid Cuts

A recent statewide survey, conducted by the Minnesota Department of Health (MDH) and the State Health Access Data Assistance Center (SHADAC), showed 72% of respondents supported providing Medicaid health insurance to people in need. Results said that Medicaid (known as Medical Assistance in Minnesota) was "very important" to people in their local community. Support for Medicaid was seen across all demographics and all areas of the state. "Minnesotans know that Medicaid matters, and these survey results show that," said State Medicaid Director and Minnesota Department of Human Services (DHS) Deputy Commissioner John Connolly. "The proposed federal cuts to Medicaid mean tens of thousands of our friends, neighbors and loved ones will lose their health coverage."

Most survey respondents had heard about changes to Medicaid being considered by lawmakers in Congress, but only 15.6% thought the changes would improve the health of people on Medicaid. Eight out of 10 respondents opposed reducing the amount of money the federal government puts toward the Medicaid expansion.

"The consequences of having a large number of people without health insurance are significant — not only for the people who do not have coverage but for our health care system and everyone in Minnesota," said Minnesota Commissioner of Health Dr. Brooke Cunningham. "In the long run, access to health care coverage through Medicaid saves resources, saves money and saves lives."

Proposed changes to Medicaid in Congress include federal funding cuts, which would increase the costs for states, counties, Tribes, providers and enrollees. The proposed changes also call for new work requirements and other reforms that would reduce the number of people who qualify and increase the amount of information people who remain enrolled have to submit. It would also create more administrative burden for staff implementing the program.

Redefining Whole-Woman Care

Suzin Cho, MD, is a practicing OB/GYN and the president of Almara Women's Health

Please tell us a little about the process that led to the formation of Almara Women's Health.

Almara Women's Health was formed in June 2025 through the unification of seven long-standing, independent physician-owned clinics across the Twin Cities. These clinics, some of which have been in operation for 40 years, comprise ten locations and more than 65 women's health specialists. There were many shared skills between the practices although each had certain highly specialized skills that, under one name, expanded the spectrum of care we could provide. Our concept in creating a new entity entailed creating a shared vision of whole-woman, relationship-based care, a model that better reflects the complexity of women's lives.

Beyond this fundamental guiding principle were several immediate more business-related benefits. Things such as increased negotiating leverage with payers, lower supply costs and better vendor contracts were all enhanced by working as a single entity. In addition, there are considerable benefits that create economies of scale around consolidated recordkeeping in both EHR and billing related concerns.

Unlike corporate or private-equity-driven systems, Almara is wholly physician-owned. This allows clinicians to prioritize patient needs over profit, integrate services, and innovate without unnecessary administrative oversight, unrealistic and potentially harmful guidelines concerning patient interaction times and procedures, or related external interference.

Can you add a little further background?

Physician-owned practices have been declining for decades. Initially, this decline involved vertically integrated systems and later it was through private equity and hedge fund buyouts.

As physicians, we were asking: What do we give up in terms of quality, access and innovation as the demands for profitability grow? And specifically, what does this mean for areas of care that have been under-resourced, such as routine care, preventive medicine, mental health and women's health services?

In 2019, several independent, physician-owned medical practices across various specialties in the Twin Cities came together to form i-Health Collaborative. Its purpose is to refocus health care delivery on patient choice, physician autonomy, quality and value-based care.

> "One of our guiding principles is to empower our patients to be their own advocates."

Almara as a division of i-Health comprises seven physician-owned clinics. Our collaboration was initially built on two main objectives. The first was to expand patient care services, which no one clinic could do on its own. For example, a screening program for patients at intermediate and high risk for breast cancer was created in partnership with Minnesota Oncology and Hematology. Related collaborative expansions included: a full-service gestational diabetes management program with dietician services and consultation with maternal fetal medicine; a pelvic floor PT program.

The second objective was to create business efficiencies and lower costs through shared administrative services and shared leases and supply contracts while also achieving more favorable shared payer contracts As the relationship between the members of Almara matured, it became evident that converging marketing efforts would amplify the voice of independent physicians amidst large health care systems and private equity-owned practices.

What are some of the biggest misconceptions people have when they hear the term "Women's Health Care"?

Many people assume "women's health care" is limited to reproductive services or OB care. They think that women's health care is limited to contraceptive care, Pap smears and pregnancy care. They may not realize, however, that within reproductive concerns, ranging from birth control to pregnancy, and birth to menopause, there are ever increasing medical advances that can make significant improvements in our patients' lives.

Women's health is really a whole-person endeavor that involves a wide array of concerns beyond those involving reproduction. These include specific heart and metabolic health issues, sleep health, bone strength, aging and autoimmune diseases. It also involves being part of a care team that includes other medical specialists such as an oncologist or orthopedic surgeon, mental health providers and others.

A common misconception is that women's health care is episodic or one-size-fits-all. Our approach is highly personalized, grounded in science, and designed for continuity — from adolescence through menopause and beyond. For many patients, OBGYNs serve as their primary access point to health care by overseeing disease prevention and health maintenance from the teen years through menopause and beyond.

Genetic testing and counseling are becoming an increasingly standard part of pregnancy care. Please share some of how you approach this.

We offer carrier screening both prenatally and during pregnancy, as well as a range of genetic screening and testing options during pregnancy. With a maternal fetal medicine specialist and a genetic counselor on staff, patients can receive in-depth counseling and testing based on risk factors such as advanced maternal age, family history of disease, and past pregnancy history. The general OBGYN clinics provide routine screening with ultrasound and antepartum ultrasound surveillance; while the Maternal Fetal Center performs

advanced ultrasound services including comprehensive anatomic surveys and fetal echocardiograms.

In the realm of cancer screening, we help patients understand their risk factors and connect them with the right genetic counselors for testing. We help them recognize potential familial conditions such as BRCA gene mutations and other familial breast cancer syndromes, Lynch syndrome and Factor V Leiden mutations and make referrals to genetic counselors outside of Almara when needed.

Mental health during postpartum care is important. How do you assist patients with these issues?

We screen for mental health risk factors at annual well woman visits, during routine prenatal care and at postpartum visits by actively asking questions that can bring problems to light and identifying risk factors. Our physicians can start and manage medications and educate patients regarding non-medical interventions, while also connecting patients with therapists and psychiatrists when required. We often work in partnership with a patient's therapist. We also recognize when a specialist should manage a patient's mental health. We offer mental health services across the lifespan, not just during pregnancy.

What are the biggest insurance reimbursement issues in women's health care?

Improving women's health care requires addressing systemic insurance reimbursement issues that disproportionately affect women's health outcomes. Maternity care is bundled into a single payment. While designed for administrative simplicity, this structure creates significant reimbursement inequities, resulting in delayed payments to providers until after delivery. When the three components, prenatal care, delivery and postpartum care, are billed separately, the total payment is less than the global fee. This discrepancy is retained by the insurer, rather than being paid to the provider for the services rendered.

The current system fails to account for the full scope, time and complexity of high-risk pregnancies or maternal comorbidities. Postpartum care is undervalued and inadequately funded. In addition, nontraditional services like mental health screenings, nutrition counseling or care coordination are not covered despite being standard of care.

What kinds of policy changes could best address these Issues?

First of all, reimbursement should allow fair unbundling of services without financial penalty to the providers. We must reform reimbursement to reflect service intensity, especially for high-risk pregnancies. Another important element would expand postpartum care reimbursement to one year, as well as provide incentives for early and preventive pregnancy care.

Infertility treatment is often excluded from coverage and disproportionately affects women with underlying conditions such as PCOS and endometriosis. Determining coverage exclusions or prior authorization requirements is costly and time-consuming, resulting in a significant financial burden on the provider of care.

Infertility should be viewed as a continuum of reproductive health and in all cases payers should remove prior authorizations for evidence-based care.

Finally, we should mandate coverage parity for chronic conditions that impact reproductive health or disproportionately affect women.

Please discuss the importance of maintaining the independent practice of medicine.

The practices that have come together as Almara did so because they are committed to remaining

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◂ **Diplomatic Defiance** from cover

Kelly her life. Regretfully, she no longer believes physicians will hold their ethical line to protect patients if it puts their productivity or their jobs at risk.

