

# **The Role of Medical Facilities In the Education of Health Professionals**

Presentation by  
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To the Citizens League  
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Thank you for giving me this opportunity to present an educator's view of medical facilities.



**AHC Schools and Programs**

- 6 health professional schools
  - Medicine, Public Health, Nursing, Pharmacy, Dentistry, Veterinary Medicine
- 5 allied health programs
- centers, including:
  - NCI Comprehensive Cancer Center; Center for Magnetic Resonance Research; Center for Bioethics

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I want to make certain we're all starting from the same base understanding of the University and its schools and programs found within the Academic Health Center.

We prepare the next generation of physicians, public health professionals, advance practice nurses, pharmacists, dentists, and veterinarians on behalf of Minnesota and our families. This is our true strength in the health sciences – the health professional leaders.

We only have five allied health programs at the University – including our mortuary science program within the Medical School. Yes, we also educate the state's morticians.

We have eleven interprofessional – or interdisciplinary centers – including our comprehensive cancer center, Center for Magnetic Resonance Research, Center for Bioethics, and Center for Infectious Disease Research and Policy

## AHC Characteristics

- 6,400 students in 62 degree programs
- 1,400 faculty, 3,000 professional staff
- Educate/train 70% of the health professionals in Minnesota
- FHS as primary education partner; HCMC, Regions, VAMC, and Children's as major affiliates
- Educate in 400+ sites throughout the state
- Provide 460,000+ patient clinic visits/year
- Perform \$300 million in health research, with associated intellectual property and technology commercialization

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It's a large enterprise – there are 6,400 students in 62 degree programs

We graduate 220 MDs each year, placing us among the largest medical schools in the nation – for comparison, Mayo graduates 42 each year.

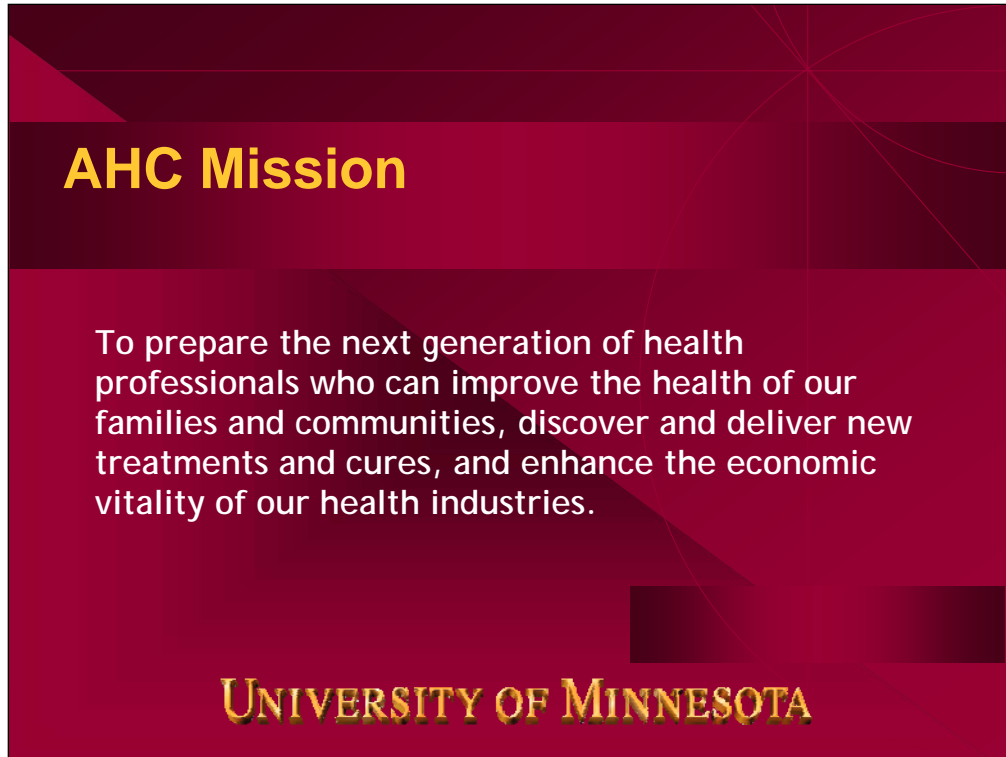
We educate and train 70 percent of the practicing health professionals in Minnesota – again, by that I mean the doctors, advance practice nurses, pharmacists, dentists, .... Etc.

