



Special Committee on Academic Health

December 2024

December 12, 2024

8:30 a.m.

Boardroom, McNamara Alumni Center

SCAH - DEC 2024

1. University of Minnesota Physicians (UMP) Governance Changes - Review/Action

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BOARD OF REGENTS DOCKET ITEM SUMMARY

Special Committee on Academic Health

December 12, 2024

AGENDA ITEM: University of Minnesota Physicians (UMP) Governance Changes

Review **Review + Action** **Action** **Discussion**

This is a report required by Board policy.

PRESENTERS: Clifford Stromberg, Hogan Lovells
Jakub Tolar, Dean, Medical School and Vice President for Clinical Affairs

PURPOSE & KEY POINTS

The purpose of this item is to review and act on the resolution related to University of Minnesota Physicians (UMP) governance changes. The proposed resolution expresses support to create a new, University-integrated governance structure for UMP, directs the President or delegate, in consultation with the Medical School, to work with UMP on the new structure and plan for implementation by June 30, 2025. The resolution expresses an understanding that University and UMP leadership will work with Medical School faculty as the design of the new UMP governance structure is finalized. Upon final approval of the structure by the Board and the UMP Board of Directors, University and UMP leadership will work with Medical School faculty on implementation of the new structure.

The presentation will also provide an overview of the proposed University-integrated structure for UMP, which includes a new Interim Executive Vice President for Health Affairs position for the University’s academic health system.

PRESIDENT’S RECOMMENDATION

The President recommends approval of the resolution University of Minnesota Physicians governance change.



REGENTS OF THE UNIVERSITY OF MINNESOTA

RESOLUTION RELATED TO

University of Minnesota Physicians Governance Changes

WHEREAS, the University of Minnesota Medical School (Medical School), as one of the top ranked public medical schools in the nation, is critical to advancing medicine and creating knowledge through research and clinical trials, educating and preparing the next generation of physicians, many of whom will serve Minnesotans, and promoting the public health of the State of Minnesota (Minnesota) and beyond through providing access to exceptional, primary, and specialized clinical care; and

WHEREAS, the successes of the Medical School and the benefits that flow therefrom to patients and the community are possible because of the excellence and unwavering commitment to the University of Minnesota's (University) mission of the Medical School faculty; faculty who train the next generation of doctors, including in clinical settings where the skills and expertise of Medical School faculty transform lives and contribute to the wellbeing of patients; faculty who offer patients access to clinical trials and who develop cutting edge ways of delivering medicine; faculty who are addressing the challenges of public health and advancing the standard of patient care; and

WHEREAS, since 1997, Medical School faculty have delivered their excellent clinical care to patients through University of Minnesota Physicians (UMP), a nonprofit entity legally separate from the University and whose connection to the University is through it being designated by the Board of Regents (Board) as the single clinical practice group for the Medical School faculty; and

WHEREAS, the University and UMP understand the responsibility they have today and for generations to come to ensure that excellent health care and access to top doctors is available to patients in Minnesota, and to employ their resources in a manner that recognizes a rapidly changing and demanding healthcare marketplace; and

WHEREAS, the University and UMP recognize that changes and opportunities are presented as the 30-year affiliation with Fairview Health Services, in its current form, is scheduled to come to an end; and

WHEREAS, it is anticipated that changes and opportunities will necessitate significant investment from the University into supporting the clinical platform needed for the University's

academic health system vision, including investments in facilities and operations that best support the clinical practice of the Medical School faculty; and

WHEREAS, the University and UMP recognize that as the future for a world class academic health system is designed, significant benefits will be achieved through a more closely integrated governance structure between UMP and the University, such as the ability to improve operational efficiencies between the Medical School and UMP, to deliver on common priorities, and to enable UMP to benefit from the strengths of the University as Minnesota's public land grant institution; and

WHEREAS, the University and UMP agree that advancing a more integrated governance structure between the University and UMP to strengthen the foundation for delivering University mission-focused health care should proceed as described below in this Resolution; and that this requires a clinical structure that supports a multi-specialty physician practice, that has the flexibility to house various components of a health system, and that allows for operational efficiencies, alignment of Medical School and clinical operations, streamlined decision-making, and implementation of industry best practices; and

WHEREAS, the UMP Board and clinical leaders of UMP have guided it well through enormous growth, achieving widespread respect for clinical excellence and academic and research eminence; and

WHEREAS, the University and UMP are committed to working together and with the Medical School faculty to accomplish a new, University-integrated governance structure for UMP; and

WHEREAS, on December 10, 2024, the UMP Board of Directors adopted a resolution expressing support and direction to UMP leadership in alignment with this resolution.

NOW, THEREFORE, BE IT RESOLVED that the Board expresses its support to create a new, University-integrated governance structure for UMP.

BE IT FURTHER RESOLVED that the Board directs the President or delegates, in consultation with the Medical School, to work with UMP leadership to develop a new University-integrated governance structure for UMP, as well as an implementation plan, so that the new structure can be implemented as soon as reasonably feasible, but no later than June 30, 2025.

BE IT FURTHER RESOLVED that it is the Board's understanding that University and UMP leadership will work with Medical School faculty as the University-integrated design of the new UMP governance structure is finalized, and, upon final approval of such structure by the Board and the UMP Board of Directors, will work with the faculty in the implementation of the structure, recognizing that Medical School faculty support is critical to achieving the desired integration between the University and the Medical School and UMP.

University of Minnesota Health

December 2024



Creating a World Class Academic Health System

- The University has a unique opportunity to design and govern an academic health enterprise that advances public health for generations
- This opportunity will necessitate significant investment from the University, including investments in facilities and operations that best support the clinical practice of the Medical School faculty, including supporting the Clinics and Surgery Center
- A more closely integrated governance structure between University of Minnesota Physicians and the University creates a strong foundation for the success of all parts of the academic health system

Proposed UM Health Structure

- University of Minnesota Physicians (“UMP”), as a 501(c)(3) entity, continues and is renamed University of Minnesota Health (“UM Health”)
- The University becomes the sole member of UM Health
- Operating oversight of UM Health is delegated to a newly constituted “UM Health Board”
- Proposed UM Health Board (approximate size 15 or fewer):
 - Department Chairs appointed by the Dean
 - Faculty elected by the Medical School faculty
 - University executives appointed by UM President (must include Medical School Dean and UniversityCFO)
 - Independent experts designated by UM President
 - Executive Vice President for Health Affairs serving as Chair
 - CEO of faculty practice
- UM Health will have a Faculty Advisory Council made up of physician faculty to advise UM Health leadership and the UM Health Board on matters related to clinical practice (e.g., patient access, quality, and outcomes, as well as strategic and operational issues)
- Board of Regents has appropriate “reserved powers” over major UM Health corporate decisions



Examples of Possible Regents Reserved Powers

- Approving the Mission Statement of UM Health
- Approving University appointments to the UM Health Board
- Approving (through the appropriate Committees) basic requirements to assure adequacy of the UME and GME programs, as advised by the Dean
- Approving “major” actions that could have a material adverse impact on the University, Medical School, UMP or University of Minnesota Medical Center (if acquired by the University)
- Approving other “major” actions or transactions
- Requiring the UM Health Board to replace the CEO if ever necessary
- Approving any material change to UM Health organizational documents or structure

