

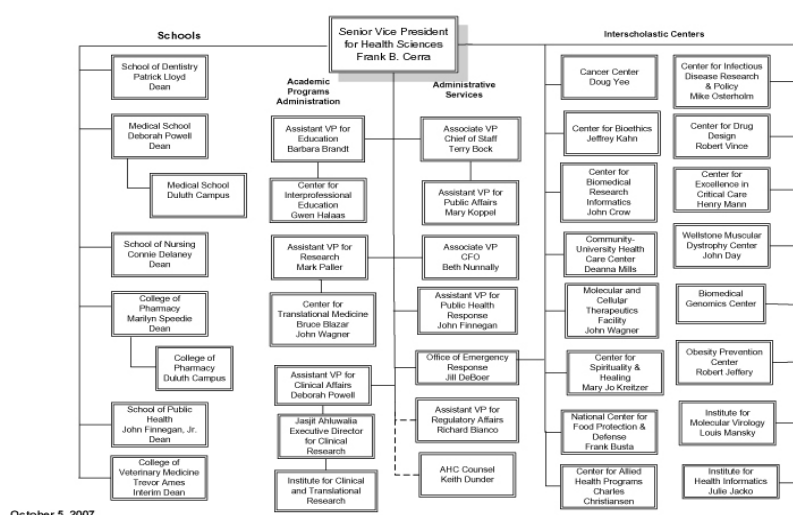
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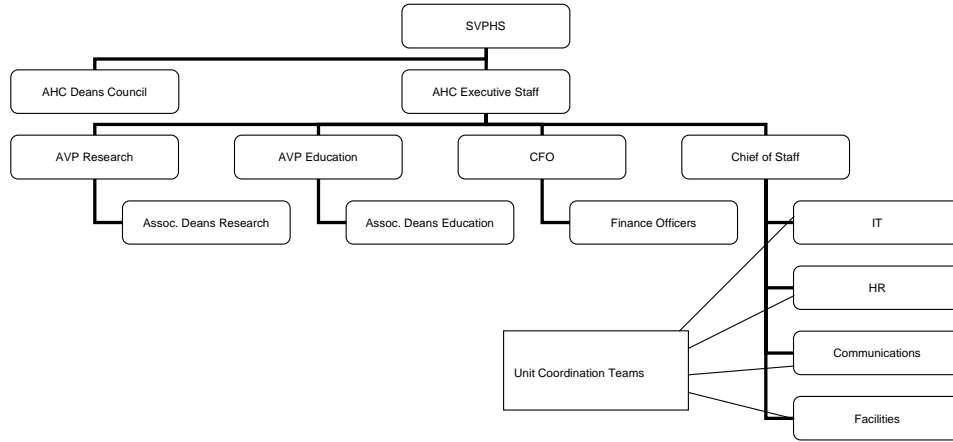


October 5, 2007

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# AHC Organizational Chart (operations)



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# Academic Health Center

- Six health professional schools
  - Dentistry, Medicine, Nursing, Pharmacy, Public Health, and Veterinary Medicine
- Allied Health Programs and Interdisciplinary Centers
  - Center for Allied Health Programs (OT & CLS), Mortuary Science, Dental Hygiene
  - Cancer Center, Bioethics, Spirituality & Healing, etc.
- Critical Community partnerships
  - State, Fairview, Mayo, 1,500 community clinics/hospitals

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# 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
- Fairview as primary education partner; HCMC, Regions, VAMC, and Children's as major affiliates
- Educate in 1,500 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.

## University System Functions Residing in the AHC

- Research Animal Resources
- Health Information Privacy Officer and Office (HIPPA)
- Office of Occupational Health and Safety
- UPlan Administrative Work Group
- Program Administration, e.g. Institute for Translational Neuroscience, Informatics Institute
- Budget Model Advisory Committee—Co-Chair with Vice President for Finance
- Minnesota Medical Foundation
- AHC Emergency Response Team and Medical Reserve Corps
- Other Senior Vice President Functions: budget, finance, fundraising, policy development, faculty governance, etc.

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## Mission

To prepare the next generation of health professionals who will care for our families and communities; to discover and deliver new treatments and cures; and to contribute to the economic vitality of our health industries in Minnesota.

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# AHC Strategic Imperatives

- To educate health professionals who meet Minnesota's workforce needs
- To discover new knowledge
- To improve the health of Minnesota
- To support the biomedical sciences economy of the State of Minnesota
- To achieve a sustainable financial framework

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This strategic effort to date has led to five strategic imperatives that remain at the core of our mission:

to prepare the next generation of health professionals who improve the health of communities, discover and deliver new preventions, treatments and cures, and strengthen Minnesota's health economy.

**The key to the success of these strategies is partnerships and relationships – the AHC has reached the point where it cannot move ahead on its own through internal investments and relationships! We must grow and enhance the relationships with our colleagues across the U - with the Institute of Technology, the College of Biological Sciences, College of Food, Agriculture, and Natural Sciences, and the Schools of Law and Business, and many of the programs that reside in the College of Liberal Arts and the College of Education. Indeed, this need is part of the essence of University Strategic Repositioning!!**

In addition, for biosciences in the State of Minnesota to be successful, the AHC needs to have more and stronger partnerships with the private sector, the health industry, the K-12 education system, and economic development enterprises.



# Minnesota's Health Professional Shortage Areas



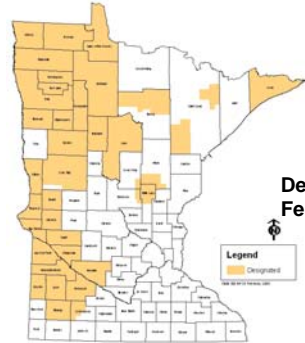
**Primary Care**  
April 2007

**Legend**  
 Not Designated  
 Licensure HPSA  
 Geographic HPSA



**Mental Health**  
May 2007

**Region Name**  
 Central Region  
 Great Region  
 Metro Region  
 Region 1  
 Region 2  
 Region 3  
 Region 4  
 Region 5  
 Region 6  
 St. Cloud Region  
 SW Central Region



**Dental**  
Feb. 2006

**Legend**  
 Designated



**Medically Underserved Areas**  
Jan. 2006

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Minnesota Department of Health, Office of Rural Health and Primary Care

# Greater Minnesota Strategy

Recruit from Greater Minnesota +

- Area Health Education Center programs

Educate in Minnesota +

- Duluth, Rochester, Twin Cities campuses

Provide rotations in rural areas and small towns +

- RPAP, Pharmacy, etc.

