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REPORT
OF THE
MEDICAL EDUCATION
SUBCOMMITTEE OF
HOUSE APPROPRIATIONS

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TABLE OF CONTENTS

Subcommittee Membership	1
Letter of Chairman	2
Compendium	3
Introduction	4
Discussion	4
A. Mayo Foundation	4
B. Hennepin County General Hospital	8
C. University of Minnesota - Minneapolis Campus	9
D. Northern Association for Medical Education	12
E. University of Minnesota - Duluth	16
F. Four State Coordinating Committee on Higher Education	19
Observations	20
Recommendations	21
Appendix	27

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A REPORT TO THE MEMBERS OF THE
LEGISLATURE AND THE CITIZENS OF MINNESOTA

In 1969, as in the previous biennium, the House Rules Committee authorized a committee of members of the House Appropriations Committee to continue to study the needs for both manpower and facilities in the field of health care. The 1969 session of the Minnesota Legislature appropriated sizeable amounts in many areas to start, study, or fund several programs in health care delivery.

Over the past biennium several innovative programs have begun or have been proposed in the field of health training and delivery. A shift in emphasis and direction in training health care personnel has occurred. The committee feels that while this redirection has been proper, we want to strongly emphasize and point out that as times change, so may our needs and objectives. That this may occur in an orderly manner, according to the then current and projected health needs of our State, careful and continuous study should be made by the proper groups.

Since the end of the 1969 session, the Special Medical Subcommittee of Appropriations has directed its attention toward careful review of all programs authorized. We have considered it our responsibility to make certain, insofar as possible, that all authorized appropriations were used as intended. The subcommittee is aware that realistic production of health care personnel is dependent on two things:

1. The total long range needs in numbers.
2. Funds available for the purpose.

Extreme care must be exercised that our objectives are consistent with both our needs and resources.

Representative Verne E. Long, Chairman

COMPENDIUM

Pursuant to the authority contained in House Resolution 32 passed on May 26, 1969, the House of Representatives Committee on Legislative Administration and Rules activated the House Committee on Appropriations. In response to this direction, Representative Richard Fitzsimons, Chairman of the House Appropriations Committee, appointed the Medical Education Subcommittee of Appropriations.

During the course of its deliberations, the subcommittee held twelve meetings. The recommendations and observations which follow are based on information received during this and previous interim periods, as well as from personal observation and study undertaken by the members.

In addition to the efforts described above, Representative Fitzsimons, Long, Searle, and Sommerdorf participated in the deliberations of the Four State Coordinating Committee on Higher Education. This Committee, which was comprised of members from the states of Iowa, Minnesota, North Dakota, and South Dakota, considered ways to improve interstate cooperation in all fields of health professions education. A description of the Committee's efforts is contained in this report.

INTRODUCTION

The 1969 Legislature, by enacting Laws of Minnesota 1969, Chapter 972 and 1154, provided both planning and in some instances action monies to the Mayo Foundation, Hennepin County General Hospital, Northern Association for Medical Education, the University of Minnesota Duluth, and funded the development of the Family Practice program at the Minneapolis Campus of the University of Minnesota.

This report summarizes the efforts of each of the above named recipients to respond to the direction contained in the above noted enactments. The members of the subcommittee wish to express their thanks to the representatives of these organizations and institutions for their dedication to the betterment of medical and allied education and delivery of health care to the citizens of Minnesota.

DISCUSSION

A. MAYO FOUNDATION

Laws of 1969, Chapter 972 appropriated the sum of \$100,000 to the Mayo Foundation of Rochester, Minnesota. This legislation directed the Foundation to continue its planning and development activities concerning private medical education, and charged it with the responsibility of developing methods of improving delivery of health care in rural or small communities of the state now lacking adequate medical services.

Since the 1969 Legislative Session, the Foundation has indicated an intention to develop an undergraduate medical education program by 1972, to expand its education programs in allied health fields, and to continue to improve methods of health care delivery.

UNDERGRADUATE MEDICAL EDUCATION

As noted above, the Foundation intends to provide an undergraduate

medical program starting in the Fall of 1972. Initial class size is projected to be 40 students, with expansion to 100 students seen, given the availability of adequate financing from private and public sectors.

The curriculum during the first two years of the prospective medical school will be a core curriculum which will be shared by all members of the class. During the third and fourth years a student will be allowed to develop a more flexible and individual curriculum for himself. He will be given an opportunity to select one of a variety of educational tracks which lead toward specialties, research, or whatever he desires. During the third year, the student will have three basic choices, namely, medicine, surgery, and laboratory medicine. A strong emphasis will be placed on clinical medicine during the first two years to assure a sound choice on the part of the student.

The proposed Mayo Medical School would be a college of the University of Minnesota with its Dean nominated by the Mayo Foundation through the President of the University of Minnesota. Policies instituted and admissions, promotions, degree recommendations and curriculum would be developed by the Mayo faculty, under the leadership of the Dean of the Mayo Medical School.

