

## **AHC STRATEGIC PLANNING PROCESS**

### **PHASE II – REPORT ON DEFINING QUESTION NO. 1:**

#### **WHAT IS OUR ROLE IN THE HEALTH OF MINNESOTANS; OUR LAND GRANT MISSION?**

##### **Committee No. 1 – Land Grant Mission**

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## **PHASE II – REPORT ON DEFINING QUESTION NO. 1:**

### **WHAT IS OUR ROLE IN THE HEALTH OF MINNESOTANS; OUR LAND GRANT MISSION?**

#### **Executive Summary**

The University of Minnesota Academic Health Center (AHC) has four primary roles as part of our land grant mission:

1. Educate health care professionals
2. Generate and disseminate new knowledge to improve the health of Minnesotans. .
3. Serve as an advocate for health care policy.
4. Provide tertiary and quaternary health care services.

Each of these roles requires significant investment of resources to assure that the health care professionals of the future have the necessary competencies, knowledge and skills to meet the health care needs of citizens from our State, the nation and the world, both as practitioners and researchers. The key to the future success of the AHC is capitalizing on the strength of the seven schools/colleges in the AHC which brings diverse and rich perspectives to the discovery of new knowledge, the education of health care professionals and the delivery of health care.

## **Committee No. 1 Report**

### **1862 Morrill Land Grant Act**

To establish "... at least one college where the leading object shall be, without excluding other scientific or classical studies, and including military tactics, to teach such branches of learning as are related to agriculture and the mechanic arts, ... in order to promote the liberal and practical education of the industrial classes in the several pursuits and professions of life."

### **Land Grant Mission Revisited (Kenneth H. Keller, 1989)**

"...the practical needs of people can be best met by an academic institution when the applied and the specific are intimately connected to the fundamental and liberal studies in curricular programs and to the search for basic knowledge in research programs. Service or outreach roles should grow from an institution's strength in teaching and research. Outreach should be viewed as a bridge between the institution and the community and must be as well connected on one end to the university's core teaching and research activities as it is on the other to the needs of the community."

### **University of Minnesota Academic Health Center:**

The University of Minnesota is one of nine academic health centers throughout the United States that incorporates, to various extents, the disciplines of medicine, nursing, veterinary medicine, dentistry, pharmacy, and public health. As such, this provides the University with a unique and robust ability to address health care delivery, health care research and health care policy from a variety of vantagepoints.

### **Phase II Committee Synopsis of the land grant mission of the University of Minnesota:**

The Committee affirmed that the University of Minnesota Academic Health Center has four primary roles as part of our land grant mission:

- 1. Educate healthcare professionals.**
- 2. Generate and disseminate new knowledge to improve the health of Minnesotans.**
- 3. Serve as an advocate for health care policy.**
- 4. Provide tertiary and quaternary health care services.**

The University and faculty must strike a delicate balance between honoring the land grant mission and our other academic responsibilities. We fully acknowledge our responsibility to the citizens of the State of Minnesota but also recognize an obligation to the nation and the world. Our academic and research programs, as well as the service we provide must be able to adapt to the needs of a changing society.

## **Educate healthcare professionals**

The University of Minnesota educates a significant number of the State's health care practitioners, but is not the only education institution that does so for the State of Minnesota. Many of the State's health care practitioners come from other schools within the State, border schools, and universities or colleges throughout the United States and the world.

Currently, there both shortages and maldistributions of health care practitioners in Minnesota, especially in nursing, dentistry, pharmacy, and medicine resulting in geographical areas of the State and underserved populations that are experiencing problems with healthcare access. It is not realistic for the University of Minnesota to educate all health care professionals for the State, but the University needs to be responsive to Minnesota's health care workforce needs. As a leader in health professional education, the University of Minnesota has a responsibility to monitor the workforce for shortages, surpluses and maldistribution of health care practitioners and take leadership regarding a comprehensive plan of action which would likely involve partnering with other educational institutions, appropriate state and national agencies and advocating for legislative initiatives to address health care professional workforce issues. Further, each unit of the AHC has a responsibility to insure that the integrity and quality of the program will be maintained during enrollment transitions.

