Public Testimony on the Future of the AHC, Academic Health Center at the University of Minnesota

University of Minnesota
Board of Regents
Ad hoc Committee on the Academic Health Center
Wednesday, March 8, 2000
Public testimony on the future of the Academic Health Center

Written comments and materials were received from:

Key Health Care Systems
Jeff Spartz, CEO, Hennepin County Medical Center
David Page, President & CEO, Fairview Health Services
Richard Dinter, CEO, University Medical Center - Mesabi
Larry Schwanke, Vice Pres. Human Resources, Buyers Health Care Action Group
Scott Anderson, President & CEO, North Memorial Health Care
Dan Foley, Chair, Allina Medical Education and Research and Gordon Sprenger, President and CEO, Allina Health System

Community Groups
Katherine Lentz, Initiatives Director, United Way
Lyle Wray, Executive Director, Citizens League
Gretchen Musicant, Director, Public Health Initiatives, Minneapolis Department of Health & Family support

Professional Associations
William Bond, CEO & Exec. Vice Pres., Minnesota Pharmacists Assoc.
Susan Johnson-Lynx, RN, Director of Policy, Practice & Educ., MN Nurses Assoc.
Karen Arnold, Board Member, MNBio
Marshall Shragg, Immediate Past President, Minnesota Public Health Association

REPRESENTATIVES FROM KEY HEALTH CARE SYSTEMS

Jeff Spartz, CEO
Hennepin County Medical Center

Thank you for the opportunity to speak to you as one of the major affiliated educational institutions of the Academic Health Center.

By way of introduction, I am Jeff Spartz, CEO of HCMC.

HCMC and the AHC are integrally linked in their missions of service to our region. HCMC is a vital component in the education of health professionals in the State of Minnesota .. 19% of the undergraduate physician training is provided at HCMC (81 FTE), and 14% of the graduate medical education training is provided at HCMC (235 FTE), and we have extensive interactions in other health science programs at the University for a variety of health professionals. Along with Fairview/University, Mayo, VAMC, and Regions, we are an educational system that enables the State of Minnesota to obtain and retain high quality health care providers, which has helped to position Minnesota as one of the healthiest states in the nation. 65% of the HCMC graduates continue to practice in the state of Minnesota.

Among the questions you have asked me/us to respond to, the first is with respect to the mission of the AHC : fundamentally, ".... efficient discovery and dissemination of knowledge to enhance the health and well-being of Minnesota, the nation and the world." The AHC has been integral to providing for enhancement in the art and science of medicine, not to mention the sizable health technologies industries so critical to the economic health of the state.

It would seem that the AHC must continue to focus on those elements of its mission that only the AHC can provide. That is to say, the AHC role in research and education must continue to be primary focus ... there is no where else in the region that can or should attempt to match the intellectual and capital investment present at the AHC. The AHC must preserve, emphasize, and publicize that which makes it so unique in our environment.

Patient care is intimately linked to education, and the AHC will always have the tripartite mission. However, in this era where payment levels for services rendered are determined by payers that are somewhat indifferent to cost structures and the need to secure resources for future investment pursuit of volume growth is a challenge. We would recommend a course for the AHC that is similar to that pursued by HCMC, which is to focus on selected services and populations, realizing that none of us can afford to own the full spectrum of services, but that we must work as a constellation of provider systems which provides access to the full spectrum of services that we provide.

The second question you have posed is , who should the AHC serve? The question ultimately must go back to the citizens of Minnesota, not only to learn what they desire but how much they are willing to invest in the health sciences programs from which they benefit. Consumer expectations have and will continue to increase, and as we are moving into a brave new world of clinical enhancements, we must challenge our constituencies to determine what they truly value so that they develop a sensitivity to the costs and acknowledge funding sources are required to meet their expectations. One sidebar observation we would make is that at HCMC we do find that developing and promoting a full range of services outside of our immediate service area can have a negative backlash ... outreach services must be structured so that they clearly leave a role and dignity for the providers and institutions of Greater Minnesota. Outreach in the context of increasing patient flow to the AHC is seen as a competitive challenge by the private sector, and gives primary and secondary providers cause to pause and consider referral relationships .... it is difficult to refer cases to organizations that are seen as competitive, rather than complementary.

