Academic Health Center Strategic Positioning

A report to the Board of Regents
June 8, 2006
Policy Questions

- Can we sustain the AHC as Minnesota’s major supplier of practicing health professionals?
- Can we define, nurture and support the growth necessary in research? What areas of research will we be known in?
- Can we manage the quality and risks of expanded community partnerships?
- Can we consider new approaches to resourcing the education and research mission?
- How dependent should we become on clinical revenue?
- How closely should we align with a single health system in the health marketplace?
U of M Academic Health Center

- 6 Health professional schools and related allied health programs, over 15 interdisciplinary centers, and pivotal community health partners:
  - School of Dentistry, Medical School, School of Nursing, College of Pharmacy, School of Public Health, College of Veterinary Medicine
  - Including, Cancer Center, Center for Bioethics, Center for Drug Design, among others
  - State of Minnesota, Fairview Health Services, Mayo Clinic, and over 1700 other partners
Faculty in the AHC…

- Prepare **two-thirds** of the health professionals practicing in Minnesota,
- **Discover new knowledge that** deepens understanding and prevention of disease, promotes health, develops better treatments, and discovers connections between animal and human health,
- Provides crucial **outreach and service**, including clinical care to patients, and
- Attract **more than half of all federally funded research dollars** coming into the University
AHC Strategic Plan 2000: We have been successful

- Effective partnership with Fairview Health Services
- Creation of University of Minnesota Physicians
- Investments in areas of research strength
- Near doubling of sponsored project awards
- Innovative responses to health workforce shortages
- Partnership with Minnesota communities through Area Health Education Centers
- Creative interprofessional education programs
- National recognition for faculty
- Mayo –University Partnership
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
Board of Regent’s Discussion

- AHC 2006 – where the AHC is today and the challenges it faces
- AHC 2011 – A vision for the future
- What the AHC needs to achieve the vision
- Summary of key action items
AHC 2006: Rebuilding the Faculty and Clinical Sciences

- We lost faculty in the late 1990’s. We have recruited new faculty in strategically defined areas of basic and translational science. (e.g., neuroscience, cancer, pediatrics, infectious disease, stem cell biology, immunology)

- The essence of an AHC is the clinical sciences—clinical scholarship that connects knowledge to the prevention and treatment of disease.
AHC 2006: 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*
Required Clinical Hours per Student

- Dentistry
- Medicine
- Nursing
- Pharmacy
- Veterinary Medicine
M.D. Education Investment

- 3-4 years High School
- ~4 years BS or BA Degree
- 4 years Medical School
- 3-5 years Required Post-graduate Residency
- 1-5 years Fellowship (specialty)

Continuing Education
MEDICAL SCHOOL SOURCES OF FUNDING
for Instructional Costs of $151,090,192 (FY05)

- TUITION AND FEES: 18.1%
- STATE O&M: 6.5%
- STATE SPECIAL SUPPORT - TOBACCO & MNCARE: 3.7%
- AFFILIATION CONTRACTS - MEDICAL RESIDENTS: 6.6%
- U OF M PHYSICIANS ACADEMIC SUPPORT: 21.7%
- FOUNDATION & ENDOWMENT: 35.8%
- OTHER UNRESTRICTED: 7.7%
FY05 Costs of Community Education are $101 M

- $46,000,000
- $40,000,000
- $15,000,000

Legend:
- Preceptor Time *
- Indirect Costs *
- Resident Contracts
Debt is becoming a major barrier to health professional education
Direct Costs of Education Relative to Tuition, Fees and State Support

- School of Nursing
- School of Dentistry
- Medical School

Costs of Education  Tuition and Fees  General Appropriation
AHC 2006: 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.
No increases in NIH funding expected from Congress

Lack of 21st Century ready research space hampers ability to recruit faculty and capture more research dollars marketshare

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
AHC 2006: 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.
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
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
- $200 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
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
AHC 2011 Facilities and Finances

Facilities
- Minnesota Biomedical Sciences Research Facilities Authority realized and operational
- Facilities and faculty that efficiently and effectively support research
- New clinic, children's hospital and enhanced adult care delivery services that are cutting edge in their practice models

Finances
- Expanded sources of revenue – philanthropy, private industry, sale of education enhancing tools
- Increased partnerships and relationships of investment
- State of Minnesota has invested in the vision
Getting to 2011: Education

- Develop and implement education models that are transformative of care delivery and support prevention
- Implementing effective interprofessional education through all stages of professional development
- Recognizing and rewarding education work and innovation
- Strengthen community-campus partnerships with statewide and international learning platforms
- Mastering learning technology and creating an environment of continuous learning
- Set effective performance expectations for education
- Reducing the time and cost of a health professional degree.
Getting to 2011: Research

- Building effective corridors that integrate discovery with application of knowledge
- Recruiting the most capable faculty
- Enhancing the “translational pipeline” to be more efficient and effective
- Leverage research strengths – make smart investments
- Set research performance expectations
- Continuing the development of the University-Mayo Partnership
Getting to 2011: Clinical Sciences

- Increased efficiency and effectiveness of clinical research
- New prevention and care delivery models
- Bridge knowledge management into health care delivery
- New strategic relationship with Fairview
- Recognize and reward clinical scholarship and practice
Getting to 2011: Facilities

- Educational facilities reflective of patient-centered service
- Enact facilities authority to accomplish research goals
- Build the new facilities that support clinical research and clinical care delivery with the technology of tomorrow
Getting to 2011: Finances

- Capture increasing market share of federal grants
- Support growth via the success of the clinical enterprise in the marketplace
- Expand philanthropic efforts
- Developing new areas of mission-based revenue, e.g. learning technology
- Successful technology commercialization
Getting to 2011: Strategic Repositioning AHC Task Forces

- Health professional workforce
- Knowledge management technology
- Clinical sciences enterprise
- AHC precinct plan

http://www.umn.edu/systemwide/strategic_positioning/
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
Conclusion

- Academic isolation is not our future. Success will occur where we cross boundaries.
- An academic health center provides the core of a world class university that is devoted to human and animal health, as well as to the breakthroughs that promote health and treat and cure disease.
- The AHC needs a strong University to succeed and the University needs a strong AHC. Together we become a top-three public research university.
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