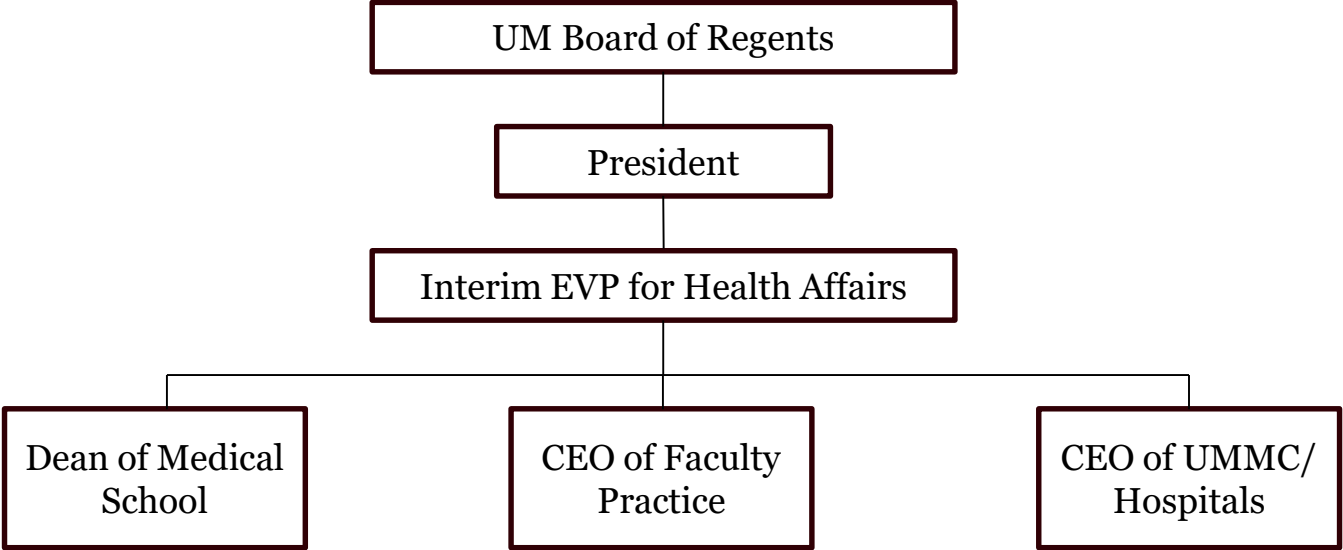


UM Health Operations

- UM Health serves as the platform for operation of (a) the Medical School faculty clinical practice (“UMP”), (b) the Clinics and Surgery Center, (c) UMMC (if acquired), and (d) other clinics or sites that may be acquired or developed
- Purpose of UM Health is to support and advance the mission, goals and priorities of the Medical School and other health sciences schools through the operation of a world-class academic medical center
- UMP component of UM Health operates as a true “multispecialty group practice” with appropriate rights for departments but also a unified strategy supported by common funds
- Performance optimization efforts currently underway within UMP, CSC and the Medical School continue
- Faculty input will be critical in developing the operating policies and administrative services to support UM Health, as the whole enterprise will be intended to support the tripartite health mission of the University - teaching, research, and clinical care



**UM HEALTH
EXECUTIVE LEADERSHIP**



Next Steps

- Board of Regents Resolution Related to UMP Governance Change
- New University-integrated governance structure for UMP is developed, along with an implementation plan, so that the new structure can be implemented as soon as reasonably feasible, but no later than June 30, 2025.
- University and UMP leadership work with Medical School faculty as the University-integrated governance structure for UMP is finalized, and, upon final approval of the structure by the Board and the UMP Board of Directors, work with faculty in the implementation of the structure.





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BOARD OF REGENTS DOCKET ITEM SUMMARY

Special Committee on Academic Health

December 12, 2024

AGENDA ITEM: Health Sciences Strategic Plan

Review

Review + Action

Action

Discussion

This is a report required by Board policy.

PRESENTERS: Lori Carrell, Chancellor, Rochester campus
Rachel Croson, Executive Vice President and Provost
Connie Delaney, Dean, School of Nursing
Keith Mays, Dean, School of Dentistry
Laura Molgaard, Dean, College of Veterinary Medicine
Melinda Pettigrew, Dean, School of Public Health
Amy Pittenger, Interim Dean, College of Pharmacy
Jakub Tolar, Dean, Medical School and Vice President for Clinical Affairs

PURPOSE & KEY POINTS

The purpose of this item is for the special committee to act on the proposed Health Sciences Strategic Plan (plan). Since the proposed plan was reviewed at the October 2024 meeting, the following changes have been made in response to feedback from the special committee and continued stakeholder outreach:

- The language throughout the plan was updated to consistently include "rural and underserved."
- Additional details were added to clarify what is meant by building "one-stop pathway" programs.
- On page 9 of the plan, where "year over year" is mentioned multiple times, specific targeted amounts were included, or the term was replaced with clear metrics.
- The "Key Actions" section on page 9 of the plan now briefly explains the value of the Community-University Health Care Center (CUHCC) model, so readers do not need to follow the link for context.
- The shared goals have are now connected with measurable benefits to Minnesota, such as highlighting the addition of nearly 3,000 new healthcare workers to meet workforce needs and providing examples of how the plan will reduce health disparities.

BACKGROUND INFORMATION

The special committee previously discussed this topic at the following meetings:

- October 2024: *Health Sciences Strategic Plan– Review*

- September 2024: *Health Sciences Strategic Planning: Key Objectives*
- June 2024: *Health Sciences Strategic Planning Update*
- May 2024: *Health Sciences Strategic Planning*
- November 2023: *The University's Health Sciences*
- September 2023: *Overview of the University's Health Sciences*

HEALTH SCIENCES



STRATEGIC PLAN 2024



UNIVERSITY OF MINNESOTA
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Vision

Minnesota leads the nation as the healthiest state.

Mission

To foster a healthier Minnesota through education, accessible care, innovation, and partnerships.

The University of Minnesota is well-recognized for its excellence in many areas of the health sciences.

- School of Dentistry is ranked **16th**[#]
- Medical School is ranked:
 - **1st** in Family Medicine[#]
 - **4th** in Surgery[#]
 - **7th** in Pediatrics[#]
 - **15th** for most graduates practicing in rural areas[#]
- School of Nursing is ranked:
 - **3rd** in Midwifery[#]
 - **8th** in Doctor of Nursing Practice[#]
 - **16th** in Bachelor of Science in Nursing[#]
- College of Pharmacy is ranked **6th**[#]
- School of Public Health is ranked **12th**[#]
- College of Veterinary Medicine is ranked **4th**[#]

[#]Blue Ridge Institute for Medical Research | [#]U.S. News & World Report | [#]Shanghai Global

Introduction

We are the **University of Minnesota**—a public non-profit university that places Minnesota’s health at the center of what we do. We’re dedicated to collaborating with the State of Minnesota, health systems, and communities across the state to ensure everyone has access to top-quality healthcare. We’re unique because our health sciences schools and programs, particularly those on the Twin Cities, Duluth, and Rochester campuses, cover all aspects of training and healthcare. We work not only with each other but with other disciplines like

science, engineering, public affairs, business, and agriculture to fulfill our shared mission. As one of America’s leading and most comprehensive research universities with highly ranked health sciences schools and programs, our graduates understand the connections between physical and mental health, between human and animal health, and between the health of people and our planet. By leveraging our interdisciplinary and interprofessional approach, we aim to provide the best possible experience for our students and the highest quality care for Minnesotans.





Context and Challenges

We understand the health needs of Minnesotans are evolving. Our population is aging, health systems are facing financial and operational challenges, and there are growing gaps in access to essential services like dental care, veterinary care, mental health, and addiction treatments, particularly in rural and underserved communities. At the same time, there's a shift toward home-based and outpatient care, and interprofessional and technological skills are more important than ever.

We uniquely integrate education, research, prevention, and clinical care across the entire continuum—from the lab to the bedside, and from primary care to specialized services that take on highly complex care that community hospitals entrust to the University. We actively engage with communities statewide on the issues that matter to them, co-creating new solutions such as treatments and cures, prevention and care models, and advising on policies to enhance the overall health of Minnesotans. Building on the needs identified by the [Governor's Task Force on Academic Health at the University of Minnesota](#), the University will target strategies in four priority areas, first as part of its 2025 biennial budget request and partnership with the State and then through the implementation of these priorities with a variety of statewide partners.



Our Shared Goal

Ensure that all Minnesotans have access to exceptional healthcare.

How We'll Achieve This Goal

1. Expand access by reducing healthcare workforce shortages statewide.
2. Reduce health inequities by expanding partnerships to reach rural and other underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Minnesota is facing a critical shortage of healthcare providers. The University plays a unique role in training the next generation of healthcare professionals. We will increase the number of professionals we train and ensure they are prepared to work effectively across disciplines and to utilize advanced technologies.

Current Work

- The University graduates approximately 70% of the health professional workforce in Minnesota.
- Our main programs are located on the Twin Cities, Duluth and Rochester campuses, as well as a new Medical School regional campus opening in St. Cloud in 2025.



Key Action with Requested Investment from the State of Minnesota

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metrics

- Over the next decade, we will increase the healthcare workforce by nearly 3,000, including 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 200 oral health professionals, 240 pharmacists and 250 other health professionals, including occupational therapists and medical laboratory scientists.

Key Actions with Increased Investment from the State or Other Sources

- Expand interprofessional training opportunities to prepare graduates to deliver coordinated care.
- Develop unified pathways into our health sciences programs to streamline recruitment and training of future health professionals.

Metrics

- A 10% annual increase in graduates with interprofessional experiential training.
- Launch of three pathway programs in the next five years.
- The design and launch by Fall 2026 of a new academic program on the Rochester campus in a critical need area to be determined.



