State of the AHC 2001, Academic Health Center at the University of Minnesota

New Funding, New Expectations and New Opportunities

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As you all may imagine, there was a lot of discussion about the wisdom of presenting this State Of The AHC speech today. The acts of cowardice and the needless loss of life of yesterday, together with the uncertainty of the future, do make this discussion difficult. We decided to have this discussion for two reasons - first, I believe strongly that we need to gather in communities of shared concern at a time like this. We need to see each other. We need to know we're here for each other. That's what a community does. I'd like to ask for a moment of silence as we reflect on this terrible event - and the thousands of lives lost.

There's another reason to gather today. The work we do here will not stop because of this event. In fact, much of the heroism seen throughout the country this week is being carried out by our peers in emergency facilities in New York and Washington - so we gather and we talk about who we are and what our future is.

Less than a year ago, I stood before you and called for a new covenant with the people of Minnesota on behalf of health professional education. I told you that the future direction of this Academic Health Center was based on the response of the Minnesota legislature to our clear need for public investment. And today - here we are with a successful and resounding response - the Minnesota legislature and executive branch have entered a covenant through the planned $374 million funding of the AHC educational endowment. Indeed the work we do here contributes to Minnesota communities - it is recognized as valuable work that needs to be supported with public dollars. It is work that cannot be funded by tuition and private practice revenue alone. That is the mark of a very successful year. It also carries with it major responsibility, and a need to meet the expectations of the people who gave this vote of confidence.

As I have thought about the many reasons for this outcome, I keep circling back to one fundamental root: the work you did in creating a vision for the AHC, and in taking that vision directly to the people. The stories you told about this vision and what it means to each and every person you talked with, were powerfully focused on one key message: What we do here - educating the new health professionals - is key to the future success, the future health, of this state. The people - through both the legislature and the Governor's office resoundingly endorsed our central vision. It is our role, through the colleges and schools of the Academic Health Center to prepare the new health professionals for Minnesota who will improve the health of our communities, discover and deliver new treatments and cures, and strengthen the economic vitality of our health industries.

Big vision, big expectations, most of which are in the AHC strategic plan - now moving into its second year of implementation.

Let's start talking about these expectations and the opportunities each provides, starting with those of the public. As articulated most recently by the Commissioner of Health and the legislative leadership, the people in Minnesota want to know that when they need health care from a doctor, from a nurse practitioner, from a pharmacist or a dentist - that those health professionals are accessible and available. And they want to know that they'll be available in their home communities. That means that our schools are preparing enough professionals to meet the health needs of Minnesotans today - and into the foreseeable future.

Now - projecting appropriate numbers is a tricky business. The students that began their education last week will not be ready to practice for four to eight years. For us to accurately predict the health status of various communities - actually know the health needs of towns throughout Minnesota eight years in the future is something we've never tried to project. That's something we said we would do in our strategic plan - and something we are going to do.

The opportunity here is for us to partner with the National Institute of Health Policy, the MN Department of Health, health systems and planners and others to develop a sort of blueprint for the future health workforce - called Health Vision 2013: System Redesign for the Future Workforce. We know that the leading edge of the baby boom will reach the age of 65 in 2013. Although there's nothing particularly magical about the age of 65, we do know that chronic health conditions start to require more care, and become more frequent at that age.

Through a series of focused dialogues with top health leadership, NIHP is developing a series of pilot projects to test innovative and more cost effective ways to deliver care. Simply stated - we already have shortages of certain types of health professionals and we can't afford to train our way out of current shortages. One example comes from the expansion of our nursing program to Rochester in partnership with Mayo Clinic and the MnSCU System. In order to educate 60 new nurses, who can begin practice in 2006, it will cost $9 million and will use up the capacity of the Mayo system to train health professionals. Recall that we currently have a shortage of over 3000 nurses in Minnesota. Clearly, we need new models of care delivery and education that recognize the increasingly important role of technology and the absolute necessity of a team approach to health in many different environments.

