



State of the Academic Health Center Annual Address to Faculty and Staff

Presentation to the University of Minnesota Academic Health Center Community

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I'd like to welcome all of you to this second annual State of the AHC presentation. You know, we move so quickly in this institution -- in each of our schools and colleges -- that I find it critically important to pause every now and then, to reflect and look about at our progress as an organization and community. This presentation is one of those pauses -- a sort of group pause, if you will -- that allows all of us to catch a collective breath and look about at the work we've accomplished, at the place we are today, and at the future we have yet to define.

As you may remember, we gathered last year to pose two important questions. We asked, "Where are we going?" and "What are the right choices for our faculty, our students, and for the people of Minnesota?" With those two important -- yet seemingly simple questions we began an intense effort to develop a six-year strategic vision and plan for the Academic Health Center.

The discussions grew from the faculty of the Academic Health Center. We also benefited from the ideas of students and staff, and the work of a committee of the Board of Regents who heard testimony from key community stakeholders on the future of the AHC.

Everyone involved wrestled with important fundamental questions --

Fundamental Questions

- What is our role in the health of Minnesotans -- our land grant mandate and mission as a public university?
- How are we going to be a leader in health care delivery?
- What is our vision for the health professionals we educate and train?
- How will we achieve being top ranked in research performance?
- How do we exploit the technology of the electronic age?
- How will we develop a culture of service and accountability?

Big questions -- significant issues, and yet each dialogue and discussion added definition to our future. Each question -- from our land grant mission to evolving a service culture -- required reflection, research, debate -- even argument. It would have been wonderful if everyone in this room today could have listened in on all of the discussion -- impossible, but wonderful -- because you would have witnessed the depth of caring and commitment -- even the passion -- the faculty, staff, students and citizens of Minnesota have for the work of the schools and colleges of the Academic Health Center. We feel rather strongly about ideas surrounding the training of health professionals of the future. We care deeply about our research. We struggle with balancing our education, research, and service missions, and our commitment to students and colleagues -- and to serving Minnesota communities.

Before I move on -- I want to point out that there are those who are concerned, actually critical, that the work of the past year has been too focused on process. "Move it along faster," they've said. "Get to the details of the plan -- and then get to work." I understand that impatience.

Strategic visioning and planning, however, is at its core the process of building relationships within a community -- and building through our collective wisdom. It requires a significant amount of just plain listening, talking, and debate. It's key to our future success that there is a strong consensus within the AHC that where we are planning to go as a community is indeed where we intend to be. And, so far as I know, the only way to build consensus is the difficult process of gathering groups together, listening and talking, in other words -- dialogue. That's community building -- it takes time -- and it's worth it. Today, we have a strategic vision, developed by the faculty, students, and staff of our schools and colleges as well as the communities we serve. That vision has seven key elements.

Seven Elements of the Vision

The first element defines our primary role within Minnesota -- to develop and prepare the new health professionals for the state. That means educating health professionals who can promote the health of diverse communities and cultures, who can work in a team of professionals from other disciplines. Professionals who are able to use a broad range of integrative, preventive, and evidence-based tools, who understand and use information systems, and provide leadership within the health and care delivery community.

The second part of our vision is to sustain the vitality and excellence of Minnesota's health research. We are a strong research university. It's a proud part of our heritage -- and promises to be a significant portion of our future. Our commitment to being on the leading edge of health research means we need to invest in our programs and reward excellence. It also means we will attract a wide variety of controversy, from animal rights protests to ethical questions surrounding stem cell research. Let me state very clearly -- I believe that's part of sustaining the vitality and excellence of our work. There is no more appropriate place for discussion and debate -- yes, even argument -- around tough ethical, legal, medical and policy issues than a public university. Precisely because we are a public institution -- dedicated to the free and open pursuit of ideas is why this type of research should take place here. Our work is open to public scrutiny. It receives that public scrutiny -- and it should -- After all, much of it is funded by public dollars, therefore public bodies regulate our research.