Objective 2

Reduce Health Inequities by Expanding Partnerships to Reach Rural and Other Underserved Communities

We are committed to serving the entire state of Minnesota, especially underserved populations in rural, urban, and Tribal communities. Providers from these communities, and health professionals who are trained in these communities, are more likely to continue working in them. We will enhance our partnerships with organizations and providers to ensure all Minnesotans receive high-quality care by highly trained health professionals.

Current Work

Our health sciences schools partner with organizations and health providers across the state. Here are just a sample:

- [Dentistry training](#) in Hibbing, Cook, Moorhead, and Willmar and four Tribal locations; Cass Lake, Cloquet, Ogema, and Red Lake
- Partnership with [People's Center and Clinics](#) to provide dental care to patients in South Minneapolis
- [Rural medical residency track](#) in Willmar
- [Rural Physician Associate Program \(RPAP\)](#)
- Partnership with [St. Cloud State University](#) for the Doctor of Nursing
- School of Nursing partnership with [Great Plains and Minnesota Indian Health Service](#) for clinical learning experiences
- Public health partnership with Minneapolis-based [Hue-MAN Partnership](#)
- [Minnesota Poultry Testing Laboratory](#) in Willmar
- [Veterinary Treatment Outreach for Urban Community Health](#)
- [Rural Health Research Center](#) to improve life in rural communities
- [Pharmacy experiential education sites](#) in Alexandria, Bemidji, Brainerd, Mora, Owatonna, and Wabasha, and the Minneapolis neighborhoods of Broadway/North Memorial, Northpoint/Hennepin, Phalen, and Riverside



Key Action with Requested Investment from the State of Minnesota

- Integrate curriculum and experiential learning focused on rural and other underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in rural and other underserved areas.

Metrics

- New curriculum and experiential learning launched by Fall 2025.
- Support a minimum of 500 health science student placements per year in rural and other underserved areas to meet demand.

Key Actions with Increased Investment from the State or Other Sources

- Leverage pathway programs and enhanced recruiting strategies to increase the number of learners with experience in providing health services to rural and other underserved communities.
- Build on the successes of the [Minnesota Cancer Clinical Trials Network](#), the [University's Rural Health Collective](#), and Extension programs to expand clinical and community research in Greater Minnesota.

Metrics

- Increase in health science learners with an underserved experience by 10% year over year.
- Expand clinical and community research in Greater Minnesota.

Strategy with Capital Infrastructure Funding

- Duluth Academic Health Project: facility in the health district of Duluth to accommodate expanded clinical learning, research, and practice.
- Rochester Academic Health Project: remodel existing leased space and expand into adjacent space to accommodate planned growth.

Metrics

- Duluth: pre-design by 2026, completion by 2030.
- Rochester: pre-design by 2027, completion by 2029.



Objective 3

Improve Healthcare Quality Close to Home

Everyone in Minnesota deserves access to the right high-quality care at the right time. The University is uniquely positioned to improve the availability and quality of healthcare across the state, both through our own health professionals and by supporting other systems through our education, research, and partnerships.

Current Work

The University operates several interprofessional and mobile clinics where providers from multiple specialties offer services in a one-stop setting, including:

- The [Community-University Health Care Center \(CUHCC\)](#)
- [Multiple family medicine clinics](#), which provide care to rural and other underserved communities
- An interprofessional [Mobile Health Initiative](#)
- A [mobile dental unit](#)
- A [community veterinary clinic](#)
- The [Student Initiative for Reservation Veterinary Services \(SIRVS\)](#), which provides animal wellness and spay/neuter clinics six times a year in Tribal communities



Key Actions with Requested Investment from the State of Minnesota

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.

Metrics

- In partnerships with communities, increased patients served through mobile health and telehealth by 6,000 patients a year to meet demand.
- One health clinic piloted by 2026.

Key Actions with Increased Investment from the State or Other Sources

- Replicate the [Community-University Health Care Center \(CUHCC\)](#) model - serving low-income, medically underserved people and training future health care practitioners - in Greater Minnesota.
- Expand the number of clinical faculty and health professionals to provide care and train the next generation of clinicians.
- Partner with health systems and local public health organizations to provide professional development for current healthcare workers, specifically to expand competence with interprofessional collaboration and telehealth.

Metrics

- Opening of a Greater Minnesota community clinic.
- Year-over-year increase of 5%-10% in clinical services and settings involving University faculty and learners.
- Partnerships with at least six communities and health systems to establish or join a [Project ECHO](#) program by 2027.



Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

As Minnesota's research engine, the University continues to lead in healthcare innovation. From pioneering the first heart/lung machine to developing the breakthrough HIV treatment Abacavir, we drive the health of future generations.

Current Work

- Continue the University's focus on and leadership in discovery and innovation through basic, clinical, community-based, and population health research.
- Many projects involve collaboration with researchers in multiple disciplines, peer institutions, industry partners, state government, local communities, and health systems. For example, the School of Dentistry collaborated with food companies on a [chewing robot](#) that tests food products and dental materials.



Key Actions with Requested Investment from the State of Minnesota

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metrics

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.

Key Actions with Increased Investment from the State or Other Sources

- Launch new targeted research into prevention, treatments, care models, and cures for three high-need conditions, determined in collaboration with the State.
- Expand translations of research innovations to communities throughout the State.

Metrics

- Establishment of five new industry partnerships or start-ups.
- Translation of five innovations to communities throughout the state using the Clinical and Translational Science Institute and Learning Health System initiatives.



Why now?

- We know there is a shortage of healthcare professionals, in our state and nationally. The pandemic uncovered the significant consequences of those shortages.
- In addition to low numbers, we have a maldistribution of where those health care professionals practice, and inequities in care.
- Beyond what we need now, we can see into the future: the aging population, effects of climate change, and a rise in the need for interprofessional practice and training in new technologies that are being developed and utilized.

We need to act now to ensure that Minnesota remains the best state for health care in the nation.

Conclusion

The University's Health Sciences Strategic Plan aims to address the critical healthcare challenges facing Minnesota by enhancing access, training the next generation of Minnesota's health professionals, reducing inequities, improving care quality, and driving innovation. Through collaboration, dedication, and a shared commitment to health, we will continue to lead the nation in health.





HEALTH SCIENCES

STRATEGIC PLAN 2024



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1. Expand access by reducing healthcare workforce shortages statewide.
2. Reduce health inequities by expanding partnerships to reach rural and other underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Key Actions

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metrics

- Over the next decade, we will increase the healthcare workforce by nearly 3,000, including 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 200 oral health professionals, 240 pharmacists and 250 other health professionals, including occupational therapists and medical laboratory scientists.

Objective 2

Reduce Health Inequities by Expanding Partnerships to Reach Rural and Other Underserved Communities

Key Actions

- Integrate curriculum and experiential learning focused on rural and other underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in rural and other underserved areas.

Metrics

- New curriculum and experiential learning launched by Fall 2025.
- Support a minimum of 500 health science student placements per year in rural and other underserved areas to meet demand.

Objective 3

Improve Healthcare Quality Close to Home

Key Actions

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.

Metrics

- In partnerships with communities, increased patients served through mobile health and telehealth by 6,000 patients a year to meet demand.
- One health clinic piloted by 2026.

Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

Key Actions

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metrics

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.



Health Sciences Strategic Plan Budget and Board Action

Dec. 12, 2024



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Stakeholder Engagement

Influential Community Leaders

- Health systems and hospitals
- UMN preceptors

Health Leaders

- Leaders with knowledge of the health care sector, academic medicine and Minnesota's healthcare needs
- Members of the Governor's Task Force on Academic Health at the University of Minnesota

University Stakeholders

- UMN leaders
- Health sciences community
- UMN system



Why We Need to Invest Now

- There is a **shortage of health professionals**. The impact is reduced access to high quality care and increased cost and other pressures on health systems.
- In Minnesota we also have **health care deserts**, resulting in poor outcomes and inequities in care.
- Ahead of us are additional **growing challenges**: the aging population, the effects of climate change, rise in the need for new care and workforce models, changing patient expectations, and new and expanded use of technology.

We need to act now to ensure that Minnesota remains the best state for health care in the nation.

Healthiest State for all Minnesotans

Request: \$45 million recurring

1. Increase access by expanding the workforce by 3,000 health professionals

\$22 million a year for class size increases.

2. Reduce health inequities by training more health professionals to serve in rural and underserved communities

\$5 million a year for expanded interprofessional education.

3. Improve healthcare quality close to home by expanding the reach of existing programs and creating new options

\$8 million a year to expand mobile health and telehealth programs, including \$1 million a year to pilot the One Health Clinic.

4. Transform health outcomes through innovation in prevention, treatment, and care models

\$10 million a year to translate new innovations to communities through the CLHSS and CTSI.



