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the Navigator

Fall 2008

Clinics – What’s Ahead?

Hospital systems need their clinics; that’s a given in the health care world. The acquisition of clinics started with the managed care movement of the 1990s, and continues today. While there may be some return to standalones by small groups of entrepreneurial physicians, independent clinics have an uphill battle in paying for clinic space, advertising, phone directory listings and medical records software – a hefty financial challenge. In addition, clinics face competition from retail-type clinics in everything from grocery stores to shopping malls. What’s the answer? What’s the future of clinics?

We asked Stephanie Harr, senior marketing communications account manager at HealthEast Care System for her insight on some timely questions about the future of clinics.

If you had a crystal ball, do you think you would see independent clinics still in existence five, 10, 15 years from now?

If you mean primary care, mainstream medicine clinics, then no. But if you include boutique clinics and alternative therapies, and niche clinics in areas we haven’t even considered, then yes. In terms of operating independently, we

are entering an era where physicians are looking at different types of relationships with care systems, affiliations that do not necessarily involve practice acquisition in the way we’ve defined it before.

Will health care systems continue to acquire whatever clinics are out there that are not spoken for?

Only if it makes sense within their business strategy. Each clinic has a different level of value overall and value to the organization’s strategy. There is also the issue of culture, and I think that many clinicians will never embrace an organizational culture no matter what it is and will remain independent because of that. But to survive, they really need a strategy that allows them to stand out in the marketplace and survive financially.

Do more clinics per health care system necessarily translate to more patients in that system’s hospitals/ outpatient centers and specialty centers?

They should, but it is a tricky equation. Although it seems intuitive to assume that, changing a provider’s practice pattern, especially a long-standing one, is difficult. I think care systems need to make a compelling case that it is better for the patients, or providers will never go for it. I also think that because of tight capacity in the Twin Cities, in some cases, a large-scale switch is not possible.

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FROM THE PRESIDENT

Susan Mau Larson, MHSCN president

Wrapping It Up

I have just completed my term as president of the MHSCN board, and I am immensely proud of what we have accomplished. Our dedicated board members have led our organization through a year which brought change and established a framework for enhanced services to our members.

We undertook a member survey and learned more about what our members find valuable from MHSCN and what things they would like to see in the future. Thank you to all who participated. Based upon this input, you can expect to see some new resources for professional development, additional opportunities for networking and enhanced programs.

After careful review and consideration, we decided it was time to establish MHSCN as an official nonprofit organization. In accordance with our By-laws, we put this change to a membership vote, and it passed with wide support. This has been a seamless and positive transition for all members, and we thank you for your support in this process.

Our new president is Cheryl Powers, president of The Research Edge. Cheryl has been a member of MHSCN for many years and has added a great deal to our organization, most significantly in leading the recent member survey. Cheryl will be a strong leader who will help us move forward in implementing the strategies identified through the member input.

This issue of *The Navigator* brings to light some trends and perspectives occurring in health care clinics. The structure and operations of clinics are changing as health care professionals strive to provide more innovative and accessible means to serve the community. Read about the changing face of clinics and how it impacts health care.

It has been an honor to be president of MHSCN. Thank you for your continued support and I look forward to seeing all of you at future MHSCN programs.

– Susan Mau Larson

Clinics – What’s Ahead? (continued from cover)

Can the new start-up clinics created by physicians who want to get back to a standalone model of days gone by survive the financial storm? It depends on their business model. You really need significant capital to support the practice in this day and age, particularly to support the requirements in health information technology infrastructure.

Can hospitals own both traditional clinics and retail-type clinics and keep both of them healthy? Will they cannibalize each other or will they

eventually complement each other? I think they can co-exist. In fact, it should be more efficient to run clinics that specialize. That decreases the variation. They both offer different value to the customer. In a perfect world, they would be integrated so that any services performed outside the primary care clinic are visible to that provider, and vice versa.

– **Stephanie Harr**
Senior Marketing Communications Account Manager
HealthEast Care System



(Editor’s Note: For more discussion and information on clinics and their evolution, attend the MHSCN Winter Conference. Watch for information about this event.)

Another Year, Another Great Conference!