We rely on all of the health care systems, hospitals, and clinics in the state to partner with us in the teaching of our students and residents – Fairview Health Services owns the University of Minnesota Medical Center and is our primary education partner. However, we also have faculty and students at HCMC, Regions, the VA, and Children's hospital

Actually – we educate in more than 400 sites and facilities throughout the state. Again – this is a significant public benefit to the state – having students learning and practicing as part of the health care team in facilities statewide.

And on the competition side – our physician faculty provide more than 460,000 patient clinic visits per year – meaning we compete in the same health care marketplace for patients and revenues with nearly \$20 million per year going to the bottom line of the medical school from that clinic practice.

We also compete for sponsored projects or federal funding, performing \$300 million in health research each year.



Our mission – as defined through a public engagement process nearly six years ago – is

To prepare the next generation of health professionals who can improve the health of our families and communities, discover and deliver new treatments and cures, and enhance the economic vitality of our health industries.

That mission represents significant expectations from and on behalf of Minnesotans. Health professionals and health systems look to the University's Academic Health Center for all sorts of expertise and new knowledge – we collaborate on evolving care models, knowledge leading to improvements in care, we collaborate on education of our students – but also on education of our systems. We're just now planning a conference for next year with a wide range of health system partners on the use of informatics, or huge computer programs of health status and results to identify the best way to treat the next patient. That's our role.

## Meeting the Mission

The clinical enterprise is essential to:

- Educate and train the next generation of health leaders
- Develop the breakthrough therapies expected of us
- Finance student education and the infrastructure that supports sponsored research activity
- Recruit and retain outstanding faculty and students
- Bring new technology to the health community
- Support the state's health and biosciences enterprises

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We also compete in the marketplace for a number of reasons.

Simply stated, we compete for patients because our faculty can not teach what they do not do – if a physician professor isn't seeing patients, he or she can't teach students how to see patients.

Our faculty compete to develop breakthrough therapies that have sparked huge industries in this state, as well as saving lives.

We compete because the revenue is critical to sustaining our medical school – and that means we need to compete for a strong reputation. That's how we attract the best and brightest students to our school, the best and brightest faculty to our institution, and that ultimately benefits all of us – it ensures that Minnesota has strong physicians, strong pharmacists, excellent dentists, etc. to care for our families.

## Recipe for Success in the Health Marketplace

- Top-shelf faculty and state-of-the-art facilities
- Practice plans in medicine, pharmacy, nursing, dentistry, and veterinary medicine
- Continuing success and evolution of the partnership with our teaching affiliates
- Development of strategies for improving access to patients
- Development of breakthrough therapies, followed by testing through our clinical research enterprise and transfer to the community
- Partnerships with communities, health systems, and practitioners to provide education experiences and perform research

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**University-Fairview Partnership**

- To help maintain core support to the Medical School, University Hospital and Clinics was sold to Fairview Health Services in January '97
- Fairview owns and operates the facilities, UMP provides the clinicians, and AHC owns and operates the education and research programs
- No public funds support the FHS/FUMC patient care business
- 2001 external review report praised the partnership for its positive financial position, strong support of the education and research mission, effective faculty practice, and financial support of the Medical School
- UHC recognized partnership as one of four nationwide that are effective in supporting academic health centers in difficult times

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This is a question that always comes up in large public forums – and one that deserves some clarity today.

How do we characterize the partnership between the University and Fairview health Services?