The decision as to whether the Mayo School would have a Department of Family Practice has not yet been made. This decision is the responsibility of the institutional trusteeship with any move in this direction preceded by the development of a faculty and program. It is further noted that a Family Practice residency program would probably not be a success without a supportive undergraduate practice program as well.

The representatives of the Foundation pointed to a number of attributes of the Mayo Clinic which, in their opinion, make Rochester an ideal site for a medical education. It was noted that the Mayo Clinic provides for some 200,000 patients annually, many in an outpatient setting. Over 50% of their patients are from Minnesota. The Mayo Clinic provides training for over 700 interns,

residents and trainees in allied programs annually and has in excess of 500 physicians and scientists on the staff. Estimates received during the interim indicate that Mayo has approximately 85% of the faculty and manpower in the present staff to begin a Medical School with a 40 student class size. It was further noted that some \$11,000,000 is spent annually for operating its research programs. This is a rather small portion of its total expenditures since the principal thrust of the Clinic is toward providing patient care. While Mayo has a national reputation, it was pointed out that 20% of the interns and residents trained at Mayo stay in Minnesota upon completion of their training. Thus, of the 5,000 physicians who have received their internship and resident training, 1,000 of them have remained in Minnesota. Two hundred fifty of the latter number remained at the Mayo Clinic.

In further support of their request for future legislative appropriations representatives of the Foundation indicate that their affiliated hospitals, namely, St. Mary's Hospital and Methodist Hospital have a total of 1,575 beds. Laboratories, classrooms, hospital facilities, diagnostic equipment, medical libraries and other facilities have a value of some \$147,000,000. In addition to the 200,000 patients seen annually, nearly 3,000,000 individual medical records are on file and there are an average of 130 surgical operations performed daily.

The 1971 Legislature has been asked to provide funds based on a capitation formula of \$8,000 per student per year. (S.F. 891 and H.F. 1200)

ALLIED HEALTH TRAINING

Mayo Foundation representatives reported that extensive additions and improvements were made during the past two years to increase their role in training allied health personnel.

Programs started during the period include training in clinical psychology, nuclear medical technology, and the pediatrics associate program.

A number of programs were improved, including clinical nutrition and occupational therapy. Programs in medical laboratory technology, clinical fellowship audiology, medical microbiology, and inhalation therapy were organized and a number of other programs were continued.

In addition, extensive consideration was given the possibility of establishing a physician's assistant program. The Foundation inquiry concluded that the strength of any such program is built on a close on-the-job training program with the doctor and stated that an institution like the Mayo Foundation could add little to the prospective physician associate's background. The Foundation recommends an amendment to Minnesota Statutes 147.10, the physician licensing law to permit delegation of authority by a physician to "anyone who, in the physician's judgment, is qualified by formal or informal training or experience to perform such act, or task or function, or by a person undergoing such training".

HEALTH SERVICE DELIVERY

Discussions with Foundation representatives also detailed their efforts to improve health care delivery in the southeastern part of the State. In their view, the providing of medical and health care services will tend to be offered by group practices developing at strategic locations throughout Minnesota. These group practices will be supported by large medical centers which will provide the highly specialized services needed.

Mayo Foundation representatives cited a number of efforts undertaken by the Mayo Clinic to relate to the needs of the outlying areas. These efforts include laboratory services to area physicians, participation in an O.E.O. funded rural health project, relief for overworked Family Practitioners in the area, and the providing of specialized technicians to local community hospitals.

B. HENNEPIN COUNTY GENERAL

Chapter 972, Section 3, appropriated the sum of \$400,000 to Hennepin County General Hospital for the development and implementation of its Family Practice graduate program.

The Director of the program, Dr. Eldon Berglund, informed the sub-committee that the goal being pursued in the Family Practice program is to create a physician with a strong background in internal medicine and pediatrics. This would have the effect of making the Family Practitioner a better diagnostician, with a greater understanding of the role of the many medical specialties. In addition, the Family Practitioner will, after completion of the intern and residency program, be equipped to treat between 80% and 90% of the problems he encounters in practice.

The program as developed entails a three year training period. The first year consists of the internship period wherein the interns are given a general, broad exposure to the diverse medical problems they will encounter in practice irrespective of their specialty field. Training consists of four months of internal medicine, three months on pediatrics, two months on obstetrics and gynecology, and one month for electives.

The second year consists of a continuation of the learning process in the hospital setting with some introduction to responsibilities for the health care of the family unit. The final year brings a further exposure to pediatrics, psychiatry and internal medicine. Between the second and third year, the residents work in an urban clinic set up adjacent to General Hospital. The resident thus spends a good deal of time providing medical care to families. The third year as planned also entails a preceptor program of some eight weeks during which time the resident assists a General Practitioner in the State.

While the Family Practice programs at Hennepin County General Hospital and the University of Minnesota differ, there is a strong communication between the two institutions since the Hospital is affiliated with the University as a

teaching institution and a number of the staff members are shared.