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BOARD OF REGENTS DOCKET ITEM SUMMARY

Special Committee on Academic Health

December 12, 2024

AGENDA ITEM: Consent Report

Review

Review + Action

Action

Discussion

This is a report required by Board policy.

PRESENTERS: Jakub Tolar, Dean, Medical School and Vice President for Clinical Affairs

PURPOSE & KEY POINTS

Report to the State of Minnesota: Use of appropriation funds for the benefit of health sciences

The purpose of this item is to seek approval of the use of appropriation funds for the benefit of health sciences report to the Minnesota Legislature as required by Minnesota state statute. The complete report is included in the docket materials.

Report to the State of Minnesota: Evidence in support of appropriation

The purpose of this item is to seek approval of the evidence in support of appropriation report to the Minnesota Legislature as required by Minnesota state statute. The complete report is included in the docket materials.

BACKGROUND INFORMATION

Approvals are sought in compliance with Board of Regents Policy: *Reservation and Delegation of Authority* as follows:

- Approval of any report to the State of Minnesota that impacts the University's autonomy or addresses the performance of the University and/or its major initiatives: Article I, Section I, Subd. 7.

PRESIDENT'S RECOMMENDATION

The President recommends approval of the Consent Report.

Annual Report to the Legislature

Use of State Appropriations for the Benefit of Health Science Colleges and Schools

Date: December 18, 2024

The following annual report is in response to the new requirement passed in the 2024 Session, Chapter 127, Article 66, Section 21:

ANNUAL REPORT TO LEGISLATURE; USE OF APPROPRIATION FUNDS.

By January 15, 2025, and every year thereafter, the Board of Regents of the University of Minnesota must submit a report to the chairs and ranking minority members of the legislative committees with primary jurisdiction over higher education and health and human services policy and finance on the use of all appropriations for the benefit of the University of Minnesota's health sciences schools and colleges, including:

- (1) changes to the University of Minnesota's anticipated uses of each appropriation;*
- (2) the results of the performance measures required by Minnesota Statutes, section 137.095, subdivision 2, clause (6); and*
- (3) current and anticipated achievement of the goals, outcomes, and purposes of each appropriation.*

This report does not contain information pertaining to (2) above because no current appropriations apply to that requirement. [Minnesota Statutes, section 137.095](#), which was enacted during the 2024 legislative session, requires the University to submit a written report to the legislature prior to introducing a bill that proposes the appropriation of funds benefiting the University's health science schools and colleges. The University has not introduced a bill since the creation of Minnesota Statutes, section 137.095.

2023 Session, Chapter 41

Unless otherwise noted, the FY25 appropriations in 2023 Session, Chapter 41 for the University of Minnesota's health science colleges and schools are used to support the colleges' and schools' base operations with an overarching goal to ensure consistency in the University of Minnesota's ability to deliver world class health education, research and outreach. In addition, unless otherwise noted, the University does not anticipate changes in the University of Minnesota's use of the appropriations.

Additional details on each FY25 budgeted appropriation benefiting the University of Minnesota's health sciences schools and colleges are included below and organized by appropriation in Chapter 41.

Sec. 4, Subd. 2 (Operations and Maintenance appropriation)

The Operations and Maintenance appropriation is a part of the University of Minnesota's general fund base. The amount allocated for all Twin Cities colleges, greater Minnesota campuses, and support units is based on the University of Minnesota's internal annual operating budget process, which considers many factors when determining the amount provided by unit. Considerations include the availability of other revenues, reallocations, changes in expenses, and so on. The FY25 operating budget was approved by the Board of Regents in June 2024. A summary of each FY25 budgeted allocation by health science school and college is included below.

- College of Pharmacy: \$11,312,767
- College of Veterinary Medicine: \$19,895,394
- Medical School: \$74,158,681
- School of Dentistry: \$12,929,623

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- School of Nursing: \$6,291,291
- School of Public Health: \$11,614,034

For the health science schools and colleges, the state operations and maintenance appropriation is used, in combination with tuition, to support salaries and fringe as well as operating costs, student aid, and other expenditures. FY25 budgeted compensation expenses for these funds range from 50% to 75%, varying by health science college or school based on the unit's overarching budget. Other budgeted expenses range from 25% to 50%.

Sec. 4, Subd. 2 (a) – Medical School Research: \$15,000,000

This appropriation is used to advance Medical School research, discovery, and training through the Medical School's four medical discovery teams as well as other research initiatives, research support services, and training programs. As directed in session law, this appropriation is specifically used for: increasing the medical school's research capacity; improving the medical school's ranking in National Institutes of Health funding; ensuring the medical school's national prominence by attracting and retaining world-class faculty, staff, and students; investing in physician training programs in rural and underserved communities; and translating the medical school's research discoveries into new treatments and cures to improve the health of Minnesotans.

Below is a summary of the FY25 budgeted allocations. Allocations are assessed annually:

- Medical Discovery Team on the Biology of Aging and Metabolism: \$3,000,000
- Medical Discovery Team on Addiction: \$3,000,000
- Medical Discovery Team on Optical Imaging and Brain Science: \$3,000,000
- Medical Discovery Team – Memory Keepers: \$1,800,000

Information on the Medical Discovery Teams is available on the Medical School's website:

[Medical Discovery Teams](#).

In addition, in FY25, \$4,200,000 was budgeted to support the Medical Discovery Teams, other Medical School research initiatives and training, and clinical translational research to meet the goals outlined in session law. As illustrative examples, funds were budgeted for the Rural Physician Associate Program and the rural program on the Duluth campus. In addition, funds were budgeted for research support services such as grant submission and grant management, grant accounting and compliance, clinical trials management, and data and informatics services to increase research capacity.

Sec. 4, Subd. 2(b) – Health Training Restoration: \$7,800,000

This appropriation is used to support programs in the Medical School and School of Dentistry. As directed by session law, the appropriation supports residency programs and training sites, the mobile dental clinic, and geriatric education and family programs. Allocations by school are included below:

- Medical School: \$6,907,500
Use: The health training restoration appropriation provides ongoing support for faculty physicians who provide training through the Department of Family Medicine's medical resident and student training programs in clinics such as Mill City, Smiley's, Bethesda, Phalen Village, and other sites. This appropriation also provides ongoing support for the Medical School's geriatric education and family programs. Approximately 90% of the

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funds are budgeted for compensation and other direct faculty support with the remaining funds budgeted for other operating costs associated with these programs.

- School of Dentistry: \$892,500
Use: The health training restoration appropriation provides ongoing support for the School of Dentistry's mobile dental clinic and family programs. Through the Mobile Dental Clinic, dental students provide patient care as part of their clinical education and training under the supervision of faculty dentists.

Sec. 4, Subd. 2(g) –Medical School's New Campus - CentraCare Health System: \$10,000,000

This is a one-time appropriation to the University of Minnesota Medical School to establish, in partnership with the CentraCare Health System, a new Medical School campus in the greater St. Cloud area. The appropriation is available until June 30, 2027 and will be used for tuition support, including a scholarship program targeted at students who will practice in rural areas and targeted at students from diverse backgrounds; costs associated with opening and operating a new regional campus; costs associated with the expansion of a residency program; and costs associated with starting and operating a rural health research program. Funding will only be spent for activities on or associated with the CentraCare Health System Campus in the greater St. Cloud area.

Sec. 4, Subd. 3. (Primary Care Education Initiatives): \$2,157,000

The Primary Care Education Initiatives appropriation is a part of the University's base appropriation from the healthcare access fund. The Medical School budgets these funds for use on both the Twin Cities and Duluth campuses to support primary care initiatives, and they are used for the following Medical School departments: Family Medicine and Community Health; Medicine; Obstetrics and Gynecology; Pediatrics; and general support. Approximately 85% of the funds are budgeted for salaries, and 15% of the funds are budgeted for other costs.

Sec. 4, Subd 4. (State Specials)

The state special allocations noted below are based on historical legislative staff workpapers and conversations with the legislature and are not expected to change. Allocations are adjusted proportionally if the legislature appropriates a different amount for a state special.

Subd. 4(a) - Agriculture and Extension Service: \$42,922,000

Of the University's \$42,922,000 Agriculture and Extension Service State Special, \$1,327,385 was allocated to the College of Veterinary Medicine in FY25. Funds are used to support population medicine, biomedical sciences, and clinical sciences in accordance with session law. Additional details on the status and outcomes of research and initiatives funded through the Agriculture and Extension appropriation will be provided in the report due to the legislature on February 1, 2025 per 2023 Session, Chapter 41. The 2023 report is available on the on the University of Minnesota Government and Community Relations, Mandated Reports website ([Agriculture and Extension Service](#)).

