



[Robina Foundation](#)

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ROBINA FOUNDATION
Teleconference
Board Meeting

November 27, 2007

9:00 a.m. to 11:00 a.m. (CST)

3. Wait to be added to the conference.

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ROBINA FOUNDATION

Director and Officer Conflicts of Interest Policies & Procedures

Definitions

As used in these policies and procedures, the following capitalized terms shall have the meanings indicated.

Board: the Foundation's Board of Directors.

Contract or Transaction: any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a grant or loan, or the establishment of any other type of pecuniary relationship with the Foundation.

Responsible Person: any person serving as a member of the Board of Directors, member of a committee, or officer, of the Foundation.

Family Member: a Responsible Person's spouse, parent, child, stepchild, brother, or sister; or the spouse of any of the foregoing.

Material Financial Interest: a financial interest of any kind, which, in view of all the circumstances, is substantial enough that it would affect a Responsible Person's ability to act solely in the best interests of the Foundation. For purposes of these policies and procedures, a financial interest with respect to a Contract or Transaction shall constitute a Material Financial Interest only if an ordinarily prudent person in a like position would reasonably conclude that such interest would affect his or her judgment with respect to the Contract or Transaction.

Conflict of Interest: A Conflict of Interest exists when there is an actual or proposed Contract or Transaction between the Foundation and --

(a) a Responsible Person or Family Member; or

(b) an entity in which a Responsible Person or Family Member has a Material Financial Interest or of which such person is a compensated or uncompensated director, officer, employee, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator or other legal representative.

Policies

Robina Foundation (the "Foundation") is committed to ensuring that each of its directors and officers carries out his or her responsibilities in good faith and in a manner he or she reasonably believes is in the best interests of the Foundation. The Foundation also recognizes that directors and officers have relationships that may appropriately assist the Foundation in pursuing its mission.

Contracts and Transactions

A director or officer whose ability to comply with the foregoing standard may be compromised by a Conflict of Interest relating to a Contract or Transaction shall report the Conflict of Interest in accordance with the procedures set forth below.

Gifts and Entertainment

A Responsible Person shall not accept gifts, entertainment or other favors from any individual or entity that does or is seeking to do business with the Foundation, under circumstances where it might be inferred that such action was intended to influence or possibly would influence the Responsible Person in the performance of his or her duties. This does not preclude the acceptance of items or entertainment of nominal or insignificant value (up to \$50.00) which are not related to any particular transaction or activity of the Foundation.

Confidentiality

Each Responsible Person shall exercise care not to disclose confidential information acquired as a Responsible Person or information the disclosure of which might be adverse to the interests of the Foundation. Furthermore, a Responsible Person shall not disclose or use information relating to the business of the Foundation for the personal profit or advantage of the Responsible Person or a Family Member.

Procedures

The procedures set forth below are designed to help directors and officers of the Foundation identify situations that present potential conflicts of interest and to provide the Foundation with a procedure for independent review and, when appropriate, approval of a transaction in which a director or officer has or may have a Conflict of Interest. The policy is intended to comply with the procedure prescribed in Minnesota Statutes, Section 317A.255, governing conflicts of interest for directors of nonprofit corporations. In the event there is an inconsistency between the requirements and procedures prescribed herein and those in section 317A.255, the statute shall control. Capitalized terms are defined in paragraph 2.

Reporting Conflicts of Interest

Prior to Board action on a Contract or Transaction involving a Conflict of Interest, a director who knows he or she has a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting.

A director who does not plan to attend a meeting at which he or she has reason to believe that the Board will act on a matter in which the person knows he or she has a Conflict of Interest shall disclose to the President all facts material to the Conflict of Interest. The President shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting. If the director having the Conflict of Interest is the President, then the required disclosure shall be made to, and the required report to the Board shall be made by, the Vice President, or if there is no Vice President, the Treasurer.

Responsible Persons who are not directors of the Foundation, or who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board action, shall disclose to the President any Conflict of Interest that such Responsible Person knows he or she has with respect to such Contract or Transaction. Such disclosure shall be made as soon as the Conflict of Interest is known to the Responsible Person. The Responsible Person shall refrain from any action that may affect the Foundation's participation in such Contract or Transaction. The President shall determine whether the Conflict of Interest should be reported to or acted on by the Board, and shall make a written record of the disclosure and the decision on whether to bring the matter to the Board.

If it is not entirely clear whether or not a Conflict of Interest exists, then the individual with the potential conflict shall disclose the circumstances to the President, who shall determine whether there exists a Conflict of Interest that is subject to these policies and procedures.

Review of Conflicted Transactions

The Board shall review each Conflict of Interest that is reported to it, and may approved the affected Contract or Transaction if the material facts as to the Contract or Transaction and the Conflict of Interest are fully disclosed or known to the Board and the Board approves the Contract or Transaction in good faith by the affirmative vote (without counting the interested director) of a majority of the entire Board at a meeting at which there is a quorum present, again without counting the interested director.

A person who knows he or she has a Conflict of Interest shall not participate in the Board's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting. The chair of the meeting shall provide an opportunity for the Board to discuss the matter without the person who has the Conflict of Interest present.

A person who is known to have a Conflict of Interest with respect to a Contract or Transaction that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote. The person known to have a Conflict of Interest may not vote on the Contract or Transaction and shall not be present when the vote is taken. Such person's ineligibility to vote and absence from the meeting during the vote shall be reflected in the minutes of the meeting.

Noncompliance

A director or officer's failure to comply with the requirements of these policies and procedures shall be grounds for the immediate removal from office of such director or officer, upon the approval of a majority of the other members of the Board.

Review of Policies and Procedures; Annual Disclosure

Each new Responsible Person shall be required to review a copy of these policies and procedures and to acknowledge in writing that he or she has done so.

These policies and procedures shall be reviewed annually by each member of the Board. Any changes to the policies or procedures shall be communicated immediately to all Responsible Persons.

Adopted by the Board of Directors on _____, 2007

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**Robina Foundation
Meeting Minutes
August 28, 2007**

DRAFT

A meeting of the Board of Directors of the Robina Foundation, a Minnesota nonprofit corporation, was held on August 28, 2007 in Minneapolis, Minnesota at the offices of Faegre and Benson, LLP.

The following Directors were in attendance at the meeting: Gordon Aamoth, Thomas Crosby, Edson Spencer, Peter Karoff, Steven Schroeder.

Jean Sazevich, Foundation consultant, was also present and served as recorder. Nancy Gilberg, administrative consultant for the Foundation also attended a portion of the meeting.

There were no Directors absent.

Call to Order

Gordon Aamoth, President, called the meeting to order and welcomed Board Members.

Conflict of Interest Policy and Disclosures

Gordon Aamoth asked Board Members for approval of the Conflict of Interest Policy included in the Board materials sent in advance of the meeting (Exhibit A). The Board unanimously approved the Policy as written. Gordon asked each Board Member to sign the acknowledgement form included with the Policy and return it to the Foundation office.

There were no new disclosures by Board Members of situations that would pose a conflict of interest with their service on the Board.

Legal Fees

Tom Crosby briefed the Board on the recent payment made by the Binger Estate to the members of the Binger family that initiated the law suit (later joined by the Foundation) against Jane Mauer. The payment, which totaled approximately \$1.5 million, reimbursed the family for the legal costs they incurred during the process.

The payment was approved by the court at the request of the Dorsey law firm which represented the family in this matter. It was initially hoped that the Foundation Board would have had the opportunity to review this request and weigh in prior to action. However, the timing of the court hearing precluded that from happening.

The Board expressed a desire to, whenever possible, have adequate background information and the ability to sign off on significant Foundation expenditures in advance of payment being made. Gordon Aamoth stated that he will be responsible for briefing the Board on all significant expenditure prior to payment in the future.

Minutes

The minutes of the April 25, 2007 Board Meeting were reviewed by the Board. There was one correction. Tom Crosby noted that he is a trustee for a trust that holds assets that will be used to pay taxes on the Binger Estate, rather than a trust that holds assets to be disbursed to the Foundation. The minutes were amended to reflect this change.

A motion was made and seconded to approve the minutes as corrected. A vote was taken and the motion passed unanimously.

Foundation Bylaws

Gina Kastel, Attorney with Faegre and Benson, joined the meeting to review the draft of the Restated Bylaws of the Robina Foundation with the Board. She explained that the restated Bylaws reflect the removal of James Binger as the sole member of the corporation. He did not name a successor member. She also reviewed other proposed changes.

A motion as made and seconded to approve the Restated Bylaws. A vote was taken and the motion passed unanimously.

Assets held in Binger Estate – Overview

Gina Kastel provided a brief overview of legal issues pertaining to some of the illiquid assets currently held in the Binger estate. These include a Minneapolis condominium that was given in the form of a life estate to Marion Bazal, an acquaintance of the Binger family. Some taxes and fees associated with Ms. Bazal living in the condominium are currently paid for by the Estate. This could be interpreted by the IRS, if paid directly by the Foundation, as providing a direct financial benefit to an individual, which is not allowed. Therefore, it will be necessary for the Foundation, before it accepts this asset from the Estate, to get a court order allowing these unusual expenditures.

Gina noted that the assets currently held in the Tartan LLP Partnerships for future transfer to the Foundation are directly linked to individuals considered disqualified persons with regard to the Foundation (members of the Binger family). The legal implications regarding this matter will need to be explored in greater detail in the future.

Election of Officers

The Board unanimously approved the proposed slate of directors and officers and directors for the Foundation (Exhibit B).

Ed Spencer and Peter Karoff noted that they are considering whether or not to serve out the full length of their current term.

Resignation of Jane Mauer

The Board reviewed a letter from Jane Mauer (dated 2/13/07) in which she states her resignation from the Board of Directors of the Robina Foundation. The Board accepted the resignation of Jane Mauer.

President's Report

Gordon Aamoth reported some of the recent activities he has undertaken as Executive Director. These activities are summarized in written reports included in the Board materials. He will continue to provide written updates to the Board on a bi-monthly basis.

Gordon stated that a copy of Amended Settlement Agreement of the Mauer law suit is also included in the Board materials. The agreement has now been accepted by all parties.