The third question is with respect to challenges....
(1) Financing continues to be paramount. We have seen that as costs of education and service have risen, there is increasing reluctance from funding sources to accommodate those increases. Based on earlier conversations with Dr. Cerra, we believe 55% of the AHC funds come from patient service ... at HCMC, 95% of our funding is through patient service revenues. It is up to institutions such as ours to demonstrate value ... which for this discussion we would define as the relationship between quality, outcomes, and costs. We must be able to demonstrate value to the payer organizations, and curry favor with the patients we serve

so that as they make choices as consumers and begin to share in the financial risk for the services they receive, they acknowledge the quality of service provided and trust our institutions as prudent stewards of the resources within our domain.

(2) The second major challenge is simply in trying to keep pace. Change is occurring dramatically, with respect to:

- consumer expectations, their knowledge base and use of electronic technology;
- the ever-moving horizon of health care innovation, including non-invasive diagnostic and therapeutic techniques, pharmaceuticals, and gene and cell therapies; and
- the ongoing public health needs of the population, which in this market reflect great health disparities in people of color, which is now exacerbated by the influx of newly arrived Americans. How and where to allocate resources to the multitude of initiative options is a challenging and perpetually dynamic endeavor.

The fourth question is , how will we judge whether the AHC has accomplished its mission? Part of the answer today is found in Minnesota's consistently high ranking in the U. S. Health Care Index. But as we move forward, we will have to be vigilant to assure that (1) we continue to make enhancements with respect to the health status of the population, (2) that our population has access to the health care system, (3) that our providers are well trained and remain in practice in this state, and (4) that we continue to be recognized for our intellectual capital in advancing the state of our science. These macro assessments of our overall health care system should be the foundation for the specific imperatives and objectives established by the AHC.

We would ask that as the AHC develops these specific imperatives, the related institutions such as HCMC be made aware of them so that we can develop our own imperatives and strategies with awareness of and sensitivity to the AHC direction. Our futures, and the health of the State's population, are intimately linked, and we must find ways and means by which we can support our complementary roles.

Thank you.

David R. Page
President and CEO
Fairview Health Services

I. What Should be the Research, Teaching and Outreach/Service Mission of the AHC?
The primary mission is to prepare, train and educate health and health related technical and professional people for the state of Minnesota.

Tied to the training and education role is a very real service role focused on the state's special needs (not necessarily needs of access and/or underserved population) that are primarily available through the high end specialty care that AHC's offer.

The research mission is a clear additional mission that adds a significant qualitative value to the education and service mission. It should not be thought of as an "optional add on" because it is an essential element of the education mission.

II. Whom Should the AHC Serve in Each of These Roles?
The AHC must serve the state of Minnesota, its population, and as a result of its education service roles it should have a regional presence.

Further, as a result of its excellence and distinction the AHC should play a role at the national level in focused areas.

III. What are the Three Biggest Challenges that the AHC Faces? How Should it Solve Them?
The biggest challenge for the AHC is to find appropriate funding sources to finance the clinical enterprise and separately finance the educational enterprise. This is offered with the assumption that research for the most part can fund itself through outside sources. Funding the separate mission through cross subsidization is no longer possible and will put core programs at risk.

The second challenge is to fund, find and retain an excellent faculty. The entire AHC's character will reflect its excellence. Minnesota should not have a pedestrian AHC. The third challenge for the AHC will be to explore and discover new ways to reach out and serve, leaving the traditional ways of today (new ways, i.e. internet, telemedicine, community based GME).

IV. How Will You Judge Whether the AHC has Accomplished its Mission?
The accomplishment of these missions can be measured by the affirmation or lack of affirmation of the people the AHC serves in education and clinical service; and by its reputation and ranking in national research circles.

Minnesota's response to their University Academic Health Center will be very key in judging the degree of success of its missions.

Richard Dinter, CEO
University Medical Center, Mesabi

At the present time the University of Minnesota Academic Health Center has a dizzying array of options open to it. I would not presume to define which specific choices are best. I will however gladly give my opinion over what the guiding principles should be.

Context of my opinions:

- Rural background
- Uneducated family
- Information was limited to printed word/limited TV

In General: The concept of a University was larger than life - almost mythical to us. The University of Minnesota in particular was seemingly unobtainable.