Corporate capture of physicians is creating untenable conditions, and Kelly may be right. A health system in the middle of the country is in a bitter divorce with a group of contracted physicians. Administrators, with no medical training, are preparing for a catastrophic physician understaffing crisis and the consequential financial impacts to the health system by projecting redeployment of physicians to areas of specialty care they have not trained for and have never practiced. The administrators may also be advocating for and expecting the state to issue an indemnifying declaration of a state of emergency. Many doctors are yielding their ethical line, bracing to provide unsafe care. They are horrified at the potential risk to patients, are venting that horror in private online forums and feel unable to refuse — or to speak out — for fear of being locked out of employment in the health system, ensnared by a punitive noncompete clause and subsequently unable to find other work locally.

> Corporate capture of physicians is creating untenable conditions.

Such stories are all too common and are a profoundly troubling illustration of the risk to clinician professionalism in the corporatized U.S. health care landscape. Physicians have been forced to learn to work effectively within the suffocating constraints of rules, policies, requirements, regulations and legislation governing their conduct. They accept those constraints in the interest of patient safety, which is sacrosanct. Those copious constraints, however, do not provide similar checks to administrators' "innovation," when power and finances are at stake, unless those on the inside speak out. As one physician recently said, "We just keep hoping that the cavalry is coming and they're not."

We are the Cavalry

This reluctance to act is not unique to health care, but few other sectors face consequences as high.

What do we do? We accept a few premises:

There is no cavalry coming and we are the ones who will "save" us. We acknowledge the inescapable moral and ethical complexity of delivering health care and the need for clarity and facility with moral and ethical principles. When our patients or our profession are in peril (e.g., we are being asked to accept a lower standard than we believe is fitting), it's time to practice diplomatic defiance.

When I think of "diplomatic defiance" I think of 41- year-old American novelist, poet and recently named MacArthur Fellow, Jason Reynolds, and his call to "Stand on your square." It is the steadfast refusal to be moved off the truth of our oath, off what we know is right for us — and for our patients. It is unapologetically, courageously, unwaveringly, and without drama holding our ground, our "square." By the way, Reynolds' interviews with Sara Enni, Krista Tippett and Brené Brown are well worth your time.

We are in an interesting moment of existential threat to the profession of medicine, in particular and perhaps slightly less so for other licensee groups. Anti-intellectualism is thriving, and the appetite for scientifically baseless "truths" about health, health care and well-being, is ravenous. Moreover, the infrastructure of "scientific truth" — reputable research institutions, respected publications, key opinion leaders unswayed by personal gain — are being torn down before us. The replacement? The collectivist truth of our new social commons: social media and artificial intelligence, where tech billionaires increasingly shape our awareness and governance through their self-serving business decisions.

Those billionaires adjudicate societal "truth" through algorithms and models, which feed content and information, respectively. But the society-wide debate about the implications of this shift is anemic. Evan Osnos, speaking on the podcast "Stay Tuned With Preet" in June 2025, argued for meatier conversations about billionaire conduct, ". . . why do we care about the lifestyles of these folks [billionaires]? Because they are reflections of values, they're reflections of a worldview, and they're reflections of a culture, and how we as a society expect our most advantaged, prosperous, successful people to participate in our commons." And those billionaires have moved into health care, too, because solving its complexity is sexy (think AI) and the money flowing through the sector is staggering.

In health care, the profound shift in values has been from patient-centered or Hippocratic Oath-centered organizations to largely corporatized and financialized institutions where margin is mission. Beginning in the 1990s, health care adopted the "bigger is better" mindset, embarking on a binge of consolidation and vertical integration. Management mirrored Jack Welch-ian tenets, regardless of for-profit or nonprofit status. Only the language varied — profit or margin — but success was measured the same. Caring still gets lip service in mission statements, but those words on the walls rarely match what happens in the halls and in that discrepancy lies the root of moral injury.

When margin supersedes mission, and mission statements become focus-grouped marketing exercises, serving the margin and dissembling the public, the truthfulness and trustworthiness of those agglomerated institutions crumble. What remains, and must be salvaged from the wreckage, are the reputations of individuals who refuse to be complicit in the shift from oath-driven conduct. Retaining their ethical positions may call for, as John Lewis famously said, good trouble.

Tensions are high in a lot of health care systems as the federal government slashes research programs and threatens cuts to Medicare and Medicaid, and staff shortages are still struggling to fully recover from the pandemic. In a recent town hall meeting for a large health system, tempers flared when remote corporate executives abruptly changed scheduling platforms, making it harder for clinicians to simultaneously deliver both high quality care and high productivity. Local managers tried to reassure attendees that daily corporate emails outlining unreasonably high expectations and harsh consequences for falling short were overblown. The staff was fed up, but silent. Finally, one clinician asked a simple question in a calm, measured tone: "If that's true, when can we expect the threatening emails to stop?"

That incisive query was a masterclass in what I am calling "diplomatic defiance."

> We are in an interesting moment of existential threat to the profession of medicine.

Defining Diplomatic Defiance

Defiance is "an act of open or bold resistance." It is a powerful word that startles people with its directness and is loaded with negative connotations: rebellion, oppositionality, willful contrariness and disruption. Toddlers are defiant. Oppositional defiant disorder is an Axis I psychiatric diagnosis. And yet, defiance is potentially a cornerstone of addressing moral injury.

Dr. Sunita Sah, in her book, "Defy," uses a different definition. She says, "Defiance is acting in accordance with your true values when there is pressure to do otherwise." Between the inciting betrayal of moral injury and the transgression of one's moral beliefs is a moment to choose whether to acquiesce to the betrayal or to speak out and push back against it — to defy. Perhaps then, "defiance" is exactly the right word for a corrective response to moral injury.

In the example of the above clinician, defiance was pushing back against bullying bosses who expected staff to work to metrics misaligned with their professional values. It is acknowledging a pressure to transgress and registering refusal to do so.

Defiance is neither a genetic endowment nor a character trait inherited from a feisty family. It is a learned and practiced skill set with the following steps:

- **Know your values.** Acting in accordance with your true values when there is pressure to do otherwise requires, as a setting condition, that you are clear about your values.
- **Feel the threat to those values.** Next, you must know the feeling of a values threat — a tight neck, a pounding heart, a knot in your stomach, an urge to flee.

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- **Admit the threat is happening.** That inner acknowledgement is the time to plan a response — to admit to others you feel a threat, like the clinician above, or to defy, diplomatically, one hopes.
- **Act.** This is where practice is crucial. Accept the discomfort in defiance. The potential to create conflict is never easy and likely will never be comfortable, but it will become familiar with repetition. Repeatedly rehearsing defiant statements (or strategic curiosity, more below) puts them on the tip of your tongue in the moment. Starting early, well before a crucial moment, by practicing in low-stakes situations is essential.

> Defiance is potentially a cornerstone of addressing moral injury.

What does practice look like? Being a patient in a health care situation is rife with opportunity. A few years ago, I was at a sports medicine appointment and the medical assistant "asked" me to step on a scale, with the borrowed authority — and threat of disapproval — of her boss, the physician I would be seeing. There was absolutely no need to collect that number, except to bolster billing. A hot flush announced two values threats (upcoding and putting unnecessary data in the EMR). Despite a rush of adrenaline that made me instantly nauseated, I kindly, but directly, declined. What happened? Nothing. The issue never came up in the appointment. But I'd had another chance to practice standing on my square in a low-stakes situation.

Such diplomatic defiance might also look like ending the practice of pre-appointment xrays for every orthopedic complaint or challenging anti-leakage mandates that automatically steer your patients in-house, rather than to the subspecialist who might be best for their specific case.

What about the "diplomatic" part? This is the beauty of defiance: it does not have to be rude, or loud, or bellicose. In fact, the more unemotional it is, the more effective. Diplomatic defiance is standing your ground in a way that invites others to be more thoughtful. It is pushing back in a way that makes anyone advocating for the betrayal of your professional values curious rather than defensive. Ideally, it invites others to join you on your square, because it looks like a place of clarity and safety.