Jean Sazevich asked the Board to review the resolution included in the Board materials that pertains to the Foundation's membership in the Minnesota Council on Foundations (MCF). The Foundation has recently renewed its membership in MCF and as part of that process, the Board needs to annually review and subscribe to the Principles for Grantmakers adopted by the Council. A motion was made and seconded to approve the resolution as stated. A vote was taken and the motion passed unanimously.

It was explained that the decision to renew the Foundation's membership in MCF was made this year without Board input due to the small amount of dues involved. However, as assets grow so will dues, so future decisions on membership renewal will be brought to the full Board for consideration.

Lake Robina Property

Gordon presented information regarding the Lake Robina property owned by the Foundation. He stressed that in his research to date, he has come to appreciate that Jim Binger had an emotional attachment to this land that was different than other real estate he owned for investment purposes.

The land, roughly ²⁰⁰186,000 acres located in Independence, Minnesota has been taken care of for many years by Tim Harrison, a great-nephew of Jim Binger's. Tim has reported to Gordon that Jim actually intended to gift it to Tim but this action was prevented or just never completed. Tim has been receiving monthly payments of \$2,500 for caretaking from the estate. He also stores some equipment for his landscaping business on the property. The Foundation currently owes Tim Harrison some back payments for monthly caretaking.

Tim Harrison has expressed a strong interest in purchasing at least a portion of the property (the roughly 12 acre parcel on which his equipment is stored), but may not have the funds to do so.

Gordon reported that the entire property has recently been valued by a real estate broker that estimates its value at roughly \$3 million if sold for development. It was valued at \$1.4 million at the time of Jim's death in 2004. A copy of the broker's report is included in the Board materials.

Gordon informed the Board that in his will, Jim Binger stated a preference that the land be donated for conservation purposes. Two government agencies, Minnesota Department of Natural Resources (DNR) and Three Rivers Park District (Hennepin County), with interest in receiving the land as a gift, were invited by Gordon to tour the property and report back on possible uses if they received the donation. Written reports submitted by each agency are

included in the Board materials. Both are willing to allow Tim Harrison to continue to use part of the land if they receive the property.

After discussion, the Board voted to donate the land to the Minnesota Department of Natural Resources with the understanding that they will allow Tim Harrison to continue to use the parcel of land he currently uses for business purposes. The details of that understanding will be worked out between the DNR and Tim Harrison. The donation will include a reversionary clause that obligates the DNR to return the land to the Foundation if it can no longer be used for intended purposes.

The DNR plans to conserve the land for wildlife habitat protection and allow related recreation such as hunting and trapping.

The land donation will count as a qualifying charitable distribution for the Foundation, fulfilling the entire distribution obligation for this year as well as a positive balance that can be applied to future years.

The Board further agreed to continue to pay Tim Harrison monthly caretaking fees until such time as the title is transferred to the DNR. There will be no further obligation to Tim beyond that date.

Robina Foundation Website

Jean informed the Board that the website for the Foundation is up and running at www.robinafoundation.org. It will be updated periodically to inform visitors of recent business, such as the donation of the Robina land to the Minnesota DNR and grantmaking activities when they occur.

Visits/Calls to Grantee Institutions

Gordon reported on recent visits/phone conversations with the four Robina grantee institutions. Written summaries of these visits/conversations are included in the Board materials. The only institution not visited in person was Yale University. Each institution has been informed of the Foundation's financial situation and was asked to present a "menu" of possible funding opportunities for consideration by the Board.

Jean stated that a spreadsheet showing the funding requests received from the institutions to date was included with Board materials.

Finance Committee

The Board reviewed and discussed a proposed Partial Receipt and Refunding agreement that was prepared by McDermott, Will and Emory, representing the Estate. There was general agreement that the proposal, which would limit the amount of funds the Foundation would be allowed to spend or pledge, was unacceptable. It was determined that Ed Spencer, Treasurer, would draft a response that proposed greater flexibility for the Foundation.

Ed Spencer informed the Board that the final amount of assets to be distributed to the Foundation from the Estate will depend on a number of factors, including the results of the tax audit. The audit process is expected to take up to three years, but may take longer if the IRS

requests an extension. Ed estimates that the Foundation may eventually receive a total distribution of roughly \$140 million from the estate.

Based on current assets of roughly \$9 million, and a projected distribution from the Estate of roughly \$27 million in liquid assets before the end of 2007, the Board tentatively agreed that a reasonable spending policy would be in the range of \$5 million per year for each of the next three years. This amount would be used to cover both grants and the Foundation's operating budget.

Grants Committee

Steve Schroeder, Chair of the Grants Committee, raised two issues he believes the Board should address now in order to develop a grantmaking strategy and guidelines: 1) there are significantly less assets coming to the Foundation than originally anticipated; and 2) the expectations of grantee institutions have been raised based on the original amount anticipated.

Steve then facilitated a roundtable discussion on a number of questions relating to the Foundation's grantmaking strategy. The key agreements reached as a result of the discussion are:

- The Foundation should continue to pursue the original vision of the Founder and focus its work on large grants for transformational initiatives;
- Make separate grants to the four institutions, at least initially, rather than requiring all four to work together to develop a common project and grant proposal;
- Accelerate the spend down of the Foundation's assets given that the total to be received is less than anticipated (i.e. less than 20 years);
- Grantees should compete for grant funds, with no guarantee of a distribution;
- Grants awarded should limit the amount that can be used by grantees for overhead expenses to 9% of the total project budget;
- Consider a future collaborative grantmaking initiative that will invite interested institutions to create a project/common request around a theme determined by the Foundation (e.g. Human Rights). It was recommended that the Board take time to conduct some research and shared learning prior to launching this initiative.

Steve noted that there are a number of additional questions that will need to be addressed by the Board regarding review process (e.g. internal vs. external), selection, post-grant evaluation; and when to move on to new/additional projects.

Board and staff then shared their impressions of proposals and/or concept papers submitted by each of the four institutions. Letters will be sent to each of the four institutions that inform them of follow-up questions and next steps in the submission and review process.

Audit Committee

Peter Karoff, Chair of the Audit Committee, reported that there will be no audit of the Foundation conducted for the current fiscal year. However, the Board should consider conducting a financial audit for FY 2008.

Financial Statements and Budget

The Board reviewed and accepted financial statements for the period ending June 30,2007. A preliminary operating budget for the Foundation for FY 2007 was reviewed and approved.

Future Board Meetings

The Board set future meeting dates for 2007 and 2008 (Exhibit C).

Adjournment

There being no other business, the meeting was adjourned.

ROBINA FOUNDATION BOARD SLATE
August 28, 2007

Name/Office	Elected to 1st Term	1st Term Expires	2nd Term Proposed
Gordon M.Aamoth, MD President	9/1/04	8/31/07	9/1/07 – 8/31/10
Steven Schroeder, MD Secretary	9/1/04	8/31/07	9/1/07 – 8/31/10
Edson W. Spencer Treasurer	12/1/06	8/31/09	
Peter Karoff	12/1/06	8/31/09	
Thomas M. Crosby, Jr. Vice President	2/20/07	8/31/10	

August 21, 2007



Mr. Edson Spencer
4900 IDS Tower
80 South 8th Street
Minneapolis, MN 55402

Steven A. Schroeder, MD
3333 California Street, Suite 430
San Francisco, CA 94143-1211

Mr. Peter Karoff
The Philanthropic Initiative, Inc.
77 Franklin Street
Boston, MA 02110

Gordon Aamoth, MD
4900 IDS Tower
80 South 8th Street
Minneapolis, MN 55402

Re/ Robina Foundation Board of Directors Meeting

Dear Directors of the Robina Foundation:

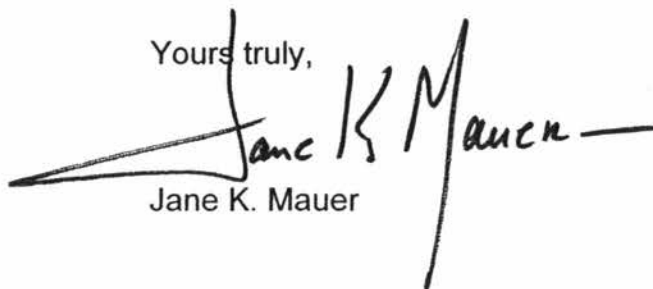
Gordon Aamoth and I recently met to discuss the upcoming Robina Foundation Board meeting, my participation at the meeting, and topics the Board would like to have me address.

The topics coincided with seven synopses I had prepared during the past year: one each relating to the four named institutions; one relating to the real property known as Robina; one relating to the matters of foundation administration; one related to the vision of Robina. The synopses are enclosed.

The synopses are a brief overview of my involvement, commitment, and preparedness, as envisioned by Jim Binger.

I am looking forward to seeing each of you August 29, 2007 at the University of Minnesota Law School.

Yours truly,



Jane K. Mauer

Encl.

4542 IDS Tower
80 South 8th Street
Minneapolis
Minnesota 55402
612-349-2800
Fax 341-3501

Robina Foundation Through the Eyes of Jim Binger

Reflections and Actions by Jane Mauer

The Council on Foreign Relations

In 2005 I met Peter G. Peterson, Chairman of the Council on Foreign Relations (CFR) in his office in NYC. To prepare for the meeting I read three of Mr. Peterson's books. The books focus on national and global issues facing the United States and the world today:

- *Running on Empty* – July 2004
- *Grey Dawn* – January 1999
- *On Borrowed Time* – May 1999

Mr. Peterson and Jim Binger sat on the Board of Directors of 3M during Desi De Simone's tenure. The interconnection was very apparent in Mr. Peterson's reminiscences about the three of them as Directors and the triumphs and tribulations of the time. It was clear why Jim had asked Desi De Simone to become a Robina Board member.

Along with the 3M reminisces, we had a chance to discuss the challenges put forth in the above-mentioned books. The books illustrate why Jim wanted Robina to be deeply involved with CFR and its thinkers who focus on national and global issues. At the end of the meeting Mr. Peterson gave me his book, *Will America Grow Up Before it Grows Old*.