Attended the University - initially on a NROTC scholarship

Then Vance Jewson in Financial Aid.
Graduated from CLA - Misha Penn course on Science and Humanities 99 issue of two cultures nightmare of the bridge being pulled up East/West bank.

Wife and I attended Medical School here - went to New York for Residencies and returned to Minnesota - Hibbing. Privilege of practicing there with Dr. Baraga and were proud of affiliation with the University of Minn Health System which brought legendary figures to our community. We have participated in research and education.
Currently I am the COO of the Range Region Health System.

Perception is:

- The AHC is embedded within the University of Minnesota
- The Core function of a University is Knowledge
    - Creation
    - Dissemination

  Advances are often the result of Serendipity and an inquiring mind
- Example of Penicillin mold

The touchstone of decisions revolve around this core function

KNOWLEDGE

- Teaching - of course
- Research - without question
- Patient care - essential: it is the natural laboratory of advances for the inquiring mind and for the training of students.

Challenges:

Misha Penn did not see this one coming: the danger is not the separation of Science and Humanities but
I believe the core function is threatened philosophically by a Material Culture and a Business ethic. This combination leads to a belief that you can know the future and plan for it. It is manifested by limited advances and refinement of current knowledge essentially backfilling. Pharmaceuticals seem to revel in this.

The truth is that you cannot know the future but you can participate in creating it.

How do you know if you have failed?

DeKalb on Plant Pathology
Crest on the Dental School
Glaxo on the Phillips Wangensteen Bldg
Corona bag balm on the Vet school

How do you know if you have succeeded?

Can students learn?
If a researcher has a mishap can he/she recognize the opportunity and follow up on it and will her department be able to allow this to occur - or will the deterministic model prevent meaningful departures from plan?

These are difficult times and I would not presume to tell you how to accomplish these goals but I wish you well and offer my assistance if need be.

Lawrence E. Schwanke, Vice President, Human Resources
BUYERS HEALTH CARE ACTION GROUP

On behalf of the more than forty member companies of the Buyers Health Care Action Group, I would like to thank you for inviting us to share our views on the Academic Health Center. Our member employers believe that a vital and successful Academic Health Center is a critical asset to the entire state of Minnesota.

MISSION

- Through its teaching role, the Academic Health Center (AHC) should be the primary supplier of health care professionals to Minnesota and a number of neighboring states. There should be special focus on teaching primary care providers.
- The research and outreach/service roles should be supportive of the teaching role.
- The historical focus on developing new medical technologies, which improve patient care worldwide, should be continued.
- Key - at its core, the teaching and outreach/service roles should be PATIENT focused. Patient treatment and care is the basic reason that teaching the health care provider and providing care is undertaken. While some might suggest that this is simply stating the obvious, from our perspective as purchasers, that is not how the current systems work.

CUSTOMERS

- The primary customer for the teaching and outreach/service mission roles should clearly be the patients. Patients should be to the AHC what the sun is to our solar system.
- Secondary customers should be the clinics, hospitals, and care systems, which are employing the care providers who have been trained by the AHC. Also, these clinics, hospitals and care systems will be customers for the research, consulting and referral expertise of the AHC.

- Additional secondary customers are the growing medical technology markets including many companies located here in the Twin Cities.

CHALLENGES
The most critical challenge has two components:

- Can the AHC, as an organization, intellectually and psychologically digest the concept of patients being the primary focus of the exercise?
- If digestion occurs, does the AHC have sufficient administration wisdom and discipline to inject this concept into all aspects of the daily operation of the AHC?
- The next critical challenge is assuring that the AHC has adequate financial and human resources to fulfill its mission.
- The third challenge is effectively partnering and interacting with your secondary customers.
- To be successful in meeting these challenges the University of Minnesota AHC needs to clearly differentiate itself from the many other AHC's in the degree that you are patient focused in both your teaching and care giving.

MEASURING SUCCESS

Is the first course a first year medical student takes a course on effective listening?

If we conduct a survey in 2010, will the significant majority of patients know, within five minutes on their first visit, that their health care provider, (medical doctor, nurse, or nurse practitioner) was trained at the University of Minnesota?

