DEPARTMENT OF HEALTH

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

Meeting #5 | Tuesday, November 21 | 1:00 – 4:00 p.m.

Agenda

| Time | Activity |
|-------------|---|
| 1:00 - 1:05 | Welcome and grounding |
| 1:05 – 2:05 | University of Minnesota Health Sciences Schools panel |
| 2:05 – 2:45 | Fairview presentation: Supporting academic medicine |
| 2:45 – 2:55 | 10-minute break |
| 2:55 – 3:10 | Brief review of revised problem statements |
| 3:10 - 3:45 | Recommendation brainstorming |
| 3:45 – 3:55 | Public comment |
| 3:55 – 4:00 | Future meetings and closing |

Welcome

- Restroom locations: Turn right outside of the Hearing Room and walk down the hallway until it ends, then turn right. Restrooms are located on the right.
- We will take a 10-minute break at about 2:45; please take other breaks as needed
- Welcome members of the public
 - This is an Open Meeting, where you are welcome to watch and listen to the proceedings. Only Task Force members can speak and participate in meeting activities
 - There will be 10 minutes for public comment starting at about 3:45 p.m. If you would like to speak, please sign-up on the form near the entrance to this room. Each speaker will have two (2) minutes.
 - We will hear from as many people as possible today. Future meetings will include similar opportunities for public comment.
 - Written comments or emailed comments are also accepted: <u>health.academichealthum@state.mn.us</u>

U of M Health Sciences Schools panel (1 of 2)

Panelists:

- Dentistry Keith Mays, DDS, MS, PhD
- Nursing Connie Delaney, PhD, RN, FAAN, FACMI
- Pharmacy Lynda Welage, PharmD, FCCP
- Public Health Timothy Beebe, PhD
- Veterinary Laura Molgaard, DVM

U of M Health Sciences Schools panel (2 of 2)

Questions for panelist discussion:

- 1. Reflecting on the problem statements that the Task Force will be focusing on, what do you think the role of your school is in addressing them?
 - What is the role of other partners, outside of the U of M?
- 2. What are the current barriers that have prevented us from effectively addressing these issues from your perspective?
 - Please think not just about funding/resource constraints, but other regulatory, policy or structural/system barriers that have prevented progress.
- 3. What else should the Task Force know or consider as they develop recommendations to address these problems?

Fairview presentation

[Slides will be shared separately]

10-minute break

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DRAFT CONTEXT, PROBLEM STATEMENTS, AND QUESTIONS

Revised: November 15, 2023 - revisions in red, italics

Context statements

General context that is reflected nationally

- There is a serious health care worker shortage, exacerbated by burnout across settings and provider types. This is particularly true for primary care, and mental and dental health providers. The shortage is as bad or worse in long term care (LTC) and home and community-based settings (HCBS) and creates concerns for the ability to continue to deliver safe, high-quality care.
- Care settings across the entire continuum are interdependent for patient flow and outcomes. This
 became especially obvious during the COVID-19 pandemic.
- There are barriers and challenges throughout the current pathway to health care careers. The pathway
 starts early in the K-12 system and ends post-medical or other health profession training, often in a
 residency or other post-graduate apprentice program.
- It will take new models of care delivery, and new investments in recruitment and retention, to prevent these shortages from getting worse.
- Technological advances will undoubtedly change both the way health professionals are trained and how/where care is delivered.
- There has been a dramatic shift in the sources of revenue for medical schools over the last several
 decades. As a result, academic health centers have become increasingly reliant on profitable clinical care
 revenues to support their programs.
- The dominant payment models for patient care, with a predominantly fee-for-service structure, produce high profit margins for some services and large losses for others. Procedural and technological care is more profitable, while more cognitive and relational care is not.
- The predominant funding source for clinical graduate medical education is the federal Medicare
 program.
- Increasing competition in health care, higher labor costs, and changes in patterns of care utilization have led to more pressure to reduce less profitable spending.

Minnesota-specific context

· Minnesota has the same workforce and care delivery challenges as other states across the nation.

Revised problem statements

• Any "fatal flaws" or omissions that must be corrected before moving forward?

Beginning to brainstorm recommendations

Large group round-robin: 35-minutes

- Each member will briefly share:
 - The recommendation ideas they think, at this point, will be most important for the Task Force to put forward.
 - The information they still need to be able to make recommendations in response to all three problem statements.

Public comment period

- Please state your name before starting.
- Please limit your time to two minutes.
 - Please wrap-up your comments when signaled.
- Task Force members will not respond to comments or questions.
- Written or emailed comments are also accepted, if we don't have time for everyone today: <u>health.academichealthum@state.mn.us</u>

Proposed approach to meetings



Next meeting

Date: Wednesday, December 6, 2023

Time: 1:00 – 4:00 p.m.

Location: Minnesota Senate Building – Hearing Room #1100