Mr. Peterson and I also had the chance to discuss David Rockefeller, CFR Honorary Chairman, who was a friend and colleague of Jim Binger. Mr. Binger and my friends who work at Rock & Co., the Rockefeller family office, had introduced me to Mr. Rockefeller over the years. CFR invited me to attend a symposium in honor of Mr. Rockefeller's birthday.

Mr. Peterson arranged for me to meet CFR President Richard N. Haass, and Senior Vice President Janice Murray. President Haass and Sr. V.P. Murray were skeptical at first of Robina and its major premise of collaboration with four named institutions. They recognize how often institutions compete with one another. I am grateful that I had already read Mr. Haass' book *The Bureaucratic Entrepreneur, How to be Effective in Any Unruly Organization*. His insights prepared me for dealing with their doubts. By the end of the meeting they offered to help arrange the first meeting of the named institutions.

It was a wonderful feeling of success and as I was leaving, President Haass gave me an advance copy of his then forthcoming book, *The Opportunity, America's Moment to Alter History's Course*.

To deepen this on-going connection, I have studied materials written by colleagues of the Chairman, and President as well as material authored by CFR President Emeritus, Leslie Gelb whose seminars I have attended.

The above books are a must read for Robina Board members who want to create momentum between Robina and the Council on Foreign Relations. The books, ideas and momentum lend themselves to in-depth discussions related to the work of Robina.

University of Minnesota Law School

After Mr. Binger's death and in my role as President of the Robina Foundation, Gordon M. Aamoth, MD and I met with Gerald B. Fisher, President of the University of Minnesota Foundation. We discussed Robina, the named institutions, ideas for collaboration among the named institutions, and the expected timing of funding. From early 2005 through September 2006, I continued my relationship with Mr. Fisher. He and I met several times over the years and talked regularly on the phone about many topics including the retreats being planned at the University of Minnesota Law School.

In the spring of 2006, Robina funded six workshops that were sponsored by the Law School. The subject of the workshops include:

- Law and Science
- Equality
- Public Interest/Legal Education
- * Public Health and Biomedicine
- * Environment
- * International Law

These workshops provided integration from several institutions and included scholars from Georgetown University, Johns Hopkins University, Brookings Institution, University of California, Berkeley School of Law and New York University School of Law. As President of Robina I was invited to all of the retreats, which were videotaped. Each of the six videotapes are available and have provided specific content for on-going discussions with President Fisher as well as various friends and professors at the University of Minnesota and elsewhere.

Fred Morrison and Guy-Uriel Charles, Co-Deans of the Law School and I continued to meet throughout 2006. We discussed collaborative ideas, various paths we might explore, and generally to brainstorm about a number of far-ranging ideas.

The Co-Deans shared with me a recent initiative within the University. The University is made up of many departments, or "silos of knowledge". Each works in its respective area of expertise and professors within the departments do not necessarily interact with one another. The leadership of President Bruininks has challenged these departments to break the segregated thinking, think more holistically and to begin to work together. This opportunity is beautifully interwoven with Robina's goals.

Apropos to Robina, the property, expertise within the various "silos of knowledge" relates to the environment. Environmental issues are studied within many disciplines at the University, including the law school, the medical school, the agricultural school, and the business school. It is only recently the environmentalists from all departments within the University met to share information and realized the incredible depth of knowledge on the subject within the University including *International, Regional and National Environmental Law* authored by Co-Dean Morrison in 2000.

The environmental knowledge at the University of Minnesota and the initiatives discussed in the attached Yale University synopsis provide synergy with Robina, the foundation to make productive use of Robina, the property.

Yale University

Over the years Jim Binger made numerous introductions between his colleagues at Yale and myself. Each of the connections is a potential benefit to Robina. They include Richard C. Levin President of Yale, the Deans of various colleges, several professors, as well as many of Jim's friends who continue to live in New Haven and remain very involved with Yale. Since Jim's death in 2004, I have furthered Robina's interest by discussing Jim's goals and vision for the foundation with a wide-ranging group of alumni and students.

Jim used both social events and more formal educational meetings for my introduction to his connections at Yale. He invited his Yale friends to join us in NYC for Opening Nights on Broadway as well as dinner parties that we hosted. Other times we attended meetings in New Haven, as well as NYC at the Council on Foreign Relations, and the International Peace Academy.

In addition, Jim used travel as a way of widening our connections. Over the years we traveled to various parts of the world with these friends. Our mutual friends stand by ready to help us expand Robina's influence.

In 2006, one opportunity for Robina and Yale to come together, not as competing institutions, but in a synergistic manner has become apparent. In exchanges with Yale, the School of Forestry and Environmental Studies and in particular two professors, Brewer and Nelson have been brought to my attention. Both professors are leaders in the field of natural resources and the environment. Their values and approach present a great opening for connecting Yale with the University of Minnesota through professors who share similar interests and values.

The School of Forestry and Environmental Studies at Yale and the environmental initiatives discussed in the attached University of Minnesota Law School synopsis provide a wonderful opportunity for synthesis guided by Robina.

Abbott Northwestern Hospital

October 5, 2004 Jim Binger and I met with Denny DeNarvaez, President of Abbott Northwestern Hospital and Sid Mallory, President of Abbott Northwestern Hospital Foundation. The purpose of the meeting was for Mr. Binger to communicate information about the Robina Foundation and inform them that Abbott was one of four institutions named as beneficiary of Robina. The meeting took place one month before Jim's death. Since that time, Gordon M. Aamoth, MD and I have met with Mr. Mallory and various members of the Robina Steering Committee within Abbott to discuss various ideas within the Institution.

To deepen the bond between Robina and Abbott, I met, during 2005-06, with the following influential Abbott leaders:

- President and CEO of Allina
- President of Abbott Northwestern Hospital Foundation
- Director of the Minneapolis Heart Institute
- Director of the Neurological Department
- Chairman of the Board of the Robina Steering Committee and
- Various members of the Steering Committee

There have been several meetings with the Chairman of the original fundraising committee for the Virginia Piper Cancer Institute. In these exchanges I was able to learn the history of the organization within Abbott and his vision for the direction of the Institute. Together we met with Allina President Dick Pettingill to discuss his plans, goals, vision, and challenges for Abbott and the various departments within the organization. We discussed how Jim's vision of Robina could interact with their visions.

To ensure Robina had first-hand observation, I have taken extended tours of hospital facilities including the Institute for Health and Healing, the Virginia Piper Cancer Institute, and the Minneapolis Heart Institute.

The Institute for Health and Healing is truly a wonderful place within the hospital. It commenced operation in 2002. Lori Knutson, Director of the Institute visited with me about the Institute and invited me to take part.

Thomas A. Keller, III, past Chairman of the Board of the Minneapolis Heart Institute Foundation arranged for me to go through a battery of tests within the innovative Institute. I was able to watch the surgeon Robert G. Hauser, MD, and the radiologist read my heart scan on the computer screen. Since that time the Chairman and I have met several times to discuss the Institute. In addition, I have met three of the four medical doctors within the Women's Heart Health Program, a part of the Institute.

Abbott hosts seminars at Allina headquarters throughout the year. To enhance the alliance between Robina and Abbott, I have regularly attended the scheduled seminars for over two years. These seminars have substantially increased our contacts throughout the organization. The seminars provide the medical doctors, who speak at the seminars, an opportunity to share their vision and passion for their particular area of specialization. It is apparent that many of their ideas and visions are readily woven into an alliance with Robina.

Robina, the Property

West of Minneapolis, Minnesota Jim Binger owned approximately two hundred acres of land. During the last years of his life, 2002-04, Jim became increasingly interested in making the land available to researchers to "change a paradigm in the world" using the land to make the "world a better place". With organic farms in near proximity, he believed that researchers could find fertile opportunities for test and study. He believed the four named institutions had the expertise to push the paradigm.

To further these opportunities for the foundation, I discussed in 2005-06 Robina, the property, with professionals in Minnesota, Wisconsin, New Mexico, Illinois, and Washington. By study of their respective missions, I have been able to better discern the type of research the land may lend itself to. Some were interested in the trees, others the watershed, still others the soil, particularly due to the fact the land has laid fallow for many years, making it of particular interest to certain groups. Collaborative ideas with various institutions and researchers were in the process of exploration through September 2006.

One particularly useful collaboration could be the University of Minnesota Law School and the Yale University initiatives. Co-Dean Morrison's interest and background and our contacts in the five states named above will lend itself to the extraordinary results Jim Binger envisioned for Robina, the institutions, and the world.

Over the years Jim Binger and I spent many hours at Robina. We became so familiar with the land friends would jokingly say we knew "every blade of grass". In the summer we rode our horses every Sunday over the Robina property and the two to three hundred miles of trails in the area. We had picnics on the land, read our books, discussed issues, and dreamed dreams. In the winter we would often take long walks. The land invited various real estate development ideas for the property, but Jim decided that its best use was by the Robina Foundation as a research vehicle.

Robina, the Vision

Early in 2004 Jim Binger began talking about a foundation. His vision of the four named institutions working together in the world never really varied. The vision and dream was so real for him that it continued through the last week of his life.

The year 2004 was spent discussing the dream and developing and analyzing ideas of how to make the dream a reality. We retained experienced experts who asked provocative questions. When the dream was ready for a structure, we engaged Richard Dees at McDermott, Will & Emery in Chicago. Richard drafted the documents, which formally organized the foundation in the summer of 2004.

Jim consciously decided that the original board members should be those closest to the dream: he and I. We were the most likely to hold true to his original vision. During the summer and fall of 2004, Jim described his vision to three more people – Gordy Aamoth, Steve Schroeder, and Desi De Simone. He briefly summarized the mission and part of his dream. He asked them to serve on the board; each agreed to honor his mission and dream for Robina. Jim wanted the life of the foundation to be limited to twenty years – he strongly believed the foundation should spend its way out of existence. The foundation was initially funded by fall, 2004.

We studied and discussed various approaches and structure for the initial meeting of Robina and the four named institutions. The board must seriously consider the importance of an integrated approach to the original meeting and devote considerable time to it.

Robina, the Business

From inception through September 28th, 2006 Robina has been tax compliant. All required reporting has been filed including but not limited to the following:

- State Attorney General's office
- Secretary of State
- Federal estimated tax payments
- Federal income tax returns
- Regular financial statement reporting

Financial matters have been performed in their customary manner.

