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1 Simple Way to Measurably Improve the Health of All Minnesotans

Market Corner Commentary
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By David W. Johnson

In late September 2023, the Minneapolis Star Tribune's editorial board opined that the state's new Healthcare Education Task Force "should tackle all questions [its] members find relevant." At the top of that list should be how the University of Minnesota can measurably help improve the health status of all Minnesotans.

If it chooses to be bold, the Healthcare Education Task Force has an unprecedented opportunity to define what truly constitutes "Nation-Leading Health Professions Education." In a nutshell, that will require much more emphasis on health and much less emphasis on healthcare.

Governor Tim Walz created the task force in response to the University's "MPact Health Care Innovation" proposal to reinvent itself. That proposal calls for the Minnesota State Legislature to fund the multibillion-dollar cost of acquiring, building and operating a new and improved academic medical enterprise at the University of Minnesota.

The arrogance of the university's proposal is staggering. Minnesota struggles with rising rates of chronic disease and inequitable healthcare access for low-income urban and rural communities. The idea that a massive governmental investment in centralized, high-cost academic medicine will "bridge the past and future for a healthier Minnesota," as the MPact tagline proclaims, is ludicrous.

Like the rest of the country, Minnesota is experiencing declining life expectancy. Despite spending more than double the average per-capita healthcare cost of other wealthy countries, the U.S. scores among the worst in almost all health status measures. Spending more on high-end academic medicine won't change these dismal health outcomes. Addressing social determinants of health (what I call "healthy multipliers") could.

The healthcare system's inability to prevent and manage preventable diseases, like Type 2 diabetes, may be its greatest failing. That failure manifests itself in the system's exorbitant cost (18% of GDP today versus 7% in 1970) and in the catastrophic levels of chronic disease that now plague the American people.

This is a Counterpoint Opinion piece published originally in the Minneapolis Star Tribune by David W. Johnson, a native Minnesotan.

As an industry, healthcare has gotten much better since the 1970s at keeping sicker people alive longer. This is a logical response for an industry focused on treatment rather than prevention. The rise of chronic disease, however, is a broader societal challenge.

The explosion of highly processed foods within the American diet and the emergence of "food deserts" combined with a less-active population are causal factors of the chronic disease pandemic. Healthcare's narrow disease- and treatment-centric orientation limits its ability to apply proven solutions to this immense population health challenge.

Managerial guru Peter Drucker once observed, *"If you want something new, you have to stop doing something old."* If Minnesota truly wants to improve the health of its residents, it needs to redirect funding away from hospital-centric care into vital care services that actually improve health status. Such services would include preventive care, health promotion, chronic disease management and behavioral health services.

I serve on the national board of the Healthcare Financial Management Association (HFMA) and lead a just-formed "Healthy Futures" task force. This task force will explore the financing and metrics associated with population health payment models. America, including Minnesota, won't change the way it delivers healthcare until it changes the way it pays for healthcare.

The billions saved by not underwriting the University's massive capital plan, for example, could fund "UP4C" (universal primary, pre-natal, post-natal and palliative care) for several years. Imagine the uptick in health status this type of "Healthy Futures" investment could achieve in Minnesota's low-income communities.

Improving the health of the state's residents will actually lower the state's total healthcare costs. It also will increase productivity, expand human potential, reduce inequity and improve individual well-being.

Minnesota has a well-earned reputation for enlightened health policy development. Commissioner of the Minnesota Department of Health (MDH) Jan Malcolm and her task force compatriots can enhance this reputation by reimagining and reinventing how the University of Minnesota prepares healthcare professionals to create better population health for all Minnesotans.

To accomplish this, the task force must see beyond the University's razzle-dazzle proposal. They must undertake the hard, meaningful work of advancing holistic, interdisciplinary and inter-professional population health training and programming within the University's massive health sciences enterprise.

More than anything else, Minnesota's long-term economic prosperity and well-being depend upon the state of its residents' health, not the grandeur of its academic healthcare system.

AUTHOR

David Johnson is the CEO of 4sight Health, a thought leadership and advisory company working at the intersection of strategy, economics, innovation and capital formation. Dave wakes up every morning trying to fix America's broken healthcare system. Prior to founding 4sight Health in 2014, Dave had a long and successful career in healthcare investment banking. He is a graduate of Colgate University and earned a Masters in Public Policy from Harvard Kennedy School. Employing his knowledge and experience in health policy, economics, statistics, behavioral finance, disruptive innovation, organizational change and complexity theory, Dave writes and speaks on pro-market healthcare reform. His first book ***Market vs. Medicine: America's Epic Fight for Better, Affordable Healthcare***, and his second book, ***The Customer Revolution in Healthcare: Delivering Kinder, Smarter, Affordable Care for All*** (McGraw-Hill 2019), are available for purchase on www.4sighthealth.com.