Minnesota Hospital and Healthcare Partnership
Presentation by Chairman Scott Anderson, President and CEO
North Memorial Health Care

Good afternoon. I am Scott Anderson, President and CEO of North Memorial Health Care, Robbinsdale, and Chairman of the Minnesota Hospital and Healthcare Partnership. On behalf of MHHP, which represents 142 Minnesota hospitals and 22 health systems, we wish to thank the Committee on the Academic Health Center for the invitation to provide input to the strategic planning process. You are to be commended for your participative approach to planning.

Not being well versed in the dynamics and dimensions of the Academic Health Center, I am reluctant to suggest what its mission should be. I can however, offer some "observations from the front" as viewed through the lens of Minnesota's hospitals and health systems.

We view the health care community as a compilation of many aspects of society that should work together toward the goal of keeping people healthy. The teaching and research components are very important and are foundations upon which the delivery and financing components are built. Aligning the goals of all the segments can be a mind-boggling task when one considers the numbers of interests and circumstances we encounter. However, it can be made much simpler if we all keep in mind that keeping people healthy is really what we're all about.

In the current environment there are three huge concerns we must embrace if we want to be effective in the future. They are: 1. Earning the public's trust; 2. Keeping our patients safe from harm; and 3. Matching the demand, supply and skill set for health care workers.

Earning the public's trust is something we must do every day in every way. Trust affects everything, from how well people respond to clinical interventions to how we are financed, staffed, and regulated. Research and teaching can greatly enhance our credibility by recognizing the opportunities to instill this message in the professionals who then will carry it with them throughout their careers.

A significant factor contributing to people's trust is whether they can be confident that the health care systems and processes are safe and will in fact optimize their health. As a healthcare community we have a great deal of pride in our practices, but we need to do better. We need to change our culture from one that assumes we can always do the right thing, to one that recognizes human error and builds failsafe systems to ameliorate negative consequences. Research can be very helpful in identifying new and better failsafe systems. Education is essential to changing our culture. People need to be taught to think in terms of systems for care and improvement; the "silo mentality" has to cease.

The teaching component of the AHC's mission is vital to the success of our health care system. We need a nimble academic environment that is able to respond to the changing needs of healthcare and instill that quality in the persons who are educated. The switch from inpatient to ambulatory care has fundamentally changed the delivery system and we need educational opportunities that can support the change. Physicians and other health care workers need to be comfortable with the various setting of care including long term and home care in addition to ambulatory care. Issues of supervision, faculty availability and financing are very difficult, but we must continue to experiment with new ways to introduce the students to the settings that are most cost effective for the patient.

At the same time, to continue to encourage the best and the brightest to choose health care as a vocation, our educational system has to be affordable to the students. Experts are predicting the worst healthcare labor shortage we have yet experienced citing one of the contributing factors as a reduction of persons (in particular nurses) entering the field. Our educational processes need to be sensitive to the economic dynamics that impact patients, students and the delivery system.

Our teaching hospitals are facing enormous economic challenges brought about by Federal budget cuts through the BBA and private sector dynamics. Trying to maintain the triple mission of research, teaching and patient care is becoming increasingly difficult. The time now for a frank realization of the costs to maintain the system we have and the resources that support it. The future financing of graduate medical education is a concern with which you are no doubt familiar, and one that, although somewhat invisible to the public, will affect every aspect of our future health care system.

As a result of the market-driven health care system we have, physicians and other healthcare workers have demands placed upon them that are very different from the demands of the past. We must prepare them for these challenges and encourage leadership among those who have the potential, Healthcare is so very complex that we need to encourage those with clinical talents to also develop their management and leadership abilities to enable them to better lead and manage their clinical departments and practices.

We need to look for new ways to assure access to care for the entire state of Minnesota. Encouraging the outreach of physicians and other healthcare workers to rural communities and using new and innovative technologies to educate health care workers in those communities should be a priority for all of us. Hospital and health system partnerships with the University to bring resident training to rural areas is a valuable tool and needs to be enhanced in a way that is clinically sound yet financially feasible.

Our current struggle is to match the demand and supply of workers. Although there have been great attempts at developing prediction models, the market always moves faster than the educational pipeline. A major challenge is to develop a long term view of our academic health care community including factors that allow us to anticipate the major trends and be responsive to the market place and its dynamics.