- A distribution for the year 2005 was determined, made and paid as directed by the board.
- Assets, were managed as they had been for the previous fourteen years whether they were held in the estate or foundation.
- All banking and investment management relationships were maintained.
- Office space was optioned for Robina, in accordance with the direction by the board.
- D & O insurance was obtained.

ROBINA FOUNDATION

4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Phone: 612-333-2313
Fax: 612-333-0182
www.robinafoundation.org

DATE: October 22, 2007
TO: Robina Board Members
FROM: Gordon M. Aamoth
SUBJECT: **INTERIM REPORT FOR AUGUST-SEPTEMBER 2007**

STATEMENT

Office Administration/Management

There is nothing new. Jean and Gordon have attended local meetings of the Minnesota Council on Foundations and Gordon attended a three-day conference in Chicago put on by the Association of Small Foundations.

Grantmaking/External Relations - Steve later

Following the Board of Director's Meeting in Minneapolis, each of the four institutions were given instructions by letter which were sent to all Board Members, stating our support and questions to be answered for next steps as directed by Robina's Board. I have recently talked to all of the contact people and they are preparing answers for our November 27th Board Meeting. The Council on Foreign Relations will present their plan when we meet in New York during our January 28-29 Board Meeting. We have received thank you letters from Richard Levin of Yale, Richard Haass of CFR, the Co-Deans of the University of Minnesota Law School, and Rich Meyers of Abbott Northwestern. We have already sent you via email an updated Grant Request Spread Sheet for 2008-2010.

We have plans to see the Yale Development Officer this year when they come to Minneapolis. We also are in preliminary discussions with CFR for plans to meet with them when they are here in Minneapolis for the Republican National Convention on September 1-4, 2008, where they give educational support to the candidates.

Foundation Assets and Expenses - Ed later

On October 4th we received \$27,000,000 from J.P. Morgan which ended a long and sometimes frustrating debate. The settlement amount is without restrictions and consisted of \$16M from Jane Mauer, and \$11M cash from the Estate. Ed Spencer, Gordon, and Jean met last week with the investment team at USBank to discuss short term investment strategy until we develop our spending plan at the November 27th Board Meeting.

Robina Estate and Land Holdings

The remainder of the Jim Binger Estate will be tied up until the IRS settlement occurs. The IRS cancelled a prior meeting with the family attorney's in September asking for more information. It appears the IRS will ask for an extension which would push the settlement into 2010. *Tom later*

see back of this section
elaborate up to date
Ed Spencer, Tom Crosby, Gordon Aamoth, and Jean Sazevich met with the DNR (Department of Natural Resources) regarding our gift of the Robina property. We are planning transfer of the Deed before the end of 2007. In the mean time, "word" is out in the Lake Robina local community and we have received twelve letters of concern from neighbors as we expected. The Mayor of that community, Independence, MN, has been informed and at this point we are progressing with the transaction.

The Bazal condominium resides in the Estate and we plan to leave it there to avoid dealing with the questions raised about the Life Estate and it will not, for now, be part of our assets insofar as the 5% rule.

Future Board Meetings

see little book of this section
later
Our next Board of Director's Meeting will be a conference call on Tuesday, November 27th, 9 a.m. – 11 a.m. (CST).

We will meet after that on January 28-29, 2008 in New York. On Monday, January 28th we will meet with the Council on Foreign Relations and Yale, and on Tuesday, January 29th we will meet with TIFF and conclude our Board Business Meeting by noon.

Rooms are reserved for January 27 and 28 at The Lotos Club, 5 East 66th Street, New York, NY 10021, 212-737-7100. It is just a few blocks from the Council's office where we will have our meetings.



MINNESOTA COUNCIL
ON FOUNDATIONS

100 Portland Avenue South, Suite 225
Minneapolis, Minnesota 55401-2575

t 612.338.1989
f 612.337.5089

info@mcf.org
www.mcf.org

a community of grantmakers

October 16, 2007

Gordon Aarnoth
Robina Foundation
80 S 8th St - Ste 4900
Minneapolis, MN 55402

Dear Gordon:

I am glad that you could join us at the New CEO Luncheon on Monday, October 15, 2007. I enjoyed the time we spent getting better acquainted and identifying a few of the key issues of interest to new CEOs. Through your network of colleagues at the Council, we hope to keep you connected.

I hope that you consider the time you took from other activities to have been well-spent. I welcome your feedback and comments. In addition, I invite you to share with me your thoughts on how the Council can serve your needs and interests.

Again, it was great to see you at the luncheon. I look forward to seeing you at the Conference and Annual Meeting next month or at future Council events. Please feel free to contact me or other members of the staff if we can be of assistance to you at the Robina Foundation.

Sincerely,

William R. King
President

ASF Educational Programs

Especially for trustees and staff of small foundations like yours.

CHICAGO FALL CONFERENCE

October 3-5, 2007 - Chicago, IL

Registration for this conference is now available. You can register online, print and mail in a registration form, or give us a call at 888-212-9922 to register by phone. Nearly all of the New York Spring programs sold out, so don't wait to register!

- Program Location
- Accommodations
- Agenda
 - Wednesday, October 3
 - Thursday, October 4
 - Friday, October 5
 - Next Generation Retreat, Saturday, October 6
- Registration Fees & Info

Our most dynamic and diverse program offerings yet!

WEDNESDAY, OCTOBER 3

Choose from two program offerings:

- Foundations 101
- Trustee Leadership Seminar

Foundations 101, 9 a.m. - 4:30 p.m.

New to philanthropy? Get up to speed on foundation essentials.

Who should attend? New trustees and staff, or anyone needing a refresher!

Topics include:

- Foundations in context
- Foundation law essentials
- Practical systems
- Setting up a grantmaking program

Trustee Leadership Seminar, 9 a.m. - 4:30 p.m.

What does being a trustee *really* mean? Gain insight at our signature program for trustees of all levels of experience and key staff who work closely with the board. Co-sponsored with the Council on Foundations.

Who should attend? An indispensable course for trustees, this program also helps top



2007 CALENDAR

Lunch & Learns

Fall Meeting

Oct 3-5: Chicago, IL

Couples Philanthropy

Oct 25-26: Charleston, SC

Building Outstanding Boards

Nov 7-8: Dana Point, CA

- Investments
- Advanced Grantmaking
- Board Service
- Running a Foundation
- Family Foundations
- Next Generation

Contact us at
888-212-9922.

www-smallfoundations.org
Tremont - 312-751-1900

over

foundation staff understand the important roles and responsibilities of their boards.

Topics include:

- Roles, responsibilities and qualities of an effective trustee
- Governance and the law
- Money matters: Investment and fiduciary responsibilities

THURSDAY, OCTOBER 4

Choose from three program offerings:

- Investment Essentials
- Investments: Beyond the Basics
- Advanced Grantmaking: Assessment Tools

There will be a special luncheon presentation on Socially Responsible and Mission-Related Investing that will be open to all attendees.

Investments

ASF board member Floyd Keene of the Triple EEE Foundation in Chicago says, "You give away 5% of your endowment. What are you doing with the other 95%?" Good point. This program will be separated into two tracks: **Investment Essentials**, a solid presentation of tools, terms, and things every trustee should know, and **Investments: Beyond the Basics**, for those with a base of knowledge who want to discuss emerging techniques and new ways to increase your foundation's endowment.

Investment Essentials, 9 a.m. - 4:30 p.m.

Are you losing money without knowing it? Learn how to assess what's important, why it's important, and strategies to accomplish foundation investment goals.

Who should attend? Foundation trustees and staff who are less experienced than they'd like with investment terminology and policies.

Topics include:

- Explanation of asset classes and terms
- Importance and components of a sound Investment Policy Statement
- How to divide duties and decision making around investments
- Working with managers and consultants
- The other 95%: Socially Responsible and Mission-Related Investing

Investments: Beyond the Basics, 9 a.m. - 4:30 p.m.

Walk away with a better understanding of how your foundation is doing in terms of process, investment return, and governance, and locate at least one area where you may be able to save or make money.

Who should attend? Foundation managers and staff with a solid knowledge of investment terms. Your foundation should have an IPS, or have one in the works.

Topics include:

- Today's market environment
- Risk management and asset allocation
- Alternative investments

- How to fine-tune the degree and timing of board involvement
- Using tools such as benchmarking and indexing
- The other 95%: Socially Responsible and Mission-Related Investing

Advanced Grantmaking: Assessment Tools, 9 a.m. - 4:30 p.m.

Ready to delve deeper into grantmaking? Hone your critical questioning skills and equip yourself with several frameworks for assessing a grantee's potential to meet its mission effectively. Co-sponsored with Rockefeller Philanthropy Advisors

Who should attend? Trustees and staff with several years of foundation experience and a solid knowledge of grantmaking procedures and terms.

Topics include:

- Nonprofit lifecycles
- Financial red flags
- Should you bet on leadership?

FRIDAY, OCTOBER 5

Choose from two program offerings:

- Advanced Grantmaking: Evaluation
- 990-PF Tax Seminar

Advanced Grantmaking: Evaluation, 9 a.m. - 4:30 p.m.

Is your foundation ready to think critically about its impact and its grants? Learn how to examine your foundation's effectiveness and some simple tools and frameworks to improve it. Explore techniques to look beneath the surface to determine what your grants are accomplishing.

Who should attend? Trustees and staff with several years of foundation experience and a solid knowledge of grantmaking procedures and terms. We recommend that you attend the previous day's Advanced Grantmaking: Assessment Tools.

Topics include:

- Defining and measuring success within your foundation
- Evaluating the impact of your foundation's grantmaking program
- How to get the intended result from a grant

990-PF Tax Seminar, 9 a.m. - 4:30 p.m.

The highly-rated 990-PF Tax Seminar is a must for anyone who signs your foundation's annual tax form, as well as those who prepare the form — advisors welcome! The interactive, line-by-line approach allows you to "grade" your form as you go.

Who should attend? Trustees and staff who sign the foundation's Form 990-PF. Also beneficial to those who prepare the form.