“Do It Yourself,” MHSCN’s 2008 summer conference, drew more than 70 participants representing more than 35 organizations and independent contractors. Held at Northland Inn on July 17 and 18, the keynotes covered topics ranging from branding basics and marketing to GenNext, to sexually-transmitted diseases and Feng Sui. And

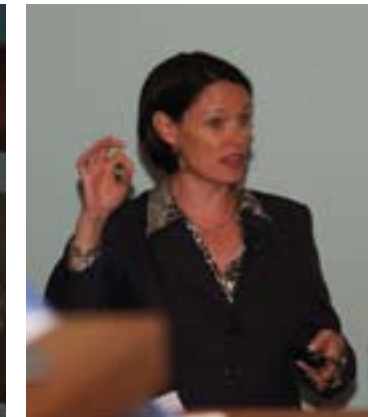
in between were numerous interesting breakout sessions, plus the 2008 Beacon Awards. Now there’s variety for you!

MHSCN conferences are designed to further members’ professional development, introducing them to new information and new skills that will help them in their careers.

MHSCN is very grateful to these conference exhibitors who supported the event: Coffey Communications, The Research Edge, Greenhaven Printing, GLC Custom Publishing and St. Croix Promotions.

Stay tuned for information about the upcoming winter MHSCN conference.

S P E A K E R S



P A R T I C I P A N T S



2008 MHSCN Leadership & Beacon Award Recipients

At its summer conference on July 17, MHSCN recognized members for leadership and also presented the Beacon Awards for outstanding communications, public relations, marketing, strategic planning and market research efforts.

Leadership Recognition

Under MHSCN's Leadership Recognition Program, **Stephanie Beito-Ziemer**, marketing director for the University of Minnesota Children's Hospital, Fairview, earned an Accreditation Certificate. Accreditation is bestowed on MHSCN members of at least two years whose documented professional accomplishments, education and volunteer contributions are deemed to have earned at least 100 points on MHSCN's scaled system.

Jill J. Johnson, president and founder of Johnson Consulting Services of Minneapolis, earned the designation of MHSCN Fellow. Fellows must be MHSCN members for at least five years; earn at least 225 points for their accomplishments and contributions; write a description of an important role they played on a major work project; and submit two letters of support from those familiar with their work.

Beacon Awards

Under the Beacon Awards, 36 entries were evaluated by a dozen Twin Cities-area professionals. The following awards were presented in Admiral's (top honors) and Captain's categories:

Lighthouse Keeper Award



MHSCN bestowed its annual top honor on Joel Stegner, director of market research at Hazelden. The 2008 Lighthouse Keeper Award is given to a MHSCN member who has demonstrated years of outstanding

service to MHSCN and to the health care field through excellence, dedication and professionalism.

In 1981, Stegner was an organizer of the group that preceded MHSCN, the Minnesota Council for Strategic Health Planning. He later helped oversee the merger of the two. He has served on MHSCN's board continuously since that time and has led numerous projects.

"Joel's dedication to MHSCN is exceptional," said Susan Mau Larson, MHSCN president for 2007-08. "He has been a key board member who is a primary reason the network has remained so vibrant and influential."

Admiral's Awards:

Public Relations Project or Challenge – large projects:

Maccabee Group for American Medical Systems: Gwen Chynoweth
Contributor: Heather Schwartz, Maccabee Group
"Dr. Ruth's Evening for Two"

University of Minnesota Children's Hospital, Fairview: Steph Beito-Ziemer
The Birthplace Inpatient Marketing Initiative

Internal Print or Electronic Publications – large projects:

Benedictine Health System: Dena Boheim
Contributor: Advertising firm Yamamoto Moss MacKenzie
2007 Annual Report

Employee Communications – large projects:

HealthEast Care System: Jodi Monson
Contributors: Scott Bigalke, HealthEast Care System, Vicki Boche, workforce planning consultant

HealthEast Employee Referral Program Revise

HealthEast Care System: Jodi Ritacca
Contributor: Bryan Carey, HealthEast Care System
HealthEast Report to Managers

University of Minnesota Medical Center, Fairview: Jean K. Tracy
"Achievements in Nursing" Report

Crisis Communications – large projects:

Immanuel St. Joseph's – Mayo Health System: Kevin Burns
Medication Diversion Incident

External Communications – single – large projects:

