The Strategic Plan For the Academic Health Center

Presentation to the Board of Regents
December 7, 2000
The Major Goals of the AHC Strategic Plan

• Create and prepare the new health professionals for Minnesota
• Sustain the vitality and excellence of Minnesota’s health research
• Expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota
• Develop and provide new models of health promotion and care for Minnesota
• Reduce health disparities in Minnesota and address the needs of the state’s diverse populations
• Use information technology to transform how we educate, conduct research, and provide service to individuals and communities in Minnesota
• Build a culture of service and accountability to Minnesota
What are the Framing Principles for the AHC Strategic Plan?

- **We need to meet the health needs of the people of Minnesota:**
  - Train 70% of the state’s physicians and most advanced degree nurses, dentists, pharmacists, veterinarians, and public health practitioners
  - Teach more prevention, outcomes assessment/management, quality improvement and life long learning skills.

- **We need to respond to the health workforce needs of the state:**
  - Increase enrollments in our health professional schools, including the training of medical specialists and subspecialists
  - Develop new models of care, and redefine the scope and practice of the health professions

- **We must move the Medical School back into the top 20:**
  - That will require sustaining excellence in both research and clinical training
What are the Framing Principles for the AHC Strategic Plan?

• **We need to sustain excellence in health research:**
  – In selective areas of faculty excellence and interest
  – In areas where world-class clinical services require close links to research
  – In areas of significant sponsored funding and commercial application

• **We need to provide health services to the people of Minnesota:**
  – Services in recognized programs with high demand
  – Self-sustaining services that support the mission
  – Services where market opportunities and mission require expansion

• **We need to form more effective community partnerships that:**
  – Sustain the vitality of our academic and service/clinical programs
  – Meet the needs of Minnesota communities
  – Utilize qualified community practitioners as teaching faculty
Reshaping the Medical School: Areas of Growth and Investment

- **Basic and Translational Research:** genetics, genomics, cancer, neuroscience, immunology and infectious disease, stem cell biology, developmental biology and adolescent health, cardiovascular and pulmonary health, aging

- **Clinical Services:** oncology, solid organ transplantation, bone marrow transplantation, cardiovascular diseases, children’s services, orthopedics, primary care (obstetrics/gynecology, pediatrics, general internal medicine), Med-Peds program

- **Training Programs:** specialists and subspecialists; primary care; cross-disciplinary programs, e.g. MD-MPH
There Should Be More Emphasis on Prevention

• In all health professional programs
• At the population level, e.g. smoking cessation and prevention programs, immunization programs, environmental quality
• During individual encounters, e.g. nutrition, smoking, compliance with medications
• When the AHC partners with communities to define and solve problems in those communities, e.g. CUHCC
Why are We Training More Professionals When the Workforce Needs to be Reshaped?

- The population is increasing. It is aging, and the incidence and prevalence of chronic disease is increasing.

- The care demands of aging and chronic disease will require more health professionals.

- The AHC’s graduation of health professionals has not kept pace with these demographic changes.

- It will take time and resources (a statewide effort) to redesign and redeploy the health workforce in a different delivery system.

- We are teaching our students skills that promote adaptability, flexibility, and life-long learning.

- We will provide leadership in reshaping the work force.
What is the Role of the AHC in Challenging the Status Quo of the Care Delivery System?

• We will play a leadership role in the dialog on redesigning the care delivery system and redeploying the health workforce.

• We will work to reduce health disparities and improve the diversity of the health workforce by:
  – increasing the diversity of the health workforce
  – designing and testing new care delivery systems
  – establishing health status and workforce databases.

• We will play a greater role in educating the public about prevention at an individual and population level.

• We will be an expert information resource for public officials, policy makers, health providers, and the public.

• We will continue to develop new knowledge and technologies for prevention, promoting health, treating disease, outcomes assessment and management, health management, and health policy.
What are Financial Needs of the Six-Year Plan?

Funds are needed to:

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

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

We will:

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

• This year-long process has led to a clearer understanding of the needs of Minnesota and the requirements for preparing a new generation of health professionals.

• We want to thank you for your advice, counsel, and guidance and the opportunity to work with you in defining the AHC’s future.

• We will need your continued engagement and support to make the vision a reality.
Appendices

The Medical School
AHC Service Initiatives
Reshaping the Medical School: Framing Principles

• These actions are essential components of the strategic plans of the AHC and Medical School and are being implemented.

• These actions assume the Medical School will receive its core budget request ($16M for biennium) from the legislature.

• The minimum education/training time for a physician remains 7 years post-baccalaureate.

• Prevention, outcomes assessment and management, and quality improvement are major curricular content components.
Reshaping the Medical School: Action Principles

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

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

- **Fairview Health System**
  - Preferred relationship
  - Significant support for education and research
  - Joint problem solving to improve service
  - External evaluation of the relationship is underway.
Reshaping the Medical School:
Examples of Working Community Partnerships

• CUHCC/CUPES
  – Works with the Phillips neighborhood to determine service needs, provide services, promote public health of the community, and promote health education and research programs of value to the community
  – Strong interscholastic education and health services programs

• Departmental partnerships that occur at affiliated institutions
  – Pediatrics: St Paul and Minneapolis Children’s Hospitals
  – Cardiothoracic Surgery: Regions Hospital
  – Obstetrics/Gynecology: Abbott Northwestern Hospital
  – Family Practice: multiple communities around the state
  – Anesthesia: FUMC, Regions, West Health
Reshaping the Medical School: Examples of Working Community Partnerships

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

- **Partnerships under consideration**
  - Emergency Medicine
  - Neurology
  - Orthopaedics
  - Radiology
Reshaping the Medical School: Areas of Growth and Investment

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Why Were the Areas of Growth and Investment Chosen?

- **High demand for services in renowned programs:** solid organ transplantation, bone marrow transplantation, oncology, cardiovascular/thoracic surgery

- **Critical workforce demand:** medical and surgical specialists and subspecialists; primary care

- **Significant sponsored funding in areas of faculty interest and excellence:** genomics, stem cell biology, aging, neuroscience

- **World-class clinical services that require close research links:** transplantation linked with research in immunology and infectious disease; transplantation and oncology linked with stem cell research; oncology, genetic disease, and clinical trials linked with genetics/genomics research
Why Were the Areas of Growth and Investment Chosen?

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

- **Education:** work with the community to revise the curricula to reflect the changing health care environment and expand community-based clinical training; improve our student support services and facilities

- **Research:** streamline and expedite technology transfer; expand our efforts to develop research partnerships with private industry

- **Patient Care:** invest in patient support services; intensify customer service training of front-line employees; improve services to referring practitioners; work with the community in developing, piloting, and disseminating new models of health and health care

- **Outreach:** work with the community to build information technology data bases and tools for working health professional; intensify our efforts to share the results of our research with the communities we studied