Topics include:

- Form 990-PF: Line-by-line
- 5% payout
- Expenditure responsibility

ROBINA FOUNDATION

4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Phone: 612-333-2313
Fax: 612-333-0182
www.robinafoundation.org

October 30, 2007

Marion Bazal
301 Clifton Place, #2A
Minneapolis, MN 55403

Dear Ms. Bazal:

As you may or may not know, the condo you live in was a "life estate" gift from Jim Binger to you for as long as you live or at the time you move out of the unit.

Since Jim's death, the "Binger Estate" holds the condominium and the Estate is managed by J. P. Morgan in Chicago under the direction of Anita Tyson and her associates. Therefore, until the Estate transfers ownership to the Robina Foundation, all of your questions should be referred to Anita Tyson at the following address:

J. P. Morgan Private Bank, Chicago
227 West Monroe Street, Suite 2700
Chicago, IL 60606
Phone: 312-541-3374

I understand from Ms. Tyson and her staff that they know you and talk with you several times each year.

If you have any questions of me, however, please don't hesitate to call and I will help as much as possible.

Sincerely,

Gordon M. Aamoeth, MD
President and CEO

ThreeRivers
PARK DISTRICT

September 7, 2007

Three Rivers
Park District
Board of
Commissioners

Gordon Aamoth, M.D.
Chief Executive Officer
Robina Foundation
4900 IDS Tower
80 So. 8th St.
Minneapolis. MN 55402

Sara Wyatt
District 1

Dear Dr. Aamoth,

Marilynn Corcoran
District 2

Thank you for so promptly communicating the decision of the Robina Foundation to donate the Lake Robina property to the Minnesota Department of Natural Resources. Three Rivers Park District is pleased that the Foundation has chosen preservation rather than development of the property, and we commend the Foundation's board members for making this choice.

Mark Haggerty
District 3

A well planned system of open space and habitat protection in northwestern Hennepin County is important to the success of the Park District's resource management program within existing park properties, particularly in terms of water quality protection and wildlife management. Accordingly, we look forward to working with the DNR and other resource management agencies in any way to ensure protection of the Lake Robina property as a valuable natural resource. The ability of the DNR to leverage Reinvest in Minnesota (RIM) Critical Habitat Match Program funds to possibly expand the boundaries of the protected area would be a positive outcome that would be embraced by all concerned.

Dale Woodbeck
District 4

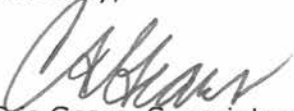
Our staff thoroughly enjoyed the opportunity to visit and research this remarkable property. Please know that in the event the Foundation's negotiations with the DNR do not result in a donation, the Park District remains interested.

Rosemary Franzese
District 5

Thank you for giving the Park District an opportunity to respond to a request for interest in the property and a proposal for its future.

Larry Blackstad, Chair
Appointed

Sincerely,



Cris Gears, Superintendent

Joan Peters, Vice Chair
Appointed

c: Board of Commissioners
Tim Bremicker, DNR
Marvin Johnson, Mayor

Cris Gears
Superintendent



Accounting, Tax & Advisory Services, LLC

1700 Campbell Mithun Tower
222 South Ninth Street
Minneapolis, MN 55402-3382

MEMO

To: Robina Foundation
From: Anne Ledwein
Date: October 15, 2007
Re: Contribution of Land

Robina Foundation required to make "qualifying distributions" of approximately 5% of the fair market value of its assets.

The contribution of the land to the state of MN DNR will meet the requirement of a qualifying distribution.

In addition to contributions made to charitable organizations, most administration expenses incurred by the foundation will meet the requirements of qualifying distributions.

It is my understanding that the foundation will incur approximately \$285,000 of administration expenses during 2007.

At the beginning of 2007, the foundation had a remaining distribution requirement of \$297,753.

In addition, it is assumed that the foundation will have a distribution requirement of \$550,000 for 2007.

This assumption is based on the foundation holding the land at the \$1,400,000 value for the entire year in addition to holding about \$9,600,000 in cash and securities.

Note that we are O.K. using the \$1,400,000 value of land in the calculation. The \$1,400,000 is based on the appraisal prepared at Mr. Bingers death. The IRS allows the foundation to use that value for 5 years.

To the extent that the foundation makes the distribution of land on October 1, the distribution requirement would be reduced by only about \$17,500.

Assuming a value of \$3,000,000 for the land and the \$285,000 of administration expenses, the foundation will have qualifying distributions of \$3,285,000 – which is more than enough cover the remaining required distributions for 2006 and satisfy the 2007 required distribution.

The excess contributions of \$2,437,247 (\$3,285,000 - \$297,753 - \$550,000) will be carried over and used to satisfy the distribution requirements for the next 5 years.

In the event that the appraised land value is (based on the limited use conditions placed on the land), the amount of the distribution will obviously be reduced as will the carryover to future years.

To the extent that this communication and any attachments contain any federal tax advice, such advice is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code or promoting, marketing, or recommending to another person any transaction, arrangement or matter addressed herein.

October 1, 2007

The Honorable Marvin Johnson
Mayor, City of Independence
6325 County Road 6
Independence, Minnesota 55359

Dear Mayor Johnson:

I am writing to update you on the status of the Lake Robina property formerly owned by James H. Binger. As you may be aware, the property has been transferred to the Robina Foundation which was established by Mr. Binger prior to his death. This transfer took place in June 2006.

The Robina Foundation, a private grant-making foundation, exists to fulfill the charitable intent of its founder, Mr. Binger. Specifically, Mr. Binger directed the Foundation to provide financial support to four charitable institutions: Abbott Northwestern Hospital; University of Minnesota Law School, the Council on Foreign Relations and Yale University. A Board of Directors (list enclosed) serves as fiduciaries and oversees the work of the Foundation.

The Foundation's Board recently voted to donate the vast majority of the Lake Robina property it owns to the Minnesota Department of Natural Resources (DNR) for the purpose of wildlife conservation. This decision is in accordance with Mr. Binger's charitable intent which was documented in writing.

In our discussions with the DNR to date, they have indicated that the property, when transferred to them, will be designated and managed as a Wildlife Management Area (WMA). The DNR has informed us that the purpose of its WMA sites is to protect wildlife habitat. The sites are generally open to public hunting and trapping and compatible recreation. The use of motor vehicles on WMA properties is prohibited.

The Foundation Board anticipates completing the donation of the Lake Robina property to the State of Minnesota DNR by the end of the year.

Please feel free to contact me should you have questions or would like to discuss this matter in greater detail.

Sincerely,

Gordon M. Aamoeth, MD
President, Robina Foundation

Enclosure: Robina Foundation Board Member List

ROBINA FOUNDATION

4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Phone: 612-333-2313
Fax: 612-333-0182
www.robinafoundation.org

October 30, 2007

Kim Hennings
Land Acquisition Consultant
Minnesota Department of Natural Resources
Division of Fish & Wildlife
500 Lafayette Road
St. Paul, MN 55155

Dear Mr. Hennings,

The Robina Foundation intends to gift to the Minnesota Department of Natural Resources (DNR) the parcels of land shown on the attached Exhibit B. The Foundation understands that the land will be used as a State Wildlife Management Area, open to public hunting and outdoor recreation. The Foundation is also aware that the land qualifies as a private contribution for matching under the RIM Critical Habitat Match Program (CHM), and that the State matching dollars would be available to the DNR to acquire or develop other critical habitat projects.

The Foundation understands that the State will prepare all survey documents, deeds, etc. necessary for the land transfer.

The Foundation intends to close on the transaction by December 15, 2007.

We look forward to working with the State in order to preserve, in a natural condition, this unique parcel of land.

This is not a binding document, but informs the DNR of our intent.

Sincerely,

Gordon M. Aamoeth, MD
President and CEO

Enclosures

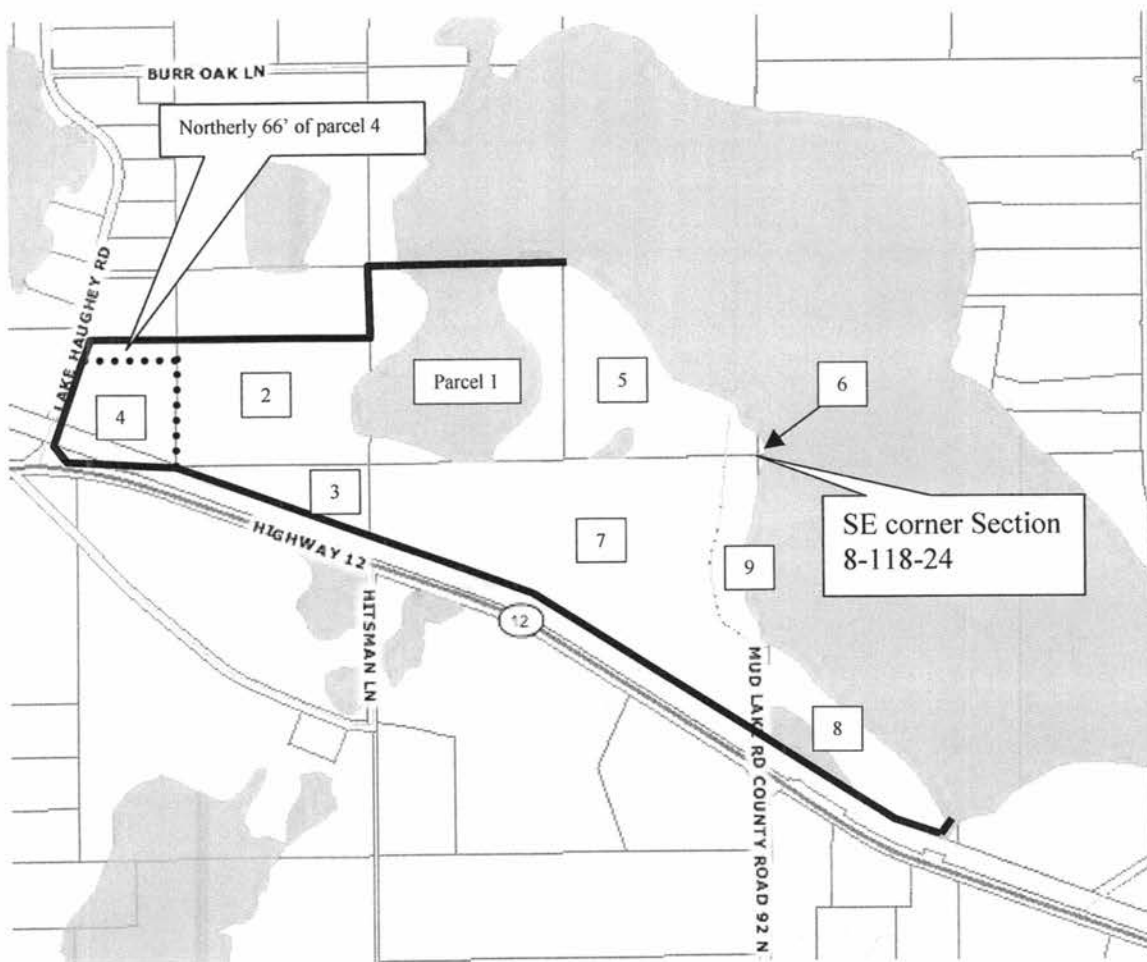


Exhibit B

Robina Foundation parcels (9 total) in Sections 8,9,16,17 of T118N, R24W.
 See Exhibit A for legal description and P.I.D. #s.
 Hennepin County Tax Property Map (base map from Hennepin County Website)

