

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

DRAFT RECOMMENDATIONS

#	Recommendation	Timeline	Problem addressed	Responsible
1	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	If UMN and Fairview do not reach a new partnership agreement by December 31, 2023, 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
3	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.	Short-term	1	UMN, Fairview, UMP
4	Assess the feasibility of a longer-term model for multi-system integration between UMN and other public health entities, with single academic clinical staff. Such a model could include a principal partner system, with UMMC, HCMC, VA, and Children’s coming together, or a community model of collective ownership with a single managing partner.	Long-term	1	UMN

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5	<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 the Mayo Clinic. 	Mid-term	3	UMN, health systems
6	<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 practical 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

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7	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 impact of appropriated funding on advancing the University’s mission.	Short-term	1	Legislature
8	<p>Consider appropriating additional funding to the UMN for academic health, if:</p> <ul style="list-style-type: none"> • UMN and Fairview have finalized a new partnership agreement that includes shared goals and accountability mechanisms; • 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 appropriation request includes a thorough funds flow analysis and clear quantification of the funding gap to be filled; • the additional funding will be used to advance training in, and clinical care for, Greater Minnesota and underserved communities in metropolitan areas; • uses for the additional funding are aligned to State goals for population health improvement; and • 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. 	Short-term	1	Legislature
9	Begin appropriating in FY2025 the additional requested \$60-80 million annually to UMN to be used as described in the UMN Vision for Academic Health System.	Short-term	1	Legislature

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10	The President of UMN must tell the Governor and Legislature if significant additional funding for the University’s Medical School is among its highest priorities for the 2024 session. If so, the Medical School should make a specific funding request (not a range) to the Legislature for 2024 that details the money requested, its purposes, and how it will advance academic quality.	Short-term	1	UMN
11	Request and fund a comprehensive needs assessment of public health system facilities and infrastructure 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.	Short-term	1, 3	Legislature
12	Begin immediately addressing the growing deficiencies in existing hospitals.	Short-term	1, 3	UMN, Fairview
13	Issue \$1,000,000,000 (\$1 billion) in tax exempt bonds, backed by the University’s Foundation, private philanthropy, and State support, to grow and finance the building of a new hospital and other improvements.	Short-term	1, 3	UMN, UMN Foundation, private philanthropy, Legislature
14	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.	Short-term	1, 3	Legislature

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#	Recommendation	Timeline	Problem addressed	Responsible
15	<p>Consider additional ways to increase financial support for academic health statewide and to broaden the base to reduce dependence of this critical function on clinical services profits, including:</p> <ul style="list-style-type: none"> • modifying or establishing provider taxes, premium/claims taxes, and other health-related taxes, including potentially creating a graduated provider tax; and • developing a program to match NIH funding. <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	<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; and • exploring expanded use of intergovernmental transfers and direct payments, where allowable, to support clinical training sites. 	Short-term	1, 2	Legislature
17	<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, and dental providers in Greater Minnesota.</p>	Short-term	2	Legislature

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#	Recommendation	Timeline	Problem addressed	Responsible
18	<p>Establish or identify 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 in critical areas of need within Minnesota.</p>	Short-term	2	Legislature
19	<p>Increase funding for effective strategies to 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. <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

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#	Recommendation	Timeline	Problem addressed	Responsible
20	Using the findings from the comprehensive needs assessment in recommendation #11 , consider prioritizing bonding support to bring the physical infrastructure of UMMC and other publicly funded health care facilities into the 21st century.	Mid-term	1	Legislature
21	<p>Promote interprofessional training by:</p> <ul style="list-style-type: none"> • establishing 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; • advocating for a redesign of national training requirements to emphasize interprofessional training and focus on patient/population outcomes; and • providing financial support to expand interprofessional clinical training and care delivery. 	Long-term	2, 3	Elected officials, health system leaders

