

Why a University Hospital and Health System?

Executive Summary

The rapid evolution of the health care system is bringing many public policy issues into greater focus. Among them is the role of the University of Minnesota Hospital and Health System. Indeed, in discussing this question, the ultimate question is posed with increasing frequency: Why does the State of Minnesota and its health care delivery system need a University Hospital?

This question is posed even by some who recognize the social value of the University's medical education and research contributions. Those contributions are many: The high quality of Minnesota's health care system is attributed in significant part to the University's health sciences academic programs. Minnesota's position as a national leader in health care, as well as the State's dependence on the medical industry as a major portion of Minnesota's economy, is recognized as being fueled in large part by the University. Minnesota's track record in medical research is clearly driven by the University; there is even growing recognition of the University's national leadership position in production of primary care physicians.

Despite recognition of these many contributions, the question still remains: Why does the University, through its Hospital and faculty, need to be involved in the competitive patient care arena? Why can't the University restrict itself to research, use the community's patient care resources to do more of its teaching, and stop competing as University Hospital and in the private practice of medicine?

The answer to this question—not appreciated by many in the community—lies in the interdependence of teaching, research, and patient care, and the need for a core focal point for the integration of these missions.

In articulating the answer, it is important to remember that much of the University's educational activity already occurs off-campus, and are higher quality programs as a result of that fact. The physicians, other professionals, and hospitals in the community play a large and vital role in the high quality of the University's health professional education programs. The University is already very integrated into the community for this purpose.

The logical, sequential question is often posed: Why not take the next step, and totally distribute the University's education and patient care programs across existing community resources?

To answer this question, we must come back again to the need to integrate education, research, and patient care at a focal point, which has a critical mass of faculty, where the value of each part of the mission can be leveraged against the other, to society's greater benefit.

The key to quality professional education is the constant creation of new knowledge, and communication of that new knowledge to inquiring students, who are taught to be lifelong learners and discoverers. Education is not about the status quo, it is about the future, about what we are discovering, about to discover, or don't yet understand. Thus the research mission is essential to quality education, especially in medicine and the health sciences. Teaching and research must be linked.

Whereas teaching may be viable in a community setting, research is not. What community organization can support, or is willing to support, the infra-structure needed to shape a first-rate research effort? Our society has uniquely positioned Universities to do so. Given that teaching must be linked to research, and that research is uniquely University based, it follows that medical education must be driven, at its core, as a University function.

If one accepts that research and education must be substantially invested as University functions, the next step is to acknowledge that it takes a broad based and critical mass of faculty to perform and carry out those missions. How are those faculty to be attracted? How are they to be financially supported?

The American medical education system has been financially structured such that medical faculties of most medical schools must earn their salaries through patient care income. Without that income, the State would either have to invest tens of millions more in faculty salary support, or there would be no faculty to carry out the teaching and research programs. Quality education requires quality research. Quality education and research requires faculty. Faculty deserve an income for what they do; the State does not provide it, therefore patient care income is necessary.

Why can't these faculty earn their incomes in community settings and bring their patients there? They do, in part. However, total dispersion through the community would result in the loss of the interface with the basic sciences at the University. Cross-fertilization between "the bench" and "the bedside" must occur, if laboratory discoveries are to be effectively translated into patient care. A clinical setting dedicated to this purpose is essential to quality education and research. That is what a University Hospital is all about.

To go over the logic trail again: Quality education is based on quality research. Research is best done in a University setting. The teaching and research functions need faculty. Faculty need to be paid. In medicine, the States do not allocate sufficient funding to adequately attract and pay faculty. They must earn their income from patient care. They can do so "in the community" or within the University setting; many do both. However, the University clinical setting uniquely offers the kind of interface, synergy, and cross-fertilization needed to truly integrate education, research, and patient care.

Does all this mean that things should stay as they always have been at the University? Absolutely not.

Does this mean that the University should discontinue its long tradition of its many community-affiliated teaching programs? Certainly not.

Does this mean that the University must own and control all of the facilities in which its clinical programs are located? No.

Does this mean the University must own its University Hospital? Maybe not.

Does Minnesota need a core facility and faculty dedicated to teaching, research and the best of patient care? Yes—Minnesota needs a University Hospital.