

DRAFT

## ACADEMIC HEALTH CENTER FACULTY ASSEMBLY

April 13, 2000

### Minutes of the Meeting

These minutes reflect discussion and debate of a committee of the University of Minnesota Academic Health Center, none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the Administration or the Board of Regents.

The Academic Health Center Faculty Assembly is composed of members of the AHC Faculty Consultative Committee and elected faculty and academic professional representatives of the AHC's constituent colleges and schools who are members of the University Senate. At any regular

Professor Bebeau convened the AHC Faculty Assembly at noon and noted that the AHC visioning process was an historic event: the first faculty-driven process in the AHC (or, at least, the first such faculty-driven process since 1965). She turned to Senior Vice President Cerra for comments.

Dr. Cerra reported that he is preparing a consultation log with the AHC FCC and already has one for the AHC Finance and Planning Committee. He commented briefly on the status of the legislative process; the Molecular and Cellular Biology project seemed assured. He also reported on conversations he has had with Vice President Gardebring about the need for a new strategy in approaching the legislature.

Professor Bebeau announced the names of two new AHC FCC members whose terms will run from July 1, 2000 to June 30, 2003. She then reported that there had been four of the AHC college visioning statements presented to the Board of Regents and that the other four would be made next month. One thing that came across from the Regents' AHC committee was the enormous support and enthusiasm for the AHC as well as the enthusiasm of the faculty engaged in yet one more planning process.

The AHC colleges now presented their visioning statements. First came the School of Public Health. (All of the statements can be found at <http://www.ahc.umn.edu/strategicplan.html> and will not be reprinted here.)

Following the presentation, Dr. Cerra related that the visioning reports stimulated a lot of comments at the meeting of the Regents' committee about the role of the School of Public Health and other AHC schools in training health professionals. Regent Reed, said one of the Assembly members, pushed firmly on the idea of preventative as well as restorative medicine and said it should receive emphasis by the School of Public Health. Also of interest to the Regents was how to extend the activities of the School to outstate Minnesota. Dr. Cerra also said that Regent Larson suggested the AHC is subsidizing the rest of the campus; Dr. Cerra said he had promised to provide the Regents with information on this point.

There was no reaction from the Regents to the proposition that research should be central; they supported it. If there were a different focus, such as outreach, then the financing of the School would have to be rethought.

The next presentation came from the School of Nursing. One point made was that Nursing does not equate health care with medical care but the two terms are often used interchangeably. Health care is also preventive, promoting healthy lifestyles; using the term health care allows a link between all of the units of the AHC.

Professor Bebeau commented that she had received compliments for the attention of the visioning statements to language.

The Duluth Medical School reported, as did Dentistry and Veterinary Medicine. Professor Feeney informed the Assembly that he had admonished the Regents that this process is serious. Faculty have been recruited into a process with administrators and Regents and they better not be let down. The AHC colleges are leveraged as far as they can be with budget cuts and taxes. The core is paralyzed because of all the new money flowing into the University, none is going into the core.

The College of Pharmacy and the Medical School basic sciences reported. With respect to whether the research enterprise in the Medical School should stand alone or interact with other units, it was said that it should not stand alone. Clinical research is the principal area to bolster; the Medical School's NIH grant ranking will not improve unless clinical faculty have

more time to do research.

There was discussion of the quantitative measures used to evaluate research (e.g., research funding, NRC rankings, which measure popularity and also the quality of the scholarly output of the faculty) and the extent to which they must be heeded. In the 1998 rankings the graduate programs ranked an average of 36<sup>th</sup> but the percentage of faculty in programs funded by NIH competitive grants is among the highest in the nation. It is not clear that microscopic standards can be applied to the faculty. There seems to be a disconnect between NRC rankings and faculty funding; it seems that the faculty are good at obtaining dollars but not at doing anything with the money.

From the clinical side of the Medical School it was said that there is much enthusiasm in the Medical School to be all things to all people. But there is a problem with state funds and clinical funds; the faculty cannot do all that they want. Priorities must be set and consensus about them must be established.

There was also discussion about "translational" research. It is difficult to do and to obtain funding for and is a larger undertaking than basic research.

The suggestion was also made that the University should approach the legislature on support for the AHC as a quality-of-life issue in the state. It will cost someone to keep top quality health care; the state has an obligation to fund it because the Medical School and other sources cannot do so. Dr. Cerra agreed that this is a fundamental question and reported that there is a group in the AHC working with insurance companies interested in funding translational research. There may also be a bill proposed to fund health care research. He also said that he and Vice President Maziar and other officials are working on a plan to take basic science ideas and develop new therapies, clinical business, and new enterprises. Venture capitalists are also interested in some of these ideas. All of this takes time and thought, he cautioned, and while the pieces are being put together, it may take several years to bring the efforts to fruition.

Internally, one Assembly member commented, the Medical School must resolve to align its priorities with funding available outside the University. There is great hesitation to give up individual interests and rally around clinical priorities. Another problem is that it is assumed that if the Medical School does something better, patients will come; the Medical School must defend itself as the BEST group to do something. The Blue Cross/Blue Shield data on patients suggests the Medical School does very well. This point, Dr. Cerra said, suggests the need for a clarity of vision. This visioning process is core to making progress, he added.

After a few comments about the expected timeline for Phase II of the visioning process, the meeting was adjourned.

- Gary Engstrand
- University of Minnesota