Speaking Up Speaking Out

The easiest approach to diplomatic defiance is strategic and relentless curiosity, as the clinician above deployed, asking when can we expect the emails to stop? Employing diplomatic defiance to that situation could also have included asking: How does this proposed change in practice align with our organization's mission statement? Or how can I follow this organization's stated policy and the guidance from my professional credentialing body, if, for example, the two are in direct conflict? Or please remind me what the goal of this meeting is?

Each of us must become comfortable with diplomatic defiance: knowing when and how to speak up or push back against practices that fail to serve our patients or threaten our ability to uphold our oaths. It is a skill we can learn, and a product of values such as clarity, self-awareness, reflection, finding our voices and creating coalitions for safety in numbers.

What can you do by next Tuesday? Find a partner and start practicing some phrases, then make a commitment to low stakes practice. What about next month? Find others willing to create a coalition and decide what your common issue will be; start practicing diplomatic defiance around it. What about next year? Have a well-versed group modeling for new members and training through practice; broaden the reach of your coalition to other groups, other locations and other stakeholders (patients, community organizations, etc.).

It is time to stop walking past standards that erode the foundations of our profession.

It is time to stand on our square and lean into our professional truths courageously, holding to durable standards of empirical data, rather than expedient truths serving capricious and powerful actors.

It is time to say the things — all of them — in defense of our patients and our profession.

Leadership starts with you. Are you ready to lead courageously?.

Wendy Dean, MD, is a psychiatrist, CEO and co-founder of Moral Injury of Healthcare. She is the author of "If I Betray these Words" and co-host of the "43cc" and "Moral Matters" podcasts. She previously worked for the U.S. Army in medical technology innovation.

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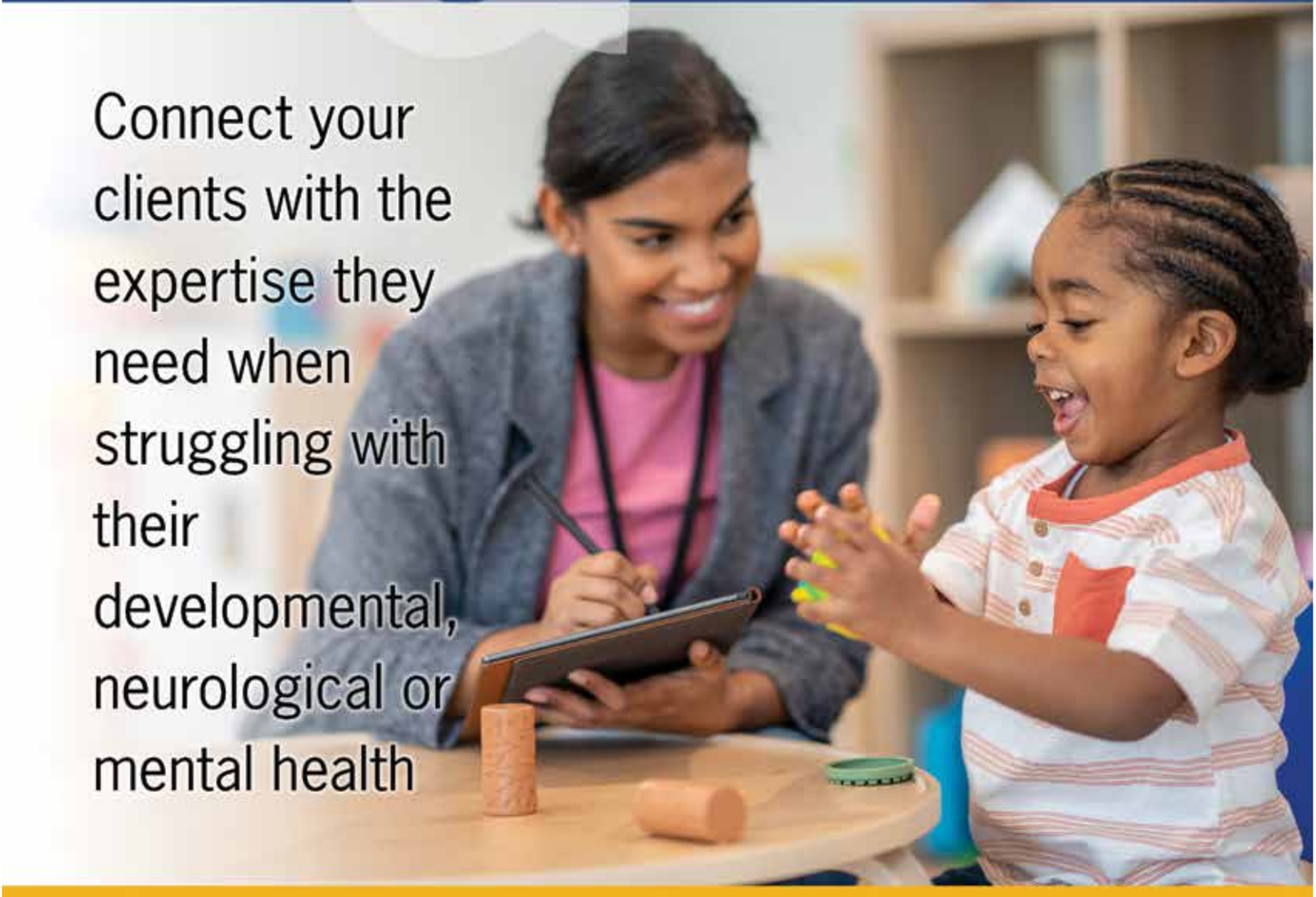

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◂ **Integrating Physical and Behavioral Health Care** from cover

Health care professionals from all sectors have worked hard to address these issues. This work continues to become more successful, enhancing the ability to screen for and identify individuals, presenting in a wide range of health care settings, who need therapeutic support. Thanks to this work, we now know that mental health assessments for patients presenting in the emergency department can rapidly, efficiently and accurately identify previously undiagnosed problems. This includes identifying mental health issues in patients with nonpsychiatric problems. Primary care providers in clinical settings can now easily screen for depression and anxiety at routine visits. These screening processes help normalize mental health issues. Patients feel that if their family doctor is asking about mental health, for example, then mental health must be something they can talk about. Routine screenings address these barriers.

It doesn't take much to make a big difference. Even a two-question screening tool has been shown to result in a threefold increase in physician diagnosis of depression among adults.

Developing a Better Process

A recent study by Wilderness Health and students from the University of Minnesota shows that Minnesota hospitals are diagnosing mental health concerns more effectively than ever before. Medical student Morghan Byrnes and dentistry student Seun Oginni researched how behavioral health and medical care can work together. Their research identified three of the primary challenges to integrating mental and behavioral health care with the broad range of health care and community services. These challenges were identified as:

- Improving integration between providers.
- Improving integration between family and community.
- Improving leadership support.

Increasing access to integrated behavioral health care (IBH) has been a key strategy for Wilderness Health for nearly a decade. It has also been an important element of grants and care management arrangements, such as ones received through the Health Resources and Services Administration (HRSA) and the Rural Health Network Development (RHND). Those grants allowed our work to focus on telebehavioral health and mental and behavioral health care navigation. Others through an Integrated Health Partnership (IHP) with the Minnesota Department of Health and Human Services (DHS) provided assistance serving a population of enrollees covered by Medical Assistance. By combining these experiences with the results of the new study we can offer some insights that may help any practice integrate workable solutions to the challenges we all face.

Integration Across Providers

Integration of behavioral health care begins when the primary care provider and the mental health care provider work together. There are three important elements of this type of integration:

- Coordinated Care (CC) — Some collaboration without co-location.
- Coordinated, Co-located Care (CLC) — Basic or close collaboration, co-location, potentially some system integration.
- Integrated Care (IC) — High levels of collaboration and integration.

Every organization should strive for the highest level of integration possible, as the highest level of integration ensures the highest quality of care.

One way step toward this is through process simplification. This can entail anything from minimizing overlap in the many tasks of record keeping to facilities design issues, such as connecting spaces to allow patients easy access between different care sites within your building. Integrating care sends a welcome signal to patients that it's okay to address mental health issues with your physician. Integrating care between primary care and mental health professionals isn't just about sharing EHR or sharing office space in a single building. It's about reassuring patients that your office is a space to address depression, anxiety and more.