The program as initiated in July 1970, enrolled six interns and three first year residents. Indications are that two of the six interns will remain in the program and begin the first year of residency in July of 1971. They hope to expand the total graduate program to include twenty-two in 1971, thirty-one in 1972, and thirty-six in 1973. Reports received from Hennepin General note that an expansion beyond eighteen to twenty graduate students in Family Practice will necessitate large expenditures for an additional model clinic, more staff and stipends.

In addition to this number, there will be sixty-six other interns at Hennepin County General Hospital next year. These interns will be selected from among 470 applicants. Information received indicates that some 67% of the residents who complete their training at Hennepin County General Hospital stay in Minnesota. The hospital also provides clinical training for in excess of 90 undergraduate medical students from the University of Minnesota on an on-going basis.

The budget request for the 1971-1973 biennium totals \$1,150,000 as compared with \$400,000 received through legislative appropriations during the last biennium. Total expenditures during the last biennium for the Family Practice program totaled \$506,550.

C. UNIVERSITY OF MINNESOTA - MINNEAPOLIS CAMPUS

The Department of Family Practice and Community Health was funded in Laws of 1969, Chapter 1154, 10, subd. 5(f) to the extent of \$200,000 and \$350,000 for fiscal years 1970 and 1971 respectively. The department which has been in the planning and development stages since March of 1967, entails both an undergraduate and a graduate program.

UNDERGRADUATE PROGRAM

Testimony received indicates that the department staff makes a strong effort to expose the Freshman medical student to the concept of Family Practice.

This is accomplished by introducing the beginning student to patient care almost immediately at the outset of his first year. The student also participates in clinical externships. These externships involve the student in the role of an assistant and observer in a hospital or in the office of a practitioner in the metropolitan area. To date, some forty physicians are acting as tutors for the externship program.

Senior medical students are offered up to fifty externships of six weeks duration. These externships, which are offered for credit, involve working with practicing physicians throughout the State.

The concept being pursued by the Family Practice Department revolves around efforts to increase the numbers of medical students who will enter general Family Practice after graduation. Presently, some 12% to 15% of the graduates of the University of Minnesota Medical School go into General Practice. It is hoped that the Family Practice program outlined above can increase this number to 40% or 50%. Experience to date indicates that 30% (45) of the 1969-1970 graduating class have selected Family Practice as a career goal.

PHYSICIANS ASSOCIATE PROGRAM

The budget request of the University of Minnesota contains funds for the implementation of a Physicians' Associate program. This program would allow up to 20 undergraduate medical students in 1971-1972, and up to 40 in 1972-1973, to spend up to 12 months or more working with a rural Family Practitioner, thus offering the Family Practitioner assistance while exposing the student to medical practice and life in rural Minnesota. Funding sought for the 1971-1973 biennium totals \$355,000.

GRADUATE PROGRAM

The initial effort undertaken in this area began in July 1969. During that year, six physicians were attracted from private practice to make up the beginning faculty of the Family Practice Department. Their training consisted of extensive exposure to pediatrics, human behavior, and a review of the disease

body of knowledge of Family Medicine. These residents also spent considerable time at the Community University Health Care Clinic studying a model delivery system and served as tutors for junior medical students.

Future plans for the graduate program will involve the extensive use of several affiliated community hospitals to accommodate some 30 interns. In addition, these institutions are prepared to accept between 30 and 40 residents per year to the end that a total of 90 to 100 interns and residents will be participating each year. The Department also utilizes a remodeled clinic facility which provides primary health care to some 100 families. The clinic also serves the training needs of 10 residents in Family Practice.

The Department offers the only Master of Science Degree in Family Practice in the United States. Under this program Practitioners will be afforded an opportunity to continue their post-graduate education. Two Directors of Medical Education and three residents are now enrolled in the program.

The staff of the Department now totals 15 full time and 9 part time personnel.

THE ROLE OF THE ST. PAUL-RAMSEY HOSPITAL AND MEDICAL CENTER

The University of Minnesota budget request contemplates a much expanded role in providing both graduate and undergraduate medical education for the St. Paul-Ramsey Hospital and Medical Center. The request for the biennium for undergraduate medical education totals \$1,080,000. These students would complete the Basic Science requirements at the University of Minnesota Medical School on their main campus in Minneapolis. Currently some 50 undergraduates, 30 interns, and 75 residents receive training at St. Paul-Ramsey Hospital with the costs of such programs being assumed in principle part by the patient.

The biennial request for the St. Paul-Ramsey Hospital's graduate program

in Family Practice totals \$1,040,290.

A separate and distinct proposal for St. Paul-Ramsey Hospital is embodied in H.F. 1099 and S.F. 810. Under this plan, St. Paul-Ramsey Hospital would be provided a total of \$1,225,000 and given the charge to provide for the training of up to 70 undergraduate and up to 70 graduate students in Family Practice in academic year 1972-1973, and \$1,715,000 for the training of up to 100 undergraduates and up to 100 graduates in Family Practice in academic year 1973-1974.