Subd. 4(b) - Health Sciences State Special: \$9,204,000

Of the University's \$9,204,000 Health Sciences State Special base appropriation, \$346,000 is allocated to support up to 12 resident physicians in the St. Cloud Hospital family practice residency program. The program prepares doctors to practice primary care medicine in rural areas of the state with a goal of improving health care in rural communities, providing affordable access to appropriate medical care, and managing the treatment of patients in a more cost-effective manner.

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The remaining \$8,858,000 is allocated as follows and is built into the units' base operating budgets each year and is used in accordance with the appropriation language:

- Medical School Bioengineering: \$76,742
- Rural Physicians Associates Program: \$193,064
- School of Dentistry for dental care: \$100,000
- School of Public Health for health science research: \$340,743
- Office of Academic Clinical Affairs for health science research: \$2,124,211
- Regenerative medicine through a partnership between the Medical School's Department of Medicine and the Mayo Clinic: \$4,350,000; and
- Veterinary Medicine's Veterinary Diagnostic Laboratory: \$1,673,240

Subd. 4(e) - University of Minnesota and Mayo Foundation Partnership: \$7,991,000

Of the University's \$7,991,000 appropriation, \$7,491,000 are for the direct and indirect expenses of the collaborative research partnership between the University of Minnesota and the Mayo Foundation for research in biotechnology and medical genomics. The University of Minnesota and Mayo Clinic submit an annual report to the Governor and legislature each year with a full summary of the funding. The most recent report is available on the University of Minnesota Government and Community Relations, Mandated Reports website ([Minnesota Partnership for Biotechnology and Medical Genomics](#)).

The remaining \$500,000 in FY25 was budgeted for competitive grants to conduct research into the prevention, treatment, causes, and cures of Alzheimer's disease and other dementias.

Sec. 4, Subd. 5 (Academic Health Center)

The \$22,250,000 in proceeds from the tax and use tax on cigarettes, as defined under Minnesota Statutes, Chapter 197F and further distributed under Minnesota Statutes, section 297F.10 are provided to the University of Minnesota for academic health sciences. These funds are used on multiple University campuses and budgeted in FY25 as follows:

- Office of Academic Clinical Affairs: \$3,613,301
- Academic Health Sciences: \$822,861
- School of Dentistry: \$144,000
- Medical School: \$14,897,838
- School of Nursing: \$518,000
- College of Pharmacy: \$1,444,000
- Rochester Campus: \$450,000
- College of Veterinary Medicine: \$360,000

2023 Session, Chapter 63, Article 9, Section 18

The School of Public Health was allocated \$2,500,000 in FY25 for continued establishment of the Center for Cannabis Research. Per session law, the center must investigate the effects of cannabis use on health and research other topics related to cannabis, including but not limited to prevention and treatment of substance use disorders, equity issues, education, and decriminalization. In FY25, approximately 95% of the funds are budgeted for personnel expenditures.

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2024 Session, Chapter 120, Article 1, Section 3 – Center for Nursing Equity and Excellence

2024 Session, Chapter 120 provided \$250,000 in nonrecurring funds to the University of Minnesota to establish the Center for Nursing Equity and Excellence. The University, in collaboration with MN State, will use these funds to address nursing workforce needs, including issues of health equity, recruitment, retention, and utilization of nursing workforce resources that are within the current scope of the practice of nurses. The FY25 funding is expected to be used for personnel costs.

Per the requirements set forth in Minnesota Statute 3.197, the cost to prepare this report was \$1,000.

University of Minnesota

Evidence in Support of Appropriation Report

November 18, 2024

The University of Minnesota Board of Regents approved a legislative funding request of \$45,000,000 beginning in FY 2026 for the benefit of the University of Minnesota health sciences schools and colleges. The request, “Healthiest State for All Minnesotans” was subsequently submitted to Minnesota Management and Budget as a Change Item for the FY 2026-27 biennial budget process.

Pursuant to the reporting requirements in 2024 Session, Chapter 127, Article 66, Section 3, which requires the University to submit a report prior to the introduction of a bill proposing to appropriate money to the Board of Regents of the University of Minnesota to benefit the University of Minnesota’s health science schools and colleges, the University of Minnesota respectfully submits the following documentation to the chairs and ranking minority members of the legislative committees with jurisdiction over higher education and health and human services policy and finance:

- **Change Item Narrative:** The “Healthiest State for All Minnesotans” Change Item Narrative provides details on the requested amount, information on how the dollar amount was calculated, the necessity of using public funds for this purpose and associated budgeting considerations, the rationale for the request, goals and anticipated outcomes, performance measures to chart progress towards achieving those goals and outcomes, and the impact funding would have on greater Minnesota and other underserved communities.
- **Health Science Strategic Plan and Presentation:** The University of Minnesota Board of Regents Special Committee on Academic Health discussed the University’s draft health science strategic plan at its September 2024 meeting. The attached plan and associated presentation, as discussed by the Committee, highlights the vision, mission, goals, strategic objectives, and performance metrics. The University of Minnesota, “Healthiest State for All Minnesotans,” biennial budget request is fully aligned with this strategic plan.

This report also includes the required certification from the University of Minnesota Vice President and Budget Director documenting:

- (1) the appropriation will not be used to cover academic health clinical revenue deficits;
- (2) the goals, outcomes, and purposes of the appropriation are aligned with state goals for population health improvement; and
- (3) the appropriation is aligned with the University of Minnesota's strategic plan for its health sciences schools and colleges, including but not limited to shared goals and strategies for the health professional schools.

Per the requirements set forth in Minnesota Statue 3.197, the cost to prepare this report was \$300.

CERTIFICATION FOR ACADEMIC HEALTH REQUEST

As required under 2024 Session, Chapter 127, Article 66, Section 3, Subdivision 3, on behalf of the University of Minnesota, I certify that an appropriation from the State of Minnesota for the “Healthiest State for All Minnesotans” budget request, as discussed in this report, will meet the following requirements:

- (1) the appropriation will not be used to cover academic health clinical revenue deficits;
- (2) the goals, outcomes, and purposes of the appropriation are aligned with state goals for population health improvement; and
- (3) the appropriation is aligned with the University of Minnesota's strategic plan for its health sciences schools and colleges, including but not limited to shared goals and strategies for the health professional schools.

Julie Tonneson, Vice President and Budget Director
University of Minnesota

Change Item Title: Healthiest State for All Minnesotans

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	\$45,000	\$45,000	\$45,000	\$45,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	\$45,000	\$45,000	\$45,000	\$45,000

Request:

The University of Minnesota requests a \$45 million increase to its base Operations and Maintenance general fund appropriation in FY 2026 to begin implementation of the University of Minnesota Health Sciences Strategic Plan. The plan addresses several of the recommendations made by the [Governor’s Task Force on Academic Health at the University of Minnesota](#) and identifies four priority areas for additional state investment. This change item represents 0.9% of the University’s FY 2025 estimated total revenues (all funds).

Rationale/Background:

The health needs of Minnesotans are evolving with an aging population, health systems facing financial and operational challenges, and growing gaps in access to essential services like dental care, veterinary care, mental health, and addiction treatments – gaps that are particularly acute in rural and other underserved communities. According to the Minnesota Department of Health, Minnesota has 525 designated Health Professional Shortage Areas (Source: [Rural Health Care in Minnesota: Data Highlights, Updated 2023 \(PDF\)](#), slide 26). For primary care, these shortage areas are concentrated in greater Minnesota and the urban core. In addition, changes over the last 10 years have resulted in fewer services being offered in Minnesota’s rural hospitals, and some hospitals have closed. Declines in the availability of high-quality care are expected to continue without additional investment. One in three rural physicians plans to leave the workforce within five years (Source: MDH Office of Rural Health and Primary Care, Physician Workforce Survey, February 2023-November 2023), and similar trends exist in other health professions with growing service gaps in dental, nursing, pharmacy, public health, and veterinary care.

The University of Minnesota is dedicated to collaborating with the State of Minnesota, health systems, and communities across the state to help address these issues and ensure all Minnesotans have access to top-quality healthcare. Given its unique range of health science schools and programs, spanning the Duluth, Minneapolis, Rochester, and St. Paul campuses, the University is in a unique position to improve health outcomes for all Minnesotans. The University’s health science schools include the School of Dentistry, Medical School, School of Nursing, College of Pharmacy, School of Public Health, and College of Veterinary Medicine as well as the health science programs on the Rochester campus. These programs are nationally recognized, attracting top faculty and staff from across the nation and globe, with programs ranking as follows:

- College of Veterinary Medicine: Ranked 4th
- Medical School: Ranked 1st in Family Medicine; 4th in Surgery; 7th in Pediatrics; and 15th for most graduates practicing in rural areas.
- School of Nursing: Ranked 3rd in Midwifery; 8th in Doctor of Nursing Practice; and 16th in Bachelor of Science in Nursing.
- School of Dentistry: Ranked 16th

- College of Pharmacy: Ranked 6th.
- School of Public Health: Ranked 12th overall; Healthcare Administration program is ranked 2nd.