The next part of our vision is to expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota. We haven't done as well as we should in this area. Faculty within our schools and colleges are regularly published with results of significant research taking place within various communities. However, we haven't always returned to the communities studied to share what we've learned. We also have not always done a good job of translating, or transferring our work into usable applications for use by others in the community. We're committed to changing all of that. We will work with and in the communities we serve so that, together, we can identify and solve problems. We will also work with the state and the private sector to enhance the commercialization of intellectual property for the benefit of Minnesota communities. Our vision incorporates the critical need to reduce health disparities in Minnesota and address the needs of the state's diverse populations. We like to take credit for the fact that Minnesota is regularly ranked near the top of any national survey of health status. After all, we prepare most of the health professionals represented in our school. So if Minnesotans rank as healthy, it must have something to do with our preparation here at the U. Right? Well -- if we're going to take credit for the healthy, then we need to share in the necessary work of addressing the incredible disparity of access, care, and health status of the poor, the rural, the urban, those who don't speak English, and those whose culture views health differently than ours. We need to learn what works well at our Community University Health Care Center, or CUHCC, so we can share that model with others. And we need to build on our successful rural health programs to reach a

greater portion of the state. Certainly our Center for Spirituality and Healing will have a significant impact on students being trained today who are learning to value the impact of spirituality and culture on physical health. We also need to learn how to reach people of color and work with them so that they can become the health professionals of tomorrow, and join our faculty that discovers and delivers new knowledge.

The fifth principal element of our vision involves developing new models of health promotion and care for Minnesota -- a clear and critical need. This need incorporates the demand for more public health, prevention, nontraditional approaches, and the use of evidence in decision-making -- be it for population health or care at the bedside. We also need to do this while not losing the value of acute care that is the best in the world.

I have yet to encounter anyone involved in the business of health or in health care delivery that believes our current model of delivering health care, or promoting health, is effective or will work for the long term. Truth is I am regularly humbled by our students -- the young men and women who choose to go into very demanding health professions that require difficult course loads and long hours. And for what? For a career in an industry that will undergo profound, sustained change during the next generation. The only thing we can ensure our students is that they will be needed in ways we can't even imagine. And we can teach them that the true meaning of the work is found in relationships with patients and colleagues.

Our vision is committed to using information technology to transform how we educate, conduct research, and provide service to individuals and communities in Minnesota. We know that today, people seek health information from sources that didn't exist ten years ago. We need to expand our use of technology so that we're on the top of the list of those sources for Minnesotans. For example, we need to strengthen our Clinical Outcomes Research Center, and build health databases to monitor and improve the health of Minnesotans.

We need to recognize the value of technology in educating our students. There are so many opportunities available there -- and we can learn from others who do it well. We must teach our students, and the people who rely on them, the tools of life long learning. We simply cannot continue to teach "all the knowledge" -- it's not possible or smart to do so. Information tools are a large part of the answer to these challenges.

Finally, our vision speaks of building a culture of service and accountability to Minnesota. The only way we, as an Academic Health Center, will be able to effectively meet the state's needs for the right kind of health professional workforce is to establish stronger on-going relationships with the people we serve. That means truly listening, and talking and learning from the clinics and hospitals who employ our graduates, to the businesses who fund the health care of their employees, to the start-ups who translate our research into treatments and cures, and to the people of Minnesota who have come to expect excellence from their University. That's our job -- that's the accountability Minnesota is asking of us. And that's what we must deliver.

Those are the seven elements of our new Vision for the Academic Health Center. That's a big Vision, but I've learned to sum it up in a very few words. The Academic Health Center is well-positioned to prepare the new health professionals who can improve the health of our communities, discover and deliver new treatments and cures, and strengthen the economic vitality of our health industries.

Preparing the New Health Professional

Let me repeat that -- The University's Academic Health Center PREPARES the new health professionals who IMPROVE the health of our communities, DISCOVER AND DELIVER new treatments and cures, and STRENGTHEN the economic vitality of our health industries.

That's what Minnesota expects of us. And that's what we're prepared to deliver.