Another aspect of this public expectation involves improving the health of our communities. As average ages increase - and we all live longer - the public expects health professions to teach them how to live better. In Minnesota alone, the population of those over the age of 65 will nearly double in the next ten years. That means we will need health professionals who have the skills to improve quality of life - as well as treat disease. That also means a greater understanding of human behavior, particularly as it influences health choices. The recent connection between the disciplines of anthropology and medicine should add value in this regard. This goal of our strategic plan also provides a perfect opportunity for partnering. We know that schools are taking on more in the way of health screenings. We know that communities of faith are interested in health issues. We know that health is being added to the agenda for a number of government agencies. Each of those is an opportunity for this public university's Academic Health Center. No one group, agency or institution can tackle health improvement alone - we must partner, collaborate, and leverage each other's resources. We have already begun to establish such relationships with state agencies, such as the Department of Health.

The public also expects that the University will maintain its position of leadership in research. This requires an investment in faculty and space. We clearly stated that we needed public funding to expand our capacity in research - with money to recruit physician scientists. We're less than a year away from the move into the new Molecular Cellular Biology building and we are committed to building the Translational Research Facility, giving us the capacity to hire 50-60 new faculty. We now also will have the resources to initiate this process. Those public dollars are leveraging increased philanthropy through both of our foundations with their successful capitol campaigns. Those private dollars provide the margin of excellence to our institution.

Why is our research important to Minnesotans? It could be a matter of civic pride that the University of Minnesota is ranked among the top three public research universities in the U.S. The more likely truth is that innovations in research mean hope for thousands of families desperately seeking treatment or cures for life threatening disease. Today's greatest research innovations are taking place where disciplines touch. It's on the edge of dentistry and medicine, for example, where some of our best work in pain management is taking place. There is great hope in the new connections being forged between veterinary medicine, medicine and public health, surrounding food safety and health. We are fully committed to maintaining those interdisciplinary edges of innovation - and are in a position to invest in that commitment at a time most other AHC's similar to us are still running deficit budgets.

This latter comment leads me to say a few words about our relationship with Fairview. Yes - there are still issues to resolve with our partners - but we have one of the few solvent teaching hospitals in the nation. That's important to recognize and value. We both are also learning how to work together and achieve the value in the partnership. Fairview is also beginning to invest in its AHC partnership with a $500,000 gift for the Stem Cell Institute, and between $1 million and $1 = million per year in other targeted investments for the next two years. This latter gift is outside the Joint Funding Pathway that has committed over $4 million dollars in new programs over the last three years. We will continue to work to improve the value of the relationship. It's what's expected. It's what we'll do.

There's a final public expectation connected to our research capacity - and that is that we will translate our new discoveries into new ways to maintain, improve and restore health, and into vibrant and vital new businesses for Minnesota. That's another area that received attention from this past year's legislature through

public funding for BICI - or the Biomedical Innovation and Commercialization Initiative. BICI's core mission is to provide the support our researchers need at the very beginning of an emerging technology, new drug, or new idea. BICI funding and guidance will provide our brilliant scientists with practical business advice and planning help to bring their discoveries to an eager market. BICI, together with the improvements in Patents, Technology and Marketing, should fill the gap between discovery and industry that has historically impeded the transfer of University innovation up to now - a tremendous opportunity based on a clear set of expectations.

There is another set of expectations that are very important to articulate today. Those are the expectations for stronger engagement with the communities we serve, learning how to leverage the disciplines and the resources of the AHC- and throughout the University community, and they entail vigorous adaptation of technology, both in the education of our students and in the ways we communicate. We are part of a great University; we need it to be strong and it needs us to be strong. This relationship was a key reason for our success during the last legislative session It also carries with it the expectation of paying our share of the overhead it takes to run the place, even though we don't like to hear that.