Individually, each of these schools and programs exemplifies excellence, but the unique benefit of the University of Minnesota’s health science schools and programs lies in the interconnected nature of their work and especially their collaborations with each other as well with additional disciplines such as science, engineering, public affairs, business, and agriculture. Because of these collaborations, University of Minnesota graduates understand the connections between physical and mental health, between human and animal health, and between the health of people and our planet. By leveraging this interdisciplinary and interprofessional approach, the University aims to provide the best possible experience for our students and the highest quality care for Minnesotans.

It is with this in mind that the University’s schools and programs are working towards a shared vision and mission, as identified in the University of Minnesota’s 2024 Health Sciences Strategic Plan:

- Vision: Minnesota leads the nation as the healthiest state.
- Mission: To foster a healthier Minnesota through education, accessible care, innovation, and partnerships.

The 2024 Health Sciences Strategic Plan also outlines four priorities to meet this vision and mission: 1) reduce workforce shortages; 2) reduce health inequities; 3) improve healthcare quality close to home; and 4) innovation in prevention, treatment, and care. The proposal that follows highlights each of these priorities and the funding needed to achieve the identified outcomes.

Proposal

The University of Minnesota’s proposal, *Healthiest State for All Minnesotans*, is an opportunity for the State of Minnesota to improve healthcare statewide. The University has identified four key priorities to meet the vision, mission, and goals identified in the 2024 Health Sciences Strategic Plan, and Table 1 below highlights the funding requested for each of these priorities.

Table 1: Request Summary <i>\$ in thousands</i>	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Reduce Healthcare Workforce Shortages	\$24,800	\$24,800	\$49,600	\$24,800	\$24,800	\$49,600
Reduce Health Inequities	\$4,500	\$4,500	\$9,000	\$4,500	\$4,500	\$9,000
Improve Healthcare Close to Home	\$6,200	\$6,200	\$12,400	\$6,200	\$6,200	\$12,400
Innovation in Prevention, Treatment, Care	\$9,500	\$9,500	\$19,000	\$9,500	\$9,500	\$19,000
Total Request – Health	\$45,000	\$45,000	\$90,000	\$45,000	\$45,000	\$90,000

Each of the initiatives expands on programs and services already underway at the University but require additional state support to improve access to quality care statewide:

1. Expand access to care by reducing workforce shortages: The University currently graduates approximately 70% of the health professional workforce in Minnesota. Funding for this request will be used to facilitate collaboration with the Minnesota Department of Health to identify Minnesota’s unmet needs and then increase class sizes in the workforce areas experiencing shortages. Over the next decade, an investment in this request will result in an increase in the healthcare workforce by: 240 doctors; 200 veterinarians; 650 nurses; 400 public health practitioners; 800 patient care specialists or medical research coordinators; 240 pharmacists; and 200 oral health professionals. Funding will specifically be used to hire additional faculty and staff to serve new learners, improve recruitment and marketing, provide scholarships for underrepresented students, and improve and maintain facilities.

2. Reduce health inequalities by expanding partnerships to reach underserved communities: The University’s health sciences schools currently partner with organizations and health providers across the state. Funding for this request will expand on those efforts by integrating curriculum and experiential learning focused on underserved communities into current programs and addressing barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in underserved areas. An investment in this request will be used to hire additional faculty and staff to design and deliver the new curriculum and create direct support for learners who are serving in underserved communities.
3. Improve healthcare quality close to home: The University is uniquely positioned to improve the availability and quality of healthcare across the state, both through our own health professionals and by supporting other systems through our education, research, and partnerships. Funding will expand mobile health and telehealth services in partnership and consultation with local communities and pilot a one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.
4. Transform health outcomes through innovation in prevention, treatment, and care models: Additional funding will launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State. In addition, funds will be used to translate research innovations into practice by expanding connections with local healthcare providers and other partners.

Across the four focus areas described above, state resources will be used to hire additional faculty and staff, purchase necessary supplies, equipment, and services, provide student assistance, and scale-up and improve required infrastructure. Table 2 below provides additional details on the specific costs to implement the *Healthiest State for All Minnesotans* proposal.

Table 2: Use of Funds <i>\$ in thousands</i>	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Faculty & staff compensation	\$13,700	\$14,300	\$28,000	\$16,200	\$16,500	\$32,700
Scholarships & other student support	\$6,900	\$8,100	\$15,000	\$8,100	\$8,100	\$16,200
Marketing & recruiting students to new programs	\$400	\$400	\$800	\$400	\$500	\$900
Partnerships, preceptors, & residency support	\$4,000	\$5,200	\$9,200	\$6,500	\$6,800	\$13,300
Statewide research initiatives / pilots to test new care models	\$7,000	\$7,000	\$14,000	\$7,000	\$7,000	\$14,000
Infrastructure, facilities & equipment	\$9,000	\$8,200	\$17,200	\$7,000	\$8,500	\$15,500
Programming & analytics	\$900	\$800	\$1,700	\$800	\$800	\$1,600
Supplies, operating, & other support	\$4,600	\$4,900	\$9,500	\$5,700	\$6,200	\$11,900
Revenue offsets: tuition & other	(\$1,500)	(\$3,900)	(\$5,400)	(\$6,700)	(\$9,400)	(\$16,100)
Total Request - Health	\$45,000	\$45,000	\$90,000	\$45,000	\$45,000	\$90,000

Impact on Children and Families:

Funding for this proposal will have a direct impact on children and families across Minnesota by improving access to quality health services close to home, including a wide range of services such as primary and specialty care, dental care, pharmacy services, public health, and veterinary care. This will reduce inequities across the state – inequities that exist in communities that are continually underserved.

Equity and Inclusion:

Each of the priorities identified in the 2024 Health Sciences Strategic Plan will contribute to reducing inequities for currently underserved populations, including Minnesotans who live in rural communities, people of color, Native Americans, and other protected classes - a reduction in inequities is a common theme throughout the plan and Priority 2, noted above, directly addresses this by working to expand partnerships in underserved communities. The development of the 2024 Health Sciences Strategic Plan included a consultation process that engaged preceptors and health systems/hospitals in Greater MN, patient advocates, and other partners to ensure the plan aligned with the needs of underserved communities. Additional details on the consultation process are included below in the Public and Stakeholder Engagement section of this request.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes
 No

Results:

For each of the priorities noted above, the 2024 Health Science Strategic Plan outlines specific metrics that will be used to assess the outcomes associated with an investment by the State of Minnesota. These measures are highlighted in the table below.

Measure	Measure type	Measure data source	Most recent data	Projected change
Increase in the number of healthcare-related graduates from the University of Minnesota	Quantity	UDIR (University Data & Institutional Reporting), Retention & Graduation Official Data Set	# of 2024 graduates: 240 doctors, 114 veterinarians; 347 nurses; 300 public health practitioners; 160 patient care specialists or medical research coordinators; 143 pharmacists and pharmaceutical scientists; 183 oral health professionals	Increase in graduates per year: 10% increase in doctors (240 per decade); 18% increase in veterinarians (200 per decade); 19% increase in nurses (650 per decade); 13% increase in public health practitioners (400 per decade); 50% increase in patients care specialists or medical research coordinators (800 per decade); 17% increase in pharmacists (240 per decade); and

Measure	Measure type	Measure data source	Most recent data	Projected change
				11% increase in oral health professionals (200 per decade)
Launch new curriculum and experiential learning	Qualitative	Academic Health Sciences	N/A	Launch completed in the FY 2026-27 biennium
Health science student placements in underserved areas	Quantity	Academic Health Sciences	1,957 unique learners FY 2023-2024	Increase of 5-10% per year
Patients served through mobile health and telehealth	Quantity	MN Department of Health, Minnesota Health Access Survey	Community-University Health Care Center: 9,378 telehealth visits and 298 mobile health patients served in 2023 Mobile Health Initiative: 3,754 patients served (July 2023-June 2024) Mobile dental clinic: 9,477 (July 2023-June 2024)	Year-over-year increase
One Health Clinic piloted	Result	Office of Academic Clinical Affairs	N/A	Pilot begins in the FY 2026-27 biennium
New industry partnerships or start-ups	Quantity	Office of Academic Clinical Affairs	N/A	Two additional over the 2026-27 biennium
Launch new prevention, treatment, and care models	Quantity	Office of Academic Clinical Affairs	N/A	Two innovations are translated to communities throughout the state

Public and Stakeholder Engagement:

The University of Minnesota engaged a variety of stakeholders in developing its 2024 Health Sciences Strategic Plan. Internally, feedback on the plan was collected through an online survey available to everyone across the UMN system (we received just over 100 responses from faculty, staff, students and others), through in-person discussions at faculty meetings in the schools of dentistry, medicine, pharmacy, public health, and veterinary

medicine. Additional insight was gathered by the Rochester Chancellor, other Twin Cities deans, and Academic Health Sciences leadership and OACA center directors.

