

The Strategic Plan For the Academic Health Center

**Presentation to the Board of Regents
December 7, 2000**

The Major Goals of the AHC Strategic Plan

- Create and prepare the new health professionals for Minnesota
 - Sustain the vitality and excellence of Minnesota's health research
 - Expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota
 - Develop and provide new models of health promotion and care for Minnesota
 - Reduce health disparities in Minnesota 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 in Minnesota
 - Build a culture of service and accountability to Minnesota
-

What are the Framing Principles for the AHC Strategic Plan?

- **We need to meet the health needs of the people of Minnesota:**
 - Train 70% of the state's physicians and most advanced degree nurses, dentists, pharmacists, veterinarians, and public health practitioners
 - Teach more prevention, outcomes assessment/management, quality improvement and life long learning skills.
 - **We need to respond to the health workforce needs of the state:**
 - Increase enrollments in our health professional schools, including the training of medical specialists and subspecialists
 - Develop new models of care, and redefine the scope and practice of the health professions
 - **We must move the Medical School back into the top 20:**
 - That will require sustaining excellence in both research and clinical training
-

What are the Framing Principles for the AHC Strategic Plan?

- **We need to sustain excellence in health research:**
 - In selective areas of faculty excellence and interest
 - In areas where world-class clinical services require close links to research
 - In areas of significant sponsored funding and commercial application
 - **We need to provide health services to the people of Minnesota:**
 - Services in recognized programs with high demand
 - Self-sustaining services that support the mission
 - Services where market opportunities and mission require expansion
 - **We need to form more effective community partnerships that:**
 - Sustain the vitality of our academic and service/clinical programs
 - Meet the needs of Minnesota communities
 - Utilize qualified community practitioners as teaching faculty
-

Reshaping the Medical School: Areas of Growth and Investment

- **Basic and Translational Research:** genetics, genomics, cancer, neuroscience, immunology and infectious disease, stem cell biology, developmental biology and adolescent health, cardiovascular and pulmonary health, aging
 - **Clinical Services:** oncology, solid organ transplantation, bone marrow transplantation, cardiovascular diseases, children's services, orthopedics, primary care (obstetrics/gynecology, pediatrics, general internal medicine), Med-Peds program
 - **Training Programs:** specialists and subspecialists; primary care; cross-disciplinary programs, e.g. MD-MPH
-

There Should Be More Emphasis on Prevention

- In all health professional programs
 - At the population level, e.g. smoking cessation and prevention programs, immunization programs, environmental quality
 - During individual encounters, e.g. nutrition, smoking, compliance with medications
 - When the AHC partners with communities to define and solve problems in those communities, e.g. CUHCC
-

Why are We Training More Professionals When the Workforce Needs to be Reshaped?

- The population is increasing. It is aging, and the incidence and prevalence of chronic disease is increasing.
 - The care demands of aging and chronic disease will require more health professionals.
 - The AHC's graduation of health professionals has not kept pace with these demographic changes.
 - It will take time and resources (a statewide effort) to redesign and redeploy the health workforce in a different delivery system.
 - We are teaching our students skills that promote adaptability, flexibility, and life-long learning.
 - We will provide leadership in reshaping the work force.
-

What is the Role of the AHC in Challenging the Status Quo of the Care Delivery System?

- We will play a leadership role in the dialog on redesigning the care delivery system and redeploying the health workforce.
 - We will work to reduce health disparities and improve the diversity of the health workforce by :
 - increasing the diversity of the health workforce
 - designing and testing new care delivery systems
 - establishing health status and workforce databases.
 - We will play a greater role in educating the public about prevention at an individual and population level.
 - We will be an expert information resource for public officials, policy makers, health providers, and the public.
 - We will continue to develop new knowledge and technologies for prevention, promoting health, treating disease, outcomes assessment and management, health management, and health policy.
-

What are Financial Needs of the Six-Year Plan?

Funds are needed to:

- Support **core education programs** in all AHC schools, starting with the Medical School in FY 2002-3
 - Restore/rebuild the **Medical School faculty**: 13 new faculty annually
 - Increase **enrollments** to meet health professional shortages, starting with pharmacy, nursing, medical technology, and rural dentistry
 - Expand community-based **clinical training sites/programs**
 - Build and deploy **new information technology** for education, research, and service
 - Pay **competitive salaries** for faculty
 - Replace **outdated/obsolete facilities** -- Translational Research Building and Student Education Center
-

How will the AHC Respond Rapidly to the Changing Needs in the Care Delivery System?

- The new AHC Office of the Assistant Vice President for Education will coordinate this function.
 - We are developing a more effective “sensor system” to anticipate the needs and expectations of the care delivery system.
 - We are developing the art of evaluating customer satisfaction.
 - We are developing a process for integrating the newly identified needs into the education programs.
 - We are defining areas where we can be a catalyst for change.
-

How will the AHC Achieve a Culture of Service and Accountability to Minnesota?

