

State of the AHC 2005, Academic Health Center at the University of Minnesota

Strategy for a Well-Positioned future

State of the AHC

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Good afternoon and welcome to the seventh annual State of the Academic Health Center address. This is our opportunity to gather as a collegial community to both reflect on the year past and prepare for the year ahead--it's both an exciting and a challenging task to face--much like our future.

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I can honestly tell you that I have never seen a time at this University where those two experiences--excitement and challenge--have been more linked in a commitment to pursue a strategy that ensures we are well positioned for the future. We have a clear vision guiding the direction of the institution and a strong statement of goal. "The University of Minnesota will be recognized among the top three public research universities in the world." That's pretty bold for a Minnesota institution--and it's the right aspiration at the right time.

I've heard a few folks express a sort of cynicism, saying "The University has tried this before and it didn't work. What's different this time?" I would argue that much is different. We have a strong leader in President Bob Bruiinks, with support of his plan and process by the Board of Regents, Faculty Governance, Regents Professors, deans, business community, state leadership all have endorsed the effort; and more than 500 faculty and staff are now working on 34 task forces to move the vision forward. In addition, I believe the institution is ready for change as never before.

In the Academic Health Center, our culture has been shifting, perhaps due to a profound impact from external forces and due in no small measure to the strategic positioning and planning we have taken on. Some of you have been here as long as I, so you, too, may have sensed this shift. It is six years ago now that we began our repositioning work leading to the AHC Strategic Plan of 2000. We've completed much of that work, refreshed the Strategic Plan in 2004, and now we're working on the next phase of that plan as part of our regular annual cycle of compacts and budgets. While the principle elements of the vision remain, strategic work towards each of the goals is becoming the norm. As a quick refresher, the principle elements of the AHC vision are:

- Create and prepare the new generation of health professionals;
- Sustain the vitality and excellence of Minnesota's health research;
- Expedite the dissemination and application of new knowledge;
- Develop and provide new models of health promotion and care;
- Reduce health disparities and address the needs of the state's diverse populations;
- Use information technology to transform how we educate;
- Conduct research and provide service to individuals and communities; and
- Build a culture of service and accountability.

These remain the right goals and continue to provide an exciting--and challenging--framework for our future.

This University is dedicating significant time, remarkable energy, and considerable resources in pursuit of the excellence that will be reflected in the top rankings. It's a worthy pursuit. In fact, it's a necessary pursuit in the face of the competition raging within higher education in general--and the health sciences in particular.

Let's talk a bit about the strategy part of our University's repositioning or transformation work. Strategically--if one were to look broadly at the strengths and assets of this University--it would quickly become apparent that one of the greatest strengths lies in the array of disciplines represented in our health sciences. From the great depth and range of renown found in our Medical School, to the leading-edge care models developed in our College of Pharmacy, to the growing leadership in advanced practice nursing and research within our School of Nursing, to the recognized strength in animal health and food safety in our College of Veterinary Medicine, to the development of strong models of practice within our School of Dentistry, to the world recognized public health expertise in our School of Public Health--our schools are critical to placing this university on the map when it comes to generation of the excellence in scholarship that is the only lasting way our perception and metrics will achieve the recognition we seek in the rankings.

Of course, we're not the only ones having an impact on University rankings; there are other clear areas of excellence within the University. There are discoveries taking place in agriculture that are helping to feed the world and protect its food supply; in the Institute of Technology in the many fields of engineering, mathematics, chemistry and physics; and in the leading architects, lawyers, journalists, and artists throughout the University. We also rely on the excellence of the undergraduate programs to prepare the students for careers in health sciences.

The success of the University in achieving its top rankings is intimately tied to our success in competing for sponsored grants, in attracting the

best and brightest students, faculty, and staff, and in discovering important breakthroughs that continue to improve the health of our communities.

However, I would also submit that our ability to achieve this goal is very much dependent on our ability to partner with areas of excellence throughout this University. We need to achieve even greater synergy in bringing multiple disciplines together to provide the knowledge that is necessary to prevent and treat disease. It's challenging--and exciting--work.