Develop residency options throughout Minnesota =

- Partnering with 1,500 hospitals and clinics

Health professionals for Greater Minnesota

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## Greater MN Strategy

Education programs expanded, or extended throughout U of M system, as well as MnSCU, through ND, SD, and Canada

- Medical School, Duluth
- College of Pharmacy, Duluth
- Center for Allied Health Programs, Rochester
- School of Nursing, Rochester
- School of Public Health, Rochester

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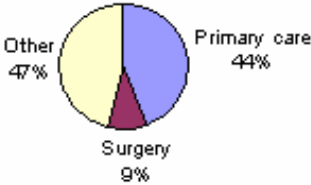
## Greater MN Strategy

- More than 1,500 Clinical and/or Experiential Education Sites and Residencies in MN communities
  - Rural Physician Associate Program – 9 month program for 3<sup>rd</sup> year Med Students over past 36 years; 1,127 students in 110 communities with 575 physicians now practicing in MN & 63% in rural communities

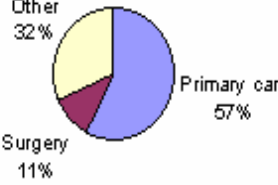
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# Physician Workforce

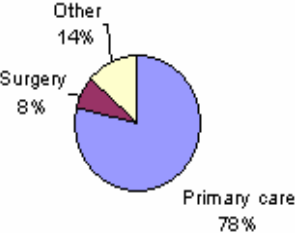
**Metropolitan Counties**



**Micropolitan Counties**

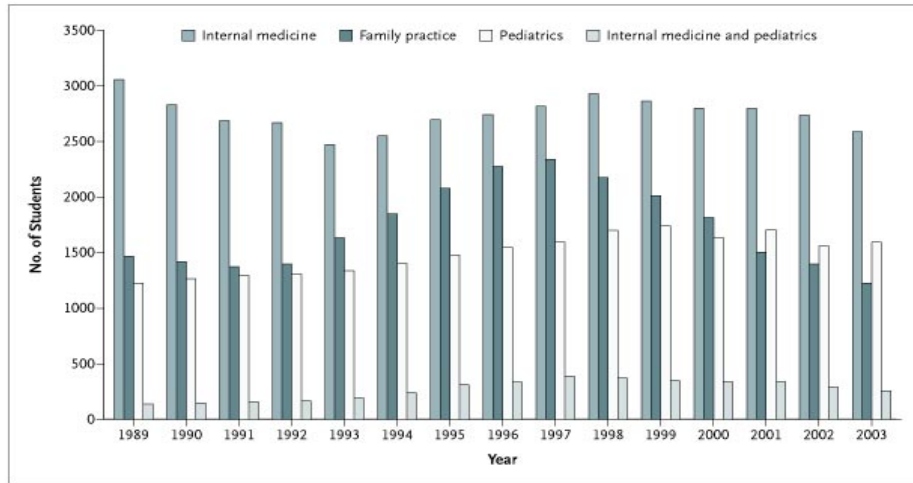


**Rural Counties**



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# National Primary Care Trends



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## **Factors Affecting Physician Practice Site Choice**

- Student's hometown; where student went to school; where student did residency.
- Cost of medical school and amount of debt
- Economic considerations
- Life style aspirations: family time, leisure time, personal development, hours worked
- Spousal considerations
- Geographic aspirations

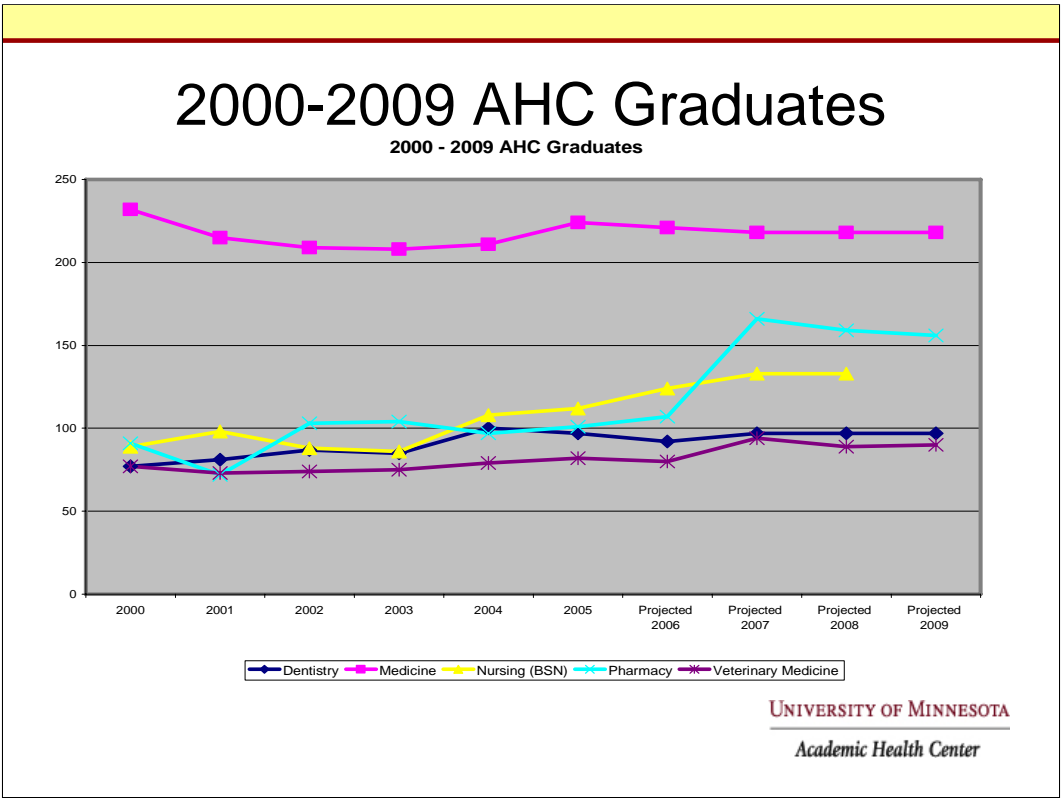
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## AHC Workforce Initiatives 5 Year State Funding Summaries

