Frequently Asked Questions:

THE BASICS

Q: Why is Marshfield Clinic Health System (MCHS) dramatically changing delivery of health care?

A: MCHS’s top priority is to lower the overall cost of health care for all communities, patients and businesses we serve while continuing to provide superior care.

We have a track record of being the national leader in providing high quality, cutting-edge care and bending the cost curve for our Medicare patients, as demonstrated in the Centers for Medicare & Medicaid Services physician group practice demonstration project.

We must take bold steps now to secure the future of health care for our communities and to make sure we are here for another 100 years.

The average family income in our region is about $40,000, with nearly $3,000 in medical debt. These families are choosing between seeing their doctor for needed care or paying their mortgage and other bills. As a nonprofit, mission-driven organization, we can’t let this situation continue. It’s our top priority.

Q: What would happen if we didn’t change?

A: Our communities will lose high quality, seamlessly integrated advanced health care with 86 specialties that is now available at their doorstep. Also, the health care system might not be here if change does not occur. This is happening across the nation to health care organizations that are not positioning themselves for the future.

The Clinic is responsible for hundreds of thousands of patients, employees, their families and many communities in Wisconsin. To dissolve would deeply damage the economy in the region. To provide better care and greater affordability for our patients and communities by addressing costs, MCHS is making changes for a better today and healthier tomorrow.

To do that, a new hospital of the future will be constructed in Marshfield, owned and operated by MCHS; ambulatory surgery and outpatient services will be expanded; and MCHS will partner with Aspirus, Inc., with initial plans to share ownership in Riverview Hospital in Wisconsin Rapids and construct a hospital in Eau Claire.

A NEW HOSPITAL IN MARSHFIELD

Q: Why is a hospital going to be built in Marshfield?

A: We have much of the technology and equipment but there are some services that can only be offered in a hospital. Marshfield Clinic doesn’t have resources, technology and equipment for all of its physicians to provide services they can offer to patients. The knowledge and skills are there but not an optimal space and all the tools to practice.
A cutting-edge tertiary care facility is required to provide services to patients locally and regionally and to be competitive nationally in attracting high-quality providers.

Complex finances of a hospital partnership can make it difficult to provide care at a cost manageable for patients. Working independently can reduce costs for patients and employers in communities the Clinic serves, which is the Clinic’s top priority.

For example, the Clinic can move procedures out of a hospital setting and into an outpatient (ambulatory) surgery center, which reduces costs through shortened stays and lower facility fees and improves the patient experience.

Q: What is the benefit of a new hospital to patients? The community?
A: Health care is evolving rapidly and focusing on value-based services. The shift is to treat patients in outpatient and ambulatory settings as much as possible and appropriate, instead of being hospitalized at higher expense.

Legacy hospitals today are not designed for health care delivery of the future that demands a design offering greater efficiency, affordability and high technology. By managing delivery of health care with the future in mind, the Clinic intends to go into its next 100 years prepared to provide health care our patients and communities will need.

This new state-of-the-art medical facility, a hospital of the future, will feature cutting-edge technology, designed for efficiency and staffed by our national leading experts in dozens of medical specialties. The Clinic’s desire is to continue its current services and add new services if appropriate as plans develop.

More care, too, will be provided by technology like telehealth and with in-home care. These trends are being seen already nationally.

Q: How can Marshfield Clinic build a hospital and reduce costs for patients?
A: This is an integrated approach to health care that combines applicable clinical and hospital services to drive overall cost down. The approach would allow insurance providers to reduce premiums and out-of-pocket expenses for patients in the future.

Q: How big will the hospital be and will it provide all the services currently available in Marshfield?
A: These details have not yet been determined.

Q: What is a hospital of the future?
A: This is a facility that uses evidence-based practices to improve quality and patient safety, aligns providers with hospitals across the system, uses electronic health records to improve service, maintains flexibility to adapt to changes in health care to improve patient and population health while lowering costs.

Q: How much will it cost? How will it be paid for?
A: These details have not yet been determined.

