

**Six Year Plan for the Academic Health Center:
Initial Areas of Emphasis**

*Status Report
Revised 10/22/02*

Area 1. Balance the operating budget and stabilize the programs and finances of the Medical School:

Lead AHC Staff: Bock and Nunnally

- For core programs for medical students, residents, and fellows
- For affiliated institutions and community education sites
- For AHC interdisciplinary programs and for programs with other University Colleges
- For areas of development and growth

1.0 Balance the Medical School's operating budget so that reserves are no longer used to support it

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
1.01	Balance all operating accounts	Michael / Powell Department Heads Mitsch	Initial tasks completed 6/30/02 Ongoing	<ul style="list-style-type: none"> • Medical School departments continue to clear deficits; few remain at June 30, 2002 • Cash balances increased in the Medical School by approx. \$6 million in FY 02 • Debt reduction plans have been implemented for departments of Radiology and Medicine • Plans are being formulated for Pediatrics and Ob/Gyn in FY 2003 • Reallocations and cost reductions have been implemented in FY02 and FY03 budget and financial plans 	<ul style="list-style-type: none"> • Continue to oversee and monitor cost reductions • Continue to oversee and monitor against deficit • Continue to oversee and monitor unit specific deficit reduction plans 	<p>A balanced operating budget that:</p> <ul style="list-style-type: none"> • Supports core programs • Promotes interscholastic activities • Provides a foundation for growth • Eliminates use of reserves to cover recurring operating expenses
1.02	Institute all funds budgeting	Mitsch Administrative Service Center Directors		<ul style="list-style-type: none"> • Medicine Department model under consideration for the entire school • Electronic feeds from UMP, MMF and UMF are being received; all funds report prepared for FY 2002 	<ul style="list-style-type: none"> • Develop comprehensive reports • Dean Powell has requested development of a combined Med School / UMP budget for FY 2004 	<p>High quality academic programs that:</p> <ul style="list-style-type: none"> • Are integrated with the community • Meet the needs of the state • Are focused in strategic areas identified by the faculty

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1.03	Institute position control through the Dean's Office	Michael / Powell Moldow Mitsch Michaelson		<ul style="list-style-type: none"> Dean's office must approve all proposed academic hires All faculty positions revert to Dean's Office for assignment upon retirement or departure 	<ul style="list-style-type: none"> Oversee non-faculty hiring 	
1.04	Institute compacts with all departments	Michael / Powell Moldow		<ul style="list-style-type: none"> Each department has submitted a compact for FY 2002 and FY2003 	<ul style="list-style-type: none"> Assemble and integrate department compacts into integrated school compact 	
1.05	Define and implement areas of further administrative cost reduction	Michael / Powell Moldow Mitsch		<ul style="list-style-type: none"> Standard Staffing Model completed and implementation has begun Dean's Office budget reduced by \$800,000 in FY02 and \$200,000 in FY03 Administrative staff reductions implemented in selected clinical department admin centers to balance department budgets in FY 2003 UMP leases for administrative services have been signed 	<ul style="list-style-type: none"> Better integrate administrative services with UMP Implement administrative center model in the Basic Science departments Conduct review of administrative processes and procedures; implement best practices school-wide 	
1.06	Reallocate state funds to support education based on work performed, using the methodology developed by the faculty and departments	Michael / Powell Vercellotti Mitsch		<ul style="list-style-type: none"> Implemented plan to allocate new tobacco endowment (\$5.6 million) in FY 2002 to educational activities based upon tuition reallocation model 	<ul style="list-style-type: none"> Phase II of the development of a "Mission-based Management" resource allocation system will be led by Dean Powell in FY 03. Areas evaluated for inclusion: graduate student teaching, undergraduate student teaching, distribution of state appropriation 	

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1.07	Reconsider and change timelines on dean's commitments in consultation with departments	Michael / Powell Moldow Mitsch		<ul style="list-style-type: none"> • Reduced Dean's commitments in collaboration with department heads by \$8.9 M in FY02 and \$6.1 M in FY03 	<ul style="list-style-type: none"> • Continue to coordinate timing of Dean's commitment funding to match availability of funds 	
1.08	Stabilize clinical practice revenues in support of education and research	Thompson		<ul style="list-style-type: none"> • Developing strategic business plan focused on interdisciplinary initiatives: initial interdisciplinary programs activated in oncology, cardio-vascular disease, and primary care • Clinical practice revenue has increased from \$90M in FY00 to \$114M in FY02 with an increase from \$41/RVU to \$48/RVU • Established cash transfer agreement for UMP payments to Medical School accounts and common paymaster 	<ul style="list-style-type: none"> • Enhance payor contracting relationships to increase reimbursement for specialty services and improve referral access • Complete development of a 3-5 year financial plan, which incorporates the financing and construction of a new clinic facility • Enhance analytical function in support of CSU financial improvement plans 	

