

State of the AHC 2004, Academic Health Center at the University of Minnesota

Future Positive: Leading Change for Breakthroughs in Health

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Welcome to our annual report on the state of the Academic Health Center. I'd like to welcome our colleagues on the St. Paul and Duluth campuses as well--we're using a new technology today, Breeze, that allows colleagues across town and across the state to see what's going on here, and send questions.

Before I move into my reflection on the year past, and plans for the future, I'd like to ask all of you a couple of questions:

1. Does it feel to you that you're working harder than you can ever remember working? As if the volume and pace are simply magnified?

2. And, is that sense leading to a certain tension for you here at the University and in the workplace? If so, welcome to America in 2004.

We're hearing from national experts who monitor our attitudes who tell us this country is in what's called a hinge period, or a period of time between defined eras. Whenever that happens--when we're between eras we understand and can define comfortably--we experience all of the symptoms of change; the transitions and the extremes that come before a new period of consensus. These effects move well beyond the University and our workplace--they're being felt in our social lives and certainly in our political lives.

Of course, within the health professions, we don't need national pollsters to tell us that we're within a period of change. We experience the effects or impact of change nearly every day. In fact, most of us now recognize that the core of our professions require change--that what we know as fact today will be challenged by new knowledge--and that new knowledge will transform the status quo. In our research labs, we seek that change--those breakthroughs that will improve our ability to care for our patients and improve the health of our communities.

Just this week on campus, our Lillehei Heart Institute hosted a remarkable group of cardiovascular pioneers who were committed to changing the status quo of their era. Remember that it was just 50 years ago that an infant born with a hole in the heart was slated to die of that defect. That simply wasn't acceptable to the cardiovascular surgeons of the early 1950s--so they led the quest for change. And this week, we celebrated the 50th anniversary of open heart surgery by cross circulation--a procedure that made a hole in the heart just something to repair.

Today--we are facing holes in the fabric of health care that call for pioneering changes beyond the scope of the most skilled of surgeons. The holes I'm referring to will require engagement from all the health professions that are at the core of this great research University--and will require those professions to work together to pioneer solutions. There is a significant gap in our understanding of the connections between animal and human health. We have continuing gaps in our ability to predict and respond to the health professional needs of our communities. And those gaps or holes lead to significant consequences in access to health care, the safety and quality of that care, and to efforts to engage patients and health care consumers in owning their own health.

With gaps and holes that significant, it's not hard to realize change will come. The choices for our institution seem to be clear: Should we try to ignore or avoid the impact of that change? That was a strategy that didn't work 20 years ago when we believed we could ignore managed care, since we believed it would have no impact on our delivery system or practice plans.

Or we could choose to try merely to manage through or around that change--a strategy that may allow us to survive, as long as other competitive academic institutions decide to do the same, so that we're not at a disadvantage.

Or we can choose the strategy of our heritage--we can choose to lead and be pioneers in the next era of health professions and care. We can choose to position and prepare Minnesota for a healthy future, and lead the nation through our professional disciplines in new models of access, quality, and patient engagement. As one who believes strongly in the lessons of history, I know that the path to success will require us to take the leadership role.

To lead for the future, we must learn from our past--and our recent past reminds us of what we can accomplish when we seek a covenant from the public in the form of adequate funding; when we deliver on our promises by demonstrating accountability; and, when we collaborate with others by developing the power of partnerships.

You'll recall that the work of this Academic Health Center has been guided by a rather comprehensive strategic plan, in a process that began less than five years ago. The vision for that plan began in late 1999, and the plan itself was completed and approved by the Board of Regents in mid-2000. The intent was to provide a focus or compass for ensuring that this University's health professional schools were prepared for the 21st century. Today, I'll argue that the result has been more than a mere preparation for this century--the successful execution of those plans

has positioned the schools and colleges of this Academic Health Center for leadership in this century.

The original process engaged external health professionals and organizations, faculty, staff, and the Regents to create the plan framework which has guided our work in seven key areas these past five years.

The following simple statement articulates the commitment embedded in our strategic plans and vision:

Our overall goal is to prepare the next generation of health professionals who can improve the health of our communities, discover and deliver new treatments and cures, and enhance the economic vitality of our health industries.

We have accomplished much with this goal in mind.

We've worked to educate state and federal elected officials of the importance of public funding for health professional education. That education effort led first to the targeting of a half billion dollars in tobacco settlement dollars to an endowment dedicated to funding health professional education--and then, when the endowment was eliminated, the legislators we educated recognized the need and targeted 6.5 cents of the taxes from the sale of a pack of cigarettes to our AHC--a sum of approximately \$22.5 million per year. That support is shared by each of our schools--in medicine, nursing, pharmacy, dentistry, public health, and veterinary medicine.