When we address mental and behavioral health through integrated strategies, we achieve better outcomes across all measures. For example, we will not meet cancer screening goals (cervical, breast and colorectal) if we have patients with undiagnosed or untreated anxiety that interferes with their ability to have those screenings.

Training the next generation of clinicians is key to integration across providers. Jenny Kluznik, MPH, MS, PA-C, and associate professor at the College of St. Scholastica, cultivates a deep understanding of the challenges and opportunities for IBH in rural settings by introducing PA students to community resources and care coordinators. These connections give space to discuss the current challenges and opportunities facing those working to enhance IBH in rural communities. Working with students, Kluznik demonstrates that care coordination improves the quadruple aim of enhancing patient care and outcomes, managing cost, patient satisfaction, and care team experience.

Rachel Gischia, OTR/L and manager of Community Outreach & Emergency Preparedness at Aspirus Lake View (ALV), shared that at their site,

which includes two rural health clinics in northeastern Minnesota, "We feel strongly that mental health care is indeed health care and recognize its importance in overall well-being. This is why we have integrated mental health care in many ways." Clinic patients receive general depression and anxiety assessments prior to their annual visits. Also, a psychiatric nurse practitioner (APCNP) is included in the primary care team at the Two Harbors location. The benefits of having a co-located psychiatric professional are numerous and include:

- Patients can receive their psychiatric care in the same familiar location.
- Patients receive care at a clinic that addresses all health conditions for all ages versus a clinic dedicated only to mental health care. This ensures confidentiality in a small town where everyone recognizes everyone else's car.
- When providers have patients with more specialized psychiatric needs, they can easily consult with the psychiatric nurse practitioner to help provide the best care.
- Having a mental health care specialist down the hall can help the entire care team feel more supported. Staff and providers can feel frustrated when they perceive a gap between patient needs and capacity to meet those needs.

This access and easy communication contribute to care team well-being and sense of effectiveness.

> The most effective mental health support integrates family and community.

At ALV, a close partnership with the Human Development Center (HDC) has been vital to the care model. HDC is a Certified Community Behavioral Health Clinic (CCBHC) and has a co-located office at the hospital site in Two Harbors. When a doctor of psychiatry is necessary, the APCNP consults with a psychiatrist at HDC. Beyond psychiatry support, when referrals are made for counseling services, patients have the option to work with therapists who are also within the Two Harbors building, as HDC leases space at ALV. Continuity of care is enhanced. This is also helpful if there is a patient in crisis and a connection can be immediately made between the HDC crisis counselor in that moment of need.

These important partnerships take time to develop, and they begin with a physician who is willing to advocate for integrated behavioral health strategies within their facility.

Integration with Family and Community

Integration across providers is a first step. Byrnes and Oginni found that the most effective mental health support integrates family and community. Several examples follow.

Wilderness Health partners with community groups like the North Shore Mental Health Group (NSMHG) in Lake County to cultivate support for mental

Integrating Physical and Behavioral Health Care to page 16 ▸

◂ **Integrating Physical and Behavioral Health Care** from page 15

health. The NSMHG includes educators, caregivers, veterans' home staff and faith leaders in the community. They work to raise awareness, to provide space for people to talk and to direct their neighbors to social services and professional providers. In a fully integrated community mental health model, groups like NSMHG are the partners of the physicians.

At ALV, mental health education within the broader community is another priority. Their staff regularly visit the local high schools to raise awareness around mental health topics, and free mental health education is offered regularly within the local communities.

Patients don't expect their physicians to direct them to community and family support on their mental health journey. To be fully integrated and most effective, however, doctors and care teams must work together to facilitate those connections.

Patients do better when family or other friendly supports are in place. Community members expressed this importance during community listening sessions around behavioral health navigation we hosted in 2024. One person said that she wished she had more involvement in care for her adult daughter who experiences severe persistent mental illness. Others suggested that being able to be present for their loved ones during hospital stays for mental health concerns made a significant difference, and that it was difficult when they were not able to be engaged – whether due to distance and travel barriers or institutional policies.

> Integrated care is an investment, and investments take time.

Peer support groups like the Group for People Living with Anxiety and Depression (GLAD) in eastern Lake County provide a space where people can come together with others who understand what they are going through. They can share joys and concerns and learn to navigate their mental health journeys.

Thrive Family Recovery Resources offers an evidence-based, family-first approach to addiction and recovery grounded in compassion. They offer support groups, one-on-one support and resource navigation. In Northeast Minnesota, family members of individuals affected by substance use disorders can access an in-person support group in Duluth, and they can access online meetings from any location. Engaging with community service groups can help link families to supports that better enhance patient care for loved ones.

A few hospitals and nonprofit service organizations use community health workers (CHWs) as a bridge between the community and the hospitals. CHWs can visit people's homes to check in, assist with coordinating transportation and be a trusted voice to help navigate social and medical support systems.

Physicians can bolster the connection to community by gaining permission to communicate and involve patients' families and support networks in their care. They can advocate for adding CHWs to their care teams. And they can work with their clinical teams to provide connections to community support groups in their areas.

Leadership Support

Few physicians (or nurses, or care coordinators) are singularly empowered to create IBH in their workplace. Byrnes and Oginni identified effective leadership as essential to integrated mental health care.

One model for leadership that has been successful in building the infrastructure for integrated care is "transformational leadership." Transformational leadership emphasizes staff empowerment, reciprocal respect and mutual appreciation. As Beckett, et al., note, "person-centered care, which promotes respect for patient values, knowledge, and autonomy, will be [better] delivered by clinicians who experience a work culture that adopts the same principles to management and leadership."

> The highest level of integration ensures the highest quality of care.

Wilderness Health supports leaders in contributing to environments that move more toward value-based care and integrated care by offering education such as change management. Leadership that values integrated care for the well-being of the patient, in other words, will be more successful if it also values the integrated well-being of its workforce.

Physicians play a role in understanding the best conditions and structures to support IBH in patient care. They can advance this care by being advocates or carving out formal leadership roles in conjunction with other organizational leaders. Physicians can work as leaders of care teams to address the conditions that undermine or sabotage integrated care, such as insufficient material support; indifference to collaboration; rewards and incentives at odds with the collaborative process; and insufficient orientation, training and onboarding of new staff. Incoming staff may not join the team with clear expectations about the value of integrated care or the best ways to achieve it, and will take their cues from the medical providers and other clinical staff on the team. Physicians must assure the organization's resources are aligned to make integrated care effective.

In Conclusion

There are challenges ahead. According to Frank Verloin deGruy in Integrated Care: Tools, Maps, and Leadership, "Successful integration is really hard. It takes longer than it seems like it should; it disturbs a clinic in unanticipated ways; it challenges cherished assumptions; and it does not show health benefits at first, even when the work is going well." Integrated care is an investment, and investments take time. Integrated care is an investment in our staff. It's an investment in our patients. And it's an investment in ourselves as leaders.

Zomi Bloom, MBA, is the director of grants.

Savanna Campbell, RN, is the RN care navigator, both at Wilderness Health.

Contributions to this article came from Michelle Hargrave, MS, director of operations at Wilderness Health, and David Beard, PhD, professor of scientific communication at the University of Minnesota Duluth.