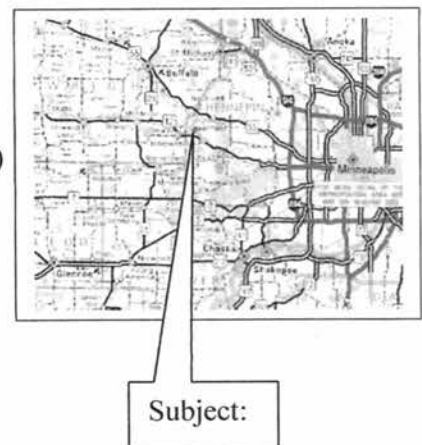
Maps created by LM October 18, 2007

Appraisal instructions:

Appraisal should be done for a possible RIM (Reinvest in Minnesota) match.
 Appraise the following two scenarios.

1. All 9 parcels (fee simple).
2. Eight parcels including the northerly 66 feet of Parcel 4 (fee simple).

Robina Foundation should be included as an intended user along with MnDNR.
 Since this is a gift no appraisal review is necessary.



Subject:

Nancy Gilberg

From: Nancy Gilberg [ngilberg@robinafoundation.org]
Sent: Monday, November 19, 2007 11:56 AM
To: 'H. Peter Karoff'; 'nosde2@aol.com'; 'Schroeder, Steve'
Subject: YALE LAW DEAN

Peter, Ed, Steve,

Tom, Jean, and I met with Harold Koh, Yale Law Dean, on Tuesday, November 13, while he was in Minneapolis. The subject was Human Rights and how Robina and Yale might work on something in the future. He was very straight forward stating Robina could best serve the human rights movement by providing scholarships or fellowships or "clinics" for his law students who have an interest to afford them the opportunity to further study this subject to attract them into this field. We will address this during the BOD meeting.

Gordon

Nancy Gilberg
Administrative Assistant
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Phone: 612-333-2313
Fax: 612-333-0182
Email: ngilberg@robinafoundation.org

STATE OF MINNESOTA
COUNTY OF HENNEPIN

DISTRICT COURT
FOURTH JUDICIAL DIVISION
PROBATE-MENTAL HEALTH DIVISION

Court File Nos. 27-PA-PR-05-279
27-PA-PR-05-371
27-TR-CV-05-58

In Re: Estate of James H. Binger,

**RECEIPT FOR PARTIAL
DISTRIBUTION**

Deceased.

1. Robina Foundation ("Robina") hereby **ACKNOWLEDGES RECEIPT** of twenty-seven million dollars (\$27,000,000.00) in cash ("Partial Distribution"), from J.P. Morgan Trust Company, N.A. as Trustee ("J.P. Morgan, as Trustee") of the James H. Binger Revocable Trust dated December 14, 1993, as restated on June 9, 2004 and as amended on September 23, 2004 (the "Trust"). Robina accepts the Partial Distribution in partial satisfaction of the residuary devise given to Robina under paragraph 3.07 of the Trust.

2. In consideration of the Partial Distribution prior to the completion of administering Decedent's Estate and the Trust, Robina **RELEASES, DISCHARGES AND COVENANTS NOT TO SUE**, J.P. Morgan, as Trustee, as well as any subsidiary or affiliated company or entity of J.P. Morgan, as Trustee (collectively, the "related entities"), the directors, officers, trustees, employees, consultants, agents, successors and assigns of J.P. Morgan, as Trustee, and the directors, officers, trustees, employees, consultants, agents, successors and assigns of any one or more of the related entities, from and for any and all claims, demands, agreements, actions, injunctions, restraints, suits, causes of action, losses, liabilities, obligations, and damages, arising at any time, whether before, during or after completion of the administration of the above-referenced estate and the Trust, in any manner, in any jurisdiction, at law or in equity, arising from, based upon, or in any way relating to the Partial Distribution,

acknowledging that it is appropriate and proper for J.P. Morgan, as Trustee, to make only the Partial Distribution at this time.

ROBINA FOUNDATION

Dated: 10/2, 2007

By: *[Signature]*
Its: *President & CEO*

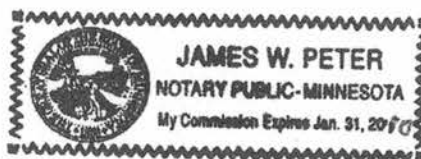
VERIFICATION

STATE OF MINNESOTA)
) SS.
COUNTY OF HENNEPIN)

The foregoing instrument was subscribed and sworn to before me, a Notary Public in and for said County and State, by GORDON AAMOTH an OFFICER of Robina Foundation, on this 2ND day of OCTOBER, 2007.

Subscribed and sworn to before me this
2nd day of October, 2007.

James E. Potts
Notary Public
CH#99 4864249-4 071212.0015



DATE: October 16, 2007

TO: Gordon Aamoth

FROM: Ed Spencer

SUBJECT: **RECOMMENDATIONS TO BOARD FOR NOVEMBER 27TH MEETING**

As of October 9th, we had \$36.5M available. The number might change downward slightly by the Board Meeting. The TIFF account stands at \$2,500,000 at present.

My recommendations to you, and to the Board if you agree, are as follows:

Cash Available at USBank, excluding TIFF	\$34,000,000
Transfer to TIFF	6,000,000
3-year Maximum Grants 2008	\$8,000,000
2009	8,000,000
2010	8,000,000
Total Available for Grants	<u>24,000,000</u>
Balance (or cushion), not including TIFF	\$4,000,000

We will tell TIFF to continue to reinvest the dividends and capital gains rather than pay out the 5% since the Robina land gift should cover our IRS requirement for 2007 and beyond. For 2008, 2009, 2010, grants would probably exceed the 5% minimum requirement in any case.

We will instruct USBank to keep one year's grant requirements in the money market fund. The remaining \$16M (or whatever we decide for grants) at the beginning of 2008, and \$8M at the beginning of 2009 will be invested in their selection of fixed income assets – conservative holdings - but moved around to return a spread above the money market rate.

Income earned on the USBank funds should cover their charges plus our operating costs.

The basic assumption behind these recommendations is that there will be no additional distributions from the Estate until the latter part of 2010. I think we should be aggressive with grants over the next three years, and then make longer range plans when we see what and when the rest of the Estate distributions may be received.

Private Client Group

Timothy S Towle
Vice President
(612) 303-3258 phone
(612) 303-5111 fax
timothy.towle@usbank.com

October 15, 2007

Gordon Aamoth
Robina Foundation
4900 IDS Center
80 S 8th St
Minneapolis, MN 55402-2100

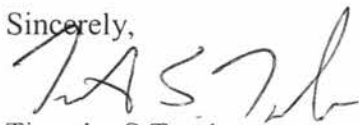
Dear Gordy:

I have enclosed with this letter a memo outlining the details of our investment meeting last week. This is to ensure that we are on the same page as to how the Foundation wishes to have US Bank invest the cash that has been received to date.

I have also enclosed a Management Agency Agreement. When we opened the money market account last year US Bank did not have any management responsibility so the account was opened as custodial only. As we move forward with the plan that was discussed in our meeting we will need to have management authority over the funds. When we receive the management documents back we will convert the account to a management account but will not invest in anything other than the money market until after we have received further direction from you after your November board meeting.

Please sign these documents as indicated and return them to us in the envelope provided. If you have any questions regarding these documents or our procedures please feel free to contact me.

Sincerely,



Timothy S Towle
US Bank National Association
Private Client Group



Memorandum

Private Client Group

Date: October 12, 2007
To: Gordy Aamoth
From: Tim Towle

Re: Investment review

This memo is being sent as a way to recap the proposed investment schedule discussed on out October 11, 2007 meeting.

- Initial deposit of \$9.7MM has been reduced to approximately \$7MM due to transfers to equity manager or to checking account for foundation expenses.
- Deposit of \$27MM to money market account brings balance to \$34MM.
- There will be another transfer of \$7MM to equity manager leaving \$27MM in the money market account.
- The funds remaining in the US Bank account will be spent down over the next three years (with a conservative reserve).
- The Foundation will make grants of \$5MM to \$10MM per year.
- The Foundation expects to receive balance of assets in three years at which time a longer term asset management approach will be implemented.

US Bank is recommending the following based on these facts:

- Hold one year of cash needs in money market - \$10,000,000
- Invest the remaining cash in agency and/or corporate bonds.
- Due to the short term needs for this cash the duration of these securities would be up to 4 years.
- Securities would be purchased when yields have the greatest spread verses the money market yield.
- Move to money market for current year's distribution needs.

We will present a more diverse allocation between classes when the estate settles and there is longer term money to invest.