You have asked us to propose solutions to the three biggest challenges. We don't purport to have the answers. We do however, have a willingness to work to find answers. MHHP's members stand ready to roll up our sleeves and tackle these challenges head on. We'd like very much to have the opportunity to do so. Thank you for this invitation to speak.

Dan Foley
Chair
Allina Medical Education and Research
Gordon Sprenger
President and CEO
Allina Health System

Dear Dr. Reed:

Thank you for inviting Allina Health System to share its thoughts with the special committee of the Board of Regents as a part of the strategic planning process for the University of Minnesota's Academic Health Center. In an effort to outline our comments, below is a summary of our issues and concerns.

Just as the Academic Health Center, because of its unique position as the largest academic medical institution in the State of Minnesota has a special obligation to provide medical
education and research training, Allina Health System, as the largest health care system
State of Minnesota, has a mutual responsibility for providing ongoing patient care. Therefore,
Allina Health System is extremely willing to work in equal partnership with the
Academic Health Center in creating and implementing its new vision.

In general, Allina Health System has had good experiences with many of the schools that fall beneath that umbrella of the Academic Health Center. We do however, want to express a few concerns about the current perceived state of the Academic Health Center. Specifically, we have two major concerns. One, we are concerned about the decrease in the number of specialty programs at the University of Minnesota's Medical School. In the past, medical practices throughout the state recruited from the University of Minnesota for the vast majority of their future partners. For many specialties today, that is not always the case. Secondly, we have concerns about the adequacy of fellowship-training programs. Our experience indicates that Minnesota, for many reasons, is at a distinct recruiting disadvantage in the medical specialty area. Allina Health System has grave concerns about the workforce shortage that we are facing in many, if not all, of our medical facilities. We see an opportunity to work with the Academic Health Center to provide input on curriculum development and recruitment strategies that will benefit the entire state.

Allina Health System believes that research and patient care are essential to the education of health professionals. As part of our position on medical education and research we are committed to working with the Academic Health Center. We believe that training and research sites should make programmatic changes to maintain efficient, high quality, flexible programs that meet future public health and marketplace demands.
Moving forward, it is our hope to continue an open dialogue with the University of Minnesota's Academic Health Center as they create and implement their new vision. We would like to continue to meet with Dr. Frank Cerra, Senior Vice President, in order to further our discussion around partnership opportunities.

REPRESENTATIVES FROM COMMUNITY GROUPS

Kathryn Lentz, Initiatives Director
United Way of Minneapolis Area

What should be the research, teaching and outreach/services mission of the AHC?

- To focus on community-based care and on prevention/intervention strategies in partnership with health providers and social service organizations.
- To focus on community wellness, incorporating the healing and spiritual practices of many populations with Western medicine.
- To involve community leaders, particularly those identified and recognized by their own community, in the planning and implementation phases of any AHC decisions or research projects.
- To establish community partnerships and get to know them by:
    - attending meetings
    - sitting on boards
    - conducting needs assessments
    - partnering on research projects
    - partnering on community projects
    - asking them the questions you want answered
- To require the teaching staff to periodically work or volunteer in the communities it serves to help the professors stay current and be grounded in the issues facing the community.
- To ensure that health professionals are prepared to serve an increasingly diverse population.
- To address, through research, the disparities in health care for populations of color and immigrants.

Who should the AHC serve in each of these roles?

- The organizations that make up the community around the University.
- The other departments within the University system, such as Extension who cultivate and maintain close working relationships with its various partners. (I see this as more of a partnership with others in the University system who seek to address the community as a whole.)
- Those social organizations that strive to combine social and health services to better meet the needs of those they serve.
- The professors and students to give them the skills needed to work in an increasingly diverse community.
- The health care practitioners in the field to ensure they offer culturally sensitive care.
- The populations of color and immigrant populations would be served through the research on disparities.

What are the three biggest challenges the AHC faces? How should it solve them?