We've established important supporting relationships with coalitions of patient advocacy groups, biotechnology companies, and health care organizations. Those relationships help ensure that leading-edge research and education are understood and broadly supported. It's important to have friends who appreciate the work we do.

We've engaged numerous Minnesota communities in planning, setting up, and evaluating experiential education sites. Today we have established sites in Hibbing, Willmar, and Minneapolis' Phillips neighborhood where interprofessional teams of students and faculty learn and serve across disciplines. Soon, we are planning to expand those efforts to North Minneapolis and other parts of the state.

Through significant discipline and focus, the Medical School has improved its financial status through rigorous budgeting and targeting efforts to ensure growth in selected areas of research. Of course, that focus on the core work of the Medical School --to educate the next generation of physicians--is leading to very tough decisions in an era of reduced public funding.

At the same time, recognizing statewide needs for the programs we uniquely can offer, we've expanded programs in Pharmacy and Nursing by establishing sites in Duluth and Rochester. Today there are 100 pharmacy students in Duluth, studying to serve the health needs throughout the state, where two years ago there were none.

We've focused research growth in areas of faculty excellence and health care need, while improving the performance of our translational pipeline and technology transfer services. In five years, the value of our research grants has increased by more than \$100 million, or by 51 percent. We've moved from total grants of \$199 million in 1998 to \$300 million this past year. That's remarkable.

Our physician-faculty practice plan-- University of Minnesota Physicians --has become a highly productive, integrated multi-specialty practice aligned with the Medical School's plans. Similar efforts are taking place within Dentistry, Nursing, and Veterinary Medicine, while our Pharmacy school was recognized for its successful pharmaceutical care partnership with Fairview this year.

We've completed the implementation of the education and research financial program with our partners at Fairview Health Services and are aggressively pursuing joint development plans in targeted areas of clinical practice. I should share with all of you that our relationship with Fairview is garnering national attention. I recently attended the annual meeting of the Association of Academic Health Centers where a review of our partnership model recognized its success at supporting a financially viable academic teaching hospital.

Recognizing that the future demographic make-up of our graduates needs to more closely align with the community, we've established a Health Careers Center with University-wide partners to recruit high potential students for our health professional schools.

We've worked to expand the culture of service and accountability to the state of Minnesota's communities and families through implementation of this plan, engagement with faculty governance, and development of clear performance expectations for administrators, deans, department heads and division heads.

We have seen a substantive increase in research productivity with national and international recognition in several areas. Since the beginning of this focused effort, we've seen three faculty members join the Institute of Medicine, and former Dean Sandra Edwardson has been inducted into the American Academy of Nursing. Here at the University, we have established the Academy of Excellence in Health Research. To date, we have inducted eight outstanding members into this academy and look forward to an additional four being recognized at the end of the academic year.

We have made demonstrable progress in moving interprofessional education ahead and in developing shared resources to support making new educational and information technology tools available. The AHC Learning Commons is now open on the fifth floor of Diehl Hall where faculty and students can explore the uses of new technologies to enhance teaching and learning. Our clinical skills center is serving thousands of students with 345 different course sections. It offers an expanding array of simulation equipment and programs to allow for the practice of the practice of our health disciplines.

We have made substantial progress in bringing our knowledge and programs to the communities of Minnesota in a way that promotes win-win partnerships through the federal program--Area Health Education Centers. This is a clear example of transforming the old non-sustainable

model of passing through state resources with little to no accountability for results into a program where we can measure the impact of the work we do on behalf of the state.

In 2000, the physical campus itself was a very different place. There was a large hole in the ground where the Molecular and Cellular Biology Building now stands as home to some of our more productive labs. The Translational Research Building was merely an idea that we were struggling to explain to Dr. Bill McGuire who provided \$10 million in private funding through the William W. and Nadine M. McGuire Foundation, and to legislators who needed to grant us bonding authority for the structure. Today, the exterior of that building is nearing completion, and we're on schedule to move faculty into that new space next summer.

Now that we've taken some time to recognize where we've been and what we've accomplished on behalf of the health sciences, it's time to turn around and look to the future, to set our sights on our challenges ahead.

The title of this speech is Future: Positive--and yes, I do tend to be an optimist when I look forward. Quite honestly, I believe that most of us who choose the health sciences as a profession are optimists. After all, we have to believe we can make a positive impact--that we can make things better--or we would never treat a patient, or study a population or health trend.

