

## State of the AHC 2003, Academic Health Center at the University of Minnesota

### Creating Partnerships for a Competitive Edge

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I'd like to welcome all of you this afternoon to the annual State of the Academic Health Center presentation. Personally I enjoy this opportunity each year to pause and reflect on the year past, before looking forward to the challenges of the future.

Recently, I've found myself reflecting on the opening words of Dickens' A Tale of Two Cities. You're a literate crowd so I know you know those immortal words - "It was the best of times. It was the worst of times."

The best refers to the science and new knowledge of our age, which is truly astounding. In the three years since we unlocked the genetic code, we've made advances in understanding the genetic basis of disease that is giving us powerful tools and leading us in new directions for treating our patients. We now know which children with leukemia, for example, should never receive a certain kind of chemotherapy because the results will be as deadly as the cancer it was meant to treat. At the same time, we traditionally trained physicians and other professionals are learning from the wisdom of the "ancients." Our Center for Spirituality and Healing, in partnership with pharmacy and nursing, has been awarded federal research funds focused on how meditation and "mindfulness" can be powerful tools for patients recovering from transplantation.

The best of times can also reflect the success of the recently completed Capital Campaign. Through both the Minnesota Medical Foundation and the University of Minnesota Foundation, private citizens, corporations, and many of you have invested in the future of this institution - and that's a tremendous vote of confidence in who we are and where we are going.

On the other hand, I find myself concerned that we are experiencing the worst of times for higher education in this country. Our parents and grandparents were committed to the value of public higher education for the benefits it provides to the entire society. I'm afraid we've lost that sense of the community benefit. In Minnesota, this University had one of the largest percentage cuts in state support in the nation - 15 percent or \$185 million over the biennium. Cuts like this are putting strains on all of us - including our students who will be asked to pay a greater share of their educational costs than we were.

Those reflections led me to the ideas behind this year's address - "Creating Partnerships for a Competitive Edge." We're living in tough competitive times where new or secure sources of funding are equally tough to find. Our reputation and our future depends on competing for top students, the best faculty, and funding to support research and education, as well as focused growth. And we're ready for that competition. We are poised to compete with the best institutions in the nation due to our focused investments of the past five years. We have targeted our recruitments and have some of the top faculty in the country. And our students are remarkable for their excellence. Our Academic Health Center is being sought out by other top institutions in the health professions as a partner on complex projects or programs. And that, my colleagues, is the only way we will continue to achieve the success we've worked hard for - to actively pursue the help of our friends, as well as providing help to our friends.

What do I mean by that? For this University's Academic Health Center to be truly competitive - world-class competitive, top-of-mind institution competitive - we're going to need strategic collaborations, or partnerships that will help us achieve an edge we could not achieve on our own.

Let me give you an example. The scientific discoveries that are being pursued in health involve what is being called "big science" - it's science that cuts across disciplines to draw on multiple approaches, it requires access to sophisticated technology such as mass spectrometers, NMR spectroscopy, and other infrastructure, and it requires huge infusions of funding to fuel discovery. In California, the appetite for "big science" has led the University of California at San Francisco, UC-San Diego, Stanford, and SRI to collaborate in pursuit of speeding up the translation of new drugs from discovery to new cures. Those are powerful partners and powerful competition.

We're working on our own powerful partnership with the Mayo Clinic, which has drawn national attention from those who see the strength of such a collaboration. The phone calls and media interest have shown us that this partnership is igniting imaginations. I'll focus on that partnership more in a few minutes.

Of course, our need to collaborate extends beyond the United States. Our globe has become much smaller in the past decade. Diseases and conditions we used to study in textbooks now show up in our local hospitals, or our veterinary clinics. And our ability to interact with our patients is determined by our understanding of the cultures and conditions of their lives. Our core mission of educating and preparing the new health professionals for the future depends on having access to and relationships with top academic institutions around the globe. The same is true for research as well. Our Academic Health Center has a tradition of collaborating internationally. We have a long-standing affiliation with the Karolinska Institute in Sweden, where faculty and fellows are regularly exchanged. I've recently signed an agreement with a top institution in Lima, Peru - our dental students have been there. Now more disciplines will have access. And we're pursuing a relationship with a university in Bangalore, India. To be truly competitive and world-class, I believe we'll need opportunities to learn on every continent. And, we'll need partners to make that work.

On the national or federal level, we're beginning to show results from our efforts to develop more strategic relationships in the nation's capital. For example, a year and a half ago, our College of Veterinary Medicine was overlooked when the National Animal Health Laboratory Network was first established. We could have said, "Oh, that's just politics" and let it go, but the truth is our faculty and our facility are better equipped and more knowledgeable than other institutions that were chosen.