Some examples:

- A Center for Device Design that brings together the device industry, Biomedical Engineering, and BMEI;
- University-Mayo collaboration on nanomedical technology and its applications;
- Partnering with the Supercomputer Institute on the applied simulation/virtual reality efforts in the AHC; and,
- All the promise in the applications of stem cells and the new biology, as well as the exciting developments in the neurosciences.

The work we have pursued as part of the AHC strategic plan is all tied to the transformative process that is now taking place more broadly around us. We will continue to move ourselves ahead on our exciting progress--and face the challenge of connecting with the repositioning efforts around us. To this end, many AHC faculty and staff are engaged in the University-wide Strategic Repositioning Task Forces, as well as those of the AHC--focused efforts on Knowledge Management Technology, our Precinct Plan, Health Professional Workforce, and the Clinical Sciences Enterprise.

When we began implementing our strategy for the future, we focused first on what is core to our role as a University: our education models. We are committed to developing interprofessional education, developing the service platforms that are necessary to be successful, and to supporting the evolving educational transformation efforts in each of our schools under the direction of the dean and faculty of each school.

Our strategic planning process showed us that change in education was coming, driven in part by the new student profile and by the marketplace in identifying a need for providers who are evidence based, team practiced, system oriented, patient centered, civically engaged, and able to lead the transformation of the care delivery system. The Office of Education, working with the deans and the education leadership, is responding to this transformative change in both the education and care delivery paradigms.

This year, the office:

- Sponsored a landmark conference on "Leading Change for a Vital Health Professions Workforce," engaging more than 200 individuals from 20 different communities across the state. This led to heightened awareness of the issues faced by our health professions disciplines and to significant engagement by the economic development and business community in healthcare in Greater Minnesota. Results? Increased community capacity, and broadened leadership at a local level to address health care challenges.
- We hosted the CLARION national patient safety case competition through CHIP, our Center for Health Interprofessional Programs. Seven student teams traveled to our campus to compete for monetary awards donated by sponsoring organizations--and a chance to present at the national Institute for Healthcare Improvement conference.
- We supported health administration, nursing, medicine, pharmacy and public health faculty in developing an interprofessional patient-centered teamwork course that, this fall, enrolled nearly 300 students.
- We received a \$2.9 million renewal of the Area Health Education Center grant that will allow us to expand that effective platform in Central and Northwest Minnesota beyond its successful roll outs in the Northeastern and Southwestern parts of the state.
- We kicked-off a strong diversity council to support and encourage existing efforts within our schools.
- We developed a concept to transform existing allied health programs into a center with a technology based hybrid educational curriculum.
- And, we served more than 5,000 Kindergarten through 12th grade, undergraduate and adult learners through programming in our Health Careers Center. These activities include workshops, online and campus-based courses, fairs, public speaking activities, with special attention to prospective students from diverse communities.

As exciting as those accomplishments are, we face the following challenges:

- We need more than one interprofessional course for our students, so we need to take lessons learned to strengthen and expand interprofessional education throughout the academic health center;
- Let me make a side note--our AHC Deans have chosen to take a leadership role in this effort by joining a newly formed Executive Steering Council for education that includes other faculty leaders to ensure we're providing the support platforms necessary to transform education in the health professions.
- We need to implement better models for assessing student learning outcomes through clinical skills teaching, simulations, and virtual reality development;
- We need to continue work in recruiting school-aged students from diverse communities to prepare for careers in health care;
- We need to be better prepared for the Next Generations' expectations for contemporary education through integration of informatics, e-health, and evidence-based practice throughout our educational programs.

That's a lot of challenging work—but, again, it's the right work at the right time.

Let me take a moment here to share with you the top-level goals of our University's Strategic Positioning effort. This is what the University of Minnesota aims to do:

Function as an academic and economic talent magnet;

Support a diversity of ideas and communities;

Create and nurture world-class research and information centers;

Strategically align resources with intellectual and academic goals;

Serve as a catalyst for economic and cultural growth in Minnesota; and,

Improve the quality of life for Minnesotans.