Alignment to initial potential recommendations and other sources

#	Recommendation	Initial potential recommendations included
1	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.	1.1, 1.2, 1.3, 1.4
2	If UMN and Fairview do not reach a new partnership agreement by December 31, 2023, Governor Walz should appoint a Mediator to help resolve their differences and reach an agreement before the Legislature reconvenes on February 12, 2024.	N/A – Provided separately on 12/19
3	If there are ownership or partnership changes between UMN, UMP, and Fairview, existing private sector labor agreements, pensions, and other benefits currently in place must continue without disruption.	1.22
4	Assess the feasibility of a longer-term model for multi-system integration between UMN and other public health entities, with single academic clinical staff. Such a model could include a principal partner system, with UMMC, HCMC, VA, and Children’s coming together, or a community model of collective ownership with a single managing partner.	1.4, 1.5, 3.7
5	<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 the Mayo Clinic. 	3.6

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6	<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 practical 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 #6, and updated at least every five years.</p>	1.7, 1.8, 1.15, 3.4, 3.3, 3.4
7	<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 impact of appropriated funding on advancing the University’s mission.</p>	1.6, 1.18, 1.19, 3.2

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8	<p>Consider appropriating additional funding to the UMN for academic health, if:</p> <ul style="list-style-type: none"> • UMN and Fairview have finalized a new partnership agreement that includes shared goals and accountability mechanisms; • 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 #5; • the appropriation request includes a thorough funds flow analysis and clear quantification of the funding gap to be filled; • the additional funding will be used to advance training in, and clinical care for, Greater Minnesota and underserved communities in metropolitan areas; • uses for the additional funding are aligned to State goals for population health improvement; and • 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. 	1.1, 1.2, 1.3, 1.4, 1.9, 1.10, 1.11, 1.13, 1.14, 1.15, 1.16
9	Begin appropriating in FY2025 the additional requested \$60-80 million annually to UMN to be used as described in the UMN Vision for Academic Health System.	N/A – Part of UMN Vision plan
10	The President of UMN must tell the Governor and Legislature if significant additional funding for the University’s Medical School is among its highest priorities for the 2024 session. If so, the Medical School should make a specific funding request (not a range) to the Legislature for 2024 that details the money requested, its purposes, and how it will advance academic quality.	N/A – Provided separately on 12/19
11	Request and fund a comprehensive needs assessment of public health system facilities and infrastructure 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.	1.21, 1.22, 1.23,

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12	Begin immediately addressing the growing deficiencies in existing hospitals.	N/A – Provided separately on 12/19
13	Issue \$1,000,000,000 (\$1 billion) in tax exempt bonds, backed by the University’s Foundation, private philanthropy, and State support, to grow and finance the building of a new hospital and other improvements.	N/A – Provided separately on 12/19
14	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.	1.12
15	<p>Consider additional ways to increase financial support for academic health statewide and to broaden the base to reduce dependence of this critical function on clinical services profits, including:</p> <ul style="list-style-type: none"> • modifying or establishing provider taxes, premium/claims taxes, and other health-related taxes, including potentially creating a graduated provider tax; and • developing a program to match NIH funding. <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>	1.25, 1.26, 1.28
16	<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; and • exploring expanded use of intergovernmental transfers and direct payments, where allowable, to support clinical training sites. 	1.27, 1.29

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17	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, and dental providers in Greater Minnesota.	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7. 2.8
18	Establish or identify 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 in critical areas of need within Minnesota.	2.1, 2.2, 2.3, 2.4, 2.8, 2.15, 2.16

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19	<p>Increase funding for effective strategies to 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. <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>	1.17, 2.9, 2.10, 2.11, 2.12, 2.14
20	<p>Using the findings from the comprehensive needs assessment in recommendation #11, consider prioritizing bonding support to bring the physical infrastructure of UMMC and other publicly funded health care facilities into the 21st century.</p>	1.20, 1.21

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21	<p>Promote interprofessional training by:</p> <ul style="list-style-type: none"> • establishing 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; • advocating for a redesign of national training requirements to emphasize interprofessional training and focus on patient/population outcomes; and • providing financial support to expand interprofessional clinical training and care delivery. 	2.10, 2.18, 3.7