Leveraging resources across disciplines throughout the University leads to remarkable collaboration opportunities. It's a simple fact of this new world of the University that the accountability we demand means no duplication of services. For example, we've just completed work to develop a University capacity for pre-health sciences advising. Dr. Barbara Brandt, in her work to implement the strategic vision for education that you created, has collaborated with colleagues in CLA and CBS to come up with a way to meet University undergraduate student needs to receive qualified advisory services for health careers. Does that capacity **only**
serve the schools of the University of Minnesota's Academic Health Center? Of course not. Many U of M students will choose to attend other medical, nursing, dental, vet, public health, or pharmacy schools around the country. But we are the clear resource for help in developing that capacity - and yes, we too will benefit. We're leveraging our expertise with their resource of students to create additional value for the entire University - that's what collaboration means.

We also need to work with our colleagues across the University to truly develop a culture that values diversity. What I mean by that goes far beyond the color of the faces in this institution - what I mean when I speak of valuing diversity is a culture that welcomes all differences, that actively seeks diverse views, perspectives, and ideas. We need to aggressively develop a culture that says - we can't be true healers if we don't seek to understand and respect each other's beliefs, ethnicity, heritage, history and memories. That - in my mind - is the culture we need to develop.

There's one final area of interdisciplinary effort that focuses on expanding our traditional understanding of health care - it is the interdisciplinary collaboration that's leading to what's being called the New Healer. We know from evidence-based science that there's more to health than medicine and treatments. We also know from science that faith, prayer, and spirituality can all play an important role in healing. We know there are allopathic, homeopathic, and naturopathic types of health care with staunch adherents - and we here at this public University need to welcome the opportunity to explore these frontiers.

Yes, I am still a research scientist and a physician, and no, I am not advocating quack medicine. But we need to stop being afraid to ask difficult questions of our disciplines - and not be afraid of types of healing we don't understand. Other cultures, other peoples have much to teach us - don't forget that the Chinese have more than 3,000 years of a health care tradition that predates our 250 year tradition of western medicine. Fortunately, here at the University, we're in a strong position to take on this exploration with one of the first NIH grants funding work at our interdisciplinary Center for Spirituality and Healing. It represents a tremendous opportunity - and a basic expectation of those seeking health care today - that we as health professionals aren't afraid to question what we don't understand.
You know - today in the AHC, we're doing more in and with communities than we ever have before. This year, I've signed hundreds of affiliation agreements for students, residents and fellows! We have unique educational experiences to offer through the rural health school, RPAP, the pharmacy program, through CUPES, and there are more coming. The future practice of our students requires experience in interdisciplinary community based settings. Frankly, our communities expect us to help them, and we absolutely rely on their continued support of our education efforts. Each year, community hospitals, clinics, and health professionals contribute more than $100 million in actual and pro bono education support. That support is essential to our ability to educate the health professionals in each discipline who will serve those communities.

And that idea leads me to our individual disciplines, and the expectations and opportunities each face. The faculty of these AHC schools - many of you here today - represent the core of the disciplines and the repository of the knowledge that constitutes the discipline. That's a very important concept. The accumulated knowledge leading to the education of our future health professionals is contained within the faculty of our schools. There's a significant amount of accountability tied to that role. Can we respond to the change that is required?

This is a tremendous opportunity to re-examine the assumptions of our professions - In nursing, how can we tackle the frustrations in the work environment that have led to mass departure from the acute care setting? In dentistry, how do we connect the educational paradigm to communities and more effectively deliver services in rural and disadvantaged area - and also promote an emphasis on research and new technology? In pharmacy, how does the profession meet the rapidly expanding need for drug related information to improve health status as well as designing future therapeutic approaches? With all professions, we need to be concerned with the adequacy of the workforce to meet the needs of an aging population and the increase in chronic disease in Greater Minnesota as well as the Twin Cities - particularly for the disadvantaged, where major health disparities continue to exist. How do we as the institution charged with meeting these challenges respond to them? As I said before, the health disciplines cannot do it in isolation from each other.