Externally, Tunheim Partners engaged with a broad set of stakeholders to gather feedback on the Health Sciences Strategic Plan and the University's role in the healthcare ecosystem. Stakeholders included leaders representing health systems and providers, patient advocates, payers, state and federal government leaders, other higher education schools training health care professionals, academic health partners, health care workers and labor leaders, University funders and research partners.

In addition, the University also engaged in a series of visits to preceptors and health systems/hospitals in Greater MN to understand better the needs and potential opportunities to partner around the state, in alignment with our land grant mission.

HEALTH SCIENCES



STRATEGIC PLAN 2024



UNIVERSITY OF MINNESOTA
Driven to Discover®



Vision

Minnesota leads the nation as the healthiest state.

Mission

To foster a healthier Minnesota through education, accessible care, innovation, and partnerships.

The University of Minnesota is well-recognized for its excellence in many areas of the health sciences.

- School of Dentistry is ranked **16th**[#]
- Medical School is ranked:
 - **1st** in Family Medicine[#]
 - **4th** in Surgery[#]
 - **7th** in Pediatrics[#]
 - **15th** for most graduates practicing in rural areas[#]
- School of Nursing is ranked:
 - **3rd** in Midwifery[#]
 - **8th** in Doctor of Nursing Practice[#]
 - **16th** in Bachelor of Science in Nursing[#]
- College of Pharmacy is ranked **6th**[#]
- School of Public Health is ranked **12th**[#]
- College of Veterinary Medicine is ranked **4th**[#]

[#]Blue Ridge Institute for Medical Research | [#]U.S. News & World Report | [#]Shanghai Global

Introduction

We are the **University of Minnesota**—a public non-profit university that places Minnesota’s health at the center of what we do. We’re dedicated to collaborating with the State of Minnesota, health systems, and communities across the state to ensure everyone has access to top-quality healthcare. We’re unique because our health sciences schools and programs, particularly those on the Twin Cities, Duluth, and Rochester campuses, cover all aspects of training and healthcare. We work not only with each other but with other disciplines like

science, engineering, public affairs, business, and agriculture to fulfill our shared mission. As one of America’s leading and most comprehensive research universities with highly ranked health sciences schools and programs, our graduates understand the connections between physical and mental health, between human and animal health, and between the health of people and our planet. By leveraging our interdisciplinary and interprofessional approach, we aim to provide the best possible experience for our students and the highest quality care for Minnesotans.





Context and Challenges

We understand the health needs of Minnesotans are evolving. Our population is aging, health systems are facing financial and operational challenges, and there are growing gaps in access to essential services like dental care, veterinary care, mental health, and addiction treatments, particularly in underserved communities. At the same time, there's a shift toward home-based and outpatient care, and interprofessional and technological skills are more important than ever.

We uniquely integrate education, research, prevention, and clinical care across the entire continuum—from the lab to the bedside, and from primary care to specialized services that take on highly complex care that community hospitals entrust to the University. We actively engage with communities statewide on the issues that matter to them, co-creating new solutions such as treatments and cures, prevention and care models, and advising on policies to enhance the overall health of Minnesotans. Building on the needs identified by the [Governor's Task Force on Academic Health at the University of Minnesota](#), the University will target strategies in four priority areas, first as part of its 2025 biennial budget request and partnership with the State and then through the implementation of these priorities with a variety of statewide partners.



Our Shared Goal

Ensure that all Minnesotans have access to exceptional healthcare.

How We'll Achieve This Goal

1. Expand access by reducing healthcare workforce shortages statewide.
2. Reduce health inequities by expanding partnerships to reach rural and other underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Minnesota is facing a critical shortage of healthcare providers. The University plays a unique role in training the next generation of healthcare professionals. We will increase the number of professionals we train and ensure they are prepared to work effectively across disciplines and to utilize advanced technologies.

Current Work

- The University graduates approximately 70% of the health professional workforce in Minnesota.
- Our main programs are located on the Twin Cities, Duluth and Rochester campuses, as well as a new Medical School regional campus opening in St. Cloud in 2025.



Key Action with Requested Investment from the State of Minnesota

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metrics

- Over the next decade, we will increase the healthcare workforce by 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 240 pharmacists and 200 oral health professionals.

Key Actions with Increased Investment from the State or Other Sources

- Expand interprofessional training opportunities to prepare graduates to deliver coordinated care.
- Develop one-stop pathway programs in partnership with high schools—including in Tribal communities—and Minnesota State to recruit and train future health professionals.

Metrics

- A 10% annual increase in graduates with interprofessional experiential training.
- Launch of three one-stop pathway programs in the next five years.
- The design and launch by Fall 2026 of a new academic program on the Rochester campus in a critical need area to be determined.



Objective 2

Reduce Health Inequities by Expanding Partnerships to Reach Rural and Other Underserved Communities

We are committed to serving the entire state of Minnesota, especially underserved populations in rural, urban, and Tribal communities. Providers from these communities, and health professionals who are trained in these communities, are more likely to continue working in them. We will enhance our partnerships with organizations and providers to ensure all Minnesotans receive high-quality care by highly trained health professionals.

Current Work

Our health sciences schools partner with organizations and health providers across the state. Here are just a sample:

- [Dentistry training](#) in Hibbing, Cook, Moorhead, and Willmar and four Tribal locations; Cass Lake, Cloquet, Ogema, and Red Lake
- Partnership with [People's Center and Clinics](#) to provide dental care to patients in South Minneapolis
- [Rural medical residency track](#) in Willmar
- [Rural Physician Associate Program \(RPAP\)](#)
- Partnership with [St. Cloud State University](#) for the Doctor of Nursing
- School of Nursing partnership with [Great Plains and Minnesota Indian Health Service](#) for clinical learning experiences
- Public health partnership with Minneapolis-based [Hue-MAN Partnership](#)
- [Minnesota Poultry Testing Laboratory](#) in Willmar
- [Veterinary Treatment Outreach for Urban Community Health](#)
- [Rural Health Research Center](#) to improve life in rural communities
- [Pharmacy experiential education sites](#) in Alexandria, Bemidji, Brainerd, Mora, Owatonna, and Wabasha, and the Minneapolis neighborhoods of Broadway/North Memorial, Northpoint/Hennepin, Phalen, and Riverside



Key Action with Requested Investment from the State of Minnesota

- Integrate curriculum and experiential learning focused on rural and other underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in rural and other underserved areas.

Metrics

- New curriculum and experiential learning launched by Fall 2025.
- Year-over-year increase in health science student placements in rural and other underserved areas.

Key Actions with Increased Investment from the State or Other Sources

- Leverage pathway programs and enhanced recruiting strategies to increase the number of learners with experience in providing health services to rural and other underserved communities.
- Build on the successes of the [Minnesota Cancer Clinical Trials Network](#), the [University's Rural Health Collective](#), and Extension programs to expand clinical and community research in Greater Minnesota.

Metrics

- Year-over-year increase in incoming health science students with backgrounds in providing health services to rural and other underserved communities.
- Expand clinical and community research in Greater Minnesota.

Strategy with Capital Infrastructure Funding

- Duluth Academic Health Project: facility in the health district of Duluth to accommodate expanded clinical learning, research, and practice.
- Rochester Academic Health Project: remodel existing leased space and expand into adjacent space to accommodate planned growth.

Metrics

- Duluth: pre-design by 2026, completion by 2030.
- Rochester: pre-design by 2027, completion by 2029.



Objective 3

Improve Healthcare Quality Close to Home

Everyone in Minnesota deserves access to the right high-quality care at the right time. The University is uniquely positioned to improve the availability and quality of healthcare across the state, both through our own health professionals and by supporting other systems through our education, research, and partnerships.

Current Work

The University operates several interprofessional and mobile clinics where providers from multiple specialties offer services in a one-stop setting, including:

- The [Community-University Health Care Center \(CUHCC\)](#)
- [Multiple family medicine clinics](#), which provide care to rural and other underserved communities
- An interprofessional [Mobile Health Initiative](#)
- A [mobile dental unit](#)
- A [community veterinary clinic](#)
- The [Student Initiative for Reservation Veterinary Services \(SIRVS\)](#), which provides animal wellness and spay/neuter clinics six times a year in Tribal communities



Key Actions with Requested Investment from the State of Minnesota

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.