Since the Regents approved this vision in July, I've talked about the dedication and work involved with this vision with many folks. Nearly all of them continue to pose one central question -- How is the Academic Health Center going to fix the fundamentally broken health care system with these new health professionals? Frankly -- I find the question fascinating. First, because the question is being posed to the right audience -- the University. We are a public university and this is exactly the community for this type of discussion to take place. It's the same argument as that surrounding controversy with research -- there is no more appropriate location for discussion and debate about important policy issues than a public university. And when we're talking about health, where else but the University of Minnesota's Academic Health Center where dentistry, nursing, pharmacy, veterinary medicine, public health, medicine are all taught next to a law school and center for bioethics. This should be the location of the next debate that transforms how health care is delivered and financed.

And I find the question fascinating for another reason -- the focus on preparing new health professionals as if they're somehow limited by their training. We know very well that the nurses we're educating today will deliver care in places and situations we can't imagine. That our pharmacists have already revolutionized an industry, and that our doctors will practice with tools and research discoveries yet to come from our labs. That's why interdisciplinary teaching that emphasizes lifelong learning, and that leads to a team approach to care is central to what we do.

More importantly, we're not meeting the need for today's health professionals with today's graduates. It's not news to this audience that the shortage of nurses, pharmacists, dentists and doctors in some communities is driven in large part by an aging population and high demand. Well, we're not going to stop aging in Minnesota, and demand is only increasing for the foreseeable future. That means we need to expand our class sizes in many programs.

Our Six-Year Plan

What about the rest of the planning to support the Strategic Vision?

Over the past few months, we developed a draft of a six-year strategic plan, based on the wide-ranging work involved with the Vision. That plan was shared with many, both within the AHC schools and colleges as well as with state leaders. There were a lot of calls with questions -- a number of e-mail suggestions. That input was crucial to the completion of the plan -- and I'd like to thank all of you who helped.

Today, we have a comprehensive strategic plan in place, designed to guide our work for the next six years. You can see it on the Internet in broad public view -- because, as I've said, we are a public university and we should be held to a public standard of accountability. Our plan has detailed action steps or initiatives next to each of the stated objectives. There's a lot of work contained in that plan -- but also a lot of dedication -- a lot of passion -- to accomplish that work on behalf of our land grant mission to Minnesota. You know, although that land grant mission as a University is 150 years old -- I've learned through the visioning process that the passion to meet the mission is as new as this Century -- In fact, we're as vital to Minnesota today as we were 150 years ago. Despite the advances in science and care delivery, we remain stewards of the state's health.

But we're realists -- we know there's too much work there to tackle in the short term. Clearly, we need a place to start. So we selected six initial areas of emphasis. And how did we choose? We selected those areas that are critical for the future of the AHC. We chose those where there was readiness for implementation, where there was a strong community need, or again, where we were fulfilling our land grant mission.

We'll start with balancing the operating budget and stabilizing the programs and finances of the Medical School. I realize there may be some here who believe we're focusing too much time and too many resources fixing the operating issues of the Medical School. Very honestly I believe the opposite is true. Our Medical School here at the University has a proud heritage of excellence -- and one of synergy with the other health professional schools. As a point of fact, I believe we may not have acted quickly enough to acknowledge the very real marketplace and health care environmental issues affecting funding for medical and health professional education nationwide. Fact is, we in Minnesota are at the leading edge of many of the trial models of funding and delivering health care, none of which accommodate the funding of health professional education. While the rest of the country was learning the meaning of the words "managed care" we were already experiencing the second wave of cost reduction efforts. In 1995, patient care revenues funded more than half of the education of medical students. Today we can generate only about 40 percent of that cost from this revenue source.

All of that is to say that the funding issues surrounding medical education are real, are fundamental -- and we need Minnesota's help to address them. Over the past few years, the Medical School has done the hard work needed by cutting \$11.5 million from the operating budget, selling the hospital to eliminate operating losses, and reducing administrative staff. In addition, over 80 tenure/tenure track positions are open -- most as faculty physician-scientists. Faculty productivity is way up -- they are seeing more patients than ever before, and earning more grant dollars per capita than ever before. The truth is -- expecting more work, or the maintenance of this work load to fulfill an education mandate for the people is not realistic and represents its own kind of disease.