THE ROLE OF AFFILIATED HOSPITALS

The University budget also contemplates the extensive expanded use of affiliated hospitals in the Metropolitan Area. At the present time, Bethesda, St. John's, St. Mary's, Fairview, Methodist, and North Memorial Hospitals, as well as the St. Louis Park Medical Center are participating in the education of Family Practice graduate students. Through the cooperation of these institutions, the graduate student gains extensive first hand exposure to patient care.

The total budget requests for the biennium for this facet of the Family Practice graduate program is \$567,000. This sum would allow the addition of one faculty member and five second year resident positions in fiscal year 1972 and a total of six faculty positions, twenty second year residents and five third year residents.

D. NORTHERN ASSOCIATION FOR MEDICAL EDUCATION

Laws of 1969, Chapter 972, Section 4, appropriated the sum of \$200,000 to the Northern Association for Medical Education with the express direction that this sum be utilized to seek progress in the following areas:

1. Negotiations or agreements with appropriate educational institutions to assure proper academic affiliation for a new proposed medical school.

2. Specific affiliation agreements with one or more appropriate teaching hospitals.
3. Status of discussions with the liaison committee on accreditation of the American Medical Association and the Association of American Medical Colleges indicating that the Northern Association for Medical Education may expect reasonable assurance of accreditation.
4. Detailed estimates of proposed operation and capital costs of a Medical School to assist the Legislature in arriving at a per capita formula on which to determine future financial support.
5. Amounts of financial support contributed or pledged from private sources for both capital and operational costs of the school.

Pursuant to this Legislative direction, N.A.M.E. received the sum of \$150,000, of which some \$123,000 was expended prior to November 30, 1970. An up-to-date report relative to their expenditures through the end of fiscal year 1971 will be available on June 30, 1971.

ACADEMIC AFFILIATION

The N.A.M.E. Report to the Legislature filed on January 15, 1971, details the attempts made by that organization to affiliate since its inception in 1958. In the past two years discussions have been had with representatives of the University of Minnesota, the State College Board, and various private colleges, as well as the Universities of North Dakota and South Dakota.

These discussions did not result in the development of an affiliation agreement. In response to this result N.A.M.E. announced an intention to establish a free standing Medical School in June of 1970. In so proceeding,

N.A.M.E. noted that there are presently 12 free standing Medical School in the United States. It was further noted that an attempt to affiliate would in all likelihood be easier after the school was in existence.

The main point noted, however, revolves around the necessity of affiliation before accreditation of a medical education institution can be received. The N.A.M.E. report states that the Liaison Committee between the American Medical Association and the Association of American Medical Colleges assured N.A.M.E. that it should not be assumed that a medical school established outside a University setting would not be accredited.

AFFILIATION AGREEMENTS WITH HOSPITALS

Presently, there are 15 hospitals which belong to a N.A.M.E. Hospital Advisory Council. The N.A.M.E. report points out that 10 of the St. Paul hospitals have indicated a willingness to commit themselves to the program. No precise working relationship can be devised, however, until curriculum details and faculty organizations have been completed.

ACCREDITATION DISCUSSIONS WITH THE LIAISON COMMITTEE INDICATING THAT N.A.M.E. CAN EXPECT REASONABLE ASSURANCE OF RECEIVING ACCREDITATION

The report states that the process of accreditation is undertaken through the Liaison Committee between the American Medical Association and the Association of American Medical Colleges. This process, it is noted, is usually not completed until the first class of students is in its final year of Medical School. Federal legislation enacted in 1963 provides that any new school seeking federal funding must first receive reasonable assurance of accreditation before such funds will be available.

The report again notes that academic affiliation is not absolutely necessary for accreditation.

In conclusion, N.A.M.E. states that no reasonable assurance from the Liaison Committee will be forthcoming until the source of financial and legal support and a chief executive officer are named. When those steps have been

taken the N.A.M.E. school can be categorized as a medical school in development, which is the first step toward obtaining reasonable assurance status.

DETAILED ESTIMATES OF PROPOSED OPERATIONAL AND CAPITAL COSTS OF A MEDICAL SCHOOL

The following points are made related to expected costs:

- a. The N.A.M.E. proposal does not contemplate the construction of teaching hospitals or large basic science facilities. Thus capital costs would be minimal and limited to the rental of office and some classroom space.
- b. The biennial investment would be approximately 2.7 millions to fund all of the proposed programs. These costs would initially be funded by the states of Minnesota, Iowa, North Dakota and South Dakota, with federal, local and private contributions sought in subsequent years. A refined breakdown of N.A.M.E.'s proposal for 1971 legislative consideration is contained below.

AMOUNTS OF CAPITAL PLEDGED OR CONTRIBUTED FROM PRIVATE SOURCES FOR CAPITAL AND OPERATIONAL PURPOSES

N.A.M.E. retained a private consulting firm to make a study of the potential monies available from the private sector. The consulting firm assured N.A.M.E. that private funds would be forthcoming upon the receipt of a mandate from the Legislature to establish the school and upon the reorganization of the Board of N.A.M.E. The latter contingency was accomplished in November of 1970.