(read through slide)

I want to make a side note – I saw that my friend David Durenberger mentioned the University's interest in building a children's hospital, with the note that we only need one in the community. I'd like to clarify that we have more than one children's hospital already - for the last fifty years or so, the University has had a children's hospital embedded within its Medical Center with more than 200 beds to treat the region's children who need us most – the most complicated cases, the bone-marrow transplants, and the lifesaving treatments that are only available at the U. So yes, we do plan to update and renovate what we have – and consolidate our children's services in one location on the Riverside campus of our Medical center.

A slide with a dark red background and a faint geometric pattern. The title 'AHC Clinical Sciences' is in yellow. Below it, the text 'Excellence in the clinical sciences produces:' is followed by a bulleted list of seven items. At the bottom, the 'UNIVERSITY OF MINNESOTA' logo is displayed in yellow.

## AHC Clinical Sciences

Excellence in the clinical sciences produces:

- The best students and faculty
- A new generation of leadership in the health professions
- A new generation of health professionals who take new knowledge and technology into the community with them
- New models of care delivery
- New approaches to prevention, wellness, and disease management
- Benefits for the University of Minnesota
- The revenues necessary to support the mission of the health professional schools

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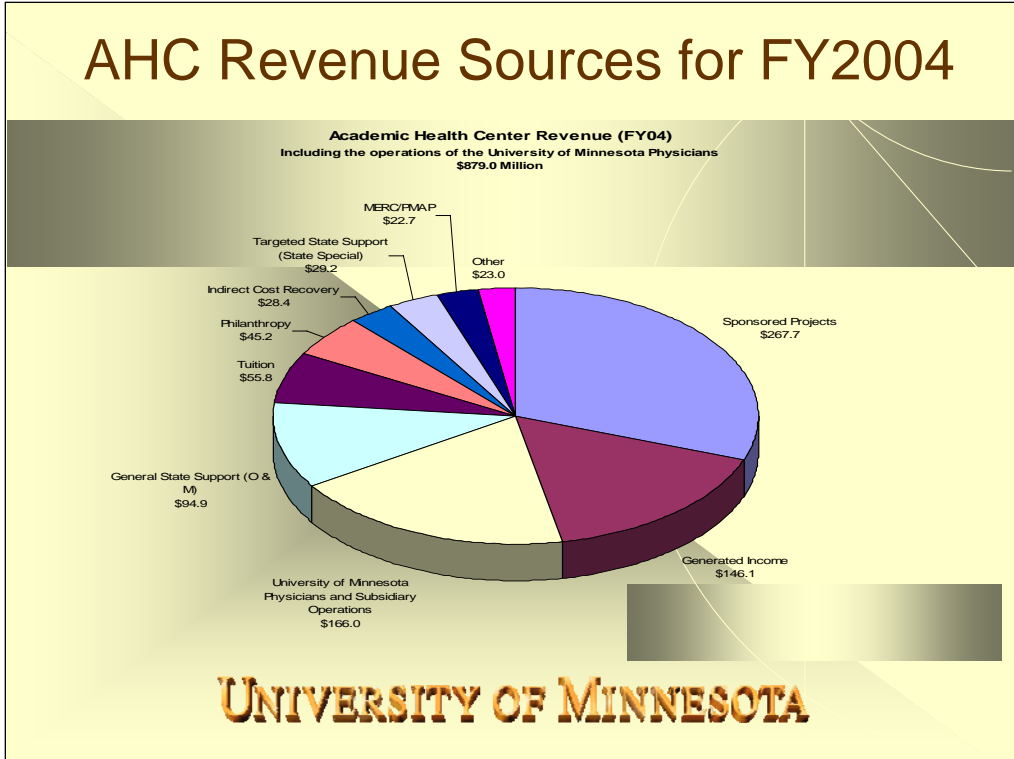
Back to the U and its education mission –

Clinical Sciences – which can be defined as the scholarship, the research, and the care that takes place with patients – is critical to our future at the University –

