

A photograph of the University of Minnesota's Old Capitol building at dusk. The building is illuminated with warm lights, and its iconic dome is prominent against a clear blue sky. The building's facade is made of light-colored stone with many windows and classical architectural details.

Governor's Task Force on Academic Health at the University of Minnesota

Jan Malcolm, Chair

Senate HHS Committee | February 15, 2024

- On August 10, 2023, Governor Tim Walz issued an [Executive Order](#) establishing the Governor's Task Force on Academic Health at the University of Minnesota
- Developed recommendations to strengthen academic health programs at UMN to assure robust health workforce training, research and care
- Main focus was on the training of health professionals
- Special attention to primary care, equity, statewide affordable access
- [Recommendations released](#) February 5, 2024

Members

Chair	Jan Malcolm	
Legislators	Senator Melissa Wiklund	Representative Tina Liebling
Agencies	Commissioner Dennis Olson, Office of Higher Education	Assistant Commissioner Carol Backstrom, Department of Health
University of Minnesota	Dean Dr. Jakub Tolar, Medical School	Regent Dr. Penny Wheeler
Primary Care and/or Rural Health	Dr. Meghan Walsh, HCMC	Dr. David Herman, Essentia
Health Disparities/Equity	Dr. Julia Joseph-DiCaprio	Pahoua Hoffman, HealthPartners
Health Professions Education/Workforce	Dean Dr. Connie Delaney, School of Nursing	Brenda Hilbrich, SEIU
Hospital/Health System Finance/Economics	Barbara Joers, Gillette	Vance Opperman
Special Advisors	Mark Dayton, Minnesota Governor 2011-2018	Tim Pawlenty, Minnesota Governor 2003-2011

- The UMN's partnership negotiations with Fairview were outside scope
 - Clearly affect final recommendations
 - Urged earliest possible resolution
- Task Force charge included medical school but was broader to encompass all six health sciences schools and within context of broader health ecosystem
- Health ecosystem is under considerable stress across the continuum
 - Workforce and financial challenges
 - Reimbursement incentives do not reward prevention, primary care, mental health, etc.
 - Affordability and access are suffering—especially but not only in both rural and underserved urban communities

Key Learnings and Observations

- Training mission is inseparable from the research and clinical care missions
- Funding mix for medical schools has changed significantly over past decades
 - Now predominantly funded by revenues/positive margins from clinical care
 - Very complicated, making direct state-to-state comparisons very difficult
- No one “best” model of academic health enterprises structures
 - Successful examples both where universities own and/or govern health systems, and where they do not
- Academic health cannot be “fixed” to meet the state’s public health goals without broader changes in our national health care financing and delivery “system”
- Care delivery models will change significantly in the future, requiring new training approaches
 - Implications for what type and number of professionals will be needed in the future

Thematic Conclusions

- UMN has uniquely comprehensive capabilities across the health sciences schools and beyond to lead in creating those new models
- Minnesota has unusual breadth and depth in health care capacity which would ideally be better leveraged in partnerships with UMN
- Stabilizing and growing UMN's academic health capacity is critical, and at the same time we don't want to lock in a status quo which isn't sufficient to our challenges now and in the future

UMN's Vision for Academic Health

- Build on strengths
- Grow capacity for all 3 parts: mission/training, research, and care
- Continue to improve in rankings, recruitment, and retention
- Play a larger role in meeting the state's public health needs
- Re-acquire care delivery facilities from Fairview
- Invest in facility improvements and replacement as needed

Three Specific Recommendations

- Create a fund for facilities improvement and start on the highest priorities in 2024, while doing a comprehensive needs assessment to be completed in 2024 (#7, page 16)
- Start planning for eventual new facilities including a replacement hospital; no public funding now, but eventually (#8, page 17)
- Annual appropriation of \$80 million for specific programmatic purposes, including: (#10, page 18)
 - 3 to 4 new Medical Discovery Teams - \$25m per year
 - Invest in sustainability and access to underserved communities - \$20m per year
 - Primary care transformation - \$10m per year
 - Workforce development - \$15m per year
 - New care model design – Center for Learning Health Systems Expansion - \$5m per year
 - All systems innovation opportunities: rural health clinical trials network, pre-hospital care network - \$5m per year

Key Recommendations

- Twenty recommendations were suggested by task force members across a variety of topics; all are included in the [report](#)
- We did not have up or down votes or set a threshold of support for inclusion, but captured the level of support and reservations for each
- Recommendations in the body of the report are grouped by topic area

- Task Force generally supported UMN's vision and its recommendations, with the majority of members expressing various conditions on the support to be addressed as the U refines its proposals
- Develop a shared strategic plan for the six health professional schools to increase numbers of graduates, partner across the U and with MN State, strengthen inter professional training and innovate for the future of care delivery
- Conduct a comprehensive statewide needs assessment for facilities and infrastructure supporting public health, including but not limited to UMMC
 - Study should consider statewide health care capacity, emerging needs, opportunities for shared services and/or facilities
- Improve legislative oversight of UMN appropriations across funding sources and budget areas

Workforce Planning and Development

- Task Force recommends that the Legislature request and fund development of a comprehensive statewide health professions workforce plan that aligns training programs with a vision for the future of health care delivery, and that increases the diversity of the workforce and addresses maldistribution of certain provider types geographically
- Establish a coordinating entity to guide future workforce investments including better coordination and use of multiple workforce data sources
- Increase funding for effective strategies to grow and diversify the workforce
 - Pathway programs, expand financial support programs, wraparound support services, incentives for practice locations, etc.

Collaboration and Coordination Across Systems

- Explore closer collaboration between the entities that train significant numbers of health professionals and are part of the public safety net
- Explore optimal collaborations for highly specialized care, teaching and research across Minnesota's major health systems

Increase Funding to Support Academic Health

- Maximize use of Medicaid funding including increasing reimbursed rates, federal GME drawdowns, and intergovernmental transfers where allowable
- Broaden the funding base to reduce or augment subsidies from clinical care provided only by the academic health centers

Thank you