RECOMMENDATIONS FOR ACTION BY THE 1971 LEGISLATURE

As noted above, N.A.M.E. seeks an appropriation totaling \$2,734,150 for the 1971-1973 biennium. This sum is being sought from state sources only, the hope being that the Legislatures of the states

of Iowa, North Dakota and South Dakota, as well as Minnesota, will share in the funding.

The proposal contains three basic programs, in addition to the development of a project management and support group. These programs recommend the establishment of metropolitan education and service centers, regional medical education service centers, and statewide preclinical teaching centers in existing private and public colleges.

This proposal, which is contained in H.F. 1411 and S.F. 1158, thus stresses the need to regionalize medical education, using existing facilities and resources, as well as the need to reduce the total time spent in school by a medical student. In their view, the regional approach should include the states of Iowa, Minnesota, North Dakota and South Dakota and would provide the two-fold benefit of providing better service to residents throughout the region while pointing out the advantages of living in non-metropolitan areas to the program's participants.

E. UNIVERSITY OF MINNESOTA - DULUTH

Laws of Minnesota 1969, Chapter 1154, appropriated the sum of \$340,000 to the University of Minnesota at Duluth. These funds were to be used for the employment of a medical coordinator or dean and staff and to pay related expenses for planning for the design and construction of a basic science building, for faculty recruitment and for curriculum planning. The goal sought was to allow the Duluth Campus to accept its first class commencing in 1972.

Pursuant to the charge contained in the above law, Robert Carter, M.D., was selected to serve as Dean in the Fall of 1969 and assumed the responsibility of guiding the development of the school.

Testimony received by the subcommittee from Dean Carter and

others indicates that the thrust of the Duluth school will be to train Family Physicians and to provide educational opportunities for Minnesota students interested in the practice of medicine. Present plans are to submit prospective students to a series of tests geared to determine whether their attitudes and attributes favorably match those of practicing physicians. After enrollment, a continuing effort will be made to reinforce the interest of the student in the practice of medicine.

While the curriculum is still in the development stage, present plans call for the student to gain clinical experience very early in his training, to the end that each student will have as much or more patient contact as do students in other medical schools. This facet of the program will make extensive use of the three Duluth hospitals which contain a total of some 1350 beds. In addition to these facilities, use may be made of the some 400 hospital beds in Superior, Wisconsin.

Dean Carter and others further testified that a student population at the school is anticipated as indicated by the following chart.

Chart I

Student Growth

	Start up	Freshmen
71-72		
72-73	24	
73-74	48	24
74-75	60	36
75-76	72	36
76-77	96	48

In their view, an effort should be made to expand to a terminal school after the optimum numbers of students have enrolled in 1976-1977.

The faculty size is expected to expand in conformance with Chart II below. No graduate programs in any of the basic sciences are contemplated, and use will be made of present faculty members in other departments to the greatest extent possible. Testimony indicates that

the numbers indicated in the chart represent the minimum necessary for accreditation of the school.

Chart II

Minimum Numbers of Medical Faculty

1971-72	8
1972-73	13
1973-74	20
1974-75	30 1/2
1975-76	36

Chart III depicts expected teacher-student ratio and costs. The subcommittee was told that these are favorable initiation costs unless the state retention rate for graduates of the school is unfavorable.

Chart III

Teacher Ratio and Costs

	<u>Student-Teacher Ratio</u>	<u>Dollars Per Student</u>
1972-73	1.9	\$ 25,631
1973-74	2.4	12,487
1974-75	2.0	15,413
1975-76	2.0	12,705
1976-77	2.7 - 1	9,300

The faculty size governs the size of the class that can be accommodated. By December some 250 applications had been received for teaching positions at the Duluth school.

Representatives of the University of Minnesota from both campuses noted that every effort will be made to develop similar curricula at both schools. This will assure the ready transfer of Duluth graduates to the Minneapolis campus.

In addition, faculty members from the main campus will participate in the Duluth program in an advisory and consultant capacity and as visiting lecturers. This contributes to the economies noted in Chart III.

Representatives of the Duluth campus noted a number of characteristics of their developing program which in their view make that site an

ideal location for expansion of medical education opportunities. Among these characteristics are:

1. The existence of excellent clinical teaching facilities in the Duluth-Superior area;
2. The amount of local support that has been pledged. Local groups are seeking \$1,000,000 for support of the school. By December, 1970, some \$600,000 had been pledged. In addition, a \$160,000 grant is forthcoming through the Upper Great Lakes Commission.
3. A national study funded by the Carnegie Institute has recommended Duluth-Superior as one of nine optimum sites in the nation for a medical school.
4. The emphasis is on training physicians to practice who can freely transfer to the Minneapolis campus and who will be supported by the Duluth school after graduation and entry into practice.
5. Temporary use can be made of existing facilities to house the basic science school. Remodeling can be accomplished using existing monies including those pledged locally. Remodeling has been approved by the University Regents.