September 13, 2007

Richard L. Meyer, President
Abbott Northwestern Hospital Foundation
Mail Route 16509
800 E. 28th Street
Minneapolis, MN 55407-3799

Dear Mr. Meyer:

On behalf of the Board of Directors of the Robina Foundation, I would like to extend our appreciation to you and the others we met with on our recent visit. We were impressed with the commitment and consensus of the group regarding the initiative proposed.

Based on our assessment to date, the Foundation would like to move forward in anticipation of making a grant for Phase I of the initiative. However, in order to move the proposal forward and complete the review, some additional information is required:

- Who is the staff person at ANW who will serve as the PI for this project? Briefly describe his/her credentials, including any prior research experience.
- What is the specific purpose and goals of Phase I? The Board needs to understand if the primary goal is to 1) demonstrate feasibility of the model, or 2) begin to evaluate patient outcomes from using the new model?
- Explain how the size of the population to be served in Phase I was derived. If the goal of Phase I is to begin to gather credible scientific data on patient outcomes, what is the power calculation to be used for the relevant outcomes?
- Provide additional information on the work ANW has done to date to inform itself of similar work being undertaken by other institutions. How will the findings and outcome data of this project add to the field of work being done?
- Provide a specific timeline of activities and budget for each year of Phase I. Note that the current proposal budget can be revised to include expenses necessary for any additional information gathering or research capabilities ANW deems necessary to maximize the impact of this project.
- Provide outcome goals and benchmarks for evaluation of each year of Phase I. What will be measured and how?
- Provide your thoughts regarding a future dissemination plan for the research findings and outcome data collected.
- Clarify how the project will be fully funded if the Robina Foundation cannot provide full funding of Phase I. Are there expenses that can be covered through other internal or external sources? How does ANW anticipate securing full funding necessary to successfully complete Phases II and III?

When the Foundation receives the additional information requested, the Board anticipates using an outside consultant for some additional evaluation prior to making a decision. There is no specific deadline for receiving the additional information requested above.

Again, the Foundation is interested in moving forward in partnership with Abbott Northwestern to support this initiative. We look forward to future conversations as the review process evolves.

Sincerely,

Gordon M. Aamoth, MD
President, Robina Foundation

cc: Kenneth Paulus, COO, Allina Hospitals and Clinics
Sid Mallory, Executive Vice President, Allina Office of Philanthropy
Penny Wheeler, MD, Chief Clinical Officer
Jeff Peterson, President, Abbott Northwestern Hospital
Mike Tedford, President, Medical Staff of ANW Hospital

September 13, 2007

Richard N. Haass, President
Council on Foreign Relations
58 East 68th Street
New York, NY 10021

Dear Mr. Haass:

The Board of Directors of the Robina Foundation met recently to review the Council's request for the proposed International Institutions and Global Governance (IIGG) initiative.

On the whole, the Board endorses the concept and sees great merit in the objectives presented in the prospectus submitted for review. Therefore, the Board invites the Council to submit a full proposal for support of the initial 3-5 year period of the IIGG.

The Foundation Board would like the Council to specifically address the following issues in the narrative of the full proposal:

- How will the Council ensure that the IIGG initiative will adequately represent the multiple and diverse constituencies, especially those that do not represent the United States government's national interests, that are necessary to maximize the desired impact of the project?
- The prospectus lists eleven different issues and sectors of analysis that are relevant to IIGG's proposed work. Are there priorities within this list? Are there certain issues or sectors in which the IIGG believes it could have a greater likelihood of achieving success?
- Provide additional detail regarding how the recommendations for reform developed as a result of the IIGG initiative will be disseminated. Which audiences are most important to reach and how will you do so?
- Provide additional detail regarding the Council's strategy for turning IIGG recommendations into actions and new policies. Are you prepared to lobby for recommended changes with international organizations, the U.S. government, and foreign governments?
- What are some of the most important benchmarks against which you will evaluate the outcomes of the IIGG initiative?

Please also submit a detailed budget for the initial phase of the IIGG with your proposal. There is no specific deadline for receipt of the full proposal.

The Foundation Board looks forward to future discussions with the Council about the laudable goals of the IIGG. We anticipate holding a Board Meeting in New York City this winter, most likely in February or early March, and would like to arrange a meeting with you and the staff of the IIGG at that time.

Please feel free to contact me if you have any questions or need additional information from us.

Sincerely,

Gordon M. Aamoth, MD
President, Robina Foundation

cc: Suzanne E. Helm, Vice President for Development

COUNCIL ON FOREIGN RELATIONS

58 EAST 68TH STREET • NEW YORK • NEW YORK 10065
Tel 212 434 9540 Fax 212 434 9880 Email president@cfr.org
www.cfr.org

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President

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President Emeritus

September 26, 2007

Dr. Gordon Aamoth
President
Robina Foundation
80 South 8th Street
Suite 4900
Minneapolis, MN 55402

Dear Gordon:

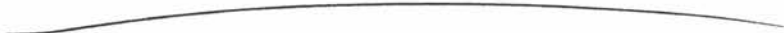
Thank you for your letter of September 13. We appreciate the Robina Foundation's positive reaction to the Council's International Institutions and Global Governance initiative. We believe this project is something the Council is uniquely equipped to address in a meaningful way.

The board clearly gave serious consideration to our idea, as demonstrated by the important questions you posed. We will be pleased to develop this proposal further. Ideally, we would like to submit another version to you by the end of the calendar year.

As I am sure Suzanne Helm will discuss further with you next week, the Council has meeting space available at our New York headquarters, which many corporate and nonprofit groups rent for meetings and conferences. Since you are already planning a board meeting in New York for February or March, we would be delighted to offer the Foundation complimentary use of one of our rooms. This would give the Robina board members a chance to see the Council first-hand and meet with some of our senior staff, if they wish.

Many thanks again for Robina's interest in our initiative. We look forward to our continued work together.

Sincerely,



September 13, 2007

Guy-Uriel Charles, Dean & Russell M. & Elizabeth M. Bennett
Schrobrich/Lindquist Professor of Law
Fred L. Morrison, Dean & Popham, Haik & Venum Professor of Law
University of Minnesota Law School
381 Walter F. Mondale Hall
229-19th Ave. So., Room 381
Minneapolis, MN 55455

Dear Co-Deans Charles and Morrison:

On behalf of the Board of Directors of the Robina Foundation, I would like to extend our sincere appreciation to both of you, Provost Sullivan, and Mr. Fischer for hosting our visit and the time you took to meet with us on August 29th. We were impressed with the level of enthusiasm for the project and the case you made for the impact it will have on the future of the institution.

We are in receipt of the revised proposal budget that Dean Morrison hand delivered just prior to our departure on August 29th. The revised budget requests an annual contribution of \$1,345,000 (plus annual inflationary increases of 3%) from Robina each year for a ten year period.

The Foundation is prepared to move forward in making a commitment to the project, at a funding level yet to be determined. In order to move the proposal forward and complete the review, some additional information is required:

- Please verify that a ten year funding commitment is necessary from Robina in order for the Law School to receive the matching funds from the University as presented in the revised budget. We are interested in ensuring that a grant from Robina will leverage as much as possible in support from other sources and want to make sure we fully understand the leveraging opportunities that are available and how best to secure them.
- Provide a timeline for implementation of the different aspects of the project, explaining when grant funds would be needed for implementation of the activities proposed.
- Due to limited funds available to the Foundation at this time, it may not be possible to provide the full amount of support requested. The Foundation would also likely target its support to the curricula and faculty aspects of the proposal. Would other sources of support be approached for student scholarships and/or other aspects of the project?

- Is the topic of international human rights likely to play a significant role in the curriculum to be developed? If so, how?
- How does the Law School plan to measure the impact of the project? Are there benchmarks that will be evaluated to gauge success?

There is no specific deadline for receiving the additional information requested above.

Again, the Foundation is interested in moving forward in partnership with the University of Minnesota Law School to support this initiative. We look forward to future conversations as the review process evolves.

If you have any questions or would like to discuss next steps, please feel free to call me.

Sincerely,

Gordon M. Aamoth, MD
President, Robina Foundation

cc: Tom Sullivan

September 13, 2007

Dr. Richard C. Levin
Office of the President
Yale University
105 Wall Street
P. O. Box 208229
New Haven, CT 06520-8229

Dear President Levin:

The Board of Directors of the Robina Foundation met recently to review Yale University's preliminary requests for support of its work in theatre arts, nanoscience, and genomics. We appreciated the opportunity to learn more about the University's activities and priorities in each of these areas.

After reviewing the preliminary requests in light of Foundation priorities and available funding in the next three year period, the Foundation has determined that it would like to invite Yale to submit a full proposal for programmatic support of the Center for New Theatre. This proposal should not include funds for facility costs. At present, the foundation has limited funds to distribute and this will remain the case for the next several years.

At its recent meeting, the Foundation also had preliminary discussion of the Founder's, Jim Binger, interest in the area of international human rights. It is possible that the Foundation may develop an initiative within this focus area sometime in the future. Therefore, we would also be interested in having Yale begin to think through, but not present proposals at this time, of potential projects that address this area of concern. Our sense is that the University's Law School may be the best entity to engage in exploration of this issue.

There is no specific deadline for the full proposal for the Center for New Theatre. So, feel free to send it to us when it is most convenient for you. If you have any questions or would like to discuss this letter, feel free to contact me.

Sincerely,

Gordon M. Aamoth, MD
President, Robina Foundation

cc: Inge Reichenbach, Vice President for Development

YALE UNIVERSITY

OFFICE OF THE PRESIDENT

105 WALL STREET, PO BOX 208229
NEW HAVEN CT 06520-8229

October 3, 2007

Gordon M. Aamoth, M.D.
President and Chief Executive
Robina Foundation
4900 IDS Center, 80 South 8th Street
Minneapolis, Minnesota 55402

Dear Dr. Aamoth:

I want to thank you and your colleagues on the Board of the Robina Foundation for reviewing the preliminary proposals we submitted in August, and for your invitation to prepare a full proposal for the Center for New Theatre initiative. The University and especially the faculty, staff, and students at the School of Drama and the Yale Repertory Theatre are deeply grateful for this opportunity.