- External communication: Most organizations and people in the community don't know who the AHC is or what they do. Neither do they know of how the AHC benefits them or their community.
    - Solutions:
        - Communicate via "partners" newsletters, Websites, e-mail distribution lists, etc.
        - Seek opportunities to speak at staff meetings of key community organizations, particularly those of diverse communities.
        - Staff booths at major community fairs or events.
        - Seek opportunities to present at collaborative meetings where the AHC wishes to establish a presence.
- Relationships: The AHC needs to establish and maintain vital relationships with the diverse groups that the University wishes to serve.
    - Solutions :
        - Partner with United Way: we are the gateway to 150 community agencies in the 5 county West Metro area.
        - Seek out those collaboratives or organizations that have multiple constituencies such as The Center for Population Health, The Center for Cross-Cultural Health, Phillips Powderhorn Healthy Babies Collaborative, the Hispanic Health Network, and the organizations serving specific immigrant or ethnic populations.
        - Seek to work with those departments within the University system that have the same mission. Examples are the YMCA and the programs they support, such as the Beacons after-school program; Boynton Health Service; and the Extension Service.

- Research and Field Experiences: The AHC needs to conduct research and field experiences in a more culturally sensitive manner.
    - Solutions :
        - Include the right community representatives in the research from the beginning of any project.
        - Use community representatives to develop and implement any research and field experiences project; don't just use them as an information source.
        - Partner with other organizations such as The Center for Cross-Cultural Health and United Way to offer them, as well as the AHC, a more full-service research perspective.

How will you judge whether the AHC has accomplished its mission?

- The AHC will see itself as a community partner and will be proactive in forming relationships within the community.
- Partners will express a better understanding of the AHC and what it is about.
- The community will seek out the AHC as a vital partner for addressing and solving the community health and social needs.
- Professors and students will teach and practice in a culturally sensitive manner that incorporates the beliefs and values of all cultural groups.
- Health care professionals will be able to interact with diverse populations with ease.

In closing, I believe that that the Academic Health Center needs to integrate both the health care needs and social needs of people into any planning in order to achieve a healthy community.

Lyle D. Wray, Ph.D., Executive Director
Citizens League
612-338-0791
http://www.citizensleague.net
The need for a strong Academic Health Center will only be enhanced by developments such as:

- Demographics of 67 million baby boomers heading for retirement
- Biotechnology in take off mode in the next three to five years
- Gerontology needs as we have a rapid growth in 85+ year old citizens
- 95% of medical records are paper only and IT spending in healthcare at 1.5% of operations, less than one third of other industry averages

The Citizens League has long followed health care needs and suggests that the Academic Health Center has several crucial tasks:

- Attracting and retaining top flight faculty for research and development activities and to attract national grants; and
- To take a lead in improving the doctor-patient relationship and practice

Here are a few thoughts:

Maintaining the proper balance between creative culture in research and the needs of rigorous accountability in a public institution require constant vigilance.

The Center could play a larger role in alternative medicine front by moving more quickly on program offering and faculty.

As we move into the "knowledge economy" and with the take off in biotechnology, pharmaceutical innovation, and the impending dramatic rise in the age of

the population, it is imperative that Minnesota have a strong Academic Health Center to prepare the state to succeed in an exciting but challenging future.

Thank you.

Gretchen Musicant
Director, Public Health Initiatives
Minneapolis Department of Health & Family Support

Dear Dr. Cerra,

Thank you for the opportunity to provide input to the strategic planning process for the AHC. My answers to your questions are summarized below:

Mission
The primary mission should be to prepare practitioners in health related fields. A secondary mission should be to support and promote health through research and consultation.

Who should be served?
There is a need to serve the education needs of traditional students as well as those of mid-career students. Special attention should be given to recruiting, retaining and graduating students of color. This will require a transformation of the internal culture of the schools.

Challenges for the AHC
I believe that one of the biggest challenges for the AHC is the one of being an entity that helps all of its parts equally. The dominance of the Medical School in terms of Legislative proposals, building allocations, funding and publicity stands in the way of this becoming a reality. The ability for all the parts to pull together as a unit is significantly hampered when "one member of the family gets to eat first at every meal and the rest of the family is expected to be a team and share the leavings happily". This is not a new problem, but one that deserves attention, especially because of its chronicity.

Another challenge is to get the good news outto make Minnesotans aware of the many societal contributions that have their origins in the AHC. This will take a concerted effort on the part of the AHC to root out the stories and then get them told. The people most closely involved in working on issues do not always see the newsworthiness of what they are doing.