The budget request from the University and which is contained in the Governor's recommendations contemplates the expenditure of \$637,224 and \$511,885 in fiscal years 1972 and 1973 respectively.

F. FOUR STATE HIGHER EDUCATION COMMISSION

The Commission, which was created at the instance of legislators from the states of Iowa, Minnesota, North Dakota and South Dakota held five meetings during the interim. The twenty-four members of the

Commission were divided equally among the member states and consisted of 8 legislators, 4 legislative staff members, 4 medical college deans or state health science officers, 4 state medical association presidents or their nominees, and 4 representatives from the Board of Regents, or Board of Higher Education. Ex-officio members included deans of medical colleges being activated and heads of dental colleges and welfare departments.

During the interim the Commission inquired into the status of medical and allied education in each of the member states. Additional time was devoted to investigating the feasibility of entering into an interstate effort to plan for the providing of health services to the citizens of the four-state area.

After extensive discussion of alternative approaches to interstate cooperation, the Commission recommended the establishment of a midwestern board for medical and allied education. Legislation has been introduced in each of the member states to create this board. In Minnesota, the proposal is contained in H.F. 210 introduced by Representatives Long, Fitzsimons, Sommerdorf, Searle and Barr and S.F. 214, authored by Senators Dosland, Sinclair, and Josefson. Similar legislation has been enacted into law in the states of North Dakota and South Dakota and is currently pending in Iowa.

OBSERVATIONS

The subcommittee is generally encouraged by the development of the Family Practice programs at both the undergraduate and graduate levels during the 1969-1971 interim period. It should be noted, however, that the Legislature must be made absolutely aware of the cost aspects of the program. To date, the sums of \$550,000 and \$400,000 in state appropriations have been received and expended by the University of

Minnesota and Hennepin County General Hospital in the development of Family Practice programs. It is, of course, much too early to ascertain whether the desired effect of producing more Family Practitioners will be attained.

The subcommittee urges that the 1971 Legislature, in its appropriations that measure the funding for Family Practice, devise a precise means of requiring a cost analysis of this developing program.

RECOMMENDATIONS

UNIVERSITY OF MINNESOTA - MAIN CAMPUS

The subcommittee recommends the continued expansion of the Health Science Center at the University of Minnesota at a rate consistent with funds available and making maximum use of Federal support. The present expanded class size made possible by the Federal Physicians Augmentation Program should be continued permanently in an effort to meet but not exceed Minnesota's needs.

The subcommittee is encouraged by the progress to date of the Family Practice and Community Health Department and urges the 1971 Legislature to fund its continued development. A strong effort must be made to fairly evaluate and control costs for these developing programs with the view in mind of making the best use of Minnesota's tax dollar.

The subcommittee feels that the proposed Physicians Associate Program affords the student an excellent opportunity to learn the practical aspects of rural health care delivery while providing support for the rural practitioner. This program should be implemented by the 1971 Legislature.

UNIVERSITY OF MINNESOTA - DULUTH

The subcommittee recommends the continued development of the

two year medical school on the Duluth campus of the University of Minnesota and urges the 1971 Legislature to provide sufficient funding to enable the addition of faculty members, accepting of students and instruction in the basic sciences beginning in 1972. The subcommittee commends the efforts undertaken to date in response to the direction of the 1969 Legislature and further commends the efforts of the local residents to assist in the development of the school.

It is anticipated that innovation will continue to develop concerning the selection of students and the devising of the curriculum to the end that a high percentage of graduates will go on to become Family Practitioners. It is further anticipated that the graduates of the Duluth program will be provided an opportunity to continue their medical education through the University of Minnesota Health Science Center.

In the view of the subcommittee, planning should be limited to the first two years of medical education.

MAYO MEDICAL SCHOOL IN ROCHESTER

There is no doubt that a medical school established by the Mayo Clinic would have considerable national prestige. The Legislature should study this proposal and if it appears that a Mayo Medical School will appreciably help provide the type of practicing doctors needed to meet Minnesota's needs, the Legislature should consider the state's role in funding.

A serious question occurs as to whether the Legislature would be justified in providing capitation funds for students who are not Minnesota residents. The legislative concern has been and should continue to be the providing of health manpower for the citizens of Minnesota. In the view of the subcommittee, stressing the education

of Minnesota students gives rise to the greatest likelihood that such students, upon completion of their education, will practice their profession in this state.

NORTHERN ASSOCIATION FOR MEDICAL EDUCATION

It is the opinion of this subcommittee that the involvement of N.A.M.E. in the future could take two forms.

The subcommittee recognizes the substantial influence that N.A.M.E. has brought to bear on the thrust of medical education in Minnesota since its inception in 1958. The advice and insight offered have been most helpful to the Legislature in its efforts to promote the improvement of health care delivery in Minnesota, as well as making the best use of existing resources. The subcommittee suggests that the 1971 Legislature consider making funds available to allow this organization to continue in its present role.