Primary Care	\$10.8M
Pharmacy, Duluth	\$8.6M
Nursing, Rochester & Expansion	\$2.9M
Hibbing, Willmar Dental Clinics	\$1.2M
AHEC	\$1.5M
Center for Allied Health	\$5.6M
Center for Interprofessional Ed	\$350,000
MERC Program	\$125M*
<b>TOTAL</b>	<b>\$155M</b>

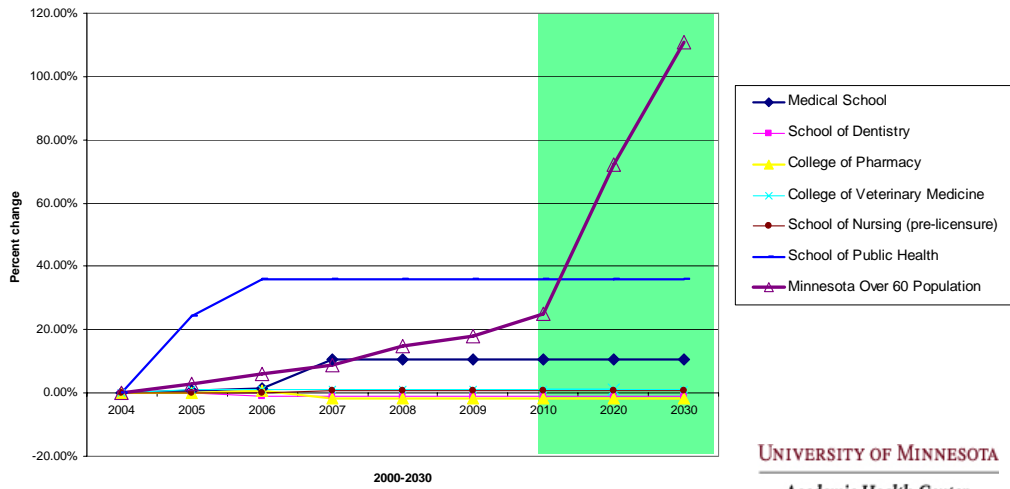
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Although this list is impressive – representing \$290 Million in projects, we have made a total of \$390 Million in total capital improvements in the past 10 years – remarkable.

# Population Growth Challenge v. Growth in Class Size



# AHC 2007: Education

## Success:

- Applicant pool is very competitive
- We are responding to workforce shortages
- We are changing the paradigm

## Challenges

- Enrollment pushing capacity boundaries
- Workforce demand is increasing and much of Minnesota remains underserved
- Revenue sources are diminishing – cost model unsustainable
- Demand requires a new, more efficient model for educating – less time, less money, and more team-centered learning

***Health professional education fundamentally requires experiential training – regardless of the model***

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The paradigm is no longer one of memorizing facts achieving competencies in necessary skills. The paradigm now demands clear, demonstrable capability as a physician, nurse, dentist or pharmacist.

# U of M Update

## Class of 2011

Medical School, began last month

- 241 students (10% increase)
- 80% from Minn.

College of Pharmacy, 2011

- 150 enrolled in Duluth/Twin Cities
- 50% increase since 2002

School of Nursing

- 129 enrolled in Rochester/Twin Cities
- 25% increase since 2002
- 100 additional in advanced degrees

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# U of M Update

## Class of 2011

### School of Dentistry

- 96 DDS students
- > 300 have rotated through Hibbing, Willmar & SD beginning this fall

### School of Public Health

- 450 students in 4 programs
- 50% increase since 2002
- >1,000 students in on-line learning

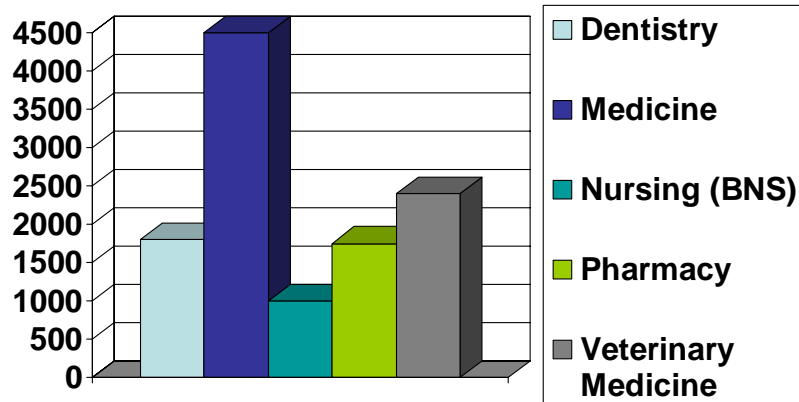
- College of Veterinary Medicine

- 90 students
- VetFAST, collaboration with CFANS graduates first class

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## Required Clinical Hours per Student