While the University directly provides for a portion of the education of many of the health care professional students, the University, at present, cannot provide all of the necessary experiential clinical training. Many units within the AHC make use of practitioners who serve as clinical faculty to fulfill this additional need. Crucial to the success of these efforts is the willingness of highly motivated and skilled practitioners to provide their time and expertise to participate in the education of the next generation of practitioners. Programs must be assured of the excellence and the consistency of these clinical training experiences. As experiential training could represent limitations in expanding student enrollment for many programs within the AHC, the University must be assured now and in the future that off site clinical training experiences will be able to consistently achieve the required student outcomes. Clearly, the University's ongoing ability to count on these practitioners to continue to provide their time and physical resources for the training of our students is a real threat to the maintenance and possible expansion of high quality education programs especially in this extremely competitive marketplace.

In addition to being responsive to the supply of health care professionals, the University of Minnesota must also be responsive to the needs of the community at large (local, state, regional, nation and world) by ensuring that the graduates from the AHC schools/colleges have the competencies enabling them to function effectively as health care providers and researchers. The ultimate outcome of the AHC is the *health of people*. Our society is facing new health care challenges with the prevalence of chronic diseases, an aging

population and increasing diversity of the population. These challenges require the AHC to be responsive in how we educate health care practitioners for the future.

**Actions:**

1. At least over the short term, several schools in the AHC need to plan for increasing student enrollment and the AHC will need to provide resources to support student expansion.
2. The AHC should serve in a leadership position for addressing health care professional workforce issues. Short and long-term actions to address workforce issues should be in partnership with employers, state and national governmental agencies, and other educational institutions with health professional education programs.
3. The University must work toward ensuring the provision of health care in greater Minnesota and with underserved populations in Minnesota. The AHC should continue to support initiatives providing students with experience in rural communities and underserved populations. Additionally, the University needs to be an advocate for changes in public policy that would provide economic incentives for health care practitioners to practice in greater Minnesota and with underserved populations.
4. The AHC must address the risk resulting from our heavy dependence on practitioners who serve as clinical faculty to provide experiential education for our professional students. The AHC should address contingency plans for existing programs and programs considering expansion of student enrollment.
5. While education of health care practitioners is one of our land grant missions, there must be a reasonable balance between education, research, and practice. Tenure and tenure track faculty must be provided with sufficient time to conduct successful research programs, enhance their teaching efforts, and maintain a clinical practice.

**Generate and disseminate new knowledge to improve the health of Minnesotans.**

The quality and magnitude of research within the AHC is one of the distinguishing features that separate the University of Minnesota from other institutions of higher learning. Crucial to the health of the citizens of Minnesota and the health of our State economy are viable research programs within the AHC. The AHC has a rich history of advancing health care professional practice and care delivery through innovations in health care strategy and policy, medical techniques and procedures, and product development. These efforts have often fostered a partnership with the private sector resulting in new businesses, employment opportunities, and significant contributions to the local and State economy. The University of Minnesota, without question, is one of the major contributing forces to the State's economy.

Strong research programs also contribute to the AHC's prestige and our ability to recruit top undergraduate, graduate, and professional students as well as faculty. Over the past few years, several programs in the AHC are concerned with their ability to maintain top rankings nationally. There is also concern about a fair balance in research, education, and practice responsibilities of tenure and tenure track faculty. Without this balance of responsibilities, the perceived and/or actual value of a tenured track academic faculty

position is lost to prospective faculty candidates or current tenured faculty. The University loses a powerful recruiting and faculty retention tool with the end result creating a disincentive to academic practice.