We Must Have Legislative Support

And that leads directly to our next priority -- We must gain legislative support for the critically needed funding for health professional education and research. The essential public policy question to the state is this -- do you want the University to continue to fulfill its land grant mission of preparing doctors and health

professionals for the state? If so, we need state support for core funding for the Medical School, and we need investment to increase enrollments and add clinician - scientist faculty. It's that simple. And, it's Minnesota's choice. We're well-positioned to do our share of the work -- but we need the legislature's support to be successful on Minnesota's behalf.

Another priority involves an increase in interdisciplinary education opportunities for tomorrow's health professionals. As science advances, and the volume of knowledge increases, we will all seek care from professionals who work well in teams. Even today, I want to know that my pharmacist has a good relationship with my doctor and can call with questions or concerns about medication interactions. I want to work with nurses that are capable, and have the opportunity to add their own value to the prevention and treatment of disease and the improvement of the quality of life. That's why it is so critically important that our students have opportunities to learn together -- to share the strengths of various disciplines and to learn from each other. I firmly believe that working together serves to strengthen the health disciplines, while it improves the health status and outcomes for the people we serve.

This goes beyond the schools and colleges of the Academic Health Center. Tomorrow's health professionals will need to have leadership skills that go beyond the health sciences. For example, our next priority -- to develop a plan to meet Minnesota's health professional workforce shortages -- could involve a broad range of talents. It's a huge question: How are we going to recruit the students needed to fill the positions currently open in many existing professions -- much less prepare students for roles not yet designed? Clearly this is an issue that we at the University cannot solve, or even address, alone. This will truly be a collaborative project with our colleagues at MnSCU, at the private colleges, and with many in the community. What we can do well -- and have done before -- is convene from among the best and brightest available to help us develop a strategy for Minnesota's health professional workforce needs. We're prepared to do just that.

Some of the answer may lie in our next priority which is to improve access to AHC research, information, and new technology to promote health and deliver care. This will involve another interdisciplinary effort -- the teaching of information technology skills to our health care professional students. How can we expect our professionals to be lifelong learners if the bulk of information is inaccessible without IT skills? And to encourage delivery of new discoveries, we will initiate a program to assist faculty, recognize faculty innovation, and assist inventors in disclosure and disposition of new technology.

And that directly leads to our final priority, which involves rebuilding the AHC's health research capacity. Now, capacity is based on two simple things -- space and people. I don't need to tell any of you that space is an issue. We need to complete construction of the molecular and cellular biology building -- which is currently on time and rising quickly above the pavement. It's exciting to watch for the potential it represents. We also need to complete the pre-design and fundraising for the translational research building. These two buildings are just the beginning of an exciting comprehensive plan you'll all have the opportunity to see in the next few months. It's the Academic Health Center District Plan -- our Vision for 2020. This is the plan for the facilities and buildings that will demonstrate the strength of our vision for Minnesota.

But of course, buildings and space are only part of our capacity issue. The key component is people. We need to increase our hiring of faculty, particularly faculty- clinician-scientists. Those are educators who do research and directly deliver health. That's what we need on behalf of Minnesota's future.

Today I've painted a rather elaborate portrait of our strategic vision and plan. It's a plan I've shared with the University's Board of Regents -- and with a number of external community leaders. It's a vision and plan generated by faculty, developed with student and staff input, and now supported by our community. There's no doubt it's a complex piece of work. It was a complex year of work that led to its completion.

Being successful will require dedication, focus and -- well, passion. Certainly I've seen a lot of passion in its creation, as well as lot of argument and a lot of debate. I also have learned the truth of a concept that the late Dr. C. Walton Lillehei was fond of: If you can conceive an idea, you can make it reality.

We have the strong support of our University colleagues, the President, and the Board of Regents. We've defined a strong future vision for the University's Academic Health Center, and we can work together to enter a new covenant with our community -- we need, and must become, Minnesota's choice!

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