

Comments from Governor Pawlenty

Thanks for the invitation to submit suggested recommendations to the task force.

The challenges and opportunities facing our healthcare delivery system are enormous in quantity and scope. As a result, I think it's important for the Task Force to strategically focus its recommendations.

Specifically, I suggest the Task Force focus its recommendations on the key strategic roles the U uniquely (or at least semi-uniquely) plays in our broader MN health ecosystem. Those roles include operating:

- (1) MN's flagship medical school which educates and trains most MN doctors.
- (2) numerous other health science schools and colleges that provide essential training for MN's health care workforce.
- (3) one of the largest NIH funded research programs in the country.
- (4) a critically important school of public health and related information distribution channels.
- (5) hospitals, clinics and research labs of sufficient quality to attract and retain top talent to serve as faculty, conduct research and provide care for patients - including patients with complex cases most other MN providers are not well-suited to address.

The U's differentiating and strategic value proposition for MN lies primarily in the 5 roles noted above. Numerous other institutions and organizations can and do provide the bulk of the regular and customary health care services delivered in MN. Other than providing the clinical environments necessary for the U's training, research and revenue generating needs, the U will not provide differentiated or strategic value by just being another provider of such regular and customary services.

With that focus in mind, my initial suggested recommendations are listed below. Each of the recommendations are intended to be specific and measurable so it will be easy for policy makers to monitor progress against the stated goals. Each of the recommendations also assumes the State of MN and/or other stakeholders will provide the resources necessary to accomplish each goal.

A. DEVELOP AND IMPLEMENT A PLAN FOR TWO ADDITIONAL MAJOR MEDICAL SCHOOL PROGRAMS TO EARN A TOP 10 RANKING IN TEN YEARS OR LESS:

While rankings are often blunt and incomplete measurements, they're undeniably a proxy for an institution's reputation and quality. They also provide meaningful and important signals in the competition for top talent. Dr. Tolar and his team should be recognized and applauded for

the remarkable progress that's been made at the medical school in recent years. However, the vision and work to further improve the U's medical school needs to continue with alacrity. U.S. News and World Report ranks the U's medical school programs as follows: 35th in research (note: the U is #9 in the *overall dollar amount* of NIH funding received); #2 in primary care; #7 in family care; #37 in cancer care). No other U medical school program currently earns any ranking at all. Of course, rankings vary somewhat based on the service or publication conducting the ranking. For example, the U fares much better in the The Blue Ridge Institute's rankings which focus on levels of NIH research funding. Nonetheless, the flagship medical school in arguably the nation's leading health care state should be better. As part of that effort, the U should identify 2 additional major medical school programs that are highly relevant to MN's health needs - and what it would take to transform those programs into top ranked programs in ten years or less.

B. WHILE MAINTAINING QUALITY, SIGNIFICANTLY INCREASE THE NUMBER OF GRADUATES FROM THE U'S MEDICAL SCHOOL AND SELECT OTHER HEALTH SCIENCE SCHOOLS TO BETTER MEET MN'S HEALTH CARE NEEDS:

MN is experiencing a significant shortage of doctors and other health care professionals. That shortage is particularly acute in certain communities. While new care delivery models, technology, and innovation are urgently needed and may eventually help address this shortage (see below), recruiting, training and deploying more providers remains essential. The Task Force heard testimony that MN's population doubled since 1972 - while the annual number of graduates from the U's medical school has barely changed since then. The U's medical school initiative with CentraCare in Saint Cloud represents some progress but more is needed. The U should significantly increase the number of graduates from its medical school and increase the related number of residents and fellows.

C. MAINTAIN THE U'S STATUS AS A TOP 10 RECIPIENT OF NIH RESEARCH FUNDING:

The extraordinary level of NIH research funding the U receives provides enormous health, academic and economic benefits to MN and beyond. That funding is also an important marketplace signal and magnet in the marketplace for top talent. That talent then contributes mightily to the quality and reputation of the U's training and research mission. The specific reasons the U receives such an extraordinary amount of NIH research funding should be more specifically identified and catalogued. The U should then receive the support it needs to ensure the capabilities that attract top levels of research funding are fortified, protected and expanded. The goal should be for the U to remain a top 10 recipient (on average) of NIH funding over the next ten years.

D. THE U SHOULD DESIGN AND BETA TEST AT LEAST ONE SCALABLE BREAKTHROUGH PUBLIC HEALTH OR CARE DELIVERY MODEL INNOVATION IN THE NEXT 5 YEARS:

The list of possibilities here is almost endless - but a leading contender for such an effort might include the U designing, implementing and beta testing a new care delivery model that is: asset

light, nimble, enabled substantially by technology, equitably available, scalable, with significantly lower demands on practitioners and relatively more efficient and economical than currently prevailing models. The funding and regulatory relief necessary to test such a model should be provided.

E. ENSURE THE QUALITY AND CAPACITY OF THE U's MEDICAL BUILDINGS REFLECT THE IMPORTANCE OF THE U's MEDICAL MISSION TO MN AND THE U's ASPIRATION TO BE A TOP TIER MEDICAL CENTER

The U obviously needs and deserves a new hospital as well as other major capital improvements to its medical center buildings. Designing, funding and constructing a new hospital will take a long time - even under the best of circumstances. The Task Force could accelerate the first stage of that long timeline by highlighting the urgent need for a new U hospital and strongly recommend policy makers take the first steps as quickly as possible. Otherwise, it seems the plans will be slowly walked forward - if they advance at all. Now is the time to start this process.

I will reserve my recommendations regarding the Fairview/U matters since those topics are beyond the scope of the Task Force.

Thanks.

Tim Pawlenty