Sound familiar? The University's goals are our goals--and our work is intimately tied to the achievement of the University's goals. It's exciting--and it's challenging.

Let's take a look at research. We began an effort six years ago to position our institution as a leader on the roadmap to a future focused on the development of new knowledge for health. Five years ago, our total sponsored project portfolio stood at \$169 million. Today that number is \$300 million--a 78 percent increase. In addition, since its inception our AHC grant programs have invested close to \$11 million and resulted in more than \$25 million in new federal grants. This past year, we opened the McGuire Translational Research Facility, which added 100,000 square feet of much needed lab space to our stock. And, if you missed the decisions at the last Regents' meeting, you should know that among the top priorities for next year's legislative session is a nearly 110,000 square foot medical biosciences facility.

Our research productivity will be a vital part of moving the University ahead. We need to analyze our productivity and see where we can improve at an individual level. We also need to be strategic in focusing our investments designed to keep some programs world-class; develop others into world-class programs, and seed the development of new areas of research. We also need to connect our research more effectively to the clinical service lines in our clinical practice arms. This is our edge in the marketplace.

Our market position is a key success factor in fulfilling our missions and enabling each school to make the investments that will be necessary to continue our growth and development. In addition to connecting our research with the clinical enterprise, we must connect and leverage ourselves more effectively with our colleagues in the rest of the University. We have the pieces and parts--as, for example, in the initiative on Brain Function Across the Lifespan. The question remains: Can we really make those connections work and drive towards world-class?

The next top priority for the Academic Health Center is re-establishing the centrality of the clinical science enterprise within our professions. I want to make this point carefully and clearly: Clinical science, which includes, most importantly, clinical scholarship--as well as research and clinical trials and clinical practice--has always been central to the education and training of the next generation of health professionals. We can not teach what we do not do and our students can not learn what they do not see. We are now implementing our plans to boost that work.

First, I would like to acknowledge the work of the Clinical Research Task Force. This effort continues to guide decision-making and resource allocation. We have recruited a nationally recognized leader for our AHC clinical research efforts--Jas Ahluwalia has come to our institution to lead our clinical research work across disciplines to position the University for a stronger future. Clinical scholarship is what distinguishes health sciences and what gives us an edge in the health marketplace. We have begun two new programs, the Clinical Research Scholar Program and the Translational Research Grant program.

The first program buys 75 percent time for junior faculty, selected by a competitive process, to learn and practice clinical research with a senior, experienced mentor. Matching funds for the three year period are required from the parent school/department.

The Translational Research Grants fund up to \$200,000 over two years and are also funded on a competitive basis. This connection among basic, translational and clinical research and scholarship to prevent or treat disease is unique to health sciences.

And the sustained effort to work across disciplines within the clinical sciences task force has resulted in the receipt of one of this nation's first NIH K12 Multidisciplinary clinical research career development grants to support the development of clinical scientists--that's strong support for our future. We know that the better we work together the more likely we will be positioned to pick up the large center grants. This has been our experience to date and that's a future we need to be prepared for.

Speaking of additional new talent we're welcoming to the University of Minnesota. I'd like to ensure all of you know our new Dean of the School of Nursing if you see her. Connie Delaney--raise your hand so all can see you. Connie also is a recognized researcher in health informatics and has a faculty appointment in the Medical School. She is very committed to revitalizing our effort in health informatics. I must say that I support that work.

In addition, although he doesn't need an introduction to Minnesota, I'd like all of you to know that I will be forwarding John Finnegan's name to become Dean of the School of Public Health for the Regents' approval at their November meeting.

And while we're welcoming colleagues, I'd like to formally welcome the Masters in Health Administration program home to the School of Public Health and the Academic Health Center. I realize the Carlson School is not that far away, but we're glad you're home within the health professions where you belong.