Research continues to dominate as a mission over teaching and outreach/service. This is an imbalance that is maintained because of funding. These functions must be brought back into balance. A stronger base of funding for teaching would help this transition.

How will accomplishments be judged?
The proportion of graduating students of color will increase significantly and will not be limited to primarily foreign-born students of color.

The building and finance needs of all schools within the AHC will receive appropriate attention so that their needs are met in a way that is equal to the timeliness of meeting the needs of the Medical School.

The public and legislators will be able to easily name several recent contributions that faculty and students at the AHC have made.

Faculty will be rewarded through tenure and other mechanisms for teaching excellence, service to the community and research.

REPRESENTATIVES FROM PROFESSIONAL ASSOCIATIONS

William E. Bond, CEO and Executive Vice President,
Minnesota Pharmacists Association

1. What should be the research, teaching, and outreach/service mission of AHC?

To serve the current and future health care and health training needs of the AHC constituency 2. Constituency (In descending order of importance)

- Graduates
- Students
- Minnesotans
- Citizens beyond Minnesota

3. What are the three biggest challenges AHC faces and who should solve them?

- To meet the needs of current graduates to integrate into the anticipated future patient needs and changing health care market place - Solution? Joint responsibility of graduates and AHC.
- To train AHC students to integrate into current practice - Solution? Joint responsibility of graduates and AHC.
- To meet the current and anticipated future health care needs of Minnesotans - Solution? Joint Responsibility of graduates, patients, students, and AHC.

4. Mission Accomplished? When the AHC and individual colleges have set up a process to create better communication and accountability between the AHC and its constituencies.

Susan Johnson-Lynx, RN, Director of Policy, Practice & Education
Minnesota Nurses Association

Three-fold Mission of the MNA:

- Promote the professional, economic and personal well-being of nurses
- Uphold and advance excellence, autonomy and integrity in the practice of nursing

- Advocate for quality care that is accessible and affordable for patients and consumers

MNA directly represents 15,000 registered nurses through public policy advocacy, definition and promotion of practice standards, education, and collective bargaining.

Social Responsibility of the Profession
We interpret and implement our mission in the context of Nursing's Social Policy Statement:

"The authority for the practice of nursing is based on a social contract that acknowledges professional rights and responsibilities as well as public accountability." -American Nurses Association, 1995

Today's Situation

- More uninsured; access a problem for many
- Gaps & delays (transport, Rx) for insured
- Shifting of unpaid care to community caregivers
- Consumer confidence & community support for health care system declining
- Differences in care & health outcomes related to race, gender, income, location
- Prevention & population-based interventions need priority & funding
- Erosion of health professional role; fragmented/assembly line approach to care
- Adverse legal and ethical challenges in the practice environment
- Shortage of health professionals to meet growing needs (aging population, aging workforce, workload, recruitment challenge)
- Quality and safety concerns; systemic impact of medical errors'
-

Preparing Nurses for the Future

ADVOCACY
Individual, professional, social INTEGRATION
Across disciplines, settings.

ETHICS
Challenge of caring

OUTCOMES & DATA
Interventions, delivery context

CULTURAL COMPETENCE
Outcomes, delivery design

RESOURCE ALLOCATION
Individual, systemic

PREVENTION
Individual, population

Advocacy Challenges for Leaders in Education and Practice

- Lead the care movement
- Begin early recruitment
- Partner with consumers & advocates in:
    - establishing desired outcomes
    - developing meaningful quality data
    - obtaining access for all
    - prioritizing funding

Karen M. Arnold
Boardmember, Minnesota Biotechnology

I speak today representing the interests of the Minnesota Biotechnology Association. MNBIO is a partnership of industry, academia, finance and government dedicated to growing Minnesota's life sciences industry.

I also speak personally as the parent of a micro-premie. My son, at the age of 4, has already in his short lifetime, consumed (or more correctly benefited from) the availability of in excess of $1 million in specialized services. The access to products, technologies, and therapies that were developed in research efforts just like those that go on inside the Academic Health Center every day is the reason my son is alive.