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1.09	Integrate academic/clinical programs with the community where possible and appropriate	Michael / Powell Thompson		<ul style="list-style-type: none"> • New program initiatives started with HealthPartners in cardiovascular surgery and orthopedics; neurology being integrated with HFA: radiology discussions continue; other discussions underway with HCMC and HFA for merging clinical programs and sharing faculty • Creating new outreach program with Fairview Health Services to strategically recruit and support specialty medical and surgical services at sites other than FUMC. Pediatric, Ophthalmology, and Psychiatry services at Fairview Ridges are examples. In addition, pediatric emergency services at Fairview Ridges, a UMPhysicians developed service, is a strategic partnership, March 2002. 	<ul style="list-style-type: none"> • In future, be receptive to community practice interest and desire to participate in educational programs with full-time Medical School faculty and expand scope of activities for students in this manner • Finalize joint venture agreements with community practices to develop an endoscopy center and an Ortho Center • Develop vision and plan for Graduate Medical Education sites 	
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1.1 Reallocate and focus new resources (money, positions, space) to areas of growth and development, starting in the current compact/budgeting cycle

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
1.11	Basic and Translational Research: Genetics/genomics, cancer, neurosciences, immunology and infectious disease, stem cell biology, developmental biology and adolescent health, cardiovascular and pulmonary health, and aging	Michael / Powell Moldow Perlmutter	Initial allocations during FY02-03 compact and budgeting process	<ul style="list-style-type: none"> • Faculty retreat in May 2001 refined priority setting process • Tobacco endowment funds will be used to recruit 26 physician scientists in FY 03, FY 04, and FY 05 	<ul style="list-style-type: none"> • Recruitments and programmatic investments will focus on priority initiatives established by the faculty 	Increased research and clinical revenues in areas of growth and development

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1.12	<p>Clinical Services: Oncology, solid organ transplant, bone marrow transplant, cardiovascular diseases, children's services, orthopedics, primary care</p>	Thompson		<ul style="list-style-type: none"> • Practice plan completed its analysis to look at focused, interdisciplinary priorities with growth capacity and market opportunities and has initiated growth efforts and a marketing campaign in oncology • Follow-up to Spring 2001 planning session was held in September 2002 with 4 imperatives for practice plan success: <ul style="list-style-type: none"> a) Own the ambulatory practice and its associated ancillaries to allow clinical practice to compete for, recruit and retain clinical faculty b) Encourage FUMC to invest in state of the art clinical facilities and equipment for in-patient activities c) Enhance marketing efforts, including improved relations with referring MDs d) Pursue options for new facilities for ambulatory care • Completed renovation of Masonic Hospital for cancer programs • Completed financial and regulatory analysis related to the transfer of FUMC clinics to UMP and modified transition strategy from ownership model to management model • Contracted with HGA/KSA for facility pre-design analysis. This work will define building size, scope, interdependences, and clinical program facility requirements. Building site recommendations are expected to identify "best" location. Work to be completed by March 2003. 	<ul style="list-style-type: none"> • Complete negotiations with Fairview on a Management Services Agreement for the ambulatory clinic • Establish committee to develop plan for new facility owned and operated by UMP • Build an ambulatory imaging center in PWB and the Lakes Therapeutic Radiation Center • UMP transitioned ownership of the Oncology Clinic on July 1. Further review of pharmacy reimbursement and purchase service agreement with Fairview is necessary to access the financial viability of the clinic 	<ul style="list-style-type: none"> • UMP to own and operate its clinics in 2 to 3 years
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1.2 Enhance the performance of University of Minnesota Physicians

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
1.21	Align the practice plan with Medical School's long-range educational and research plans	Michael / Powell Thompson	Assess viability of owning and operating clinics by 6/30/03; other initial tasks completed by 6/30/02 Ongoing	<ul style="list-style-type: none"> Interdisciplinary clinical program priorities have been aligned with Medical School priorities 	<ul style="list-style-type: none"> Continue strategic planning process and implementation 	An integrated group practice that is: <ul style="list-style-type: none"> Aligned with the academic mission Performing at community benchmarks for cost, service and quality Meeting the needs of the faculty Supporting Fairview University Medical Center and other providers
1.22	Stabilize revenue generation in support of the Medical School's academic programs	Thompson		<ul style="list-style-type: none"> New practice infrastructure is becoming uniform across faculty Days in A/R reduced from 75.3 in 2000 to 56.3 in 2002; receipts up 14.6% in 2002 with RVUs up 7.5% In August 2001, signed contract with ALL SCRIPTS for implementation of electronic medical record system with initial implementation scheduled for January-March 2002 Engaged new vendor for uniform transcription and archiving of medical records; common dictation implemented Uniform fee schedule implemented 	<ul style="list-style-type: none"> Continue building efficient integrated practice plan 	
1.23	Implement an integrated operational model	Thompson				
1.24	Clarify roles and responsibilities with academic departments	Thompson Moldow Mitsch		<ul style="list-style-type: none"> UMP will contract for % of each ASCD's time Contract represents 30% time FTE 	<ul style="list-style-type: none"> Continue to clarify roles, reporting relationships and information exchange 	