HEALTH CARE ARCHITECTURE & DESIGN

HONOR ROLL 2025

Mayo Clinic Mankato Hospital Bed Tower Expansion

Type of facility: Hospital

Location: Mankato, Minnesota

Ownership organization: Mayo Clinic Health System

Architect/interior design: HDR

Engineer: Perkins + Will

Contractor: Boldt Construction

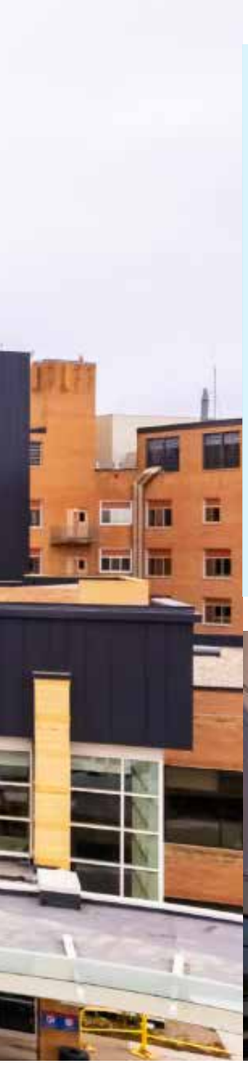
Completion date: October, 2024

Total cost: $155,000,000

Square feet: 163,000

This three-story bed tower expansion includes ICU, PCU, maternity and medical surgical spaces. Approximately 90 new patient rooms were added to the current hospital building on the campus. Connections to the existing central hospital were made, along with required mechanical, electrical and plumbing infrastructure with a 900-ton chiller and two cooling towers. All teams worked together together to ensure safe project delivery while normal hospital operations continued. To accomplish this, window assemblies were prefabricated and pre-glazed off-site and delivered in panelized sections, shipped to the site and hung directly from the structure. The MEP team used shared modular racks, each approximately 20 feet in length, that were swung into the building and hoisted into place above the ceiling. AI played a large role in this project and how it was delivered with virtual design and construction staff supporting efforts in many areas.

For the past 37 years, Minnesota Physician's Health Care Architecture Honor Roll has recognized outstanding achievement in new facilities design. Despite unprecedented pressures on every element of health care, the fundamental process of delivering it requires a physical structure. Population growth and larger physical spaces to accommodate modern and constantly evolving technology, coupled with the natural process of buildings aging and becoming obsolete, requires ongoing new construction and remodeling. These considerations can be seen in many of the projects featured this year. Our thanks to all those who participated in the nomination and production process of presenting this year's Honor Roll.



Altru Hospital

Type of facility: Acute Care Hospital

Location: Grand Forks, North Dakota

Ownership organization: Altru Health System

Architect/interior design: JLG Architects (in collaboration with HKS Architects)

Engineer: Heyer Engineering

Contractor: PCL/Community Contractors

Completion date: January 19, 2025

Total cost: $500,000,000

Square feet: 552,000

The new hospital redefines rural health care through collaboration, innovative design and community focus that empowers providers and patients. The seven-story facility embodies physical, emotional and spiritual healing, prioritizing the patient and family experience. From its green spaces to its daylit patient and staff spaces, it enhances well-being with cutting-edge technology, local artistry and compassionate care. The new hospital features 226 beds, a 16-bed observation unit, 12 operating rooms and four catheterization labs. The interior design introduces vertical care spaces within the Emergency Department, an innovative approach to the traditional layout with emergency care pods for low-acuity patients – the first of its kind in the state to receive approval for medical licensing. Modular workstations enhance provider collaboration, and real-time location systems optimize patient and staff flow. Intuitive wayfinding and outdoor connections assist the facilitation of best practices to serve over 230,000 residents across northeast North Dakota and northwest Minnesota.

HealthPartners Apple Valley Clinic

Type of facility: Outpatient Specialty Center

Location: Apple Valley, Minnesota

Ownership organization: HJ Development

Architect/interior design: Mohagen Hansen Architecture | Interiors

Engineer: Mechanical/Electrical — IMEG Corp, Civil/Landscape — Kimley Horn, Structural — ISS

Contractor: Gardner Builders

Completion date: August 2024

Total cost: $21,694,000

Square feet: 58,444

This state-of-the-art, two-story, 58,000-plus-square-foot outpatient clinic doubles the capacity of its predecessor. Designed to seamlessly integrate functionality with aesthetics, the facility enhances accessibility, visibility and patient experience while offering a comprehensive range of medical services in a contemporary, welcoming environment. With a strategic focus on patient-centered design, the new clinic expands core services while introducing advanced specialties such as MRI, mammography and ophthalmology. Inside, a harmonious blend of warm wood tones, soft neutrals and textured flooring creates a modern yet inviting atmosphere. Glass partitions enhance openness while preserving privacy, and carefully integrated greenery fosters a biophilic connection to nature. Thoughtful planning optimizes workflow efficiency, enhances natural light distribution and promotes a calming environment that supports both patient well-being and staff productivity. Balancing aesthetics and functionality, the clinic's interior layout maximizes comfort, efficiency and accessibility.