We will:

- Regularly survey students, patients, government agencies, industry and other stakeholders of our programs to assess quality and identify areas needing improvement
 - Benchmark our programs against others
 - Identify and replicate best practices
 - Expand our quality service improvement programs
 - Report publicly and regularly on our results
-

Concluding Remarks

- This year-long process has led to a clearer understanding of the needs of Minnesota and the requirements for preparing a new generation of health professionals.
 - We want to thank you for your advice, counsel, and guidance and the opportunity to work with you in defining the AHC's future.
 - We will need your continued engagement and support to make the vision a reality.
-

Appendices

The Medical School
AHC Service Initiatives

Reshaping the Medical School: Framing Principles

- These actions are essential components of the strategic plans of the AHC and Medical School and are being implemented.
 - These actions assume the Medical School will receive its core budget request (\$16M for biennium) from the legislature.
 - The minimum education/training time for a physician remains 7 years post-baccalaureate.
 - Prevention, outcomes assessment and management, and quality improvement are major curricular content components.
-

Reshaping the Medical School: Action Principles

- Accreditation standards must be met.
 - Vacant faculty and professional staff positions revert to the Dean's Office for reassignment according to the school's strategic plan.
 - All hires must have an identified, reliable funding source.
 - Cost savings are being achieved by:
 - consolidating administrative infrastructure;
 - reducing positions in areas not designated for growth;
 - partnering some departments with the community.
 - Mission-based budgeting will be used to match revenue sources with work performed.
 - Investments will be made in priority areas designated in the school's strategic plan.
-

Reshaping the Medical School: Examples of Working Community Partnerships

- **Medical School programs at Hennepin County Medical Center, Regions Hospital, VA Medical Center, and Children's Hospitals**
 - Principal training sites for Medical School students, residents and fellows
 - Significant research sites for Medical School faculty
 - Physicians at these institutions who participate in educating University students and residents are members of the Medical School faculty and participate in the school's academic activities.

 - **Fairview Health System**
 - Preferred relationship
 - Significant support for education and research
 - Joint problem solving to improve service
 - External evaluation of the relationship is underway.
-

Reshaping the Medical School: Examples of Working Community Partnerships

- **CUHCC/CUPES**
 - Works with the Phillips neighborhood to determine service needs, provide services, promote public health of the community, and promote health education and research programs of value to the community
 - Strong interscholastic education and health services programs
 - **Departmental partnerships that occur at affiliated institutions**
 - Pediatrics: St Paul and Minneapolis Children's Hospitals
 - Cardiothoracic Surgery: Regions Hospital
 - Obstetrics/Gynecology: Abbott Northwestern Hospital
 - Family Practice: multiple communities around the state
 - Anesthesia: FUMC, Regions, West Health
-

Reshaping the Medical School: Examples of Working Community Partnerships

- **Departmental partnerships that occur inside the Medical School**
 - Colonrectal Surgery: Colonrectal Surgery Associates
 - Dermatology: practitioners from multiple practices

 - **Partnerships under consideration**
 - Emergency Medicine
 - Neurology
 - Orthopaedics
 - Radiology
-

Reshaping the Medical School: Areas of Growth and Investment

- **Basic and Translational Research:** genetics, genomics, cancer, neuroscience, immunology and infectious disease, stem cell biology, developmental biology and adolescent health, cardiovascular and pulmonary health, aging
 - **Clinical Services:** oncology, solid organ transplantation, bone marrow transplantation, cardiovascular diseases, children's services, orthopedics, primary care (obstetrics/gynecology, pediatrics, general internal medicine), Med-Peds program
 - **Training Programs:** specialists and subspecialists; primary care; cross-disciplinary programs, e.g. MD-MPH
-

Why Were the Areas of Growth and Investment Chosen?

- **High demand for services in renowned programs:** solid organ transplantation, bone marrow transplantation, oncology, cardiovascular/thoracic surgery
 - **Critical workforce demand:** medical and surgical specialists and subspecialists; primary care
 - **Significant sponsored funding in areas of faculty interest and excellence:** genomics, stem cell biology, aging, neuroscience
 - **World-class clinical services that require close research links:** transplantation linked with research in immunology and infectious disease; transplantation and oncology linked with stem cell research; oncology, genetic disease, and clinical trials linked with genetics/genomics research
-

Why Were the Areas of Growth and Investment Chosen?

- **Market opportunities and mission that require expanded services:** orthopaedics, pediatrics
 - **Strong sense of need by the people of Minnesota connected with research and clinical interests of the faculty:** cancer science and oncology, developmental biology and adolescent health
 - **Self-sustaining programs that support the mission of the Medical School:** surgical specialties and subspecialties
-

AHC Service Initiatives

- **Education:** work with the community to revise the curricula to reflect the changing health care environment and expand community-based clinical training; improve our student support services and facilities
 - **Research:** streamline and expedite technology transfer; expand our efforts to develop research partnerships with private industry
 - **Patient Care:** invest in patient support services; intensify customer service training of front-line employees; improve services to referring practitioners; work with the community in developing, piloting, and disseminating new models of health and health care
 - **Outreach:** work with the community to build information technology data bases and tools for working health professional; intensify our efforts to share the results of our research with the communities we studied
-