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1.25	Stabilize clinical work force at a level consistent with the mission, revenue needs and the education and research needs of Fairview University Medical Center	Thompson		<ul style="list-style-type: none"> • Ambulatory care agreement implemented; establishes new management structure for ambulatory clinics; provides more physician input; increases management and responsibility w/in 2 years 	<ul style="list-style-type: none"> • Capture the value of medical research and UMP's clinical services in aggressive marketing effort 	
1.26	Improve the service functions of the practice to patients, referring providers, and members	Thompson		<ul style="list-style-type: none"> • Improved UMPPhysicians Home Web Page in development. Expected release January 2003. EMR security audit underway to determine potential for unwanted access. After completion of security audit a strategic plan will be developed to assess need for and determination of access for patients and referring physicians. • State-wide survey of physicians underway for physician satisfaction with faculty practice • Administered new patient and referring physician satisfaction surveys 	<ul style="list-style-type: none"> • Link to E-business infrastructure development • Determine what patients and referring physicians want in terms of electronic access to information • Establish workgroup to plan for UMP compliance with HIPPA patient record privacy requirements 	
1.27	Own and operate its own clinics in an appropriate facility	Thompson		<ul style="list-style-type: none"> • Transition to owning and operating clinics is underway (Sections 1.12 and 1.25 above) 		

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1.28	Implement quality improvement initiatives in patient care outcomes, including safety	Thompson		<ul style="list-style-type: none"> • UMP Committee on Patient Care has launched risk management and safety initiatives • Hired Director of Risk Management, August 2002. Consultant hired to assist in risk management framework. Significant education and training to faculty and staff expected in 2003. Awareness and responsibility for patient safety is an expected outcome. EMR Touchworks Rx prescription module to be operational in June 2003. 	<ul style="list-style-type: none"> • Continue implementation of initiatives 	
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1.3 Enhance and sustain Fairview University Medical Center as a world-class, flagship center

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
1.31	Work with Fairview to improve services to patients	Thompson	Initial tasks completed by 6/30/02 Ongoing	<ul style="list-style-type: none"> Reconstituted Coordinating Management Committee; charged by AHC and Fairview leadership to resolve operating issues Some success in 2001 and 2002 Patient satisfaction surveys in ambulatory clinics continue to improve and are monitored quarterly UMP responded to all requests from FPA for participation FPA relationship significantly improved. Currently 65 UMP physicians are fully credentialed as FPA providers. Addendum to FPA contract includes full UMP participation to be completed by December 2003. Revenue from UMP participation in FPA insurance products up 30% from prior year. (June 2002) 	<ul style="list-style-type: none"> Implement new strategic vision for AHC, Fairview, UMP relationship Implement action plan to address recommendations from external review Continue to work with Fairview Physicians Associates (FPA) and outstate clinics to enhance working relations 	World-class, flagship center that captures the value of the affiliation with: <ul style="list-style-type: none"> Improved service to patients Improved support of education and research Accurate tracking of education and research revenues and expenses Alignment of clinical and academic programs Improved service to physicians
1.32	Work with Fairview to improve decision-making regarding education, research, and patient care	Michael / Powell Thompson Paller				
1.33	Work with Fairview to capture the value inherent in being a cutting-edge clinical/translational research institution	Michael / Powell Thompson Moldow Paller		<ul style="list-style-type: none"> Developed a revised Research Pricing Partnership Agreement with Fairview Secured \$1.5 M grant from Fairview for the Medical School during FY02 	<ul style="list-style-type: none"> Continue to expand and implement joint commitment to enhancing research process and outcomes Increase Fairview's commitment to invest in the Medical School and AHC 	
1.34	Finish implementation of the education and research accounting bucket	Thompson Nunnally Mitsch		<ul style="list-style-type: none"> Completed revisions to nursing unit profiles; reviewed results with Medical School leadership; identified further 18% reduction in nursing unit costs Research & Education Bucket Task Force II convened by David Page and Dr. Cerra 	<ul style="list-style-type: none"> Resolve outstanding policy and financial issues with Fairview Leverage Bucket II task force work to refine bucket formulas and identify opportunities for education cost reductions 	

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1.35	Implement joint development areas	Michael / Powell Thompson		<ul style="list-style-type: none"> • UMP is developing brand and Fairview will market itself as committed to brand • Consultant hired to advise UMP on E-business (See Section 1.22) 	<ul style="list-style-type: none"> • Coordinate communications and marketing through the Coordinating Management Committee 	
1.36	Work with Fairview to improve services to physicians	Thompson		<ul style="list-style-type: none"> • Fairview briefed by consultant on findings and, as result, has revised its strategy for its clinical information system • Fairview extended its information system to ambulatory environment at UMP in 2001 		

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Area 2. Gain legislative and community support for increased funding for health professional education and research