Midwest Ear, Nose and Throat Specialists

Type of facility: Specialty Care Clinic

Location: Lakeville, Minnesota

Ownership organization: Davis

Architect/interior design: Synergy Architecture Studio

Engineer: Structural — KOMA, Electrical — Muska Electrical, Civil — Loucks

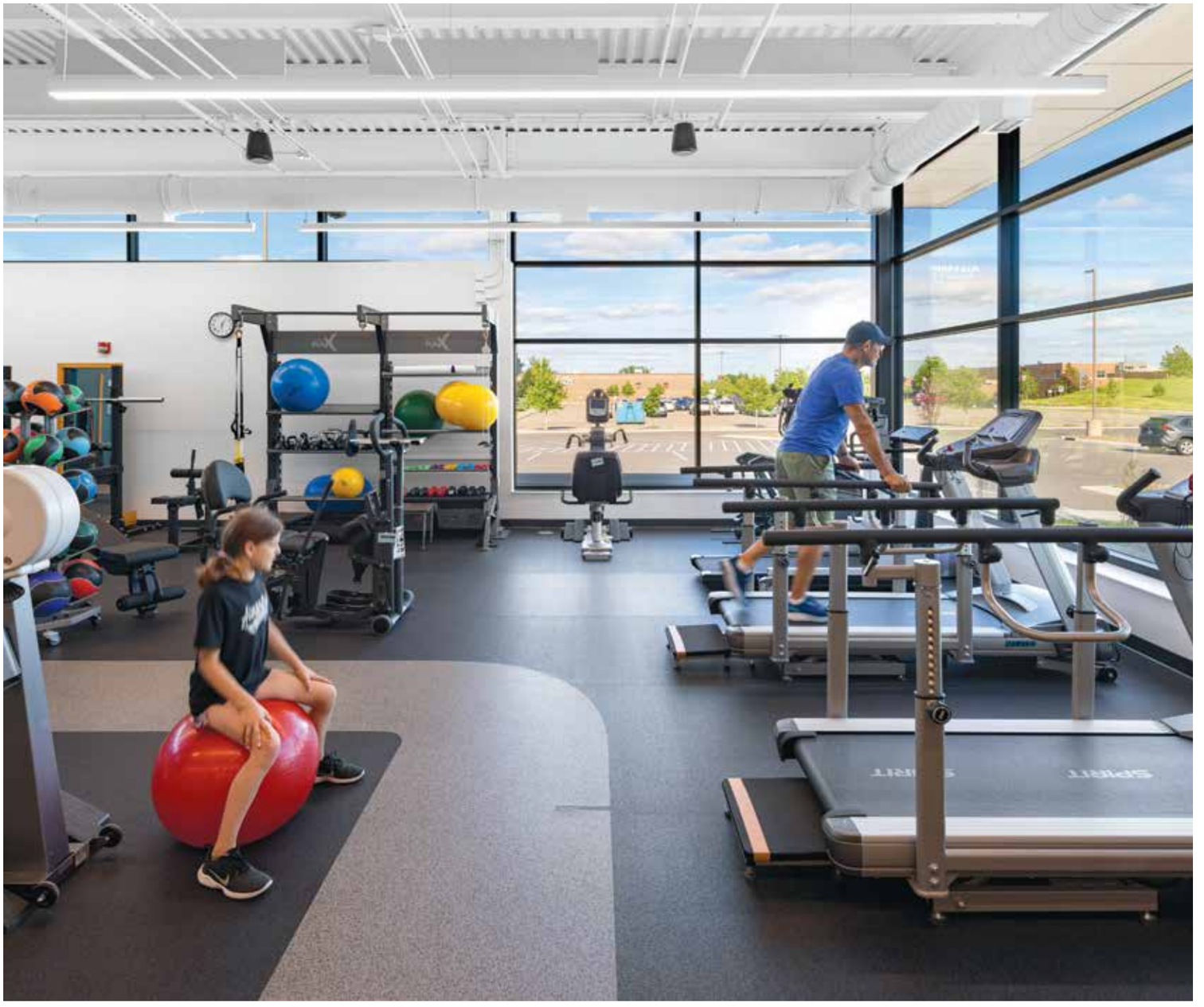
Contractor: Timco Construction

Completion date: April 1, 2025

Total cost: $6,725,000

Square feet: 14,000

This new clinic exemplifies contemporary design through its integration of form, function and patient experience. It features a modern exterior with clean lines and a materials palette that harmonizes natural stone, metal panels and glass to create a welcoming, professional aesthetic. The interior design prioritizes patient comfort and clinical efficiency across four distinct specialties: ENT, Allergy, Facial Plastics and MedSpa services. Natural light floods through strategically placed windows, while a calming color palette of warm neutrals and soft blues creates a soothing environment. Finishes include luxury vinyl plank flooring, porcelain tile in public spaces and noise-reducing acoustic ceiling treatments that ensure privacy. Facility layout optimizes patient flow with separate zones for each specialty, while shared support spaces maximize operational efficiency. Wayfinding is intuitive, enhanced by distinctive design elements and natural materials. An underground stormwater retention system preserves the lush exterior landscape, creating tranquil views throughout the space.



DESIGN
BRINGS US TOGETHER

In Alexandria, MN, the community knows the best place to get well and gather is at Alomere Pavilion. At the home of the new Alomere Rehabilitation Services Center, JLG's Healthcare Studio designed for unity of community, creating 10,000 SF of upper-level tenant space, with 18,000 SF of specialized main-floor space – helping an integrated team of therapists expand their services and practice their passion. Just steps from the main hospital, patients are empowered to build skills, strength, and the capabilities to lead vibrant, active lives.

Great design brings us together, great healthcare keeps us together – advancing individualized therapy programs that reach out to rural communities.

JLG architects

University School of Medicine at CentraCare

Type of facility: Medical School

Location: St. Cloud, Minnesota

Ownership organization: University of Minnesota and CentraCare

Architect/interior design: HGA

Engineer: HGA

Contractor: BCI Construction

Completion date: July 15, 2025

Total cost: $10,000,000

Square feet: 57,000

The redesigned CentraCare facility transforms an existing administration building into a dynamic classroom and medical school, positioned on the scenic banks of the Sauk River amidst over 100 wooded acres. With a strategic use of glass to enhance daylighting, the campus promotes an uplifting learning environment. The facility includes such advanced features as a simulation suite with four clinical exam rooms for creating realistic patient interaction scenarios and a versatile flex room modeled after an inpatient hospital room to support skill development in simulated procedures. The anatomy lab, uniquely designed with windows treated to ensure privacy, benefits from natural light while safeguarding confidentiality. Indoor and outdoor wellness areas, along with lockers and shower facilities, complement the academic spaces, advancing student well-being and fostering a comprehensive educational environment.

St. Francis Medical Center

Type of facility: Ambulatory Surgery Center and Urgent Care Clinic

Location: Shakopee, Minnesota

Ownership organization: St. Francis Regional Medical Center (Operated by Park Nicollet/TRIA/HealthPartners)

Architect/interior design: HGA

Engineer: Mechanical/Electrical — Dunham Engineering, Civil — Loucks Engineering

Contractor: Knutson Construction

Completion date: October 2024

Total cost: $24,000,000

Square feet: 42,000

St. Francis Regional Medical Center has strengthened its medical offerings with a community-centered facility, featuring an orthopedic ambulatory clinic integrated with rehabilitation services and complemented by an ambulatory surgery center (ASC) with an on-site MRI. The OR layout is crafted for efficient expansion from three to four rooms, including augmented prep, recovery and post-anesthesia spaces, ensuring adaptability to rising patient needs. The design process meticulously addressed branding elements from St. Francis, TRIA and Park Nicollet, resulting in a cohesive yet distinct architectural identity that represents collaborative interests. With two endoscopy suites and three operating rooms, the new facility meets the evolving healthcare demands of the community, delivering advanced medical services in a thoughtfully designed space.

Stevens Community Medical Center

Type of facility: Emergency and Imaging Departments Remodel & Expansion

Location: Morris, Minnesota

Ownership organization: Stevens Community Medical Center

Architect/interior design: Perkins&Will

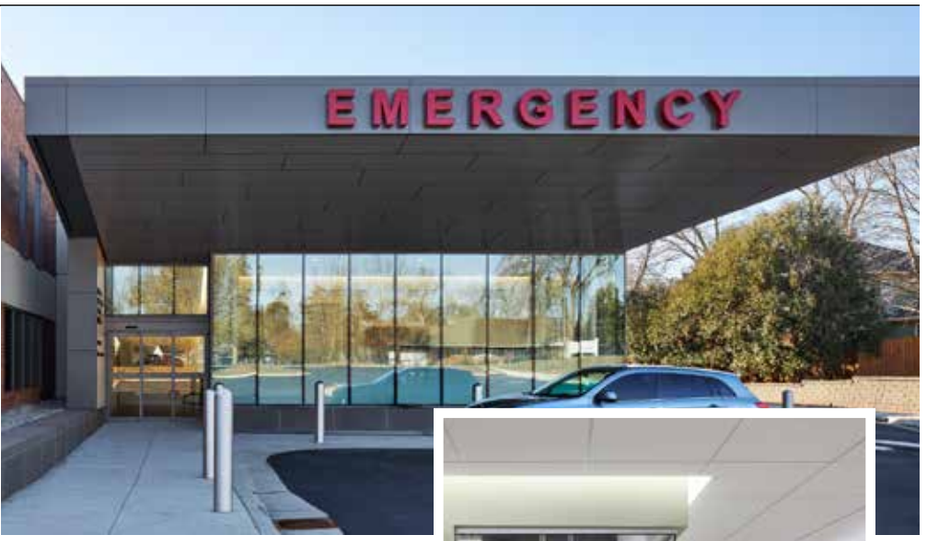
Engineer: Structural – Palamisami & Associates, Inc., Mechanical — Gilbert Mechanical, Electrical — Willmar Electric

Contractor: Carlson LaVine

Completion date: November 2024

Total cost: $11,500,000

Square feet: 16,135



At Stevens Community Medical Center, the emergency department was difficult to find, lacked a clear entry point and placed patients directly into a chaotic environment. The expansion redefines the hospital's entry, making it visible and welcoming from the city street and at the same time maintaining privacy, and dignity for patients. A transparent and open facade ensures clear wayfinding, and nature-inspired design elements offer warmth and privacy. Site constraints required a careful approach to circulation and expansion. A city street was vacated to accommodate the new addition. The simple design solution balances competing needs — a straightforward glass entry under a cantilevered overhang provides a clear public face for the hospital while fitting seamlessly into the existing campus. With a refined material palette that ties into the hospital's varied brickwork, the addition feels both new and integral to the site. This transformation makes a lasting impact, enhancing both patient experience and the hospital's role in the community.

Crisis and Recovery Center – Dakota County

Type of facility: Residential Mental Health Treatment Facility

Location: West St. Paul, Minnesota

Ownership organization: Dakota County

Architect/interior design: Wold Architects and Engineers

Engineer: Wold Architects and Engineers

Contractor: Schreiber Mullaney Construction Company, Inc.

Completion date: February 2025

Total cost: $14,000,000

Square feet: 16,000

This fully accessible facility offers trauma-informed, recovery-focused mental health services for adults. It features licensed mental health professionals, nurses, peer support specialists and more, offering 16 private bedrooms, therapy rooms, kitchens and communal areas. It provides three core services: Intensive Residential Treatment Services (IRTS) for up to 90 days of structured mental health treatment; Crisis Residential Services (CRS) for short-term stays of one to ten days during acute mental health crises; and Place to Go, a walk-in support and assessment service. Designed with sustainability and well-being in mind, the building includes a geothermal system, solar panels, LED lighting and above-code insulation. It integrates trauma-informed design features such as clear wayfinding, natural light, outdoor views and healing murals. The site offers proximity to public transportation, an EV charging station and environmentally conscious amenities, reflecting a holistic approach to mental health care and recovery.