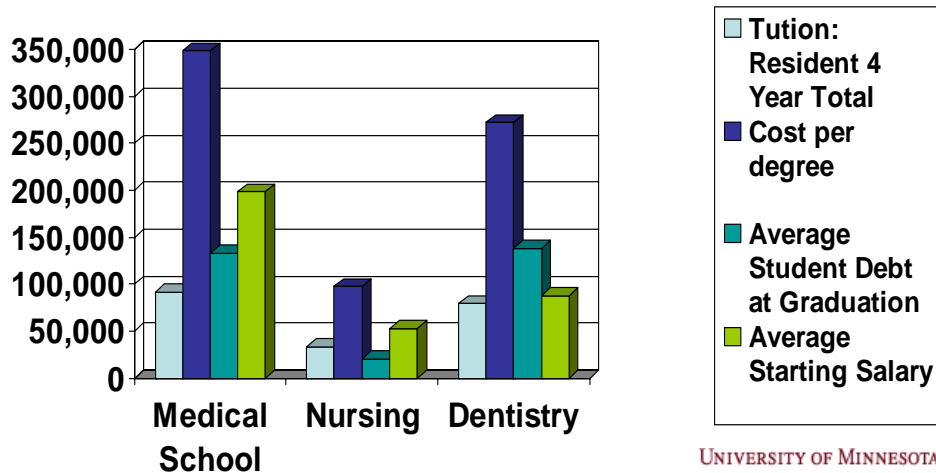


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The training represented on this chart shows the number of hours of experiential education required for each of the health care professions within the AHC. **Experiential education happens outside the traditional classroom under the direct supervision of a mentor/teacher. Hence, it is more akin to field training, and is the reason we have affiliation agreements with over 1000 community, clinic and hospital sites in the State of Minnesota. This model also allows us to recruit from communities and train in those communities, increasing the likelihood that the students will then practice in those communities. This model also provides us the opportunity to develop and test various models of care delivery that employ the various providers in different roles.**

**This experiential model also makes us interdependent with the communities, clinics, and health systems. Let me illustrate this interdependence a little more with the physician education/training model.**

## Debt is becoming a major barrier to health professional education

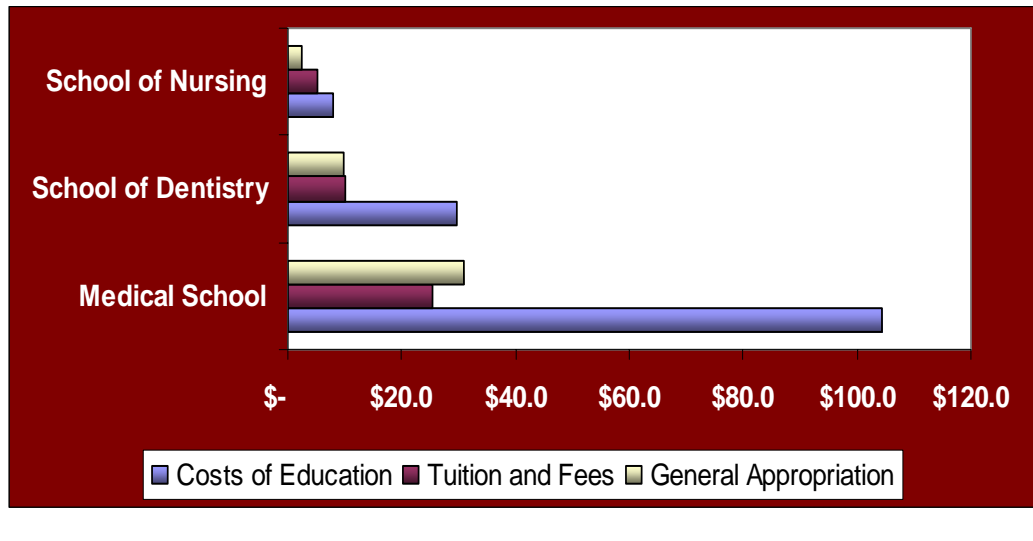


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Now lets look at the interplay of the cost of a degree, tuition, debt and starting salary. There is variation by profession. The relationships are affecting the career choices that students are making. For medicine, tuition pays about 24% of the cost of a degree. The debt is causing students to look at the more high paying specialty and subspecialty careers, as opposed to those in primary care and family practice.

Now, lets look at this paradigm another way.

## Direct Costs of Education Relative to Tuition, Fees and State Support



In summary – very different models combined with a very an environment that demands more graduates from our programs. We must find a way to educate, faster, cheaper, and deliver the highest quality care possible.



## AHC 2011 Education: *Mark of Distinction*

- Future health professionals thrive in an patient centered environment of continuous learning and improvement.
- World-renowned scholars in clinical sciences
- Recognized for interdisciplinary models of education and care delivery
- Fully engaged in community partnerships along the spectrum of health care needs
- E-health is real

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Enough about where we are at and our challenges – because our goals are achievable. **What has been incorporated into this portion of this talk, in part, comes from the task forces that are part of University Strategic Repositioning.**

Allow me to share with you a vision - What will the AHC look like in 2011?  
While Education, Research, and Clinical Sciences are intricately woven (especially as we talk about facilities and finances) bear with me as I provide a snapshot for each.

Future health professionals thrive in an patient centered environment of **continuous learning and improvement.**

World-renowned **scholars in clinical sciences**

Recognized for **interdisciplinary models** of education and care delivery

Fully engaged in **community partnership** along the spectrum of health care needs

**E-health** is real – education platforms, online learning, immediate knowledge.

## A Successful Educational Future Requires:

- Investments in technology and training
- Community partnerships for education
- Different kind of facilities and services
- Creation of a flexible learning environment

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## AHC 2007: Research Success

- Investments that encourage collaboration across disciplines and professions
- Partnerships with the private sector that are models of interdisciplinary and translational research
- Increase research awards and sponsored projects
- More efficient use of existing and remodeled space
- A number of centers of world-class excellence.

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### NEED TO REVISE NOTES

In health research, also, we have made major investments. These investments encourage interprofessional, interdisciplinary, and interscholastic research within the AHC and between AHC faculty and other University and institutional partners.