And lest you worry that I don't see the questions in my own profession, let's look for a moment at the discipline of medicine. I've heard it said that there's no reason to re-examine your discipline when you're on the top of the pile. I couldn't disagree more. Why? Because medicine has always assumed it was on top of the heap - and has been blind-sided time and again by external trends that have profoundly changed the profession. For example, we underestimated the impact of the managed care revolution and did not believe our patients would ever leave our care because of price, poor service, or the cost of that care. We balked at the concepts and practice of regulation and compliance. We were wrong - and we're only now beginning to recover in our clinical practice. But recover we are. UMP is positioned to compete well in the marketplace. We're seeing more patients, and revenues are up. The new endowment dollars to pay for education work and hire more faculty will eventually relieve much of the burden carried by clinical faculty over the past few years.

What this illustrates to me is that we can work our way through change and be successful. In each of our professions, we have to learn to recognize, understand, and frankly, embrace change. Change is the chronic condition of modern health care and, it too, presents an opportunity.

I want to make a very clear statement about the Medical School. This Medical School is now better positioned than nearly any in the nation to be successful. We are moving up the ranks in NIH funding - we're competing successfully in many areas, and we have yet to invest in our planned new faculty - our new physician scientists in the priority areas of growth. We now have an added sustainable source of funding from the AHC endowment to pay for educational effort in the school. And there is a newly focused, invigorated emphasis on key research priorities - a much-needed priority setting that you did and that's already having an impact. The key to future success at this point is one mentioned recently by President Yudof - it's a forward looking attitude that is open to change and willing to anticipate changes in society by more closely reflecting the society we serve. That's a whole new perspective - and one I'm beginning to see among my colleagues and peers.

There's one other set of expectations we need to hear and understand - the expectations of our students. A central debate this past year has focused on a couple of questions - who benefits most from higher education, the individual or the public? And based on the answer, who should pay for that higher education, the public or the individual? The trend reflected both here and across the country has been toward pushing a larger share of the cost of higher ed - and professional education - to students in the form of higher tuition and fees. Higher tuition leads to higher expectations - the argument goes, if I'm paying more then I want to know I'm getting the best my money can buy. And how do we show that to our students? How do we demonstrate the value of their education?

One place to start is to demonstrate the value **we**
place on their education. Let's be honest with ourselves. Each of our professions is experiencing personnel shortages, meaning each of us could easily find a job outside of academia. But we don't - I believe - because we all, at some point, chose to be an academic health professional. That means each of us fundamentally

wants to be teacher - to take an active role in creating the future by creating that legacy of what a future health professional is. Sure we probably each enjoy the chase for research dollars, and then the pure joy of learning something totally new - something no one else has shared before. That's the value - or the set of values - we need to share with our students. There are other doors we need to open for students, and many of those involve technology. Students today come to us with basic technology skills that outstrip many of our own- they actually know what a real Internet portal is, and what it can do for them. Many of them have been taught with experiential pedagogy that is a wonder to observe - and then they come here where much of our curriculum is taught as it has been for the past 50 years. Yes - it is changing, and the pace of that change needs to be accelerated for the sake of our students. We need to pay more attention to students - and we can help each other with that. Some of our schools serve their students well - and we can learn from that experience.

We are sitting here at a moment of great opportunity based on great expectations for our institution. Here at the University of Minnesota, we've inherited a great legacy from the legends that came before us - in each of our professions. I believe strongly that one's history has a lot to do with who you are today - and I believe that understanding who you are today is necessary to be effective in creating the future, much of which is what we make it. This Academic Health Center has had Katherine Densford in nursing, Owen Wagensteen and Walt Lillehei in medicine, Ancel Keys in public health, and many, many more from the past. We need to recognize that a great heritage often provides a great box for the future, restricting activity within its corners. Today's expectations are telling us that we need to break open this box of our heritage. We have the same caliber of faculty now as we've had before. We have the public support and the support of the University. We have the resources to get going and the momentum to create more. We have the faculty and leadership. This is our opportunity to create the future for the health professions to meet the health needs of Minnesota communities and discover and disseminate that new knowledge. That future is in your hands - I look forward to accomplishing great things with all of you. I thank you for your time - and would like to answer any questions.

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