Metropolitan Endodontics

Type of facility: Dental Specialty Clinic

Location: Woodbury, Minnesota

Ownership organization: Tyler Peterson, DDS

Architect/interior design: Mohagen Hansen Architecture | Interiors

Engineer: Design Build Services

Contractor: Heritage Construction

Completion date: June 2024

Total cost: $985,930

Square feet: 4,702

The new space blends form and function, delivering a welcoming, high-performing environment from the moment you walk through the door. Visitors are greeted by a warm, inviting reception area that flows into a stylish waiting lounge, with a cozy coffee bar and a private room for reflection or confidential conversations. The clinic comprises nine sophisticated operatories, each featuring sliding glass doors and integrated headwalls to ensure a balance of privacy, comfort and efficiency. The layout supports seamless navigation, guiding patients and staff effortlessly through the panoramic X-ray room, sterile lab and provider offices. Beyond patient care, the clinic was designed with staff well-being in mind. Amenities such as a dedicated break room, staff changing area, in-house laundry and private restrooms support day-to-day comfort and functionality. A calming palette of soft blues and natural wood tones is woven throughout, enhanced by tactile elements like textured carpet tiles and artful wallcoverings.

Heart of America Medical Center

Type of facility: Critical Access Hospital

Location: North Dakota

Ownership organization: Good Samaritan Hospital Association

Architect/interior design: JLG Architects

Engineer: Structural — Heyer, Civil —MBC, Mechanical and Electrical— CMTA

Contractor: JE Dunn

Completion date: August 2024

Total cost: $62,000,000

Square feet: 77,000

A nonprofit health care facility founded by the Good Samaritan Hospital Association, HAMC has served more than 13,000 people within a 50-mile radius of Rugby since its original facility was built in 1948. With funding support from local businesses and a USDA Rural Community Loan, HAMC's new hospital forges a welcoming community center within a modern health care delivery model, focusing its footprint on a future of more outpatient versus inpatient services. Today, the cutting-edge hospital, clinic and care center redefine rural health care and reconnect providers to community through a daylit "Main Street" corridor, community café, and 24/7 wellness center. HAMC is designed to attract top-tier providers and keep patients close to home with an expanded surgical department, a cancer center, a living center residential-style swing bed department, a therapy department and back-of-house staff respite areas.

Improving pediatric health

A new tool for school classrooms

BY SIMONE HARDEMAN-JONES AND LAURA BAKOSH, PhD

Learned behavior begins very early in life and it has been fairly well proven that what you learn as a child will play a significant role in the behavior you model later in life. If, for example, a child is exposed to domestic violence and substance use disorders these things may become issues later in life. These issues may begin to manifest themselves very early in terms of distancing as a means of self-preservation, which can sometimes lead to attention deficit or obsessive-compulsive disorders. These concerns may be exacerbated by the ubiquitous bombardment of rapid-fire media, through cell phones, computers and many other sources. Everyone has been in a restaurant and seen some adorable young child walking around in a daze staring at a cell phone screen.

By the time children today reach school age, and even those who attend preschool, they have already been exposed to enough anxiety-causing over stimulation, and predictable negative responses are evident. As the child progresses through grade school, these responses often lead to significantly lower academic achievement, concerns that are amplified when the child has also been exposed to a range of environmental adversity and chronic stress, such as food insecurity and housing concerns. Such hardships in childhood can have lasting effects on the brain, affecting cognitive function. A range of adversities is associated with lower levels of white matter microstructure throughout the brain that can lead to lower performance of mathematics and language tasks. Looking at school age mental health, most neuroscience experts point to the brain changes associated with stress and trauma as the likely cause of the achievement gap and academic under performance. Recent studies have noted this academic performance declined with nearly 75% of fourth and eighth graders not proficient in basic skills.

Addressing the Problem

Physicians, especially pediatricians and family medicine providers, are increasingly on the front lines of youth behavioral health. From anxiety to attention challenges, stress-related illness to sleep disturbances, these concerns show up regularly in exam rooms. But medical care alone cannot meet the growing demand, especially when many children lack access to timely mental health services.

Schoolrooms present the clearest opportunity to confront these issues. However, between strained school budgets, increased student anxiety, sweeping programmatic and staff reductions, particularly among school counselors and social workers, it is a difficult challenge. At the same time, schools are being asked to address rising behavioral concerns and build trauma-informed cultures.

One emerging solution that is yielding very promising results is a surprisingly simple and inexpensive tool called Inner Explorer (IE). It is an audio-guided program formatted on the mindfulness-based stress reduction (MBSR) protocol that has been rigorously researched for over 40 years. Thousands of scientific studies have demonstrated proof of efficacy, and it is in use in school systems worldwide.

Practical Application

In Minnesota there are 2,249 K-12 schools and nearly 870,000 students. Annual public school funding is just under $15 billion, yielding a per student cost of around $17,000. Through a new partnership with GreenLight Fund Twin Cities (GLFTC) — a local organization that identifies and invests in proven, innovative programs to address urgent needs in the community — Inner Explorer is expanding its reach to include Minnesota in helping schools embed well-being into the rhythm of every school day. After months of listening sessions with families, educators and community partners, one priority rose to the top: youth mental health. Leveraging data and insights gathered from the community, GLFTC uncovered a critical gap: under-resourced youth in the state, particularly Black, Latino American and Indigenous youth often lacked access to essential mental health services. In fact, these young people are up to 50% less likely to receive community-based mental health care compared to their white peers. If we want to close the achievement gap we need to prioritize stress resilience practice for all children, and particularly for children of color.

Embedding mindfulness into daily classroom routines, reaching students where they are, and helping schools become proactive partners in improving

behavioral health can help close that gap. Many countries have already started incorporating mindfulness practices into their school curriculum.

The need for tools like this is urgent. In recent years, schools in Minneapolis and St. Paul have faced significant challenges. Academic achievement gaps have persisted, and behavior issues have increased, compounded by the mental health toll of the pandemic. According to CDC data, over 37% of high school students nationwide report persistent sadness, with 16% making a suicide plan.

> Over 37% of high school students nationwide report persistent sadness, with 16% making a suicide plan.

This is where mindfulness becomes a critical tool. As part of a broader strategy for prevention and well-being, school-based mindfulness supports the social determinants of health by fostering safer, more emotionally supportive learning environments. It complements clinical care, building daily habits of self-regulation, body awareness, and emotional resilience — skills that benefit patients now and well into adulthood.

What is Mindfulness?

Mindfulness (or mindful awareness) is the practice of paying attention to the present moment. Mindful awareness, when practiced regularly, helps children avoid distraction and unhealthy mental habits while allowing them to improve their focus, regulate their emotions and engage more effectively with classmates and teachers. Very few of us really pay attention to any activity as it's happening. When we do, an entirely new world opens up. The more we tune into the present moment, the more fully we can live our lives. We learn to slow down the chattering mind and notice our senses, thoughts and emotions without judging them as right or wrong. We become familiar with the beauty, wisdom, passion and compassion that exist in all of us. Mindfulness has been shown to improve impulse control across a wide range of participants and age groups. It's particularly effective in addressing mental health issues linked to poor impulse control, including aggression and executive function impairments.

To achieve the many benefits of mindfulness, including self-awareness, self-control, resilience, compassion, academic success and a heightened sense of wellbeing, daily practice is necessary. A 10-minute practice, simply sitting with eyes closed and focusing inward, lays the foundation for one to be mindful throughout the rest of the day. It helps to create a healthy habit of mindfulness like brushing your teeth or wearing your seatbelt. Over time, commitment to this practice becomes less challenging as it becomes an integral part of your day. When teachers commit to using the Inner Explorer programs on a daily basis for 30 days, they are more likely to stay with the program on a continuing basis and report significant, positive changes for themselves and their students.

Each day, in just five to ten minutes, students across grades listen to brief mindfulness sessions that guide them to focus on their breath, notice their emotions and reset their nervous systems. The results are tangible: improved

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focus, reduced stress and more connected classrooms. For teachers, the practice offers a moment of shared calm — a small but powerful antidote to burnout.