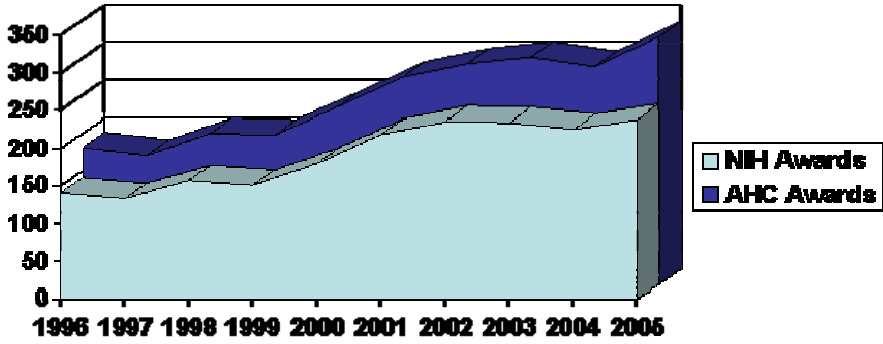
**We've prioritized our investment to areas of competitive advantage for the university and the state:**

**genomics, proteomics and bioinformatics; diabetes; the Stem Cell Institute; neurosciences; infectious diseases; immunology; cancer and drug development. We have also partnered with CBS and IT in areas of tissue engineering, device design and development, structural biology and in the chemical and computational sciences. We have also formed interinstitutional relationships in food safety, animal health and in human health.**

External funding was leveraged to develop the Minnesota Partnership in Biotechnology and Medical Genomics (U-Mayo Partnership) – to date over \$50 million invested by the State of Minnesota. As well as the National Center for Food Protection and Defense. Many of these investments link basic and translational research. The result has been a steady growth in both National Institutes of Health (NIH) and other sponsored project awards

**The AHC is now ranked number 21 in NIH funding – rising over \$200 million in direct awards, up from about \$140 million 5 years ago. In just**

# NIH Awards as Portion of Sponsored Project Awards in AHC



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## AHC 2007: Research Challenges

- No increases in NIH funding expected from Congress
- Lack of 21<sup>st</sup> Century ready research space hampers ability to recruit faculty and capture more research dollars market share
- Fostering collaboration with disciplines and professions across the University
- Enhanced partnerships with the private sector for the commercialization of new discoveries
- Research requires cross-subsidization
- Maintaining the research infrastructure

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Yet, our further growth is challenged by impending limits on traditional sources of funding – federal funding is increasingly competitive and limiting.

**And then there's the issue of space – WITHOUT IT, WE CAN'T PLAN and we can't. Although we've replaced a number of buildings - a lack of research space—sufficient and up-to-date, sophisticated space, laboratories, and equipment—hampers our growth in research.**

**In particular, the lack of top-shelf space hampers our recruiting of outstanding faculty. I'll address this issue later.**

To make a difference in human health, this University is poised today – more than most others – to fully leverage all our disciplines to advance medical science. Our challenge will be how we foster those collaborations and provide the right incentives for doing so.

We've done a good job establishing systems for public/private partnerships – the model needs to continuously improve.

For every dollar we receive from the federal government, we need to find nearly a dollar more to support the indirect costs of doing the work.

**Staying ahead of the next generation of technology enables our scientist to be world-leaders.**

## AHC 2011 Research: *Talent Magnet*

- Established corridors of research, connecting discovery with prevention and treatment of disease
- Environment of innovation and creativity without disciplinary boundaries
- Supporting new business development
- \$300 million in new sponsored research revenue
- More than 500 clinical trials; leveraging community clinical trials
- University-Mayo Partnership is meeting its outcome goals for the development of biomedical sciences in Minnesota

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In 5 years – this University will be part of the research teams that on the cusp of a cure for Type 1 diabetes through stem cell research; We have pioneered the imaging techniques that has brought a drug for the treatment of early on-set Alzheimer's disease to market, we rank among a handful of destination centers for innovative outreach to stop the advancement of our country's obesity epidemic. We are shaping our area of competitive difference and shaping the new biomedical science economy of the state.

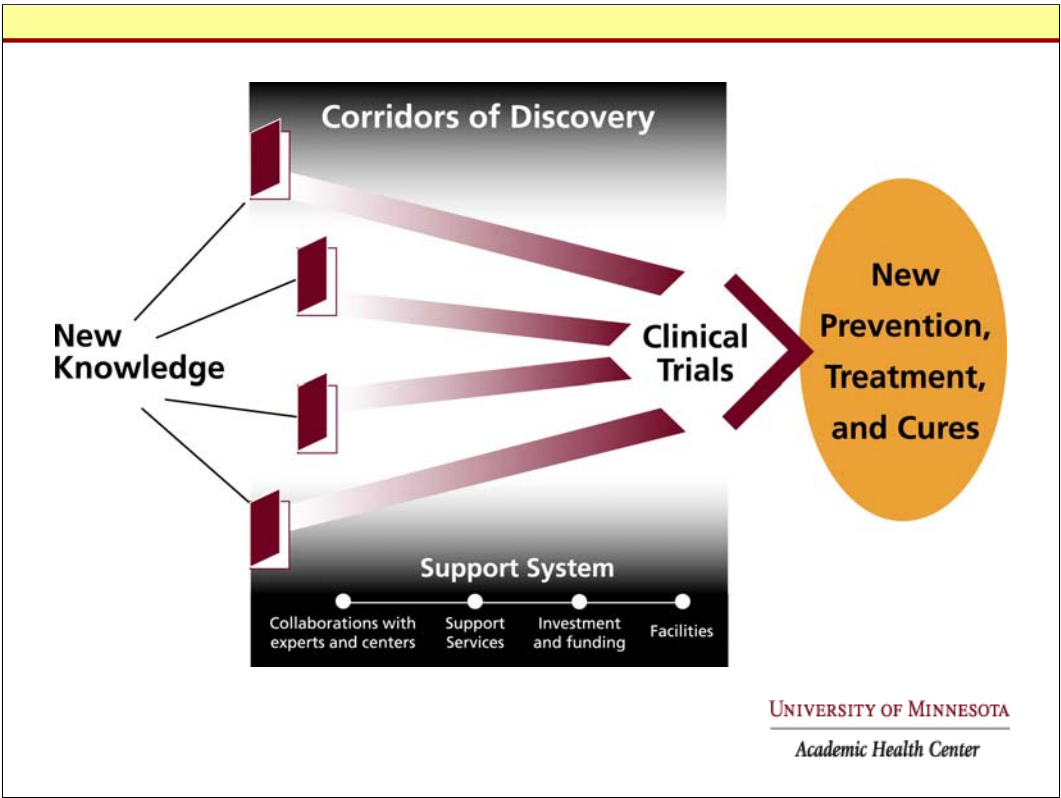
We've done this because we have become a magnet for top talent. And, we've established:

Well-developed **corridors of interdisciplinary research** within the AHC and across the University that connect discovery with application to care delivery and improvement of health in focused areas of excellence. **As examples:**

1. **Neuroscience: cognitive sciences in CLA are connected with translational science in Alzheimers and the clinical scholars are applying new therapies in the clinic.**
2. **Regenerative Medicine: Stem cells can be coached to become heart cells and are in clinical trials for the treatment of heart attacks.**
3. **Transplantation: The immunologists and cell biologists and working with the geneticists to create processes that enable organs to be transplanted with better and longer function and much fewer complications.**
4. **Nanobiology: The engineers have developed a nano-delivery system for a cancer bomb that precisely delivers the bomb to the cancer cells and destroys them.**
5. **Therapeutics: a. basic biology of solid tumors like prostate, lung, breast, and colon, are used to design and synthesize drugs that are targeted and specific that are then manufactured in the GMP facility and put into clinical trials for testing.**  
**b. Biomedical engineering and medicine are working in the Center for Device Development to bring new delivery systems new therapies, and new ways of managing the affects of paralysis.**

Imagine this example – touching all areas of our university:

A basic scientist in the Cancer Center discovers a receptor on a cell that stops the growth of a cancer; a medicinal chemist then discovers a compound that can activate that receptor and designs and makes the drug; the clinical trials unit proves the drug's efficacy; the technology is licensed into a new company to produce and market the drug.



## Faculty Hires: Tenure/Tenure Track/Clinical Scholars

- **July 2000 through June 2007**

Tenure/Tenure Track Hires	192	
Clinical Scholar Hires	103	
Total Hires		295
Tenure/Tenure Track Left	166	
Clinical Scholars Left	120	
Total Left		192
Net Hires Tenure/Tenure Track	26	
Net Hires Clinical Scholars	-17	
Net Faculty Hires	9	

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Although this list is impressive – representing \$290 Million in projects, we have made a total of \$390 Million in total capital improvements in the past 10 years – remarkable.

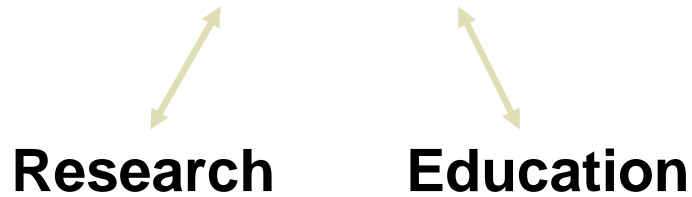


## A Successful Research Future Requires:

- Investments in faculty and staff
- Investments in facilities to house top programs
- Focusing our research efforts
- Commitment to collaborate and learn together
- Well-defined corridors of research and discovery

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# Connections in Academic Health Clinical Care



***“Clinical excellence is the route to  
academic prominence in the health  
sciences.”***

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Insert Debbie's New Slide -

# AHC 2007: Clinical Sciences Success & Challenges

## Success

- Clinical research: 150-200 clinical trials per day
- Nationally recognized GMP test article production facility
- Clinical Scientist recruitment and mentoring program
- Established pipeline for recognizing and moving technology into commercialization

## Challenges

- Need for recruiting and supporting clinical scientists
- Recognizing clinical scholarship
- Outdated clinical facilities that do not support the mission
- Increased demand that the practice plans cross-subsidize our education and research missions.

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Let me turn to the clinical sciences, the core of what an academic health center is about. Clinical sciences have been defined as “the contributions of scientific disciplines to health promotion and the prevention, diagnosis, and treatment of disease through the development (research), communication (teaching), and application (clinical care delivery) of new knowledge.”

Still, we face challenges.

Recruiting excellence takes time – in some cases years

We also need to recognize clinical scholarship with new models of support.

**Our clinical facilities do not support the clinical research and the education of the next generation of health professionals. The clinics were designed for a care model that was used 30 years ago and were not designed for the over 300,000 patient visits that now occur. Our primary hospital, UMMC, with its double occupancy rooms, does not support the volume of activity that we really need, whether pediatric or adult services.**

## AHC 2011 Clinical Science: *Destination of Choice*

- Destination of choice for clinical scholars, whose work informs policy and practice in prevention and treatment of disease.
- University of Minnesota Physicians expansion; encompassing cross-disciplines and the spectrum of health needs
- Technology – right time, right place, and into the community
- Fairview partnership competes effectively

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The University of Minnesota is a destination of choice for clinical scholars whose work will improve health care policy and practice.

They see University of Minnesota Physicians in 2011 as an integrated group practice that encompasses medicine, pharmacy, nursing, and dentistry. It incorporates wellness, disease prevention, and chronic care management into an efficient, electronically supported evidence- and best-practice-based system of care delivery.

The University is the destination of choice for patients seeking the leading edge, patient-centered care – offering break-through knowledge for preventing and curing diseases.

Technology – our e-health reality – works to benefit patient privacy, access to the most current medical practice and expertise, ensure the seamless participation in the clinical experience, and provide choice for the patient.

They see a relationship with Fairview Health Services in 2011 that supports the education and research mission of the Academic Health Center and competes effectively in the health marketplace.