Marshfield Clinic: Sarah Fuelleman
Contributors: Erik Borreson, Marshfield Clinic, Bill Paulson, freelancer
Live Well 2007 System Review

Captain's Awards:

Internal Print or Electronic Publications – large projects:

Fairview Health Services: Shelby Dunski
Contributors: Mary Hoff, Minnesota Medical Foundation; Allison Campbell-Jensen, University of Minnesota Academic Health Center; Jean Tracy, Fairview Health Services
"A Decade of Excellence" Inside View newsletter special issue

Fairview Health Services: Brenda Jaye & Jennifer Fierke
Contributors: Dean Flory, Fairview Health Services;

Steve Fahey, Fishbowl Solutions
Fairview eScope Electronic Clinical Newsletter

Public Relations Project or Challenge – small projects:

University of Minnesota Children's Hospital, Fairview: Kelli Salvo
Parent e-Newsletter Promotion

Public Relations Project or Challenge – large projects:

North Memorial: Sue Lundquist
North Memorial Maple Grove Grand Opening

University of Minnesota Children's Hospital, Fairview: Paula Castle
Contributor: Steph Beito-Ziemer, University of Minnesota Children's Hospital, Fairview
Presence at Pediatric Academic Societies 2007 Annual Meeting

Employee Communications – small projects:

Benedictine Health System Foundation: Janis Kivela Hooey
"We Believe Campaign"

Regions Hospital: Christa Ingison
Daily Huddles

External Communications – single – large projects:

Children's Hospitals and Clinics of Minnesota: Sally A. Thompson
Contributor: Stanley Wai, graphic designer
Care Innovation and Research Report

Fairview Health Services:

Sarah Birkel
Fairview Center for Bladder Control Direct Mail

University of Minnesota Children's Hospital, Fairview: Steph Beito-Ziemer

Cystic Fibrosis Program Mailing

University of Minnesota Children's Hospital, Fairview: Danielle Pankake

Contributors: Steph Beito-Ziemer, University of Minnesota Children's Hospital, Fairview
New Mom Sixth-Month Direct Mail

External Communications – series – large projects:

Amy Pak of Amy Pak Inc. for Glencoe Regional Health Services
Contributors: Jill Hatlestad and Nancy Ellefson, Glencoe Regional Health Services; Lisa Lehrer, Lisa Lehrer Graphic Design and Art Direction; Maureen Nalezny, creative consultant and writer
"Touching Lives" Newsletter

Amy Pak of Amy Pak Inc. for Glencoe Regional Health Services
Contributors: Jill Hatlestad and Nancy Ellefson, Glencoe Regional Health Services; Lisa Lehrer, Lisa Lehrer Graphic Design and Art Direction; Maureen Nalezny, creative consultant and writer
"We Nurture by Nature"



Gaining a Broader Perspective

From a Regional Hospital to a Clinic Setting

With the recent re-organization of the marketing communications team throughout a major metro health care system, I found myself contemplating one of the biggest decisions of my career and re-evaluating the importance of balance in my life while having passion for what I do every day. As I looked at continuing to work for the large system and evaluated my option to work for a community partner, an independently physician-owned group of clinics, I realized that my need to continue to work part-time close to home outweighed my option to work full-time continuing the work that I already knew. Being a mother of two small children and having a true passion for the health care industry, I realized this was my best option to serve others, while balancing home life.

The summer conference really hit home for me this year. As I listened to Maureen Swan speak about the future of health care, I felt extremely overwhelmed. She talked about many challenges that face my new work environment in particular. The rise of retail clinics, HSAs and the consumer-driven market are probably the most prominent, but there were many points in her presentation and in some of the others that resonated with me. Even the challenges I was currently aware of in our industry were presented in a more aggressive timeline.

Challenges swarm the health care industry today more than ever before. Many hospitals are struggling to cover operating costs, freezing hiring of new professionals while turning to philanthropy to support technology enhancements and amenities that have come to be expected by the consumer. Consumers want accessibility, cutting edge technology, personalized care and prompt service, but they don't want to pay for it, and they definitely don't understand the complex pricing structure hospitals and clinics must utilize to support their facilities. They desire a more level playing field, and they have a right to. The challenge is combining business and patient care models that both support sustainability, growth, innovation and quality care.

