

## Special Committee on Academic Health

### December 2023

December 7, 2023

8:00 a.m.

West Committee Room, McNamara Alumni Center

#### CAH - DEC 2023

1. Input to the Governor's Task Force on Academic Health at the University of Minnesota

Docket Item Summary - 3

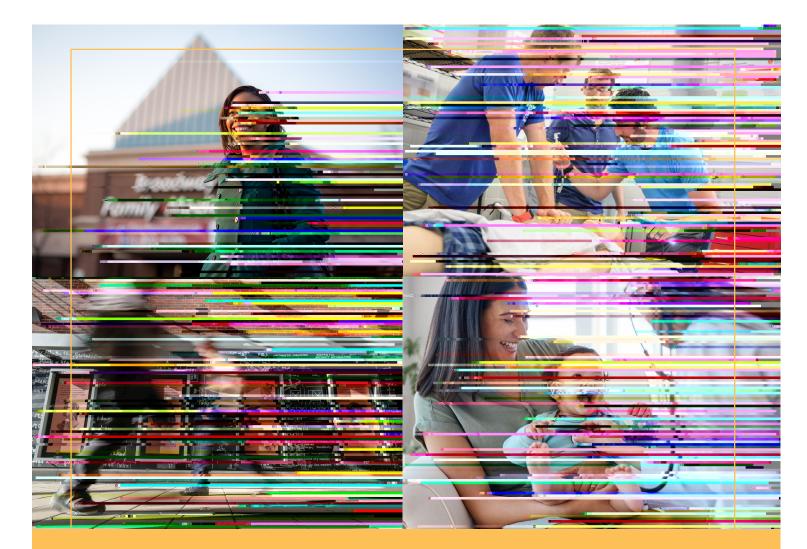
Vision for Academic Health System - 5

2. M Health Fairview Update - Review/Action

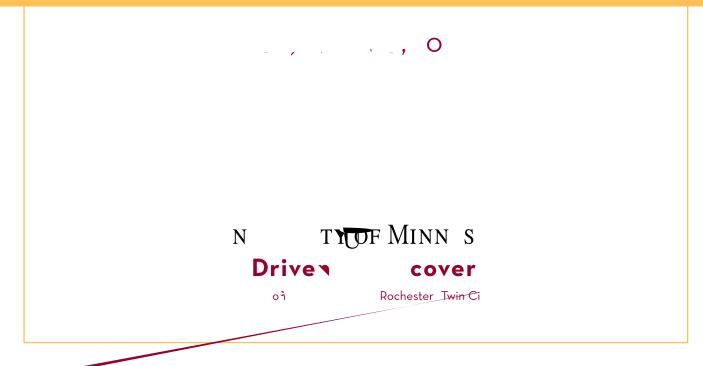
Docket Item Summary - 32

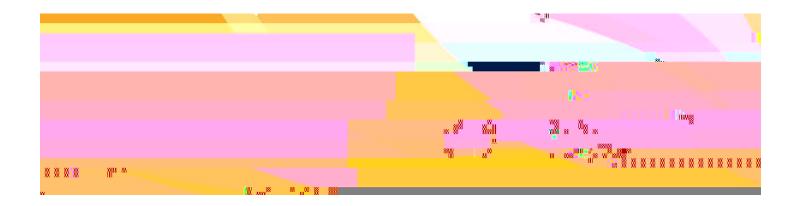
Resolution - 34

September 2023: Update on Governor's Task Force to Ensure Nation-Leading Health PrnTBsions EducatinT6



## University f Minnes ta Visi n f r Academic Health System





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Medium Term Initiatives – 2025 & 2026	
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University of Minnesota Medical School Explainer	
CentraCare Regional Campus Overview	
University of Minnesota Presentations to the Task Force ரேடியால் Funds Flow in	
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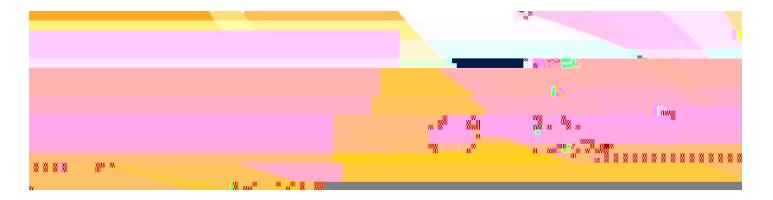
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#### We Must Protect and Grow Minnesota's Investments in Academic Health Facilities.

The University's current Academic Medical Center (the University of Minnesota Medical Center or UMMC) consists of four flagship facilities: the University of Minnesota Medical Center - East Bank and West Bank, Masonic Children's Hospital, and the University of Minnesota Health Clinics and Surgery Center.

The UMMC is operated in collaboration with Fairview as part of the M Health Fairview joint clinical enterprise and in furtherance of Fairview's mission to support academic medicine. The majority of the current UMMC facilities are aging and cannot provide state-of-the-art care at an AHS level into the future; many of the facilities now owned by Fairview date from the 1980s. To operate in the medium-term, Minnesota needs to ensure there are facilities that support the statewide benefits an AHS could make possible.