Lead AHC Staff: Koppel

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
2.01	<p>Continue to communicate, educate and form coalitions at local, state and national levels to promote increased funding for health professional education</p> <p>Expand coalition/community-based support efforts to retain endowment, support continued funding for expanded classes of health professional students, and support the University's 2003-2004 state budget requests</p>	Cerra Koppel	Ongoing	<ul style="list-style-type: none"> • Effort for session 2001 completed and resulted in education endowment • Effort for session 2002 completed and resulted in legislative support for translational research facility (vetoed by Governor) • Implemented comprehensive grassroots legislative strategy for 2001 session • 32 endorsements from external groups in support of AHC 2001 request • Presented half day mini-med schools to opinion leaders with plans for monthly sessions moving forward • Maintaining and expanding base support of mini-med graduates • Regularly supply newsletter copy to constituency groups • Initiating effort to develop patient advocacy coalition 	<ul style="list-style-type: none"> • Developing strategy for 2003 legislative session • Developing federal priorities and strategies 	<ul style="list-style-type: none"> • Number of formal endorsements gained • Number of groups/organizations willing to engage members in support • Number of ongoing contacts with growing coalition • Expanded number of national contacts willing to provide state support
2.02	<p>Continue to educate, form coalitions, and build necessary grassroots support for the University's biennial operating and capital budget requests</p>	Cerra Koppel	Ongoing	<ul style="list-style-type: none"> • Continually expanding effort – media effort well underway, and base is expanding • See tactics above 	<ul style="list-style-type: none"> • Developing strategy for 2003/2004 legislative sessions • Execute plans 	<ul style="list-style-type: none"> • Full state funding of the University's biennial request • Effective media campaign, leveraging U-wide resources • Ability to activate base of support when/where needed • Clarity for legislature around stakes of funding

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2.03	Expand national relationship/public relations efforts	Cerra Koppel Youngerman McDonough	Ongoing	<ul style="list-style-type: none"> • Strengthening relations with Minnesota Congressional delegation, national media, national associations • Orienting AHC leaders to national political/government scene 	<ul style="list-style-type: none"> • Complete hiring staff for the initiative • Develop federal priorities and strategies • Execute aggressive, proactive plan in 1/2003 	<ul style="list-style-type: none"> • Increased federal support for health professional education and research • Increased national visibility for AHC, schools, faculty • Increased role for AHC in national policy development
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Area 3. Increase implementation of interdisciplinary health professional education opportunities that:

Lead AHC Staff: Brandt

- Emphasize the core knowledge and skills of each AHC health professional discipline
- Incorporate essential knowledge and skills from other disciplines identified as necessary for health promotion and care delivery
- Provide experiential opportunities in all areas of health promotion and care
- Provide experiential opportunities throughout Minnesota, including its diverse populations and cultures
- Initiate the development, evaluation and deployment of new approaches to health promotion and care delivery

3.0 Engage the community of providers, employers and consumers in helping to define the changing competencies, knowledge and skills required for health professionals:

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
3.01	Engage various components of the care delivery system	Brandt Miller Kertz with: AHEC Planning group AHC Education Deans Collegiate program curriculum committees Community Advisory Group AHC Experiential Education Directors	Ongoing	<ul style="list-style-type: none"> • Conducted inventory of college/community interactions 9/01 • Received AHEC planning grant: NE & SW MN first focus • Community group convened 10/01: Planning systemic events to bring schools & community together • Working with MN Council of Health Plans on interdisciplinary programs with schools and CHIP • Convening experiential educators/directors monthly • Developing common clinical affiliation agreements 	<ul style="list-style-type: none"> • Create an Interdisciplinary Education Council • Continue to develop clarity on concept of interdisciplinary practice and education • Balance decisions between current and emerging practice • Determine relationship with other efforts (e.g., NIHP, IOM reports) • Conduct inventory of team/interdisciplinary practices • Explore national curricular models developed in response to the IOM report • Support Deans and AHC Education Deans to advance community engagement • Establish mechanisms and processes for evaluating performance and satisfaction of our graduates • Develop plans for better supporting community-based faculty 	<p>A joint community-faculty process of defining changing competencies, knowledge, and skills required of health professionals</p> <p>Programmatic: Develop curricula that are responsive to contemporary health care practice needs in collaboration with the practice community</p> <p>Student: Develop practice skills in: contemporary practice; systems/quality; health promotion & disease prevention</p>

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3.02	Engage other components of the health system, e.g., public health, health policy, insurance, social welfare and services			<ul style="list-style-type: none"> Hosted national conference on community-responsive physicians Assisting NIHP on work force issues Conducting ongoing community site visits 	<ul style="list-style-type: none"> Launch Patient Safety Curriculum Taskforce Initiate planning for common physiology course 	
3.03	Incorporate other aspects of the business of health into the curriculum					
3.04	Quality improvement initiatives in patient care outcomes, including patient safety, into the curriculum					
3.05	Develop the process to rapidly implement these changes into the curriculum and pedagogy					
3.06	Improve AHC educational and student facilities	Brandt Wederstrom Miller Janssen AHC Education Deans	Initial improvements delayed to 1/03. Ongoing	<ul style="list-style-type: none"> Design underway for clinical training and small classrooms, student learning and study space, and improving distance learning and other classroom technology Completing construction of Inter-collegiate Education and Resource Center 1/03 	<ul style="list-style-type: none"> Develop long term academic and financial plan for improving educational facilities Support the development and incorporation of information technology into the curriculum Develop and implement plan for improving scheduling, IT support, and maintenance of classrooms and educational facilities Complete planning and design of Diehl 5 and PWB basement space for classrooms and learning facilities Open Intercollegiate Education and Resource Center 1/03 	<ul style="list-style-type: none"> Meet accreditation standards Improve educational services to faculty and students Enhance connections between on-campus faculty and community educators and students in the field