Again – it will draw:

(read from slide)

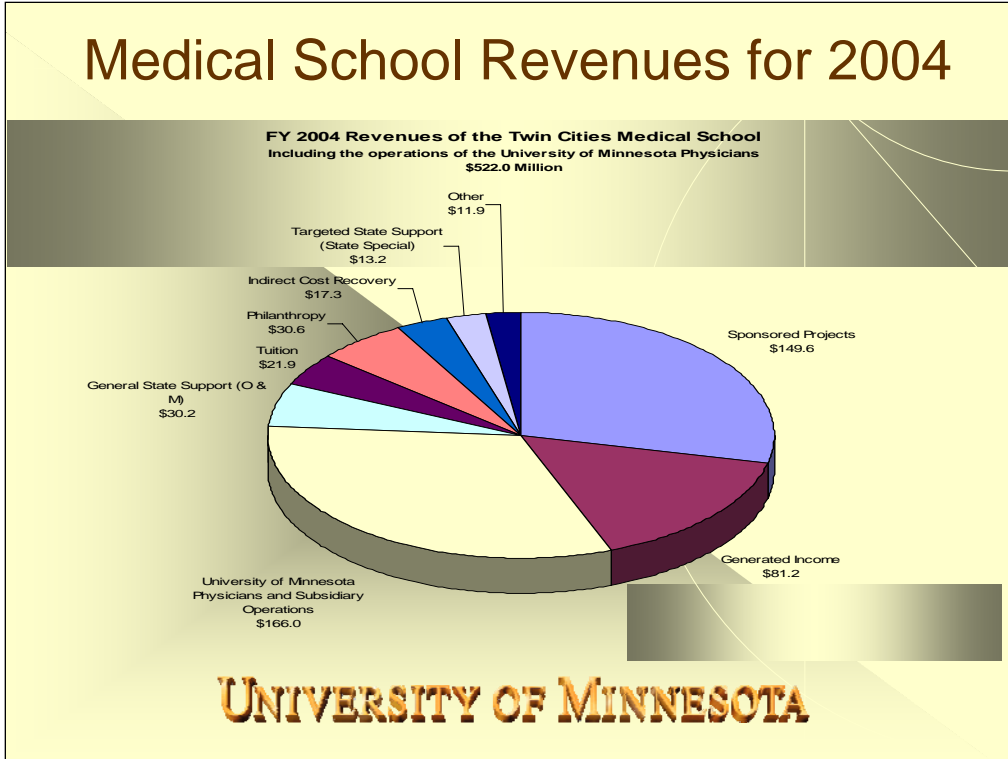




This pie chart should give you an idea of the importance of our clinical enterprise to the functioning of the Academic Health Center....

What's not on this chart is the significant contribution of real dollars in the unfunded costs of education that are "given" to the next generation of professionals by the state's hospitals and clinics.

When we send a third year medical student, for example, to Willmar for a rotation – that hospital is "giving" that student extra time, critical experience, and important educational opportunity that costs the hospital time – and thereby, money...



Clinical revenue is even more important to the bottom line of the medical school -

## Clinical Sciences: Facilities Investment

Our current facilities do not support clinical research, clinical practice, or education of the next generation of health professionals:

- Outpatient clinics built 1976; number of visits exceeds capacity—difficult traffic patterns, low patient satisfaction
- Adult facilities have mostly semi-private rooms – need private rooms; major investment in plant required – new approaches to care require different design
- Children’s facilities are oldest and largest in region; history of breakthrough therapies; need private rooms and investment in Department of Pediatrics

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As I noted earlier, the University is indeed looking to upgrade and build new facilities to support our clinical enterprise and clinical education – These are not adding capacity – they are reconfiguring, and updating outdated facilities – again, we need to compete to succeed

And the entire state needs us to succeed – it’s probably a whole new way of looking at competition – the collaborative shared model of competition...