Finally, I speak as an individual that has spent a career developing companies that make technologies, therapies and products available on a commercial basis.

Now that you understand my bias, let me comment on the roles that the AHC fills.

The excellent execution of the teaching and outreach capabilities of the university has significant impact on the research innovations and the applications that can be developed. You cannot un-bundle these three missions without causing each of the capabilities to suffer. Without the ability to challenge the "thinking" brains of the students... Without the access to patient populations... Without the research ability to continually advance the science... You can see where I'm heading. These missions of teaching, research, and outreach cannot, and must not be un-bundled as you seek to refine the focus of the AHC.

This understanding of the intertwined responsibilities and capabilities also goes to the heart of the question of significant challenges. The balance between patient care, research, and education will boil down to access. Access to care; access to innovations; and access to a learning environment.

The concerns raised earlier about business development balanced with intellectual freedom to operate, research, and develop products are not mutually exclusive. The challenge of balancing lies in the understanding that without the ability to popularize, or to teach, or to commercialize those technologies, products, and therapies, research only has value inside the single institution.

To the extent that the Academic Health Center can capitalize on those discoveries (whether it is through partnering with either large or small organizations for profit or not-for-profit), funding becomes expanded and continues to be available for future generations of research and development.

How will we judge success? Professionally, I will measure that success based on the expansion of an economic base for the State of Minnesota with new companies that are formed or companies that grow based on commercializing the intellectual property developed here at the University. In other words, I don't necessarily see the proliferation of partnering company emblems placed on buildings to be a bad omen, provided that they are kept in the context of partnering.

As a trade association, I believe that success lies in an expansion of research ranging from basic science to advanced applications.
Furthermore, that knowledge or intellectual property is being made widely available.

Finally, as a mom, the measure of success comes alive in the face of my son. He is alive and thriving against all odds because patient care, education, and research were not unbundled.

Marshall Shragg
Immediate Past President
Minnesota Public Health Association

Dr. Cerra:

Thank you for the invitation to provide input regarding the University of Minnesota's Academic Health Center. I am an alumnus of the School of Public Health (Public Health Administration), and have worked in health care in Minnesota for 20 years. Most recently, I have served as the president of the Minnesota Public Health Association (MPHA). MPHA is an interdisciplinary organization comprised of public health professionals across the state who share an interest in enhancing professional growth and pursuing innovative approaches to improving the public's health.

MPHA has had a long-standing and positive relationship with the School of Public Health and its Alumni Association. We have cooperated with the School on a number of initiatives, including conferences, student mentorships, career preparedness, guest lecturing, site visits, and Board membership. Throughout the relationship, our members have consistently recognized that the School of Public Health was not regarded as an equal among the schools within the Academic Health Center. Despite its track record of producing significant research and developing some of the most influential public health professionals throughout the world, the SPH has been consistently relegated to afterthought status. To those involved with the School of Public Health as students, alumni, and community, the AHC's medical schools appear to dominate with regard to attention and resources (in both positive and negative situations). It is an interesting paradox, with medical care being a component of public health, that the emphasis is not more equitable. This is most obvious, perhaps, in the decentralized physical structure of the SPH into buildings across the campus.

More generally, the AHC would stand to gain a great deal by establishing a philosophy of community involvement... integrating its goals of education and research with communities. The Academic Health Center maintains a reputation within the communities of Minnesota as parasitic, entering the communities not to serve, but to use. Although many of Minnesota's diverse communities provide a potentially wonderful laboratory for study, involvement in the communities requires a great deal more than experimentation. Communities recognize service by the establishment of partnerships that benefit both sides, involving activities which are conducted with communities, not to them.

The Academic Health Centers mission to disseminate knowledge and enhance health and well-being is admirable. In reality, however, program emphasis on doing what is fundable rather than what is desirable often takes the focus away from the education of students and providing a resource to communities. The AHC's goals of research, education, and service are appropriate, but need a better balance.

We appreciate having been included in the search process for the SPH's new dean. The school needs someone dedicated to a sustained effort to elevate the profile of the school and the field of public health within the AHC, University, state, and beyond. A dean who can provide leadership in education and service supported by scholarship would provide a set of balanced qualities that is reflective of the needs of the Academic Health Center itself.

Thank you for this opportunity.

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