A specific focus of the AHC should be to explore, investigate and develop different and innovative models of care using interdisciplinary team care in response to the health care needs of Minnesotans and taking advantage of the interdisciplinary strength represented by the education programs. The role of the AHC is to provide the evidence for models of care delivery that can work and are responsive to the needs of Minnesotans. Such models of care delivery using interdisciplinary team care would serve as the basis of how health professional students are educated for the future.

**Actions:**

1. The AHC needs to effectively communicate the scope and magnitude of our research programs and how they impact the citizens of the State.
2. The University/AHC needs to expedite the transition of the new knowledge created at the University into daily practice or commercially available products.
3. The AHC must insure that there is a fair balance in research, education, and practice responsibilities of the tenure and tenure track faculty such that none of these three responsibilities is at the expense of the others.
4. The AHC must competitively recruit and retain faculty/
5. The University/AHC needs to set and obtain realistic faculty salary goals in comparison to our peer institutions.
6. Capitalizing on the multiple and diverse health education programs in the AHC, there should be directed efforts at interdisciplinary research. There should be incentives to encourage research to test new and different innovative interdisciplinary team models of care. The goal of such efforts should be to produce interdisciplinary research programs of excellence.
7. The AHC must continue to support existing successful research programs.
8. The AHC must invest in faculty development to assist faculty to transition to new areas of research and help faculty remain contemporary as educators and researchers.
9. The AHC must strive to maintain the availability of state of the art equipment to make faculty competitive in grant proposals.
10. The AHC can no longer be expected to subsidize professional and graduate education programs with funding from practice and/or research programs; other avenues of support must be identified.

**Serve as an advocate for healthcare policy**

The State of Minnesota faces several challenges to optimize health care delivery throughout all geographical regions of the State. While many of these issues focus on direct physical resources, clearly public policy plays an extremely important role in our ability to deliver health care services. Innovations in health care practice or products will not translate outside of the University if public policy does not move in the same direction or at the same speed of the intended change. One of the unique features of this AHC in comparison to others throughout the country is our expertise in public health and health care policy.

The AHC is also uniquely positioned to serve as an advocate for health care access. To our knowledge, no organization is providing an ongoing evaluation of how the health care needs of the citizens of Minnesota are being met. The State would seem to have need of an independent public advocate that can survey the delivery of health care throughout the State and report on needs or problems.

**Actions:**

1. The AHC needs to recognize advocacy for health care policy as part of the University's land grant mission. With major AHC initiative or grants funded through the AHC, the need to address public policy as a prospective component of these efforts should be considered a priori and included in all such initial proposals.
2. The AHC should consider providing ongoing dedicated resources to produce an annual report on the state of healthcare delivery within Minnesota.

**Provide tertiary and quaternary healthcare services**

The University provides a unique health care service not found elsewhere in the State, and in some cases, the region, nation and the world. The specialized tertiary and quaternary health care services not only makes an important contribution to the health of Minnesotans, it also serves as a venue for the research and education mission of the AHC. The University's interest in the actual provision of health care services emanates as a vehicle through which our faculty can educate health care professionals and conduct clinical translational research. The University also has a responsibility to provide specialized or unique health care services as a referral center that is not normally found throughout the State. In this regard, the University is focused on providing access to health care to accommodate our other land grant missions and not to compete in the marketplace with other health care providers within the state.

The need for a hospital affiliated with the AHC emanates from the needs for a facility in which to educate medical students, residents and other health care professionals, and also to provide a venue for carrying out research. At the point where clinical revenue becomes an end in itself and the principal driving forces for the operation of the hospital, then its role and association with the University needs to be reassessed.

**Actions:**

1. The AHC must maintain and possibly expand existing tertiary and quaternary health care referral programs.
2. The AHC should re-examine health care services provided by our faculty to assure their alignment with our land grant mission.
3. There should be an examination and evaluation of the AHC/University's role and association with the hospital within the context of the intended purpose of the affiliation.