So we moved outside our usual Minnesota style and college leadership went to Washington. Working with University and AHC help, the college met with leadership at the U.S. Department of Agriculture and actually tooted their own horns with our congressional delegation. Among the results is that our Veterinary Diagnostic Laboratory is now designated as the national site for monkeypox testing by the Centers for Disease Control - and is the first veterinary lab to receive that CDC designation.

That's one level of partnering critical for our success. At the state level, there are other critical examples in the area of education. Stated simply, we could not educate the next generation of health professionals without hundreds of partners throughout the state. In fact, we have more than 350 affiliation agreements for our six disciplines ranging from single practitioner clinics to hospitals with staffs of thousands. Our students are learning from active professionals in Moose Lake and Willmar, as well as Hibbing and Roseau. And I want to be quite clear - relationships with these clinics, these hospitals, and these communities are absolutely crucial if we are to meet our land grant mission on behalf of all communities and families in the state. Without these professionals who are willing to mentor and teach our students, there would be fewer doctors, pharmacists, dentists, nurses, public health professionals, or veterinarians practicing throughout Minnesota. We rely on them and thank them for their continued support.

From the "worst of times" side of the ledger, this year's state budget cuts have forced us to carefully examine how we are managing these educational programs throughout the state. The models of the past have been very expensive models, with costs ranging up to \$23,000 per University student. We simply can't afford that way of doing business today. There are no sources of funding - either public or private - that are willing to invest in a model of education that is that expensive.

So, at the beginning of last year, working with Barbara Brandt and her Office of Education team, we began developing what's called the Greater Minnesota Strategy. The goal of the strategy is to continue educating students throughout the state in rural and small town locations because that is the most certain method we know for ensuring our graduates return to practice throughout Minnesota. We wanted to build on the strengths of our current programs, like the Rural Health School and the Rural Physicians' Associates Program. And of course, we were looking for ways to develop collaborative links between our various school programs to both cut costs and leverage opportunities for interdisciplinary education. As I mentioned last year, the AHC has successfully attracted federal funding called the Area Health Education Center grant. It provides three years of funds targeted to both enhancing student opportunities and providing service within northeastern and southwestern Minnesota. The AHEC grant, as we call it, provides the funds to support student learning and service and will allow us to develop the technological platform that can serve students throughout the state. So far, we've designated Hibbing as the hub for northeastern Minnesota and hired a director who is establishing an advisory board to meet community objectives. By the end of the year, we will have selected a hub site for southwestern Minnesota, and begun the search for a director there.

We've found that the community hosts for the AHEC hub sites are another key partnership for the success of our mission. Remember - the resources we're bringing to communities are our students, our faculty, some educational resources, but very little in the way of funding. This is a true two-way partnership where we all benefit and we all share the financial risk.

We did learn something interesting in the northwestern part of the state this year. Our colleagues in Crookston asked us to work with them on developing programs to address the need for health professionals in that part of the state. The focus was on developing a nursing program to meet an apparent shortage of nurses there. So, along with our nursing school dean, Sandra Edwardson, several of us went to Crookston. After listening to the issues from public and private voices, we partnered with MnSCU schools in that region to analyze the workforce shortage and see what we could do to address the needs. The report told us something surprising. The region's schools and colleges were educating plenty of nurses - we didn't need more programs. The problem was keeping those nurses in the workforce once they graduated. However, there is also a shortage of dentists and physicians in the region - particularly specialists. That is an issue we'll work to address in the coming year - and another issue that will require significant partnerships to be successful.

One of our specific goals last year was to implement several teaching sites for interdisciplinary education within models of community partnerships. Certainly that has characterized all of our planning for the Greater Minnesota Strategy, and right now, there are 13 students on rotations in Willmar and Moose Lake who are practicing in interdisciplinary teams of students in medicine, nursing, public health, and pharmacy.

Here in Minneapolis, we can also point to the maturing success of our relationship with the Walker Methodist Transitional Care Unit. In that facility, we have family practice residents, nurse practitioner students, and pharmacy residents working together to improve the coordination of care for patients, as well as their efficient transition to less acute settings. The Walker experience has taught us a lot about establishing a financially self-sustainable model for providing education and practice opportunities for our students. As the model matures, we will also add clinical research to the mix of the program.

Let me give you a quick idea of what a turnaround this truly is. In April, this program was losing nearly \$100,000 per month, with only four to five patients being referred each day. Today there is no operating deficit, and we're serving 20 to 25 patients a day. That's a significant turnaround, and an added bonus is that the referring doctors are pleased with the new transition care team approach.