"We are beginning to see firsthand how mindfulness practices help children regulate their emotions, settle their bodies, and re-engage with learning" says Monshari Chandler, Head Start/Early Head Start Director, Parents in Community Action (PICA), a local Head Start organization that serves hundreds of children, 3 to 5 years old, in Hennepin County. "But it also supports our educators. They need moments of calm too — especially now"

In Brooklyn Center Community Schools, which serve a diverse student body just outside Minneapolis, Inner Explorer has helped address many challenges.

"We've always used sensory breaks in the classroom to help regulate students, but since introducing daily mindfulness, we've seen a meaningful drop in behavior incidents," shared Melissa Storbakken, principal/head of school at Global Academy. "It's helping students reset and refocus on their academics more quickly, especially after the multiple transitions throughout the day."

Mindfulness is not a "soft skill." It's a neurologically grounded practice that has been shown to decrease cortisol levels and strengthen the prefrontal cortex, which is critical for decision-making and impulse control. For children, this means fewer emotional outbursts, better sleep, improved concentration and reduced symptoms of anxiety or depression.

The need for tools like this is urgent.

Proven Results

Use of the IE platform not only reduces stress, anxiety and depression, but also helps establish a foundation for learning readiness, which benefits both learners and educators.

In Atlanta and Charlotte, cities where GreenLight has also funded the expansion of IE, the program reached more than 75,000 students and teachers last year resulting in a 30% improvement in focus and classroom readiness in Charlotte and a 25% improvement in teaching efficacy in Atlanta due to improved student engagement and fewer outbursts in the classroom.

IE has demonstrated powerful results, with data showing that consistent use of the program can reduce disciplinary actions in classrooms by 60% and improve overall academic performance by up to 15%. In the Twin Cities, this initiative is anticipated to deliver similar transformative outcomes by reaching more than 130,000 young people, families and educators over the next four years. Through partnerships with 360 schools and community organizations, IE will provide culturally responsive tools that support academic, social and emotional growth, creating lasting impact across the community.

As students learn to regulate their attention, emotions and behaviors, they perform better in school, experience fewer discipline problems and develop resilience to counteract the negative effects of stress and anxiety. When teachers practice with their students, they report a 43% decrease in their stress levels which helps them reconnect with their love of teaching. We are at a critical point in education in the U.S. Declining test scores, high dropout rates and reduced global competitiveness for the past several decades underscore the severity of our educational challenges. Even with recent gains in a few academic categories, many of our children are not adequately prepared to successfully navigate the workforce of the 21st century.

Children who participate in this type of mindfulness training demonstrate improved focus, increased creativity, higher academic performance, less stress and consistent prosocial behaviors. Bolstering these self-regulation skills through mindful awareness training predicts school achievement in reading and mathematics better than IQ scores. The bottom line is that mindful students improve their grades, rate themselves as more happy/content and improve their ability to get along with their peers, teachers and family members. Discipline issues go down while performance and a sense of community go up.

What Health Care Providers Can Do

As stressors in children's lives increase, whether due to economic insecurity, family instability or community violence, health care providers must expand their view of what wellness looks like. Prescribing mindfulness in the form of evidence-based, school-integrated programs like Inner Explorer can be a powerful step forward. Other steps could include:

- Recommend mindfulness to families as part of a whole-child approach to wellness.

- Partner with local schools and community organizations to support adoption of trauma-informed, evidence-based mindfulness programs.
- Advocate for public investment in community and school-based mental health infrastructure that includes preventive tools like mindfulness.
- Lead by example, integrating mindfulness into your own practice to manage burnout and model well-being.

IE is deeply accessible: educators simply press 'play,' and everyone participates — no special preparation or training is required. With content in English and Spanish, diverse narrators, and integration into school platforms such as Clever, Canvas, and Google, the barrier to entry is low.

The cost to put Inner Explorer in every school to serve every student and family in Minnesota is about $6.5 million per year, with an average cost per student of just $7.50. The program has proven to deliver improved classroom attendance with fewer suspensions and reduced teacher attrition, yielding a return on investment of 485%!

The work is already underway in the Twin Cities. Schools and centers in the region are beginning to adopt IE. Parents in those schools receive free access to the practices from home or at work, creating a consistent, calming routine that bridges school and family life.

Based on all the information we've provided, students in Minnesota would benefit greatly from practicing mindfulness daily in their classrooms.

> Advocate for public investment in community and school-based mental health infrastructure.

In addition to the health, wellbeing and academic benefits, it is a wise move for the state to invest $6.5 million to save $38 million. The broadest long-term benefits of utilizing the IE program are achieved through adoption at the state public-school system level, but any single or private school could easily integrate this tool for a proportionately low comparative cost.

The ultimate goal? To create environments where students feel safe, focused and emotionally ready to learn. Where educators have tools to manage their own stress and lead with clarity. And where mindfulness isn't an add-on, it's part of how schools operate every day.

In the noise and uncertainty of today's world, one thing is becoming clearer in Twin Cities schools: quiet minds make for stronger learners — and stronger communities. And physicians have a vital role to play in helping that movement grow.

Simone Hardeman-Jones is the founding executive director of Green-Light Fund Twin Cities.

Laura Bakosh, PhD, is the co-founder of Inner Explorer.

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independent and physician owned. Being physician owned means having the ability to make referrals based on expertise, not based on closed networks. It allows doctors to adopt innovations quickly, without waiting for administrative green lights based on extended cost-benefit projections that will most likely be outdated before they achieve a high enough profitability. Similarly, it allows physicians to focus on quality and relationships rather than volume metrics.

We can perform office-based or ambulatory surgeries and procedures, which decrease health care costs and increase patient satisfactions and improve outcomes, rather than being forced to refer to hospital-based procedures, which incur large facility fees. Women's health is our sole focus. Physicians in the exam room with the patient are the ones making decisions about how we provide care. Independent practice also creates a healthier work culture for physicians themselves. It promotes a sense of ownership, engagement and impact, which in turn reduces burnout and restores their purpose in medicine.

One of our guiding principles is to empower our patients to be their own advocates. We want them to know as much as possible about their health care and their choices and options. Independent practice allows us to maintain these professional values without fear of compromise.

What can you share about your plans for expanding the Almara footprint?

We are keeping an eye on growing markets around our community, which need more access and choice. Also, we are focused on developing new services and programs, building additional referral partners and physician recruitment. Growth will focus on expanding both physical access and digital resources that will expand women's access to well-vetted health information. We are open to innovative ways of collaborating with medical practices in Greater Minnesota to help improve women's health, and there are several of them. In some cases we have worked directly with self-insured employers, and even in other states, to provide surgical services that are more cost-effective and provide a more positive patient experience than may be available in smaller markets that offer only hospital options.

Is there anything else you would like to share with our readers?

The physicians at Almara have dedicated their lives to promoting women's health. It's all we do. We want to partner with patients at any stage or age and be there with them for the whole journey.

To all of our many medical colleagues, from every area of specialty, who have referred patients to any of the clinics that have joined to form Almara, we assure you that these patients will continue to receive the high level of care you have come to expect.

We recognize the challenges women face in finding great care. Information is often hard to find, and people can be hard to reach. Practices and physicians are often difficult to distinguish from one another. Yet, building a long-term relationship with a physician has a significant impact on health and longevity. We're here to be a woman's personal guide, supporting her through every decade of her life with knowledge, compassion, and clinical excellence. Our mission is to redefine what whole-woman care means — not as a collection of body systems or life stages, but as a lifelong journey of informed, integrated support.

Suzin Cho, MD, is a practicing OB/GYN and the president of Almara Women's Health.

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The six-week program provides motivation and tips to help people safely increase their walking pace and make physical activity part of everyday life. This program is for anyone who can be on their feet for 10 minutes—even if they use a walker, cane, or other aid.

Walk with Ease can help people with arthritis or other health conditions:

- Reduce joint pain
- Learn how to walk safely at their own pace
- Increase balance, strength, and stamina

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