Q: How many people will it employ?
A: This detail has not yet been determined, but the Clinic anticipates adding several hundred employees to its staff once the new facility is constructed. The model of care is high touch and lower infrastructure investment into brick and mortar.

Q: Does the new hospital have a name?
A: No decision has been made but it will incorporate the Marshfield Clinic Health System brand.

Q: The Clinic laid off employees in summer 2014 and now wants to build a hospital. How does that work?
A: The Clinic was overstaffed in some areas and had inefficiencies that needed to be addressed. The difficult decision was made to eliminate some positions. Some employees were rehired in positions of need. Today the Clinic is hiring for a number of positions.
Q: Right now there are many employees working at the Clinic and Hospital in Marshfield. Two years from now, will there be jobs available for everyone?
A: A new high-tech hospital will create many jobs for services the Clinic will offer to our patients. That said, like all forecasting, there are many moving parts. We can’t guarantee a certain number of jobs or that all positions will remain the same. Some will be similar to current jobs; others will be new positions.

MARSHFIELD CLINIC AND MINISTRY HEALTH CARE

Q: What do these changes mean for Marshfield Clinic and Ministry Health Care’s relationship in the city of Marshfield?
A: The Clinic and Ministry have worked together successfully in Marshfield for many years to meet the needs of the community.

As health care evolved, the partnership has challenged the Clinic’s ability to fulfill its mission to serve patients through accessible, high quality care, research and education. Clinic providers and staff who work at Ministry Saint Joseph’s Hospital will provide the framework for the Clinic’s hospital, be better supported and have necessary tools to carry out its mission.

Q: Will Clinic doctors continue to staff Ministry hospitals, including Ministry Saint Joseph’s and Ministry St. Clare’s?
A: We are committed to providing the best care for our communities and patients. We will continue to keep the needs of our patients first and provide the best care within Ministry Health Care facilities. We also recognize this requires willingness from both clinical partners and the two organizations, as good stewards, to have interests of our patients and communities above all else.

Q: What will happen with these relationships as changes are implemented?
A: Undoubtedly, there will be change but what and when has not been determined. Decisions will be shared with providers, staff and community as they are made.

Q: What do you think this will mean for local Ministry employees?
A: The Clinic can’t speak for Ministry’s future plans, but we know skilled health care employees will be needed at the Clinic’s hospital in Marshfield for years to come and in more outpatient settings.

Q: Why can’t health care organizations work together and use their strengths rather than compete?
A: Collaboration remains a key part of the Clinic’s strategy to fulfill its mission. For example, the Clinic partners with Wisconsin health care organizations like University of Wisconsin, Aspirus and Medical College of Wisconsin. Another example is MCHS requesting to join AboutHealth.

Q: What is AboutHealth?
A: AboutHealth is a partnership of Wisconsin health care systems working together to improve the health of the communities they serve while providing high-quality patient-focused health care and excellent customer service at reduced cost.

Q: Why does MCHS want to join AboutHealth?
A: MCHS’ Board of Directors unanimously approved to seek an invitation to join AboutHealth, formerly Wisconsin Value Network, because its member organizations and mission align with our own. Working together offers the chance to share best practices to improve quality and cut costs.

AboutHealth’s Board is expected to consider the Clinic’s request to join later this month.
**Q:** Why is MCHS not partnering with Aspirus for the Marshfield hospital?

**A:** Marshfield Clinic has been headquartered in Marshfield for nearly 100 years. While a hospital partnership in Marshfield was discussed, it was decided that it wasn’t the best fit at this time.

**Q:** What’s the difference with MCHS partnering with Aspirus in Wisconsin Rapids and Eau Claire?

**A:** Aspirus has made a significant investment in Wisconsin Rapids since affiliating in 2014 with Riverview Hospital. And, Marshfield Clinic has been providing specialty services to Riverview Hospital for many years. Our history of clinical patient care combined with Aspirus’ expertise in a hospital setting will give residents efficient, high-quality care at an affordable price.