Another effective new collaboration is the Anna Westin House, established late last year as a residential treatment facility for women and adolescents with eating disorders. It involves our Center for Spirituality and Healing, Methodist Hospital, Blue Cross and Blue Shield, Mayo Clinic, and UMPHysicians. It's a true interdisciplinary model of putting the patient first and providing hope for families in the region.

Education isn't the only part of our mission that requires outside partners - to be successful in our research mission requires significant external funding. Of course, we're very familiar with funding from those federal agencies with initials like DOD, USDA, NIH, and HHS. But those sponsored projects never have covered the full cost of the research, if we look at infrastructure and facility needs. We used to fill in the gaps with state and clinical funds and they are no longer enough. We need other sources of funds. We need additional partners. For example, in order to successfully put together funding for our new Translational Research Facility, we needed private help. Over the past two years, Bill McGuire, head of UnitedHealth Group, has maintained his commitment to provide \$10 million in private support in order to leverage bonding authority from the state of Minnesota. His gift, through the William W. and Nadine M. McGuire Family Foundation, combined with \$2.5 million from College of Pharmacy Ziagen funds, provided the private cornerstone necessary to move the building project forward. I hope you're all planning to attend the Translational Research Facility groundbreaking on Nov. 4 at 11 a.m. It will truly be an opportunity to celebrate. Watch News Capsules for more information.

Back to partnerships. Another recent example of an important partnership is the one embodied in the recent announcement of the recruitment of Doris Taylor, who will hold the new Bakken Chair for Cardiovascular Repair. Medtronic's financial investment and continued interest in this science and this chair gives this University a competitive edge.

And, finally, there's the Mayo relationship I mentioned before. It's called the Minnesota Partnership for Biotechnology and Medical Genomics. It represents a vision by Gov. Pawlenty and the state Legislature that by funding a powerful alliance between our two institutions, this state, this region can claim a position of leadership in this new industry.

It's clear that there's a race going in this nation as we sort out who will be the recognized leaders in genomics and biotechnology. Based on the small number of world-class health researchers, and the significant investment required by this science, only a few regions will be able to establish themselves as world class innovators. Our work over the past five months is focused on ensuring we are on the list.

We should be - we have the faculty expertise, and we have a nationally recognized Center for Bioethics to provide guidance as we explore new areas of science. A call for joint proposals that include teams of Mayo and U researchers has produced 34 remarkable partnerships, representing more than 250 faculty from both institutions. Their proposals are targeted at producing important new knowledge in areas the faculty teams felt would achieve a significantly better outcome with the two institutions working together. This project continues to be a major area of emphasis for Gov. Pawlenty's biosciences initiative. What's also exciting here is that the health industry cluster is uniting behind this effort with support that enhances the likelihood for success.

Finally, in research we need to focus additional attention on the final phases of the discovery process - and that is in the clinical sciences, including clinical research. For the health professional schools, clinical science is where everything we do ends up. It is, in the final analysis, who we are and what we do. Scholarship, clinical leadership, breakthrough therapies, and clinical research are the critical components that we need to focus on. An AHC task force has just completed its work in this area. This is an area of top priority for me, and that means significant resources will be made available for this effort, along with a partnership among the schools of the AHC. This is another area where we will need other partners to be successful. Fortunately, we can work with our partners for the past seven years, Fairview Health Services, in this endeavor.

Let me just make a side note about the Fairview partnership. As with any relationship, it's not always easy. We continue to struggle with the differences in our cultures, finding ways to move forward together. And, as we work through and around those barriers, we're learning that many of those issues are truly perceptions. We can be effective - and the relationship has made the Academic Health Center significantly more competitive in recent years. This University can focus on its mission to prepare new health professionals and discover new knowledge while our competent partner focuses on being effective in a very competitive marketplace. Clearly we need to and are partnering with them effectively, as demonstrated by the success of UMPHysicians, our education and research programs, the profitability of Fairview-University Medical Center, and the investments by Fairview into the growth of the Medical School. Fairview's recent hiring of a senior vice president for education and research with the job of leveraging this connection in the partnership is another demonstration of the partnership's strength.

And we're beginning to look like partners. Thanks to the hard work of Sheila Houle in University of Minnesota Physicians, and the new marketing/communications team at Fairview, our hospital and our physician practice are showing up in the newspapers, in magazines, and in a host of new marketing brochures as a team - as partners. And the partnership is captured in maroon and gold - that shows us that Fairview values the University relationship.