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3.1 Implement an interdisciplinary team approach to individual and population health around:

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
3.11	Primary Care	Brandt with: Miller Shanedling Curriculum coordinators Rural Health School AHC Education Deans Community Advisory Group AHC Experiential Education Directors	Three community sites operating by 6/03 Original timeline was 6/02	<ul style="list-style-type: none"> • Faculty retreat 5/01 on lessons learned from interdisciplinary efforts • Few sites characterized as interdisciplinary team care currently • Few interdisciplinary courses or curricular models developed (CUPES, RHS, Essentials of PS) • Conducted evaluation of interdisciplinary grant program • Faculty development planning underway - curriculum on team care to be used at sites (e.g., Drinka model) • Construction of clinical skills lab as interdisciplinary center • Defined interdisciplinary team approach and competencies • Planning underway for developing UMP Primary Care Clinic into interdisciplinary practice and education site 	<ul style="list-style-type: none"> • Open 3 sites by 6/30: AHEC sites, Walker TCU, UMP Clinic • Catalogue current programs to document extent team care is utilized and taught • Develop college & program buy-in • Assess climate in colleges for collaboration/supportive learning – relates to role modeling team care • Convene scholars – “think tank” to build curricula on literature • Define interdisciplinary team approach and competencies • Design curricular framework and materials (market philosophy, common abilities across programs) • Document and further develop existing experimental sites • Continue to develop research on community based education • Incorporate current and proposed interdisciplinary efforts into the curriculum • Develop a virtual curriculum for interdisciplinary education • Explore incorporation of interdisciplinary activities /courses in early curriculum of schools 	<ul style="list-style-type: none"> • Develop a model team care curriculum • Three pilot efforts to teach AHC students team care in community settings • An evaluation of teaching effectiveness, cost-effectiveness and care-effectiveness of the team care model(s) for student education

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3.12	Care of the Elderly	Brandt AHC Education Deans	6/03	<ul style="list-style-type: none"> • Medical School geriatrics initiative, Seniors as Teachers project, other college programs • Developing Walker Transitional Care Unit into a community-campus partnership training site 	<ul style="list-style-type: none"> • Implement Walker Transitional Care Unit 	
3.13	Chronic disease management	Brandt AHC Education Deans	6/03	<ul style="list-style-type: none"> • AHC taskforce underway to develop recommendations and plan 	<ul style="list-style-type: none"> • To be determined 	
3.14	Preventive health & wellness	Brandt AHC Education Deans	Ongoing	<ul style="list-style-type: none"> • Being incorporated into other initiatives 		

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3.2 Move more of the clinical and field experiences into community settings

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
3.21	Develop rural and urban community health laboratories	Brandt with Stumpf Community Advisory Group AHC Experiential Education Directors AHC Education Deans	3 sites by 6/03 Original timeline was 6/02	<ul style="list-style-type: none"> • Received AHEC planning grant: Moose Lake and Mankato sites • Researched academic/community partnerships models • Developing list of features of “laboratories” that must be in place • Policies developed and implemented on pathogen exposures and needle sticks • Survey conducted of experiential directors: common clinical affiliation agreement being developed • Assessing lessons from CUPES project • Finalizing plans for Walker Transitional Care Unit 	<ul style="list-style-type: none"> • Open three sites by 6/03 • Develop a common language: laboratory means academic/ community partnership (national term) • Identify group within AHC to work with the community advisory group • Convene AHC faculty and professional staff responsible for community-based education • Research/develop financial models of academic/community partnerships for student team placement • Seek external funding • Promote faculty reward structure for community teaching and scholarship • Link to campus efforts 	<ul style="list-style-type: none"> • Three pilot efforts to teach AHC students team care in community settings • An evaluation of teaching effectiveness, cost-effectiveness and care-effectiveness of team care models for student education

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3.22	Develop community models that also address a diversity of ethnic, cultural and racial backgrounds	Brandt		<ul style="list-style-type: none"> • Evaluating CUPES and Rural Health School curricular models • Convening diversity task force • Working with the Office of Multicultural Affairs on plan for AHC • Considering Mankato as AHEC site because of diversity and ethnic composition • Starting community-responsive faculty development 	<ul style="list-style-type: none"> • Survey the extent that cultural competence, service learning is <i>systematically</i> taught in the AHC • Develop community-based diversity curricular model • Establish stronger relationships with communities of color and other underserved communities • Convene cross-collegiate group focused on diversity • Apply for HCOP grant • Build strong working relations with Office of Multicultural Affairs • Strengthen cultural competence in AHC programs • Expand service learning efforts in AHC • Convene group of faculty interested in service learning • Explore possible urban sites 	
3.23	Engage the community in planning, setting up and evaluating the experiential education sites	Brandt	Ongoing	<ul style="list-style-type: none"> • Involving community groups in planning for AHEC sites 	<ul style="list-style-type: none"> • Identify sites • Award 1 or 2 grants for evaluation 	

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Area 4. Develop and implement a plan to meet the health professional workforce needs of Minnesota and adjust enrollments to meet those needs

