

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

FINAL RECOMMENDATIONS – CONSOLIDATED AND REVISED

UPDATED 1/9/2024

Note about timeline:

- *Short-term: Starting in 2024*
- *Mid-term: Starting sometime between 2024 – 2027*
- *Long-term: Starting sometime after 2027*

New #	Old #	Recommendation	Timeline	Problem addressed	Responsible
1	1	<i>UNCHANGED</i> Quickly resolve negotiations to continue the University of Minnesota’s primary partnership with Fairview Health. UMN, UMP, and Fairview must establish clarity of purpose, shared goals, and transparent accountability mechanisms around the three intertwining missions of research, teaching, and clinical care.	Short-term	1	UMN, Fairview, UMP
2	2	<i>REVISED</i> If UMN and Fairview do not reach a new partnership agreement, Governor Walz should appoint a Mediator to help resolve their differences and reach an agreement before the Legislature reconvenes on February 12, 2024.	Short-term	1	UMN, Fairview, UMP

REVISED RECOMMENDATIONS

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3	3	<p><i>UNCHANGED</i></p> <p>If there are ownership or governance changes between UMN, UMP, and Fairview, existing private sector labor agreements, pensions, and other benefits currently in place must continue without disruption.</p>	Short-term	1	UMN, Fairview, UMP
4	4	<p><i>REWRITTEN</i></p> <p>Assess the feasibility of multi-system integration between UMN and other health entities that both train a significant number of health professionals and are part of the publicly supported safety net to align resources and a shared commitment to the public good, and benefit our State towards:</p> <ul style="list-style-type: none"> • the creation of a skilled and diverse future workforce; • reduced health disparities and improved outcomes for all; and • expanded healthcare services with increased access to specialized care for our most vulnerable populations. <p>The ultimate goal is the creation of a more sustainable and resilient academic healthcare system, ultimately benefiting the public by maximizing the impact of available resources.</p>	Mid-term	1	UMN
5	5	<p><i>REVISED</i></p> <p>Regardless of the outcome of negotiations with Fairview, UMN should seek broader relationships and collaboration with health systems across the state to best leverage all of Minnesota’s considerable health care assets to:</p> <ul style="list-style-type: none"> • help address current access challenges and disparities in particular communities and for specific types of services; • help rationalize tertiary and quaternary clinical capacity; and • explore optimal collaboration in teaching and research with other health systems, such as the Mayo Clinic. 	Mid-term	3	UMN, health systems

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6	6	<p><i>REVISED</i></p> <p>Develop a shared Health Sciences strategic plan for the six Health Professional Schools at the UMN that includes goals and strategies to strengthen interprofessional learning and clinical training, as well as goals and strategies to innovate for the future of health care through partnerships with other University programs and MN State. The strategic plan should include goals and/or strategies related to:</p> <ul style="list-style-type: none"> • increasing the number of graduates from Health Professional Schools while maintaining quality; • setting and achieving targeted and specific goals for national rankings of the Health Sciences programs (e.g. Top 10), in terms of academic standing, researching funding, and social mission impact; • designing and piloting breakthrough public health and care delivery models. <p>This plan should establish the foundation for transparent budgeting and inform appropriations requests to the legislature. The plan should be monitored, reported to the joint legislative oversight committee established under recommendation #7, and updated at least every five years.</p>	Short-term	1, 3	UMN
7	7	<p><i>REVISED</i></p> <p>Establish a joint legislative oversight committee to monitor the totality of State appropriations to the University of Minnesota across funding sources and budget areas. This committee should establish an accountability and reporting structure to receive regular updates on the distribution and impact of appropriated funding on advancing the University’s mission and impact on health of Minnesotans.</p>	Short-term	1	Legislature