Marshfield Clinic is established in western Wisconsin with 11 centers in Eau Claire and Chippewa counties. The partnership with Aspirus allows that organization to bring its hospital expertise to western Wisconsin. Both Marshfield Clinic and Aspirus are Wisconsin-based organizations.

Aspirus shares our goals and abilities to use technology in state-of-the-art facilities adaptable to changes in health care. The partnership in these two communities allows a smoother transition of care for patients who need hospital care.

**Q:** Is this a merger?

**A:** This is not a merger, but a new collaboration between two strong, independent health systems that will allow us to work together in different ways to better serve our patients. The collaboration will not affect existing jobs.

**Q:** How will this affect patients?

**A:** Initially, it won’t impact patients at all; they will continue to be able to see their same providers, have the same insurance coverage and receive the same service they are used to. In time, though, we think the collaboration between MCHS and Aspirus will help us increase the quality and affordability of care, improve the patient experience and better manage the health of the populations we serve.

**Q:** Does Aspirus have a presence in the Eau Claire area?

**A:** This is a new market for Aspirus.

**Q:** Why have another hospital in Eau Claire?

**A:** Eau Claire and Chippewa counties have an estimated population of 162,600 people. The two counties are both expected to see a 13 percent increase in population between now and 2040, according to a 2013 Wisconsin Department of Administration Report.

AboutHealth doesn’t have a partner in this region. Partnering with Aspirus can fill a coverage gap for AboutHealth by establishing a participating hospital in the Chippewa Valley.

By having their own hospital there, MCHS and Aspirus can better control overall health care costs together, since that’s their collective mission.

**Q:** Do MCHS and Aspirus have additional details (size, location, cost, number of employees, economic impact) at this time regarding the possible new hospital in Eau Claire?

**A:** At this time we don’t have additional details, which is part of the discussion with Aspirus. As we have more information, we’ll provide it to employees and the community.

**Q:** Other than minority ownership in Riverview Hospital in Wisconsin Rapids, what would this partnership entail?

**A:** Providing best, clinically integrated, seamless care for our patients is our top priority. Details will be shared as additional changes are determined.
Q: If Aspirus and Marshfield Clinic are now collaborating, does that mean they are no longer competing?
A: No. Health care reform has spurred new partnerships and collaborative relationships among competing health systems. But while systems such as Aspirus and MCHS work together in certain markets or on population health initiatives, they will continue to compete in other areas.

AMBULATORY SURGERY CENTER/ SKILLED NURSING FACILITY

Q: What is an ambulatory surgery center (ASC)?
A: ASC is a modern outpatient health care facility providing same-day surgical care, including diagnostic and preventive procedures.

Q: What is a skilled nursing facility?
A: This facility has a small number of beds for patients and provides 24-hour access to medical staff, including physicians and nurses. Patients can recover from surgery and other procedures completed in an ASC in a skilled nursing facility.

Q: Why does Marshfield Clinic want to expand services at its ASC and use a skilled nursing facility?
A: This approach to health care will allow the Clinic to transfer about 30 percent of hospital-based procedures to an outpatient setting. This translates to lower cost; decreased risk for infection and falls; high tech and a better experience for the patient.

Q: What is the Clinic’s current ASC setup in Marshfield?
A: The Clinic has an ambulatory surgery center in the East Wing of its main campus and can perform thousands of procedures already.

Q: How many beds, types of procedures, number of procedures?
A: At this time, details are being finalized.

Q: Where will the skilled nursing facility be located?
A: These beds will be in the East Wing, located on the Marshfield Center campus and all our large ambulatory centers.

Q: What types of updates/construction are needed?
A: No new building is needed to accommodate these skilled nursing beds. Some remodeling will take place in the East Wing within the next seven months.

Q: How much will this update cost?
A: These costs are still being calculated.

Q: Who will run the skilled nursing facility?
A: The Clinic is looking to contract with a third party but details have not yet been finalized.

Q: How many employees will be needed for the skilled nursing facility?
A: Staffing numbers will be determined soon.