Lead AHC Staff: Brandt

- Work with the Department of Health, health systems, providers, and consumer groups to assess the workforce needs of the state
- Partner with other public and private institutions that educate and train other components of the health professional workforce in the state

4.0 Begin adjusting enrollments in AHC schools in response to the state's changing workforce needs

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
4.01	Increase class size in nursing, pharmacy, medical technology, and rural dentistry	Speedie Edwardson Polverini Spannaus-Martin	Expand nursing enrollment in Fall 2002, Pharmacy enrollment in Fall 2003, Open Hibbing Dental Clinic 1/02	<ul style="list-style-type: none"> • Nursing enrollment expanded 50% through Rochester and post baccalaureate certificate programs, Fall 2002 • Start up work underway for Pharmacy expansion Fall 2003 in Duluth • Hibbing Clinic opened 1/02, providing clinical education and service • Medical Technology expansion on hold until 2004 due to reduced tobacco endowment 	<ul style="list-style-type: none"> • Pharmacy: hiring faculty and staff, constructing interim facilities, recruiting students, finalizing academic program • Nursing: recruiting students • Dentistry: recruiting students 	<p>Increased enrollments in nursing, pharmacy, medical technology, and rural dentistry</p> <p>Objective evaluations of the need to adjust class sizes in other AHC programs</p>
4.02	Evaluate the need to increase enrollments in medical specialists and sub-specialists programs	Michael / Powell Vercellotti	Complete evaluations by 9/30/03	<ul style="list-style-type: none"> • Developing evaluation plan 	<ul style="list-style-type: none"> • Conduct review of need for and feasibility of increasing enrollments 	
4.03	Evaluate the need to increase enrollments in veterinary medicine and public health programs	Klausner Becker	Complete evaluations by 9/30/01	<ul style="list-style-type: none"> • Public Health is planning 25% enrollment increase • Vet Med will maintain current enrollments 	<ul style="list-style-type: none"> • Human resources, financial, and facilities planning for Public Health expansion 	

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4.1 Expedite the development and implementation of recruitment programs for attracting students into, and promoting the diversity of the health professions

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
4.1	Expedite the development and implementation of recruitment programs for attracting students into, and promoting the diversity of the health professions	Brandt Beniak Student Services Directors AHCEducation Deans	Develop new AHC programs by 12/31/01 for fall 2002 Ongoing	<ul style="list-style-type: none"> • Deans Diversity Task Force report approved by Deans Council; implementation plan developed • Opened health sciences living and learning community in undergraduate dorm Fall 2002 • Teaching undergraduate survey course on health professions • Meeting with prospective freshman and parents weekly • Continuing AHC wide student recruitment events/activities • Developing undergraduate honors colloquium on health disparities • Opened Health Careers Center Fall 2002 • Developing fast track admissions program 	<ul style="list-style-type: none"> • Coordinate with campus resources • Work with student services directors and admissions offices • Work to assure a supportive environment for diverse and under-represented faculty, student and staff groups in the AHC • Complete staffing and start up activities for Health Careers Center • Develop comprehensive recruiting model: K-12 to graduation from AHC health professional programs 	<ul style="list-style-type: none"> • Increased applications of highly qualified students • Increased diversity of AHC student body

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4.2 Establish a methodology for establishing, tracking, adjusting and projecting the state’s health professional workforce needs:

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
4.21	For AHC Programs	Brandt	To be determined	<ul style="list-style-type: none"> Initial discussions underway with other agencies and institutions doing workforce analysis and projections 	To be determined	<ul style="list-style-type: none"> A reliable methodology for tracking and projecting health professional workforce needs
4.22	In partnership for non-AHC programs	Cerra Brandt				

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4.3 Partner with other organizations, institutions and agencies to address the state’s health workforce needs and to redefine and redeploy the health workforce

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
4.3	Partner with other organizations, institutions and agencies to address the state’s health workforce needs and to redefine and redeploy the health workforce	Cerra Brandt	Form the partnerships by 6/30/01; ongoing	<ul style="list-style-type: none"> NIHP planning process underway Partnerships developed with Office of Rural Health, MHHP, HEIP, MNSCU, and others 	<ul style="list-style-type: none"> Further strengthen working partnerships with Minnesota Department of Health, MNSCU, health systems, and professional associations 	<ul style="list-style-type: none"> A comprehensive plan for addressing the state’s health workforce needs

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Area 5. Improve access to AHC research, information, and new technology by:

Lead AHC Staff: Paller

- Improving the transfer of intellectual knowledge and property into the community
- Developing new information technology tools and applications and comprehensive databases for AHC faculty, students, working health professionals, and policy makers