The discussions in the N.A.M.E. report presented to the Legislature contain a concept which, in the view of the subcommittee, offers a possibility for enhancing medical education while improving health care delivery in rural Minnesota. This concept is described in the aforementioned report and designated as Regional Clinical Education and Service Centers. The subcommittee feels that one or more pilot centers could be established after medical education needs of higher priority are met. These centers could be funded through the University of Minnesota and guided through its early stages by N.A.M.E. and the University jointly. The proposed Physicians Associate Program could well utilize the centers created for their training.

HENNEPIN COUNTY GENERAL HOSPITAL

The subcommittee recommends the continuation of the Family Practice graduate program and urges that close attention be given by

the 1971 Legislature and reports be provided the proper standing committees concerning the costs of the program as experienced over the course of the last two years. State funding should be considered for the undergraduate program for medical students being trained at the hospital.

RAMSEY COUNTY HOSPITAL - ST. PAUL

The subcommittee recommends the continuation of the Family Practice graduate program, as well as considering funding of the program for undergraduate and other graduate medical training at this facility.

AFFILIATED HOSPITAL PROGRAM

The subcommittee recommends that increased use be made of University affiliated hospitals and medical centers and that state funding be considered to enable the expansion of graduate Family Practice training programs in these facilities.

REGIONAL COOPERATION

During the interim, representatives of the states of Iowa, Minnesota, North Dakota and South Dakota began discussions concerning the possibility and feasibility of regional cooperation in medical and allied education. An additional interstate effort is being undertaken by supporters of the Duluth based medical school in Minnesota, Wisconsin, and Northern Michigan.

The subcommittee feels that the matter of regional cooperation is worthy of further inquiry and recommends the passage of H.F. 210 or its Senate companion S.F. 214. The subcommittee further recommends that the states of Montana, Michigan and Wisconsin be included in further discussions.

INTERIM STUDY - 1971-1973

During the interim between the 1971 and 1973 Legislative Sessions, a subcommittee of the House Appropriations Committee should be activated to continue the inquiry into the fields of medical and allied professional and technical education. Emphasis must be placed on ascertaining the numbers of practitioners in each discipline which are needed to provide adequate health care for the citizens of this state at present and in the future. To achieve these ends, the subcommittee should work closely with such state agencies as the Comprehensive Health Planning Office of the State Planning Agency and the Higher Education Coordinating Commission. Other agencies and interested groups such as the Northlands Regional Medical Group, the Minnesota State Medical Association, the Minnesota Nurses Association and other professional associations should also be consulted.

The subcommittee must also make a thorough effort to develop an in depth cost analysis and evaluation of the total medical education program of the state at both the undergraduate and graduate levels. The subcommittee feels that it is absolutely imperative that this cost information be made available by the University of Minnesota and that no funding be provided for the 1973-1975 biennium until such information has been provided in detail to the appropriate committees of the House and Senate.

This subcommittee has not had the time nor has it considered itself directed to study in any depth the delivery system of health care and the opportunity of Minnesota citizens to fully utilize our delivery system. Once the manpower needs of a health care system are more adequately met the delivery system itself should be capable of performing at the highest level.

In view of this fact the subcommittee strongly recommends that the State Planning Agency, in the exercise of its responsibility, provide periodic reports evaluating the health care delivery system in Minnesota to the appropriate committees of the House and Senate. This study should include among other things the role of the consumer in health care, the efficiency of our care system in its utilization of manpower, and the adequacy of hospital insurance coverage in Minnesota. Particular emphasis should also be placed on how these matters relate to the effect of the prospective national health insurance plans on the delivery of health care in Minnesota.

APPENDIX

The subcommittee wishes to express its gratitude for the individuals and organizations who either appeared before the Medical Education Subcommittee of House Appropriations or submitted information for the subcommittee's use.

The subcommittee held twelve meetings during the Interim, the first of which dealt with the Agendas for subsequent meetings. The first meeting was on August 8, 1969, and dealt primarily with subcommittee business.

September 5, 1969

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Arthur Poore, Executive Secretary

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Dr. Richard B. Raile, Medical Director of Hennepin County
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Dr. Alvin Schultz, Director and Chief of Internal Medicine,
Hennepin County General Hospital
Paul Vogt, Administrator, Hennepin County General Hospital

September 29, 1969

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UNIVERSITY OF MINNESOTA SCHOOL OF NURSING

Dr. Isabel Harris, Acting Dean
Eugenia Taylor, Educational Coordinator

November 20, 1969

INTERSTATE CLINIC, RED WING

Dr. John Falls

November 20, 1969 (Continued)

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Dr. Wallace E. Mathews, President

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Dr. R.P. Buckley, Chairman of the Committee on Medical Education

January 15, 1970

CONFERENCE ON GERIATRIC CARE (Minnesota Hospital Association)

Einar Soberg

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Dr. R.N. Barr, Executive Officer

DEPARTMENT OF PUBLIC WELFARE

Morris Hursh, Commissioner
Miriam Karlins, Education and Manpower

MINNESOTA NURSING HOME ASSOCIATION

John Broeker, Attorney

NORTHLANDS REGIONAL MEDICAL PROGRAM

Dr. Winston R. Miller, Director of Medical Programs

March 6, 1970

COMPREHENSIVE HEALTH PLANNING (State Planning Agency)