Metrics

- Increased patients served through mobile health and telehealth year over year.
- One health clinic piloted by 2026.

Key Actions with Increased Investment from the State or Other Sources

- Replicate the [Community-University Health Care Center \(CUHCC\)](#) model in Greater Minnesota.
- Expand the number of clinical faculty and health professionals to provide care and train the next generation of clinicians.
- Partner with health systems and local public health organizations to provide professional development for current healthcare workers, specifically to expand competence with interprofessional collaboration and telehealth.

Metrics

- Opening of a Greater Minnesota CUHCC by 2029.
- Year over year increase in clinical services offered in more Minnesota locations.
- Partnerships with at least six communities and health systems to establish or join a [Project ECHO](#) program by 2027.



Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

As Minnesota's research engine, the University continues to lead in healthcare innovation. From pioneering the first heart/lung machine to developing the breakthrough HIV treatment Abacavir, we drive the health of future generations.

Current Work

- Continue the University's focus on and leadership in discovery and innovation through basic, clinical, community-based, and population health research.
- Many projects involve collaboration with researchers in multiple disciplines, peer institutions, industry partners, state government, local communities, and health systems. For example, the School of Dentistry collaborated with food companies on a [chewing robot](#) that tests food products and dental materials.



Key Actions with Requested Investment from the State of Minnesota

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metrics

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.

Key Actions with Increased Investment from the State or Other Sources

- Launch new targeted research into prevention, treatments, care models, and cures for three high-need conditions, determined in collaboration with the State.
- Expand translations of research innovations to communities throughout the State.

Metrics

- Establishment of five new industry partnerships or start-ups.
- Translation of five innovations to communities throughout the state using the Clinical and Translational Science Institute and Learning Health System initiatives.



Why now?

- We know there is a shortage of healthcare professionals, in our state and nationally. The pandemic uncovered the significant consequences of those shortages.
- In addition to low numbers, we have a maldistribution of where those health care professionals practice, and inequities in care.
- Beyond what we need now, we can see into the future: the aging population, effects of climate change, and a rise in the need for interprofessional practice and training in new technologies that are being developed and utilized.

We need to act now to ensure that Minnesota remains the best state for health care in the nation.

Conclusion

The University's Health Sciences Strategic Plan aims to address the critical healthcare challenges facing Minnesota by enhancing access, training the next generation of Minnesota's health professionals, reducing inequities, improving care quality, and driving innovation. Through collaboration, dedication, and a shared commitment to health, we will continue to lead the nation in health.





HEALTH SCIENCES



STRATEGIC PLAN 2024



UNIVERSITY OF MINNESOTA
Driven to Discover®

Vision

Minnesota leads the nation as the healthiest state.

Mission

To foster a healthier Minnesota through education, accessible care, innovation, and partnerships.

Our Shared Goal

Ensure that all Minnesotans have access to exceptional healthcare.

How We'll Achieve This Goal

1. Expand access by reducing healthcare workforce shortages statewide.
2. Reduce health inequities by expanding partnerships to reach rural and underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Key Action(s)

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metrics

- Over the next decade, we will increase the healthcare workforce by 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 240 pharmacists and 200 oral health professionals.

Objective 2

Reduce health inequities by expanding partnerships to reach rural and underserved communities

Key Action(s)

- Integrate curriculum and experiential learning focused on underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in underserved areas.

Metrics

- New curriculum and experiential learning launched by Fall 2025.
- Year-over-year increase in health science student placements in underserved areas.

Objective 3

Improve Healthcare Quality Close to Home

Key Action(s)

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.

Metrics

- Increased patients served through mobile health and telehealth year over year.
- One health clinic piloted by 2026.

Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

Key Action(s)

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metrics

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.



HEALTH SCIENCES



STRATEGIC PLAN 2024



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How We'll Achieve This Goal

1. Expand access by reducing healthcare workforce shortages statewide.
2. Reduce health inequities by expanding partnerships to reach rural and other underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.





Recognized Excellence

- School of Dentistry is ranked **16th***
- Medical School is ranked:
 - **1st** in Family Medicine*
 - **4th** in Surgery*
 - **7th** in Pediatrics*
 - **15th** for most graduates practicing in rural areas#
- School of Nursing is ranked:
 - **3rd** in Midwifery#
 - **8th** in Doctor of Nursing Practice#
 - **16th** in Bachelor of Science in Nursing#
- College of Pharmacy is ranked **6th**#
- School of Public Health is ranked:
 - **12th** overall#
 - **2nd** in Healthcare Administration#
- College of Veterinary Medicine is ranked **4th**^

*Blue Ridge Institute for Medical Research | #U.S. News & World Report | ^Shanghai Global



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Minnesota is facing a critical shortage of healthcare providers. The University plays a unique role in addressing that shortage.

We will increase the number of professionals we train.



With Requested Investment

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metric

- Over the next decade, we will increase the healthcare workforce by 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 240 pharmacists and 200 oral health professionals.

With Increased Investment

- Expand interprofessional training opportunities to prepare graduates to deliver coordinated care.
- Develop one-stop pathway programs in partnership with high schools—including in Tribal communities—and Minnesota State to recruit and train future health professionals.

Metric

- A 10% annual increase in graduates with interprofessional experiential training.
- Launch of three one-stop pathway programs in the next five years.
- The design and launch by Fall 2026 of a new academic program on the Rochester campus in a critical need area to be determined.





Objective 2

Reduce Health Inequities by Expanding Partnerships to Reach Rural and Other Underserved Communities

Committed to serving the entire state of Minnesota, especially rural and other underserved communities.

We will enhance our partnerships with organizations and providers.



With Requested Investment

- Integrate curriculum and experiential learning focused on rural and other underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more student placements in rural and other underserved areas.

Metric

- New curriculum and experiential learning launched by Fall 2025.
- Year-over-year increase in health science student placements in underserved areas.

With Increased Investment

- Leverage pathway programs and enhanced recruiting strategies to increase the number of learners with experience in providing health services to rural and other underserved communities.
- Build on existing successes to expand clinical and community research in Greater Minnesota.

Metric

- Year-over-year increase in incoming health science students with backgrounds in providing health services to underserved communities.
- Expand clinical and community research in Greater Minnesota.





Objective 3

Improve Healthcare Quality Close to Home

Everyone in Minnesota deserves access to the right high-quality care at the right time.

The University is uniquely positioned to improve the availability and quality of healthcare across the state.



With Requested Investment

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and more.

Metric

- Increased patients served through mobile health and telehealth year over year.
- One health clinic piloted by 2026.

With Increased Investment

- Replicate the [Community-University Health Care Center \(CUHCC\)](#) model in Greater Minnesota.
- Expand the number of clinical faculty and health professionals to provide care and train the next generation of clinicians.
- Partner with health systems and local public health organizations to provide professional development for current healthcare workers, specifically to expand competence with interprofessional collaboration and telehealth.

Metric

- Opening of a Greater Minnesota CUHCC by 2029.
- Year over year increase in clinical services offered in more Minnesota locations.
- Partnerships with at least six communities and health systems to establish or join a [Project ECHO](#) program by 2027.





Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

As Minnesota's research engine, the University continues to lead in healthcare innovation.



With Requested Investment

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metric

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.

With Increased Investment

- Launch new targeted research into prevention, treatments, care models, and cures for three high-need conditions, determined in collaboration with the State.
- Expand translations of research innovations to communities throughout the State.

Metric

- Establishment of five new industry partnerships or start-ups.
- Translation of five innovations to communities throughout the state using the Clinical and Translational Science Institute and Learning Health System initiatives.



Why We Need to Invest Now

- There is a **shortage of healthcare professionals**. The impact is reduced access to high quality care and increased cost and other pressures on health systems.
- In Minnesota we also have **health care deserts**, resulting in poor outcomes and inequities in care.
- Ahead of us are additional **growing challenges**: the aging population, the effects of climate change, rise in the need for new care and workforce models, changing patient expectations, and new and expanded use of technology.



We need to act now to ensure that Minnesota remains the best state for health care in the nation.



Conclusion

We are **uniquely positioned** to address critical healthcare challenges facing Minnesota.

Through **collaboration and partnerships**, we will continue to lead the nation in health.





UNIVERSITY OF MINNESOTA

Driven to Discover®

Crookston Duluth Morris Rochester Twin Cities

The University of Minnesota is an equal opportunity educator and employer.