5.0 Recognize faculty innovation and assist inventors in disclosure, development and disposition of new technology

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
5.01	Implement the Biomedical Innovation and Commercialization Initiative (BICI) with Vice President for Research, Commissioner of Trade and Economic Development, and private sector	Paller	Legislative funding; obtained 7/1/01; rescinded 2002. Re institute efforts by 6/30/03. Timing is dependent on state's economic condition.	<ul style="list-style-type: none"> • Legislature rescinded \$10 million investment in BICI, 2002. 	<ul style="list-style-type: none"> • Re institute discussions with state regarding participation in BICI • Identify additional participants/supporters 	<ul style="list-style-type: none"> • More effective prospecting and disposition of intellectual property • Objective metrics to evaluate the effectiveness of prospecting and disposition of AHC intellectual property such as number of profitable new ventures and • Value of biomedical technology portfolio • Intermediate endpoints (Have portfolio technologies been actively managed? Are the BICI partners actively involved in managing the BICI portfolio? Are management and R&D milestones being met? Are appropriately selective criteria being used to determine which ventures receive second round funding? Is there public accountability of the process and the outcomes) • Other outcomes: number of AHC disclosures patents filed, patents granted; faculty satisfaction with predisclosure assistance and ability to commercialize their inventions

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5.02	Revitalize the Biomedical Engineering Institute	McCullough	Ongoing	<ul style="list-style-type: none"> • Revitalized external Industry Advisory Board • Established interest groups of interdisciplinary faculty in focused strategic areas • Filled St. Jude's Chair: Soon Park, MD • Created and filled position of BMEI Program Director • Completed agreement on Medtronic Bakken Chair, focusing on cardiovascular repair • Supported six graduate student projects 	<p>Priorities for FY 2003 include:</p> <ul style="list-style-type: none"> • Activate and support faculty interest groups • Develop and implement core laboratories • Recruit Bakken Chair • Strengthen interface with local industry • Host third annual Biomedical Engineering Symposium 	<ul style="list-style-type: none"> • Strengthened education and research programs • Increased sponsored research funding
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5.03	Increase the effectiveness of the Mn Molecular and Cellular Therapeutics (MMCT) facility	Paller	Ongoing	<ul style="list-style-type: none"> Recruiting new tenants Established translational lab for cell therapy with the Cancer Center Exploring future of the gene vector program 	<ul style="list-style-type: none"> Appoint scientific director by 12/02 Appoint operational director by 6/03 Enhance accessibility and productivity for faculty research (reorganize relationship with Fairview clinical lab) Develop flexible research staff Address financial issues (eliminate operating deficit, utilize space efficiently, use future revenue surplus to support research program) Develop funding mechanism for production costs of biologics for clinical trials (for University-initiated translational research) 	<ul style="list-style-type: none"> State of the art facility available to AHC researchers Expanded molecular and cellular therapy research and services
5.04	Promote use of electronic directories of researchers and biomedical companies	Paller and others to be defined	To be defined	<ul style="list-style-type: none"> AHC web site for clinical trials operational 10/01 MBBNET is operational 	Initiative will include enhancements and stimulated use and updating of EGMS faculty expertise data base, use of MBBNet, and new linkages to outside data bases	<ul style="list-style-type: none"> Increased AHC-private sector collaboration and partnership Increased enrollments in clinical trials Increased interdisciplinary research collaboration
5.05	Implement IND/IDE assistance program	Paller	Implemented 9/02 Ongoing	<ul style="list-style-type: none"> Staff hired and operations begun 	<ul style="list-style-type: none"> Ongoing operations 	<ul style="list-style-type: none"> Assist faculty investigators to meet FDA regs for investigational new drug or device applications Improve compliance Support translational research projects

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5.1 Strengthen the Clinical Outcomes Research Center and build comprehensive databases such as:

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
5.11	Evidence-based medicine	To be determined	To be determined	On hold		<ul style="list-style-type: none"> Useful, comprehensive databases available to the working health professionals, policy makers, faculty, and students
5.12	Transplantation	Transplantation Information Cooperative (Paller and others are on board of directors)	New Transplantation database operating by 6/03	<ul style="list-style-type: none"> Business plan and budget has been developed Capitol funding requests from Fairview, UMP, and AHC are in place RFP for software vendor has been written 	<ul style="list-style-type: none"> Finalize establishment of a limited liability company Allocate start-up and recurring operational costs to the three partners (Fairview, UMP, AHC) Implement software 	
5.13	The health status of Minnesotans	To be determined	To be determined	On hold		
5.14	The state's health work force	To be determined	To be determined	On hold		
5.15	Comprehensive clinical database for research and education (e.g., TIC, Cancer Center, digestive diseases)	Paller Deegan CORC Fairview	Plans developed by 7/1/02 Fully operational by 12/03	<ul style="list-style-type: none"> Planning completed Pilot system being tested 	<ul style="list-style-type: none"> Complete pilot and implement 	

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5.2 Develop and deploy new information tools and applications for AHC faculty and students and working health professionals