## Vision for Clinical Sciences: Destination of Choice

- Expanded clinical practice for all disciplines and health needs
- Successful implementation of right information to the right place at the right time for best decision making
- Effective partnership with Fairview

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## 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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## Clinical Sciences: Facilities Investments

- Current facilities do not support education of next generation of health professionals, clinical research and clinical practice:
- Outpatient clinics: built 1976; visits exceed capacity, traffic patterns difficult, patient satisfaction low
- Adult facilities: currently mostly semi-private rooms, need private rooms, major investment in plant required, new approaches to care require different design
- Children's facilities: largest in region; breakthrough therapies, need private rooms, investing in Dept. of Pediatrics

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# Making It Happen

- Leverage the disciplines inside and outside the AHC to compete for research dollars – target our strengths!
- Leverage the interprofessional nature of the AHC to develop new education models and to compete in the marketplace
- Develop integrated research and service corridors
- Recruit the faculty and invest in the facilities
- Develop a sustainable financial model to support growth
- Drive efficient and effective education paradigms and platforms.
- Build strategic alliances in the marketplace
- Assume leadership role in transforming health care

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In summary:

**This University has a unique AHC. Few other institutions in this country can claim to be home to a more comprehensive center of health professionals who can easily reach across streets, campuses and buildings to partner with leaders in the fields of engineering, food and nutrition, agriculture, information technology, law, and public policy. We must leverage this strength to move ahead and achieve the vision that is within our grasp!!**

**We are not building from scratch – our vision is one built on moving beyond foundation success and toward national excellence.**

Leverage the disciplines inside and outside the AHC to compete for research dollars – target our strengths!

Leverage the interprofessional nature of the AHC to develop new education models and to compete in the marketplace

Develop integrated research and service corridors

Recruit the faculty and invest in the facilities

Develop a sustainable financial model to support growth – **Cost of education and doing business must be reduced.**

Drive efficient and effective education paradigms and platforms.

Build strategic alliances in the marketplace

## Strategic Compact Investments in AHC: New State Dollars (millions)

<b>Investment Category</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
Research	3.0	4.2	5.1	12.3
Faculty	2.3	5.1	5.1	12.5
Programs	2.6	4.0	7.0	13.6
Infrastructure	1.0	2.7	6.3	10.0
<b>TOTALS</b>	<b>8.9</b>	<b>16.0</b>	<b>23.5</b>	<b>48.4</b>

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**These investments all came out of the compact process and are aligned with the strategic plans of the schools, AHC and the University.**

**Eighty-five percent of this money is recurring – with state appropriations increasing at 0.3 percent per year since 2000. This is only a fraction of what is needed to achieve our vision of success – but it is a critical piece of the leverage we have on behalf of our mission. These funds are what leverages private philanthropy, public and private partnerships, relationships with business and industry – all of our funding leverages these funds on a nearly 10 to 1 ratio.**

**More importantly – this allocation of state money was based on strategic investments through the compact process where we align mission with investment – For example, Interdisciplinary education and research have investments of \$11.5 Million, while clinical research has received \$4.6 Million in alignment with our mission.**

## Additional State Investment in the University-Mayo Partnership

- 2003 \$ 2.0M\*
- 2005 \$ 15.0M
- 2005 Facility in Rochester \$ 21.7M
- 2006 \$ 15.0M
- 2007-2008 \$ 25.0M
- Beyond 2008 \$ 8.0M R

\* Matched by \$1M each from U & Mayo

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This U-Mayo funding for the MN Partnership in ... is more than a series of numbers and investments.

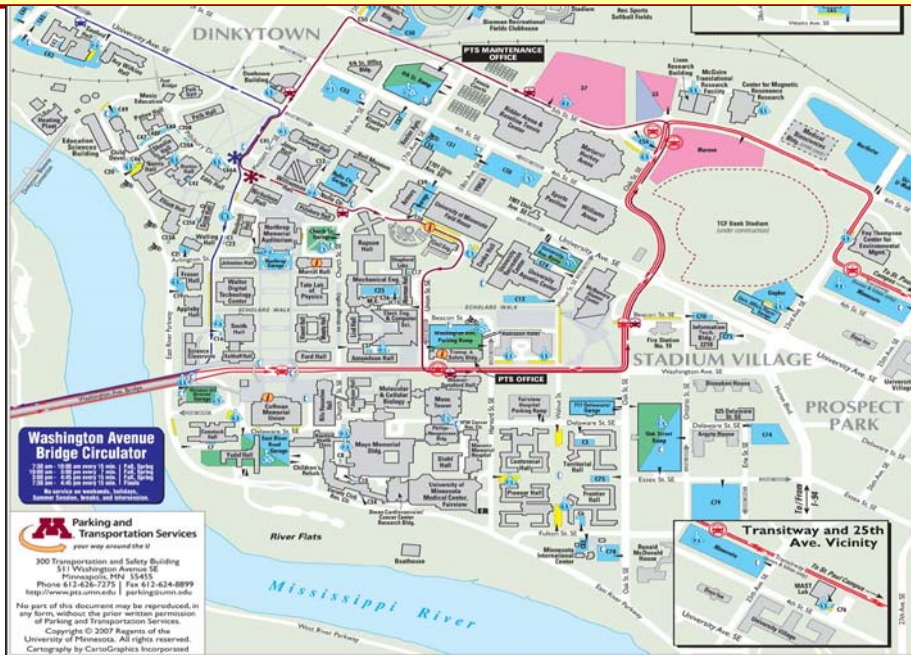
We have funded 29 programmatic (21) and infrastructure (8) proposals with the first \$32 million in investments; involved more than 100 university faculty. We have submitted 10 joint NIH proposals. According to recent economic analysis the Partnership is being highly successful in developing patentable applications.

## Facilities Investments of \$290M in the Last Five Years



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Although this list is impressive – representing \$290 Million in projects, we have made a total of \$390 Million in total capital improvements in the past 10 years – remarkable.

