Will Minnesota be the center of the medical universe?

If press releases are our tea leaves, it appears that Minnesota is poised to become an even bigger player in health care than it is today—at least in terms of the infrastructure that supports innovation. Bearing names such as “destination medical center” and “gateway to biomedical discovery,” projects announced or completed in 2013 sound promising, even futuristic.

Here are the details on a few of them:

- Mayo Clinic launched its $5 billion “Destination Medical Center” initiative that would allow it to expand and improve its Rochester campus in order to “secure and grow Minnesota’s position as a global medical destination for decades to come.” In May, lawmakers approved $585 million in public spending to pay for upgraded infrastructure in Rochester. Mayo plans to spend $3.5 billion and leverage $2 billion in private investments over the next 20 years for other improvements.
- Mayo announced in March the opening of the Mayo Clinic Business Accelerator at the Minnesota BioBusiness Center in Rochester. The accelerator will encourage the growth and development of health care-related businesses in the Rochester area.
- The University of Minnesota opened a new state-of-the-art medical devices laboratory in May. The 8,000-square-foot facility replaces a 5,000-square-foot laboratory that opened in 2008. The new Medical Devices Center will have a 3D virtual design lab, an imaging lab, an anatomy and physiology lab, mechanical and electronic fabrication labs, brainstorming rooms and more.
- The University of Minnesota opened the “Gateway to the Biomedical Discovery District,” a new cancer and cardiovascular research facility in June. The building will house 20 to 25 investigators working on cardiac regeneration, cardiac development, muscular dystrophy, genomics, and the study of the chemical carcinogens as a cause of cancer, among other things. The building is the fifth to open in what the university calls its “Biomedical Discovery District.”

Will life-changing breakthroughs come out of these facilities? Will they deliver on the promises reflected in their names and by their marketers? Only time will tell.
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**Attention medical students, residents and fellows**

**Correction**

The article “Doctor of . . .” on p. 10 of our November issue incorrectly stated that optometrists may “recommend” treatments. In Minnesota and most other states, they can prescribe all topical and almost all oral medications. The article also stated that optometrists do a year of clinical rotations in addition to four years of post-graduate study. The clinical rotations are, in fact, done during the four years of training. Some graduates will do an extra one-year residency after optometry school, but it is not necessary to practice. Finally, the article stated that those who go into allopathic and osteopathic medicine must complete four years of graduate training plus a three-year residency. In Minnesota, physicians are licensed after their internship year.

—The editors