Of course, there's no way one institution could ever educate all our students, residents, and fellows. That's why we value our partnerships and relationships with Regions Hospital, Hennepin County Medical Center, the VA, and Park Nicollet, and more than 350 other communities throughout the state. Each provides an important and unique strength to the University's health professional programs - and we are indebted to their continued relationship.

I would now like to shift focus from the importance of relationships with external partners to the value of partnerships within the University. One of those relationships is with the faculty, and our Faculty Consultative Committee. The faculty had an idea that we should recognize research excellence, and in discussions we developed a plan and process to establish the Academy for Excellence in Health Research. Today there are four members in the academy, selected in a peer-reviewed process led by the faculty. If you want to make nominations for next year, go to the AHC Web site under the research button, and you'll find information on the academy.

Last year, I told you that one of our top five goals was to retain targeted funding from the tobacco endowments and to gain bonding authority for the Translational Research Facility. We knew it would be hard, since this past legislative session was not a capital bonding year. However, it was October, so none of us knew exactly how grim the economic forecast would be, or even who the governor would be. (Yes, that was just a year ago.)

Less than two months later, we knew there was a \$4.6 billion state deficit and new leadership elected on a "no-new-taxes" pledge. That made the tobacco endowments a clear target - and bonding authority highly unlikely. But we had two key allies - leadership across the University, and the voice of the people of Minnesota. To be blunt - the University depends on us to be successful. We need to have a strong reputation. We need to discover new health breakthroughs. The University needs us to generate revenue to support our mission. And this past year, we needed the University to ensure that our hard won revenue from the now-eliminated tobacco endowments would be replaced by targeted funds to the Academic Health Center. The University fought alongside us - and \$22.5 million in cigarette tax revenue now comes directly to fund educational and research efforts in the AHC.

I also mentioned the voice of the people - last year, when the University conducted its annual public poll, citizens were asked "When you think of the University, what comes to mind?" The first response - as in years past - was the word "Big." It's a big place, big campus, big institution. But the second most frequent response was NOT Gopher sports, or athletics, or football. The second most frequent response was medicine, the hospital, medical research, health care - so that none of you feel bad about your specific discipline, in the public's mind, our disciplines are all connected. Some of the verbatim responses say things like "It's a good medical program. They train doctors and veterinarians."

And here's a key point - when asked what is important at the U, the public says "Maintaining a world class Medical School" is within the top three. When asked how satisfied they are with the University's performance, "Maintaining a world class Medical School" is number one. That tells us the Minnesota public believes we are accomplishing one of its most important goals - we are maintaining a world class Medical School. And that endorsement helped us craft the messages needed to convince the Legislature that an investment in the Academic Health Center was meeting the public interest.

There's another type of collaborative opportunity within the University that is particularly attractive to new recruits - and that is the opportunity to work in an institution known for its excellence in a broad range of disciplines. Those of us who have been here a while - and who tend to focus on our own work - sometimes forget how this institution is seen from the outside. Well, our Cancer Center had the opportunity to test its external reputation this year when it reapplied for its elite designation as a comprehensive cancer center through the National Cancer Institute. The response was an overwhelming endorsement of the programs and outcomes of The Cancer Center's active faculty members, and a \$17 million, five-year renewal. A great success.

Another example of the power of collaborations is a joint recruit for the School of Public Health and College of Veterinary Medicine. The two schools attracted a top molecular epidemiologist from Illinois to study how diseases transfer from animals to humans. Those two schools have also developed one of our more innovative new programs for a first-of-its-kind degree in vet med and public health. Since Sept. 11, it's a high demand field, and relationships between the two schools mean we were the first to respond.

There are many other examples of successful recruits drawn here as joint hires with the College of Biological Sciences, with the Law School, with our AHC centers and schools. Those types of partnerships provide us a powerful competitive edge that we often overlook. We need to recognize that the true strength of this institution resides in our relationships across the street, across the river, and across town in St. Paul.

Our top priority from this past year focused on improving the learning environments for our students. We invested in technology upgrades for existing classrooms so that our nursing and pharmacy schools could teach students in their expanded programs in Rochester and Duluth. We repaired seats and carpets. We painted and added whiteboards. We completed the clinical skills lab on the second floor of PWB, and since it opened in December, nearly 3,500 students have been assessed on their skills as they practice the practice of health care. We moved management of AHC classrooms to the AHC, so that those who understand it can manage the needs of health professional curriculum. And we've begun updating the fifth floor of Diehl Hall as a sort of technology commons for educating the next generation. In total, we've invested more than \$2 million in this work - and we're requesting nearly \$16 million more for student learning spaces in this year's legislative request.