To truly move clinical an iu M e neeto p state-of-the-an e M m cld refacilitÚs tda u pse e te e asr te retQ f Úcot



Fairview has communicated

that it has financial challenges a ecting its operations, and it has served formal notice to the University that it wants to terminate and renegotiate the cur ta



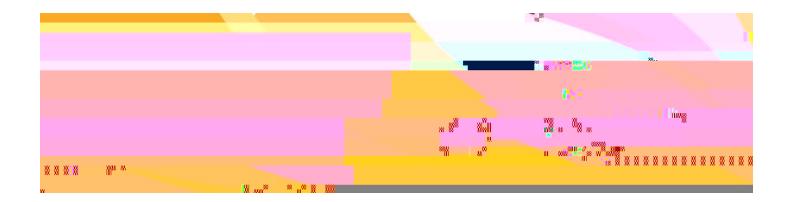
which is a community clinic in Minneapolis that provides medical, dental and mental health care, legal services, advocacy for domestic abuse and sexual assault, and more.

because of high Medicaid volumes.

- a. Expand current intergovernmental transfer (IGT) for the University of Minnesota Medical Center. The current IGT only includes the fee-for-service population and we want to expand to the entire Medicaid program.
- b. Explore higher reimbursements for academic medical faculty pro∜ders because of the high Medicaid volfumes and low reimbursements.

2.

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study to better understand the transformation of needs for physical infrastructure of health care service delivery.

In the longer-term, we want to make the case for investment in a next-generation medical enterprise center on campus at the University.

Let me share thoughts with you about this long-term vision. As a business person, I admit I am sometim

greater control of the facilities that serve as the primary base for academic health and clinical practice of the next generations of practitioners.

The University does not intend to ask for specific financial support for new facilities in the 2024 legislative session. The near-term need is clearly to stabilize the funding for academic medical programming.

We will be keenly interested in soliciting and receiving your conceptual support for this vision – for a world-class medical center on the Twin Cities campus that fosters our academic health mission, is core to all health sciences, and serves Minnesotans with the best we have to o er.

Phank you for allowing me the gift of your time, and for your attention to this increQ pll

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thrive when operated as part of a fully integrated health system. Highly specialized academic providers have su cient patient volume to teach and hone their expertise while also providing students, residents and fellows su cient exposure to the day-to-day medical concerns of a community based practice.



# KX The University of Minnessa Medical School was founded in 1888 and we have been

The University of Minneseta Medicar School was founded in 1888 and we have been leaders in physician and scientist training, innovation and discovery ever since, as well as providing high quality specialty and primary care. We have a deep legacy in "firsts", including the first successful open heart surgery, creation of the first portable, external pacemaker, the first longitudinal clerkship (RPAP), and the first successful bone marrow transplant.

The Medical School is part of the State of Minnesota's land grant institution and the only public Medical School for the state. The University is a top 25 research institution, o ering a breadth of health science degrees. We are one of only five Universities that include Pharmacy, Dentistry, Nursing, Public Health, Veterinary Medicine and Medicine. The University also includes a strong College of Science and Engineering and many other allied health professions. This comprehensive institution o ers a significant platform for interdisciplinary research and interprofessional training that is unique among our peers.

We are one of the largest Medical Schools in the country. The UMMS includes two campuses (Twin Cities and Duluth) and 27 clinical and basic departments.

The Medical School has 1,469 faculty members. When you include a liate and adjunct factorial is welling community instructions, the number rises to 4,990. r g<sup>ia</sup>,

#### Education and Training

Each year we admit 300 new students (235 on the Twin Cities campus and 65 in Duluth), which totals 900 students a year in our School. In general, between 70-80% of our students are from Minnesota.

We also have over 400 graduate students in training, preparing to be the next generation of biomedical scientists, and 56 MD/PhD students.

We currently have 804 residents and 250 fellows training through our programs. This year, 82.5% of our residents are Minnesotans. We train residents in many health systems, **a** in the system of the

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development in this center. In addition, our faculty includes highly renowned researchers in aging, brain development, and Parkinson's disease.

 $N^{a}$  (Hyber Half scientists invitte the EQD intersity's NCI-design at edptal as onic Cancer CHARGE Early are one of a few medical centers that can o er CART-T therapy for cancer patients. This is immunotherapy that can supplement or potentially replace chemotherapy.  $R - tA& t \in$   $R - tA& t \in$  R - tA& t (A - tA& t) R - tA& t (A - tA& t)R

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Peter Crawford, MD, PhD Vice Dean for Research, Medical School Mark Rosenberg, MD Vice Dean of Education and Academic A airs, Medical School link to presentation Task Force #2, October 11, 2023

Doug Peterson, General Counsel link to presentation Task Force #2, October 11, 2023

Timothy Schacker, Executive Vice Dean, Medical School Bevan Yueh, CEO, University of Minnesota Physicians and Vice Dean CII

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6. Sponsored Research. Much medi

15. Dean's Tax. The Deans tax exists at almost every medical school. It is the source of funds for basic medical school functions – the research and ad

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Cureent proposals for Duluth could move the Medical School and College of Pharmacy programs to the Medical District of Duluth to leverage clinical opportunities from both Essentia Health and St. Luke's. Longer term vision

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