Dr. Ellen Z. Fifer, Director
Dr. L.C. Weaver, Chairman, Advisory Council

April 10, 1970

MAYO CLINIC -- MAYO FOUNDATION

M.G. Brataas, Section of Administration, Mayo Clinic, Mayo Foundation
Dr. C.F. Code, Research Director, Medical Education, Mayo Foundation
A. Russell Hanson, Administrative Associate, Division of Education,
Mayo Foundation
Dr. E.D. Henderson, Mayo Clinic Staff, Member of Board of Governors
and Board of Trustees
Dr. G.W. Morrow, Mayo Clinic Staff
Dr. G.M. Needham, Assistant Director, Allied Health Sciences,
Division of Education, Mayo Graduate School
Greg Orwoll, General Counsel, Mayo Foundation
Dr. Raymond D. Pruitt, Director for Education, Mayo Foundation

April 10, 1970 (Continued)

MAYO CLINIC -- MAYO FOUNDATION (Continued)

F.C. Roesler, Section of Administration, Mayo Clinic, Mayo Foundation,
Member of the Board of Governors and Board of Trustees

Dr. W.G. Sauer, Mayo Clinic Staff, Member of the Board of Governors,
and Board of Trustees

Dr. Minott Stickney, Board of Governors and Board of Trustees, Mayo
Clinic Staff

May 8, 1970

NORTHERN ASSOCIATION FOR MEDICAL EDUCATION (Tour of facilities
available to N.A.M.E.)

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Kenneth J. Holmquist, Administrator
Dr. Delbert R. Nelson
Dr. Orris Rollie

HOSPITAL COUNCIL

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L. Melvin Conley, Midway Hospital
Steve Kumagai, Executive Director of Associated
Capitol Hospitals
Eleanor Sackett, Children's Hospital
Roger R. Starn, St. Luke's Hospital
William N. Wallace, Charles T. Miller Hospital

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John W. Hedback, Public Relations Counsel
Ron LaCoutoure, Executive Administrator
Louis Lundgren, Vice-President
Dr. Albert Ritt, Treasurer

ST. JOHN'S HOSPITAL

Carl Ave' Lallemand, Administrator
Patricia Miller, Rehabilitation Department
Dr. Robert W. Reif, Director of Medical Education

ST. JOSEPH'S HOSPITAL

Sister Marie DePaul, Administrator
J.P. Medelman, M.D.
Arnolds Veinbergs, M.D.

July 17, 1970

ANOKA-RAMSEY JUNIOR COLLEGE

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UNIVERSITY OF MINNESOTA

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Dr. Stan Kegler, Associate Vice-President, University of Minnesota
Eugenia Taylor, Consultant, University of Minnesota School of Nursing

September 3, 1970

COMPREHENSIVE HEALTH PLANNING, State Planning Agency

Dr. Ellen Fifer, Director, Comprehensive Health Planning

HIGHER EDUCATION COORDINATING COMMISSION

Richard C. Hawk, Executive Director

MEDEX, UNIVERSITY NORTH DAKOTA

Dr. Robert Elkema, Chairman and Professor of the Department of
Community Medicine
Donald Reed

September 3, 1970 (Continued)

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Mrs. Kim Hara, Chairman, State Nurse Scholarship Program

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Kristen Flesche

MINNESOTA STATE MEDICAL ASSOCIATION

Jim Sova, Legislative Representative

UNIVERSITY OF MINNESOTA

Dr. Lyle A. French, Vice President, Health Services

December 10, 1970

UNIVERSITY OF MINNESOTA - DULUTH

Dr. Sam Boyer, Northern Minnesota Council for Medical Education
Dr. R. E. Carter, Dean, University of Minnesota - Duluth
Fred Cina, Board of Regents
Dr. R. W. Darland, Provost
Dr. Lyle A. French, Vice President, Health Services, University
of Minnesota
Dr. R. L. Heller, Assistant Provost, University of Minnesota -
Duluth
Stan Kegler, Vice President, University of Minnesota
Dr. Gordon Strewler, Northern Minnesota Council on Medical
Education
Dr. Thomas

December 18, 1970

HENNEPIN COUNTY GENERAL HOSPITAL

Dr. Eldon Berglund, Chief of Family Practice

MAYO CLINIC

Dr. Gerald Needham, Assistant Director, Allied Health Sciences,
Division of Education, Mayo Graduate School
Dr. Raymond D. Pruitt, Director for Education, Mayo Foundation
Dr. Minott Stickney, Board of Governors and Board of Trustees,
Mayo Clinic Staff

N.A.M.E.

Dr. Davitt Felder, President

December 18, 1970, (Continued)

UNIVERSITY OF MINNESOTA

Dr. Lyle A. French, Vice President, Health Services
Dr. Jack Verbey, Assistant Head, Department of Family Practice
and Community Health