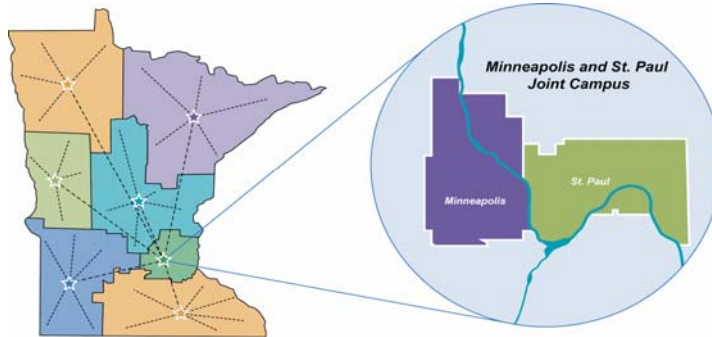


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# Statewide Life Science Community

Regional Economic Zones: Chartered with implementing factors that drive growth in a knowledge based economy

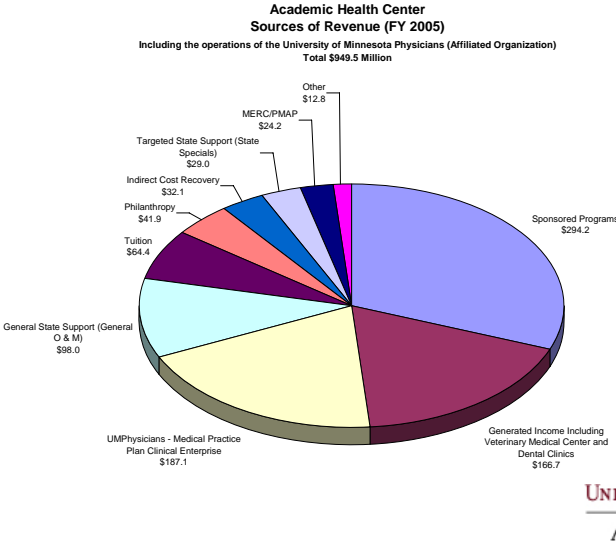
- A CHAMPION with significant technical and industry knowledge
- Academic support work force, research, technology
- Acceleration capability (Money, Management, Technical Know-how)
- Appropriate policies
- A strategy and community that supports it



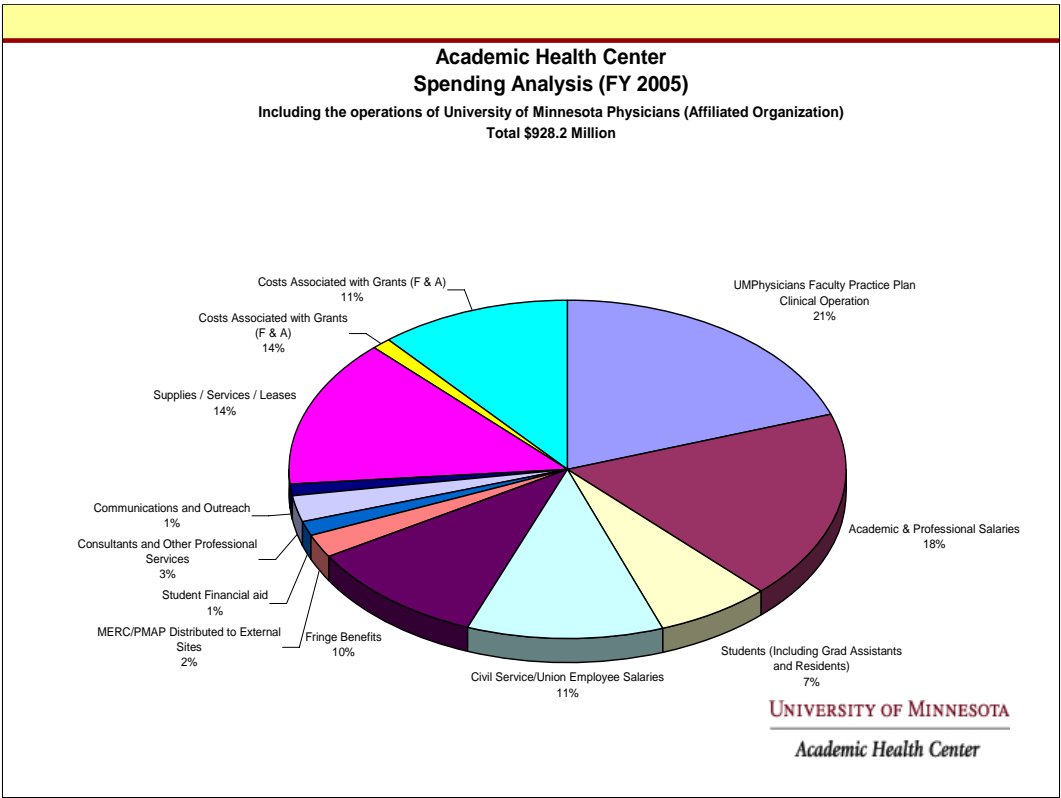
Enriching Minnesota's Bioscience Future Through the  
Biosciences

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# AHC Sources of Revenue FY2005



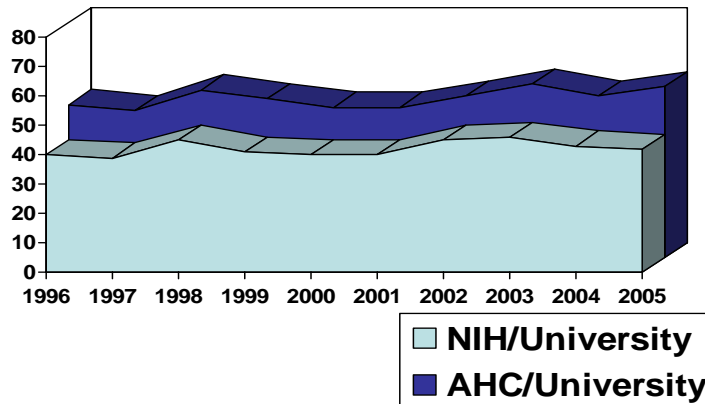
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## Portion of University Sponsored Project Funding in AHC



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