So when I look forward, I see a future of great potential. And I see a future that will require a lot of work in order to accomplish that potential.

We just spoke of facilities that today are on campus, and that were merely imagined five years ago. The next facilities we need to imagine for a successful future involve the clinical sciences--those facilities that provide the contemporary clinic and hospital space that will allow our faculty and students to care for patients in consolidated and cost-efficient space. These new facilities are needed to bring all of our disciplines together to care for patients in a way that few other academic institutions can match. A leadership steering committee involving top University, Fairview, and UMPhysicians representatives has been meeting for 10 months and has developed several options that are now being assessed more closely for feasibility. Moving forward on clinical sciences facilities will require focused and dedicated work--and it's the right thing to do to lead change for breakthroughs in health.

We need to ensure the success of any new clinical facilities by revitalizing our clinical sciences enterprise housed within them. This University's reputation in the basic sciences is unparalleled--we are truly in the top tier. Our translational science is garnering notice throughout the country. Building on that strength of basic and translational work, we need to take our new knowledge to the bedside and to the patient where the clinical sciences have their impact. We're dedicating the resources to build strength--and it will take significant work to be successful. It's the right thing to do to lead change for breakthroughs in health.

We also need to further develop new financial models that allow for adequate support of each of our colleges, schools, centers, and institutes. We're in an era when public support for higher education is waning, while demand for resources is increasing. Even research funding provides no more than 85 percent of its cost, so the search for financially viable funding models is on. Again, new financial models will require significant work--and it's the right thing to do to lead change for breakthroughs in health.

Across the nation and in our hospitals and clinics, the demands for new skills for health professionals suggest the leadership role will require us to develop new educational models. First, we need to share our vision for the education of the next generation of health professionals, and then build and develop the resources and expertise needed to implement the vision. This, too, will require focused and dedicated work--and it's the right thing to do to lead change for breakthroughs in health.

Again, the community demands that we develop new educational experiences that are interprofessional and take place in community partnerships. To be viable, those experiences will need to be supported by shared, financially sustainable models, and will require significant work, which is the right thing to do to lead change for breakthroughs in health.

The state expects us to continue preparing nearly 70 percent of all practicing health professionals, but working in partnership with the state's professional associations--we can do more than that. This year, we need to engage the Minnesota Medical Association, the Minnesota Dental Association, and other professional groups to gather the data that will allow us to adjust class sizes and the geographic distribution of graduates. This is very hard work that will take time--and it's the right thing to do to lead change for breakthroughs in health.

Another partnership that has drawn national notice is the Minnesota Partnership for Biotechnology and Medical Genomics--better known as the U-Mayo partnership in our hallways. Our two institutions working together place Minnesota on the map in a way that neither of us can do alone. The potential is capturing imagination--and attention--and working to ensure its success is the right thing to do to lead change for breakthroughs in health.

And finally, our schools and faculty here in the academy need to get in front of the revolution in information technology. By integrating new information technologies into our education programs, we can have an impact on our graduates and ultimately on behalf of all Minnesotans. After all, it will be our job to help guide our patients in seeking access to important health information and data to engage in taking ownership of their health. This may be one of the tasks that require the most focused effort of all--and it, too, is the right thing to do to lead change for breakthroughs in health.

This is an aggressive agenda. We have facilities to design and build; we have a clinical enterprise to revitalize; we need new sustainable financial models; we have to re-examine and adjust our curricula to the demands of a changing health care delivery world; we need to ensure the graduates of our programs are matched to the needs of our communities; we must build on the strategic advantage of our relationships; and we must stay engaged with the new information technologies that are driving the change in the health marketplace.

Yes--it's aggressive in and of itself--and that's not all we have to do in the year ahead. One additional challenge frames all the rest, and that involves advocating for the University's request for adequate state funding at the Legislature. You may not know this, but our generation is investing half as much as our parents did in higher education. Thirty years ago--in 1971--Minnesotans invested 8 cents of every tax dollar in the University of Minnesota . Today, the University's share of every tax dollar is less than 4 cents. That means our parents spent twice as much on our future as we are spending for our children's by investing in the U.

That's something we all can work to change. How? By continually demonstrating the value of this University through the work we do and the stories we can share about our impact in this state.

Our AHC Ambassadors' program will focus that effort on behalf of the University. Within the next several weeks, we will be re-invigorating our successful strategies from two years ago as we face a difficult session in the Legislature next spring. I'd ask all of you to be willing to get engaged--because--it is the right thing to do on behalf of the University and in order to lead change for breakthroughs in health.

Thank you for your time and attention and now, I'd like to open up the floor for questions.

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