Another key cross-campus partnership is represented by the newly completed Health Careers Center. Working with the College of Liberal Arts, College of Biological Sciences, Institute of Technology, College of Human Ecology, and our colleagues in central admissions we are providing an opportunity for students to explore careers in our professions. It's a remarkable success with more than 350 students attending the first Health Careers Fair, and another 1,500 individual visitors to the new Web site in September alone.

In research, we continue to receive record sponsored funds and awards, and our investments in interdisciplinary seed grants are resulting in a remarkable rate of return. Through the leadership of Mark Paller, assistant vice president for research, AHC investments in interdisciplinary research projects are resulting in an average rate of return of 685 percent. Yes, you heard that correctly - six hundred and eighty five percent. A small investment of our combined resources is leveraging significant sponsored research funding from external sources - a clear indication of the value federal and external sponsors place on interdisciplinary work. It's a clear trend for funding agencies seeking innovative approaches to new knowledge.

Another clear trend for this institution is the growing need to complete the research pipeline. What I mean is that this institution has a solid, world-class reputation in our basic sciences research. We're great at answering the questions of how molecules or cells work. In recent years, this institution has built a solid reputation for our translational science - of applying what we've learned in our labs to problems in human and animal health. The next frontier for this institution is to build the same strength and capacity into our clinical sciences and research. We need to focus the same attention on clinical research that we have focused on basic and translational research. This is the research that tells us what works - which of the discoveries in the lab will truly improve health outcomes. This is also an area of science critical to the education of health professionals. Our next generation needs access to this area of research and science to practice in the future.

To achieve the same solid, world-class reputation in clinical science will require, not surprisingly, an investment in people and in facilities. As has been said before, we can't train tomorrow's health professionals in yesterday's clinics or hospitals. And we'll need the faculty who can

focus their work in this area.

I began by saying we are living in the best of times - and perhaps the worst of times. It's also clearly one of the busiest times I've ever experienced in this institution. We continue to lay out our goals. And thanks to all of you and your incredible work, we continue to achieve those goals. Your research is generating record research awards, and your clinical practice is achieving great progress. We are beginning to address health workforce shortages by expanding our pharmacy, nursing, and public health programs. And most importantly, we've begun the process of balancing a very difficult budget while struggling to remain true to our core values.

Last year, we said we would improve student-learning spaces. We have begun, and we'll continue.

We said we would improve safety and security, first by complying with HIPAA. In a remarkable effort, we accomplished that - and now the ID badges are rolling out in the AHC.

We said we would secure our targeted legislative funding and advocate for the Translational Research Facility. We did both of those things - and we clearly will need your help in the year ahead.

We said we would develop a vision for clinical research - our faculty throughout the AHC has been working on that vision this year, and we should release our plan by the end of the year.

And finally, we said we would have several interdisciplinary education sites up and running, and we have accomplished that goal. Again, we have more work to do.

This year we have priorities that build on this past year:

- First involves clinical science - with a new plan released, we need to move forward and get to work on building strength in this critical segment of the research continuum. That means we need to recognize clinical scholarship through the P&T process. We need to support and spread the progress in UMPPhysicians around patient-centered clinical care. And, as I've said, it will mean support for new clinical facilities to support growth in the clinical enterprise, as well as faculty recruits in this critical area of science.
- The second priority involves continued focus on interdisciplinary, or interprofessional education and research. That's another of our competitive advantages. While some universities struggle to find other institutions for interdisciplinary work, we have a complete range right here in the University of Minnesota. To recognize that advantage, we need to invest in our learning environments, measure our competencies, and expect accountability in our educational outcomes. And we must expand our use of technologies that can assist our faculty in the teaching and learning process whether here on the Twin Cities campus or at a distance.
- Our third priority is an aggressive pursuit of strategic partnerships, such as the one represented by our relationship with Fairview, and our work with the Mayo Clinic. Those relationships will be critical to our future competitiveness. And I'd like to note another relationship or partnership critical to our future - and that is the partnership with all our employee groups who bring their skills to work every day in pursuit of success.
- Finally, we need to fight for funding. We need funds for our educational facilities. We need funding for our research spaces. We need funds to recruit and retain the best faculty and staff. All of our schools, and our University need our active support in the fight for adequate public and private funding. We still face the consequences of the biennial cuts this past year. However, we must be prepared to fight for a more appropriate share of public funds when the economy begins to turn around. And our private fundraising is not complete, despite the success of the seven-year capital campaign.

As President Bruininks has said, and I echo - we cannot cut our way to greatness. The families and the communities of this state demand greatness from us, and we intend to do the work necessary to meet that demand.

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