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8	8 - 10	<p>REWRITTEN</p> <p>Any request for additional public funding for UMN Health Sciences must first be approved by the Board of Regents and communicated to the Governor and Legislature as one of UMN’s highest priorities, if not the highest.</p> <p>Any appropriations request should detail:</p> <ul style="list-style-type: none"> • The specific dollar amount requested, including transparency around how that amount was calculated and funds flow analysis demonstrating why additional public funding, specifically, is necessary, including how UMN has already made internal budgeting decisions to shift or increase investment in academic health. <ul style="list-style-type: none"> ○ It should be clear whether the funding requested will be used to backfill current deficiencies in clinical revenue that are necessary to stabilize UMN’s training and research missions, or whether the funding will be used to further advance or innovate training, research – and thus, clinical care – to meet emerging and future needs. State funding should not be used to cover clinical revenue deficits, as this is the responsibility of the business partners to resolve. • The goals and outcomes to be achieved with the funding, including performance measures for accountability, and how those outcomes are aligned to State goals for population health improvement. • The specific strategies or programs to be funded, including transparent accountability mechanisms for monitoring, evaluating, and reporting on implementation progress. 	Short-term	1	UMN

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9	8 - 10	<p>REWRITTEN</p> <p>It is likely UMN will request and require additional public investment to stabilize, and ultimately advance, its Health Sciences programs. Before approving new appropriation(s), the Legislature should ensure:</p> <ul style="list-style-type: none"> • UMN complies with recommendation #8. • UMN and Fairview Health have finalized a new partnership agreement that transparently articulates the funds flow of clinical revenues to training and research, and that includes shared goals and accountability mechanisms around the intertwining missions of training, research, and clinical care. • The appropriation request is directly aligned to a strategic plan for Health Sciences at UMN that includes shared goals and strategies for the six Health Professional Schools, as described in recommendation #6; • The additional funding will be used to advance recruitment from, and training for, health professionals in Greater Minnesota and from underserved communities in metropolitan areas; • There is a clear accountability mechanism for reporting back to the State on the impact of this, as well as other, appropriations for academic health, such as through the joint legislative committee established under recommendation #7. 	Short-term	1	Legislature

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10	9	<p>UPDATED BY UMN</p> <p>If approved by the Board of Regents, the Legislature should appropriate an additional \$80 million annually, as requested by UMN, to establish and implement Minnesota’s Academic Health System, with investments specifically for:</p> <ul style="list-style-type: none"> • 3 to 4 new Medical Discovery teams - \$25 million/year: Mental health, infectious disease, cancer, cardiovascular programs, population health. This includes faculty/physician/interdisciplinary recruitments in key areas for Minnesota. • Invest in sustainability and access to underserved communities - \$20 million/year: Community University Health Care Center (CUHCC), mobile health partnership with Hennepin County, University and UMP primary care clinics. • Primary care transformation - \$10 million/year: E-consults (or online medical consultation, typically where a primary care provider seeks a specialist’s expert opinion about the appropriate diagnosis or treatment for a patient), transition from primary to specialty and back, build physician networks, continuing medical education, advanced telehealth. • Workforce development \$15 million/year: The University’s six health science programs can provide unique opportunities to develop and expand workforce development opportunities for additional medical student slots, new programming in high need areas such as mental health, respiratory therapy, advanced dental therapy program, expand addiction fellowship, addiction/mental health “track” in residencies, pathways/partnerships for high need professions such as nursing with Minnesota State and private colleges. • New care model design - Center for Learning Health Systems expansion - \$5 million/year • All systems innovation opportunities: rural health clinical trials network, pre-hospital care network - \$5 million/year: Targeted, collaborative efforts to solve specific health challenges. 	Short-term	1, 2, 3	Legislature

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11	11, 20	<p>REVISED and COMBINED</p> <p>Request and fund a comprehensive needs assessment of health system facilities and infrastructure supporting public health throughout Minnesota. The study should consider statewide health care capacity, emerging future needs, opportunities for shared services/facilities across public systems, and existing labor agreements.</p> <p>Once completed and if supported by the results of the assessment, use the findings of the assessment to develop a prioritized bonding list to right-size and bring the physical infrastructure of UMMC and other public health system facilities into the 21st century, as well as to avoid waste and duplication of community assets, and to improve access and quality for Minnesotans.</p>	Short-term	1, 3	Legislature, UMN
12	12	<p>UPDATED BY UMN</p> <p>Once UMN and Fairview have reached a new agreement regarding ownership of the UMMC, and if approved by the Board of Regents, the State should provide financial support starting in 2024 for the creation of a UMMC capital investment fund that would provide mid-term investments in equipment and facilities of the East and West Bank Hospitals, and that would continue thereafter, as needed.</p>	Short-term	1, 3	Legislature
13	13	<p>UPDATED BY UMN</p> <p>Once UMN and Fairview have reached a new agreement regarding ownership of the UMMC, and if approved by the Board of Regents, the State should provide financial support starting in 2024 for the creation of a future facility fund for the eventual development of new state-of-the-art academic health facilities owned and operated by UMN, including a new hospital.</p>	Short-term	1, 3	Legislature