I don't know all of the issues and reasons behind the health care crisis in the United States, and am convinced that nobody does; otherwise, someone would have fixed it already. Maybe its because I'm part of Gen Next or maybe even because I am still a little green, I don't know—but either way, this seems to be a logical conclusion to me. Ironically, with my employment transition, I now find myself with an HSA plan and am personally really changing the way I look at my health care spending.

“I also know that my transition to a private physician practice has definitely given me a broader perspective of the health care provider world and opened my eyes to a whole array of new challenges facing us as communicators.”

What I do know is that in my nearly nine years in health care, I've worked with some amazing professionals who are entirely committed to doing whatever is best for their patients. I also know that my transition to a private physician practice has definitely given me a broader perspective of the health care provider world and opened my eyes to a whole array of new challenges facing us as communicators. I don't really think of myself as a marketer, I think of myself as a messenger. The overwhelming feeling that evoked me during the conference stemmed from thinking I really needed to spread the word. And what an amazing opportunity I have to bring the message of health care to consumers, physicians, employees and the general public. Things happen for a reason, and I think this is where I'm supposed to be.

– **Susie O'Konek**
Marketing Manager
Buffalo, Monticello & Albertville/
St. Michael Clinics

Is There Anybody Out There?

An accurate e-mail address helps ensure you enjoy more benefits of MHSCN membership.

Are you receiving the *Ice Breaker* e-newsletter? How about special event announcements or membership renewal updates? When was the last time you signed in at mhscn.com?

MHSCN contacts you using the most recent e-mail address on record; that same e-mail address also serves as your login username to access many valuable, members-only sections at mhscn.com:

- Online member directory
- Polls
- Job opportunities
- Blog
- Back issues of *The Navigator*

Don't worry – if you are a member, you already have an account at mhscn.com. Sign in using the e-mail address you provided for your membership application. Forget your password? First time signing in? No worries. You can request to have your password automatically e-mailed to you – usually within minutes. You can change your e-mail address and any contact information once you successfully sign in.

Should you experience difficulty signing in or believe that you may be missing MHSCN e-mail messages, just send a message to info@mhscn.com or call (763) 520-1806. We're happy to help, and access problems are often easy to resolve.

– Andy Meyer



“If you are already a member, you already have an account at mhscn.com.”

Attention: MHSCN Members Who Have Not Renewed for 2008-09

If you are a procrastinator who has not yet gotten around to renewing your MHSCN membership for 2008-09, please be aware that your membership grace period will expire in October. After that, anyone who has not renewed will no longer receive MHSCN mailings or have access to the member sections of mhscn.com.

Why renew? Here are four good reasons:

1. Individual membership remains at just \$25 per year. We defy you to find a better bargain!
2. You can easily renew online at mhscn.com with a credit card.
3. You will reap the benefit of some great educational programming during the next year.
4. You will really miss your MHSCN colleagues if you give up your membership!

Go online now to renew. If you have questions, please contact Nancy Miller, membership chair, at nancy.miller@allina.com.

The 2009 directory will be printed and distributed in November. Thanks for your continued support and participation.

– Nancy Miller

Websites of Interest (Clinics)

There's a wealth of clinic information at the sites listed below, ranging from the clinic's respective histories to the scope of services provided. The list represents local, regional, national and international sites.

Duluth Clinic:

<http://www.duluthclinic.org>

Marshfield Clinic:

<http://www.marshfieldclinic.org>

MinuteClinic:

<http://minuteclinic.com>

International SOS:

<http://www.sosclinic.ru/eng.htm>

– Mark Brooks



New Look for *The Navigator*

This issue marks a change in design for *The Navigator*. To freshen our image and be more compatible with digital printing, we have changed our colors and ink coverage, as well as graphics and typefaces. Let us know your feedback. Send comments to susan.fuglem@northmemorial.com.

Thank you.

– Susan Fuglem, Editor

The Minnesota Health Strategy & Communications Network (MHSCN) is a professional organization offering education and professional development programs on current health care planning, communications, marketing and management issues. *The Navigator* is published four times annually. Articles reflect a broad range of perspectives and do not necessarily reflect MHSCN positions.

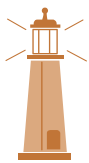
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