## Clinical Sciences: Program Investments (Faculty and Facilities)

- Will build on prior investments in basic and translational research
- Will bring breakthrough therapies to the bedside and community
- Will facilitate training of the next generation of practitioners in various care delivery services and systems
- Will provide a needed boost in moving the Medical School into the top 20 in NIH funding
- Will position the AHC for continued, sustainable growth for the future

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(Read from slide)

## Why do we have to compete?

- In order to keep doing what we currently do for the State of Minnesota we must invest to stay "even"
  - You cannot train tomorrow's health professionals in yesterday's facilities and with yesterday's technology
  - You cannot perform today's research in yesterday's facilities and with yesterday's technology
- MN relies on us as the major engine for new health research and knowledge and the core of biosciences development
- Our partnership with Mayo brings new research opportunities and support into the state, produces new IP, new jobs, and potentially new businesses

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Why do we have to compete – this is a legitimate question about the University's effort to position itself among the top three public research universities in the world –

Let's take a look at this....

In order to keep doing what we currently do for the State of Minnesota – we need to invest in order to stay even – or just hold steady with the competitive market place...

And let me tell you – You cannot train tomorrow's health professionals in yesterday's facilities – and with yesterday's technology

And –

You cannot perform today's research in yesterday's facilities and with yesterday's technology

I want to state clearly – in academic health - If you do not compete you slide into mediocrity and your competitors move ahead of you.

But we also have to compete because – Minnesota relies on us as the major engine for new health research and knowledge and he core of biosciences development

And – our partnership with Mayo brings new research opportunities and support into the state, produces new IP – or intellectual property – new jobs, and potentially, new businesses

For us - The key is the faculty and the facilities they work in. It is a "sellers market"

## Why do we have to compete?

- Our competitors are making the investments in scientific and clinical facilities.
  - UCSF – adding 2.65 M gsf in research space; 210 beds in contiguous children's, women's and cancer hospitals
  - U of Washington – adding bioengineering/genome sciences building
  - Michigan – 470,000 GSF research bldg., plus 230,000 sq.ft. lab facility, plus added 1.3 M sq.ft. for health system facilities

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Higher education is remarkably competitive today – and Minnesota deserves to be positioned among the strong states. Since we are the state's only public research institution – and since we currently attract more than 95 percent of all federally funded research, we need to drive forward to sustain our historic strengths in to the future.

I'll give you a brief look at what the top institutions in the nation are building and doing now – and no, not all of these are medical facilities, however, they are related or connected to them.

(read slide)

## Why do we have to compete?

- Stated goal of achieving status in top 3 public research universities in world will require
  - New clinical and scientific facilities and a better way to finance them
  - Continued recruitment and retention of the best faculty and students
  - More internal reallocation, which we are doing
  - More community and public support to make happen

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Why do we have to compete to become one of the top three public research universities in the world?

Let's face it - this is pretty bold for a Minnesota institution – and - it's the right thing to do. We either move ahead aggressively – or we will fall behind drastically. Higher education is remarkably competitive today – and Minnesota deserves to be positioned among the strong states. Since we are the state's only public research institution – and since we currently attract more than 95 percent of all federally funded research, we need to drive forward to sustain our historic strengths in to the future.

Of course – meeting our goals requires substantial investment in clinical and scientific facilities – and a better way to finance them

Continued recruitment and retention of the best faculty and students

More purposeful internal reallocation, which we are doing...

And greater community or public support to make it happen...

**Meeting the Mission the People of Minnesota Have Given Us**

"To prepare the next generation of health professionals who can improve the health of our families and communities, discover and deliver new treatments and cures, and enhance the economic vitality of our health industries."

**Requires investment in state-of-the-art facilities for performing research and education, both for the science and for the clinical training**

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Our success at meeting that mission requires an investment in facilities – yes, some medical and some for research – but all for the future of Minnesota.

Now – I'd like to open the floor for questions...