Today, as we discuss positioning for the future, I'd like to also call attention to our past. This year, we will be embarking on the AHC History Project--an effort I will fund from the revenues of the McKnight Presidential Leadership Chair I hold. I've always believed that history

provides profound lessons for the future--and we all are aware that those who do not learn from history are condemned to repeat it--to say nothing of not knowing where we are going. That, colleagues, is not something we can afford to do. Therefore, we are in the process of hiring an archivist--in partnership with the University Libraries--who will begin the important task of gathering both materials and memories to preserve our history. I believe the collected resources will provide an important learning resource for us and the next generation to follow.

One of the key lessons learned in the recent past is that our relationships--our partnerships--are very valuable to this institution. There are several landmark outcomes this year in our relationship with Fairview. First, you may have noticed that our primary teaching hospitals have a new--old--name. It is now University of Minnesota Medical Center, Fairview and University of Minnesota Children's Hospital, Fairview.

In addition, our combined efforts have determined preferred sites for facilities renewal to support our children's services and a new clinic. The preferred clinic site is just off Huron and Fulton on vacant land east of the dorms--and the new children's facility is being planned on the Riverside campus--right on Riverside Avenue. We're now proceeding with the next level of program planning and financial model development to make those facilities a reality. We are also working together to define a new vision for the partnership that will carry us through the next 10 years.

Finally--in case you watch as little television as I do--I wanted to share with you the recent Medical Center ads that are running in this market. It demonstrates that our partners truly understand that an academic medical center is fundamentally different than other hospitals.

Another partnership that is demonstrating outcomes is the Minnesota Partnership for Biotechnology and Medical Genomics--better known as the U-Mayo partnership. You may recall that we received several million dollars of state grant money in 2003 that spurred dozens of applications and four collaborative projects focusing on work in prostate cancer, Alzheimer's disease, obesity, and heart disease. So far, that work has led to:

- Submission of five papers in peer-review journals;
- Receipt of two equipment grants;
- Submission of two federal grants, including an NSF and a competitive SPORE grant;
- A partnership application for an NIH Program Project Grant; and,
- One patent application.

Based on those results, this past legislative session, the partnership received an additional \$15 million to fund more research projects over the biennium and \$21 million to support the construction of a facility for the partnership on the Mayo Clinic Campus. We've received 37 applications involving 171 faculty from both institutions for this next round of grants, and are reviewing those submissions now.

Partnerships with our colleagues at Fairview, at Mayo, and at our other affiliated clinics and hospitals exist to enable each of us to do our work more effectively. Those collaborative relationships ensure that we can respond when needed--and wherever needed. And no one needed our response more than the people along the Gulf Coast and in Louisiana just seven weeks ago.

Fortunately--and again--our planning and preparation work through the AHC Medical Reserve Corps paid off. We established the Medical Reserve Corps a little over a year ago as part of our AHC Emergency Response effort under the leadership of Jill DeBoer and her team. The MRC is part of a federal response plan--and we're all familiar by now with the difficulty of that particular federal response effort. However, the Minnesota-based American Refugee Committee asked us to join their initial effort with Mayo, Nechama, and St. Kate's, and we asked Fairview to join us. Together we became Minnesota Lifeline and provided much needed public health care to more than 12,000 evacuees living in shelters around Baton Rouge and Abbeville, Louisiana.

I thought we all should have an idea of the conditions faced by our colleagues. Run the video, please.

Deploying an effort like this required all of us to rely on friends and colleagues. We relied on the logistical help of Vice President Kathy O'Brien and the Emergency Management team of the University--Terry Cook and Greg Hayes. Fairview provided not only supplies, scrubs, and pharmaceuticals, but Marge Page--who can set up a heck of a primary care clinic in a public health center

I'd like all of you who went to Louisiana as part of Minnesota Lifeline to please stand. And remain standing while you're joined by those colleagues who were deployed through the MRC for the Red Cross. And in St. Paul, I'm sure there are veterinarians who should stand for the care you have provided to stranded pets when the call for help went out.

Thank you for serving and for making the University and the state of Minnesota proud of the care you delivered and the message you sent from this end of the Mississippi river.

And with that I will invite questions or comments from our colleagues in St. Paul, in Duluth, in Rochester, or from this room.

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