

December 5, 2023

Jan Malcolm, Chair
Governor's Task Force on Academic Health at the University of Minnesota
130 State Capitol
75 Rev Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

RE: University of Minnesota's response to David Johnson's article

Dear Chair Malcolm and Task Force Members,

As we prepare materials for the next task force meeting, we wanted to take the opportunity to respond to one of the items shared last week. The University felt it important to address the content of David Johnson's opinion piece in April 2023 to correct inaccuracies.

It is clear that Johnson's approach to academic medicine and health is based on a cost accounting mindset that ignores the significant value and impact of academic medicine — not just for the patient being treated or involved in a clinical trial, but for generations of patients who will benefit from the education, research, and outreach mission of the University of Minnesota. In addition, several of his assertions are simply incorrect.

Stating that residents are “a large pool of free labor” demonstrates a fundamental lack of knowledge about how medical education is done and why it is important. In addition, residents – medical students who have graduated and are now practicing their chosen focus under the guidance of an attending physician – provide essential services to patients and a medical center by taking overnight calls and providing care for which they are paid. Residency is when they acquire the specialty skills required to be licensed and credentialed to independently care for patients, whether as a primary care physician, an obstetrician, or in one of the surgical specialties.

Johnson notes that our medical school is a “real gem” in its “progressive approach to interdisciplinary and multi-professional care.” We could not agree more. The University's medical school and related health sciences schools are critical to our state's healthcare workforce, the continued advancement of healthcare start-ups, and improving patient care and access. However, he fails to recognize that the UMPPhysicians he attacks are actually the practice plan of the medical school faculty he praises.

Johnson is trying to make the case that cost-effective approaches are the ONLY way to measure our success. Certainly, efficiency is important, but the University's public mission requires a focus on health outcomes, more accessibility, and equitable service delivery to Minnesota's people. The University's “shareholders” measure success much differently than Johnson's narrow focus.

For example, during the pandemic, our Center for Learning Health Systems Science brought together the latest information and research techniques to identify a best-practice approach to diagnosing and caring for patients with serious COVID-19 symptoms. Their work directly impacted saving lives by identifying strategies and developing therapies that improved patient outcomes. In fact, our hospitals had some of

the best outcomes for COVID patients. The Center for Learning Health Systems Science is a collaboration between the Medical School and the School of Public Health and was initially funded, in part, with academic transfer dollars from our clinical partner, Fairview.

Additionally, our twenty primary care clinics are located where they are most needed in North and South Minneapolis, St. Paul's Phalen Village, and St. John's Hospital. Those owned and managed by the University include the Community University Health Care Center, or CUHCC, a recognized national model of interdisciplinary community-based care that also requires a significant annual investment to sustain its public impact. None of the primary care clinics staffed by University physicians or nurse practitioners are making a profit. Instead, they deliver critically important patient care where needed, thanks to academic health professionals committed to learning from each patient in the ongoing pursuit of better outcomes.

In 2015, when the State recognized that the University's medical school was continuing to lose faculty following Fairview's purchase of its hospital, the State made an ongoing investment in key research areas of public health interest. Our Medical Discovery Team on Addiction is working closely with clinics throughout the state, including Hazelden Betty Ford and community-based programs, to develop treatment models for a range of substance use disorders. As a result, the work has attracted some of the top experts in addiction issues to Minnesota who are conducting leading research into a biological understanding of addiction triggers with colleagues from nearly all of the University's health sciences programs.

The Biology of Aging Medical Discovery Team is recognized globally for its expertise in tackling the cellular underpinnings of aging and their impact on health. In a state with an aging population, this team recognizes that knowledge can ward off potential decline, providing important preventive potential for conditions of aging. We are currently setting up a network of clinical research partners across the state to begin trials of compounds that have shown the potential to slow the aging process.

These examples illustrate the core issue. The University of Minnesota is and has invested in advancing health in ways that no other health system in our region can. Our mission is to prepare the next generation of health professionals and deliver innovative treatments and patient outcomes from research. Only through such a mission and these partnerships can Minnesota propel better care delivery and continue strengthening Minnesota's leadership through the Medical Alley of the nation.

Our Medical School, School of Public Health, along with Nursing, Pharmacy, Dentistry, and Veterinary Medicine deliver the University's education, research, and outreach mission to Minnesotans across the state in support of their health and wellness. As a public institution, we are not focused on profiting financially. We take our public responsibility and accountability seriously to ensure our service to the state is managed effectively. But more importantly, we are focused on ensuring that Minnesota families and communities profit from better health now and into the future. It's a goal that academic health at the University of Minnesota is uniquely positioned to pursue.

Sincerely,



Myron Frans
Senior Vice President for Finance and Operations