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
5.20	Develop tools and applications in coordination with University-wide efforts to enable information-assisted education at AHC and community education sites	Brandt Janssen Schanedling AHC Deans of Education	Plan developed by 12/31/01 Ongoing	<ul style="list-style-type: none"> • Developing and piloting the AHC student portal • Developed AHC technology plan • Established internal service organization • Completed inventory of current technology • Developed strong working relations with OIT, ACDS • Started education innovations seminar series for faculty • Created AHC Office of Education web site • Working with HEIP on ISEEK system 	<ul style="list-style-type: none"> • Implement AHC technology plan • Consider preparing IAIMS grant • Identify future programmatic needs • Define minimum health professions technology competencies for practice and prepare education plan • Develop financial plans for technology 	<ul style="list-style-type: none"> • Useful tools and applications to support education and research
5.21	Promote new applications of digital technology to support research	Cerra Hamilton Paller	Ongoing	<ul style="list-style-type: none"> • A brief proposal has been prepared for first-round enhancements 	<ul style="list-style-type: none"> • Develop integrated database for all research-related process (eg, IRB, SPA, EGMS) • Simplify of application and compliance activities via electronics (eg, completion of EGMS for industry-sponsored research; single application for all internal review committees) 	

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5.22	Apply to new models of care delivery and health promotion.	To be determined	To be determined	On hold		
5.23	Develop and implement a compliance plan to meet state and new federal regs on health information privacy and security	Janssen	First compliance deadline 4/03 Ongoing	<ul style="list-style-type: none"> • Established working committees to develop compliance plan • Policy work underway • Development of training curriculum underway • Efforts to increase AHC system security underway 	<ul style="list-style-type: none"> • Appoint collegiate privacy officers • Complete and implement compliance plan • Develop and implement new policies • Train AHC faculty, staff and students • Develop clinical research database and increase security of AHC systems and networks • Execute new contracts with outside business associates with access to health information 	<ul style="list-style-type: none"> • Compliance with federal and state regs • Increased security of private health information • Increased awareness and competency of AHC faculty, staff, students for privacy, security of health information

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Area 6. Rebuild the AHC's health research capacity

Lead AHC Staff: Paller and Bock

	Initiative	Responsible Party	Timeline	What has been or is currently being done?	What needs to be done?	Defined Outcomes
6.0	Increase the hiring of faculty clinician scientists	Cerra Michael / Powell	Initial round of new hirings completed by 6/30/03	<ul style="list-style-type: none"> Plans underway to hire 26 new faculty in strategic areas between FY03, FY 04, and FY 05 	<ul style="list-style-type: none"> Complete recruitment 	<ul style="list-style-type: none"> Substantive increase in NIH and other grant funding Grants funding (#, \$ amount, per capita funding) Collegiate funding rankings
6.1	Complete the predesign and fundraising for the translational research building	Speedie Moldow Wederstrom	Predesign completed by 10/1/01 Design completed by 12/31/02	<ul style="list-style-type: none"> Predesign study completed and approved by Regents Fundraising underway Governor Ventura vetoed state funding 2002 Proposal included in University 2003 capital request to the state 	<ul style="list-style-type: none"> Complete design and confirm private funding 	<ul style="list-style-type: none"> A state-of-the-art facility to support translational research Some easing of the demand for research space
6.2	Complete construction of the molecular and cellular biology building	Cerra Moldow Elde Wederstrom	Completed and occupied 7/ 02	<ul style="list-style-type: none"> On time and within budget Building occupied 7/02 	<ul style="list-style-type: none"> Complete final punch list items 	<ul style="list-style-type: none"> A state-of-the-art facility to support research and education in the new biology
6.3	Develop plan to improve use and management of AHC research space	Cerra Wederstrom	Complete and implement plan by 6/03	<ul style="list-style-type: none"> Developed draft principles, endorsed by AHC Deans and AHC-FCC 	<ul style="list-style-type: none"> Appoint AHC taskforce to develop recommendations and plan Conduct new inventory of AHC research facilities Identify research faculty needs of faculty for next 3 to 5 years 	<ul style="list-style-type: none"> Improved allocation and use of existing research spaces Allocation of vacant research space to top AHC and collegiate priorities as defined in compacts
6.4	Develop and implement plans to meet immediate and longer term facilities needs for AHC researchers	Cerra Bock Wederstrom	Ongoing	<ul style="list-style-type: none"> Leased Dinnaken Office Building for 180 AHC researchers and staff Conducting analysis of space that would be vacated when UMP moves to new facilities 	<ul style="list-style-type: none"> Continue to investigate off campus alternatives, use of St. Paul campus, and better use of current facilities Implement the AHC six-year capital plan to build new facilities 	<ul style="list-style-type: none"> Adequate research facilities for current and newly hired AHC researchers
6.5	Develop a strategic plan to enhance clinical research in the AHC	Cerra Paller	6/03	<ul style="list-style-type: none"> Dean's Council has approved charge 	<ul style="list-style-type: none"> Appoint collegiate and AHC-wide committees 	<ul style="list-style-type: none"> Better leverage resources and support for clinical research

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6.6	Recognize AHC faculty for outstanding research	Cerra Paller AHC Faculty Consultative Committee AHC Deans	Ongoing	<ul style="list-style-type: none"> • AHC-FCC developed proposal for Academy for Excellence in Research. Endorsed by AHC Dean's Council • Increased number of nominations of AHC faculty to national academies 	<ul style="list-style-type: none"> • Solicit nominations and select initial AHC Research Academy members by 6/03 • Increase number of AHC faculty who are members of prestigious national academies and receive major national awards 	<ul style="list-style-type: none"> • Increase internal and national recognition of outstanding AHC researchers
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