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MINNPOST

U should separate from Fairview and hook up with Mayo

By [Louis D. Johnston](#) | 04/12/13



University of Minnesota

Proposal: The medical schools at the University of Minnesota and Mayo merge and become a single institution with campuses in Minneapolis, above, and Rochester.

We knew it was coming sometime, and Dr. John Noseworthy finally **said it** on Tuesday: “We’re never going to leave Minnesota, and we don’t want to leave Minnesota,” but “we’ve got to decide where we’re going to put the next \$3 billion,” and emphasized that “there are 49 states that would like us to invest in them. That’s the truth.”

Obviously there is much at stake. **Mayo Clinic** is Minnesota’s largest private employer and its economic impact is felt throughout the state, especially in Rochester. Minnesota’s reputation as a leader in health care and medical technology depends in part on having Mayo within the state.

It will be easy for policy makers in St. Paul to be distracted by actual and perceived threats, large numbers (\$500 million just for Rochester?) and economic impact estimates flung around by all sides. Things will be made worse by the fact that we’ve just finished a whirlwind week involving the state attorney general, **Sanford Health**, **Fairview Health Services**, **University of Minnesota Medical Center**,

and feelings at the Legislature and in the business community are still raw.



Clear goals

We can minimize the effects of these distractions on our long-run economic health by clear goals for any state involvement in Mayo's expansion, in particular, and for thinking about changes that are certain to come in Minnesota's health care and medical technology industries.

First, we should maintain and foster a high-quality health care system for Minnesota residents, one that both promotes lifetime wellness and attacks of illness and disease. Minnesota's human capital stands on this foundation.

Second, public policy should nurture a world-class medical sciences community working on both basic research and applications in treatment and technology.

Third, we have world-class medical clinics that attract patients from throughout the world and public policy must foster their continued growth. Medical sciences and medical clinics have direct economic effects in terms of output and employment and have multiplier effects due to spinoffs and smaller businesses that serve larger firms.

Fourth, to complement the first three goals, we must preserve and improve our world-class medical education institutions.

A road map

These should be our public policy destinations. How do we get there? Here is my road map.

The first step is to separate the University of Minnesota's **Health Sciences** from Fairview. This will allow Fairview to pursue any mergers or combinations that improve its ability to provide high-quality medical care to Minnesotans without the thorny issue of who controls the University's medical center.

The second step is to foster closer ties between the University of Minnesota and Mayo Clinic. My specific proposal is that the State of Minnesota, the University of Minnesota and Mayo Clinic enter into an agreement in which the state will finance infrastructure on the scale that Mayo requires in order carry out its \$5 billion Rochester expansion. In return, Mayo and the University will do the following:

- The medical schools at the University of Minnesota and Mayo will merge and become a single institution with campuses in Minneapolis and Rochester.

- University of Minnesota-Twin Cities health sciences programs will merge with those at University of Minnesota-Rochester. The latter are already **collaborative programs with Mayo**, and thus the merged program can leverage these connections.
- University of Minnesota Hospitals and Physicians will join with the Mayo Clinic Health System to create a network of clinics both within Minnesota and in other states.

Mayo Clinic and the University of Minnesota share deep historical ties. In 1915, Drs. William and Charles Mayo founded the Mayo Graduate School of Medicine, affiliated with the graduate school at the University of Minnesota. This relationship continued until 1983, when Mayo Medical School became an independent institution. William Mayo served as a university regent for 32 years and Dr. Charles Mayo was a professor of surgery. The Mayo Memorial Building at the university is the official state commemoration of Mayo's importance to Minnesota.

This is a win-win for everyone in Minnesota. We will have stronger medical education programs, both in medicine and in the health sciences more generally. We will promote better health care both through the U of M-Mayo collaboration and by allowing companies such as Fairview to grow and prosper. And all of these combinations will work with new and existing medical technology companies and foster continued innovation in biotechnology.

Let's think big and not get lost in the minutiae.

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