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14	14	<p><i>UNCHANGED</i></p> <p>Establish shared, statewide access to UMN academic library services as a shared service for clinics, academic health programs, and health systems and provide funding to non-University entities to connect to the service. Also identify and implement other similar shared services opportunities.</p>	Short-term	1, 3	Legislature
15	15	<p><i>REVISED</i></p> <p>Consider additional ways to increase financial support for health professions training and to broaden the funding base, such as modifying or establishing provider taxes, premium/claims taxes, and other health-related taxes, including potentially creating a graduated provider tax.</p> <p>Any changes to provider or claims taxes should include ways to credit providers, health plans, or other entities for participation in academic health functions.</p>	Short-term	1	Legislature
16	16	<p><i>REVISED</i></p> <p>Maximize use of Medicaid funding to support health professions education, by:</p> <ul style="list-style-type: none"> • increasing Medicaid reimbursement rates; • maximizing federal drawdown of GME Medicaid and Medicare matched funding; • exploring expanded use of intergovernmental transfers and direct payments, where allowable, to support clinical training sites; and • establishing clarity of MERC funds flow within the health systems. 	Short-term	1, 2	Legislature

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17	17	<p>REVISED</p> <p>Request and fund a statewide comprehensive health professions workforce plan that includes short-term strategies, as well as a long-term plan for aligning health professions training programs with a vision for the future of health care delivery. The plan should analyze and make recommendations for increasing the diversity of health professions workers to reflect Minnesota’s communities, as well as addressing the maldistribution primary, mental health, nursing, and dental providers in Greater Minnesota.</p>	Short-term	2	Legislature
18	18	<p>REVISED</p> <p>Build on existing collaborative efforts between UMN and other entities by establishing or identifying a coordinating and planning entity responsible for using existing and new health professions workforce data to guide future investments and make on-going recommendations to increase the supply of health care professionals, with particular focus on critical areas of need within Minnesota.</p>	Short-term	2	Legislature

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19	19	<p>REVISED</p> <p>Increase funding for effective strategies to diversify and fill current and future gaps in the health care workforce, such as:</p> <ul style="list-style-type: none"> expanding pathway programs to increase awareness of the wide range of health care professions and engage the current workforce, as well as K-12 students, undergraduate students, and community college students, in those pathways; reducing or eliminating tuition for entry-level health care positions that offer opportunities for future advancement in high-demand settings, and expanding other existing financial support programs such as loan forgiveness and scholarship programs; incentivizing recruitment from Greater Minnesota and recruitment/retention for providers practicing in Greater Minnesota; expanding existing programs, or investing in new programs, that provide wraparound support services to existing health care workforce, especially people of color and professionals from other underrepresented identities, to acquire training and advance within the care workforce; and addressing the need for increased quality faculty to train an increased workforce. 	Mid-term	2	Legislature
20	Part of 19	<p>UNCHANGED but REMOVED from #19</p> <p>Further subsidies for workforce development should include employer accountability measures that ensure jobs in academic health settings meet or exceed existing labor standards and include neutrality for workers seeking to form a union.</p>	Mid-term	2	Legislature
N/A	20	<p>COMBINED with #11</p> <p>Using the findings from the comprehensive needs assessment in <i>recommendation #11</i>, consider prioritizing bonding support to bring the physical infrastructure of UMMC and other publicly funded health care facilities into the 21st century.</p>	Mid-term	1	Legislature

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21	21	<p>REWRITTEN</p> <p>Establish a new advisory body, including the University of Minnesota as well as other public and private schools that train health professionals in Minnesota, to develop recommendations for how to move towards more interprofessional training and clinical practice.</p> <p>Based on those recommendations, provide financial support to expand interprofessional clinical training and care delivery.</p>	Long-term	2, 3	Legislature