The proposed Center will give a significant boost to the training and development of playwrights, composers, and lyricists, as well as support the creation of new works for the stage. The prospects for the profession and audiences are truly exciting. Moreover, for a part of the University for which traditional funding opportunities have always been somewhat limited, should an award be forthcoming, it will go far to advance the aims of the School, to enhance the conservatory approach to educating our students and to imbue them with the practical understanding of all facets of play creation and production.

Again, we are very appreciative of the care and thoughtfulness of your deliberations, and for your willingness to work with us in presenting and reviewing proposal ideas. We look forward to preparing and submitting a full proposal for the Center for New Theatre program this fall. I want to thank you, too, for sharing James Binger's interest in human rights and the Robina Foundation's encouragement to begin thinking about possible initiatives in this area.

With my best regards,

Sincerely yours,



Richard C. Levin

RCL:mg

Yale University

James Bundy
Dean/Artistic Director
Yale School of Drama/
Yale Repertory Theatre
P.O. Box 208244
New Haven, Connecticut 06520-8244

Campus address:
222 York Street
Telephone: 203 432-1505
Fax: 203 432-8337

*cc to Bd members
on 10/15/07
Rec'd 10/12/07*

October 7, 2007

Gordon M. Aamoth, M.D.
President and Chief Executive
Robina Foundation
4900 IDS Center, 80 South 8th Street
Minneapolis, Minnesota 55402

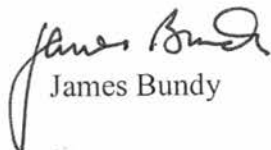
Dear Dr. Aamoth:

President Levin and Inge Reichenbach have informed me of the exciting news of the Robina Foundation's invitation to prepare a proposal for the Center for New Theatre. All of us at the School of Drama and Yale Repertory Theatre are most grateful for this opportunity, and on behalf of the entire community of artists, managers and technicians here, I thank you and the Board.

We believe that Yale is uniquely positioned to become the leading national laboratory for playwrights, composers, and lyricists, both in training and in support of the development of new works. Such an expansion of our capacity will have resonance for the field and for patrons of the theatre for generations to come, and we are most eager to present our vision to you in greater detail.

James Binger was a great man of the American theatre, and it will be an honor to make a proposal worthy of his generosity and vision. Thank you for this initial consideration, and for the wonderful opportunity to pursue funding for the Center for New Theatre. We will be in touch again later in the fall!

Sincerely yours,


James Bundy

ROBINA FOUNDATION GRANTS AND GRANT REQUESTS

November 15, 2007

ORGANIZATION	Date of Request AMOUNT REQUESTED	PURPOSE	REQUESTED FOR PAYMENT IN 2007	PROJECTED PAYMENTS Future Years (Based on requests as of 11/15/07)
Abbott Northwestern	11/14/07 \$5,244,500/3 years	Project: Transforming Health Care Delivery	0	\$1,748,167 Per Year for 3 Years
Council on Foreign Relations	No additional funds at this time Future years: \$1-2M per year for 3-5 years	Project: International Institutions and Global Governance	0	Estimated \$1,500,000 Per Year for 3-5 Years
U of M Law School	11/15/07 \$500,000 \$2,500,000	Project: New Directions in Legal Education	\$500,000	\$2,500,000 Per Year 2008-2017
Yale University 1	11/15/07 \$2.2M/3 years	Program: Yale Center for New Theatre	0	\$733,334 Per Year for 3 Years
Yale University 2	8/08/07 \$3M/Phase I/1 st year \$30M Phases II and III years 2-15	Project and Capital: Functional Genomics DECLINED Project and Capital: Functional Genomics		
Yale University 3	8/08/07 \$1.95M Years 1-4 \$30M Years 5-15	Project and Capital: Nanoscience DECLINED		
TOTALS			\$500,000	\$6,481,501

Abbott Northwestern
Hospital Foundation
800 East 28th Street
Minneapolis, MN 55407-3799
Phone: 612-863-4126
www.abbottnorthwestern.com

November 8, 2007

Dr. Gordon M. Aamoth
President and CEO
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402-3901

Dear Dr. Aamoth:

Thank you for this opportunity to respond to questions posed by the Robina Foundation Board after Abbott Northwestern Hospital's presentation on August 28. We have appreciated the chance to be deliberate and thoughtful in undertaking this task, and trust that you and your colleagues will be satisfied with the results.

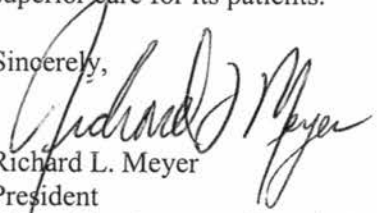
As you will see, we have provided a great deal of specificity in answering the Board's concerns. With the arrival of both Jeffrey Dusek and Greg Plotnikoff, our co-principal investigators for the project, our plans for implementation of this initiative are firmly grounded. The process of gathering information for the Board involved many key participants in deeper discussions about the opportunities and challenges inherent in launching a new model of care.

We have included a revised budget that was prompted by these discussions. There was no need to change the bottom line; we were able to reallocate expenses to reflect a more mature understanding of how Phase I would unfold.

We approach Phase I clear in our intent to set the stage for the expanded and more public Phases II and III. The true transformation of healthcare that we envision will require the continuing investment and commitment of the initial constituents if it is to succeed in becoming a new model of care for the long term. The team we have assembled is looking forward to getting started, and ultimately to fulfilling Mr. Jim Binger's expectation that his gift will transform healthcare at Abbott Northwestern Hospital and the community it serves.

You are welcome to contact me with questions should they arise. Thank you again for your consideration of this proposal in support of Abbott Northwestern Hospital's continuing pursuit of superior care for its patients.

Sincerely,


Richard L. Meyer
President
Abbott Northwestern Foundation

cc: Chris Morrison
Jeff Peterson

Enclosure



Abbott Northwestern
Hospital Foundation

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Richard Meyer
President

Robina Question Responses

1. Who is the staff person at ANW who will serve as the PI for this project? Briefly describe his/her credentials, including any prior research experience.

The unprecedented goals of the Robina Initiative inspired a research collaboration that brings together Abbott Northwestern, Allina and the University of Minnesota, Division of Health Policy and Management, School of Public Health to test this innovative model for health care delivery. For Abbott Northwestern and the Institute for Health and Healing, the principal investigators are Dr. Greg Plotnikoff, medical director and Dr. Jeff Dusek, research director, who will serve as co-principal investigators and will be the points of contact for the Foundation going forward. Dr. Heather Britt, manager of the Survey Measurement Unit in the Measurement and Analysis Department of Allina will serve as a co-investigator for the Initiative. Two outstanding faculty members from the University of Minnesota, School of Public Health, Dr. Jon Christianson and Dr. Douglas Wholey, bring their extensive expertise in health care process assessment to the team. Additional information about each of these individuals is included below.

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Gregory A. Plotnikoff, M.D., M.T.S., received his bachelor's degree from Carleton College, his master of theological studies from Harvard University, and his medical degree from the University of Minnesota. He performed his residency at the University of Minnesota in the Internal Medicine and Pediatrics Departments. He completed a fellowship in Kampo Medicine at the Keio University School of Medicine in Japan. Dr. Plotnikoff is a clinical scholar in medicine whose focus is cross-cultural and integrative medicine. He co-led the task force that led to the University of Minnesota's Center for Spirituality and Healing in 1997, and served as the center's first medical director from 1997-2002. He remains active as a faculty associate of the University of Minnesota Center for Bioethics and the Center for Dietary Supplement Safety, where he is the sponsor of a FDA Investigational New Drug (IND) and principal investigator of a 180 subject phase II clinical trial. Dr. Plotnikoff has received funding for research and curricular activities from the National Institutes of Health (NIH: 1999-2004), the Kellogg Foundation (1998), the UCare Foundation (1999-2001), the George Family Foundation (2000) and the Bush Foundation Leadership Program (2002-04).

Dr. Plotnikoff will devote 20% of his time to the Robina Initiative and will serve as the clinical lead for the project.

Jeffery A. Dusek, Ph.D., received his bachelor's degree from St. John's University and his doctorate in neuroscience from Stony Brook University. Most recently Dr. Dusek was the Director of Behavioral Sciences Research at the Benson Henry Institute for Mind Body medicine at Massachusetts General Hospital. For the past 10 years, he served as an Instructor in the Department of Medicine at the Beth Israel Deaconess Medical Center at Harvard Medical School. He has been a member of several review panels of Integrative Medicine research at the NIH. He also served as the co-Principal Investigator for a eight year, \$11.5 million CDC-funded program grant to conduct (1) basic science studies investigating the physiological, biochemical, neurological and genomic characteristics of the mind/body therapies on health; (2) a randomized controlled trial to assess the efficacy of reducing hypertension and reducing dependence on anti-hypertensive medications; and (3) outcomes studies to assess the effectiveness of clinical programs to reduce cardiovascular diseases such as coronary artery disease, and metabolic syndrome. In 2008, Dr. Dusek will begin a new NIH-funded study to evaluate the biologic mechanisms of how mind/body therapies reduce blood pressure in older hypertensives.

Dr. Dusek will devote 20% of his time to the Robina Initiative and will serve as the research lead for the project.

Heather R. Britt, Ph.D., received her bachelor's degree from Cornell University, her master of public health from the University of North Carolina and her doctorate in epidemiology from the University of Minnesota. During her doctoral work, Dr. Britt was a Pre-Doctoral NIH Training Grant Fellow (in the area of the behavioral aspects of cardiovascular disease). She completed a fellowship at the Karolinska Institute in Sweden. Most recently Dr. Britt was a Prevention Research Scientist with the Minnesota Department of Education focusing on understanding adolescent health behaviors through survey and focus group approaches. She previously served as a Senior Research Analyst with The Urban Coalition, a community-based non-profit focusing on the needs of low-income communities and communities of color, where she specialized in examining and understanding disparities related to healthcare access and utilization, as well as educational outcomes. Dr. Britt has received funding for research and programmatic activities from the U.S. Department of Education (2004-2005), the Council on Crime and Justice (2004), the McKnight Foundation (2003-2004), the Minneapolis Foundation (2003-2005), and the Minnesota Department of Human Services (2003).

Dr. Britt will devote 50% of her time to the Robina Initiative and will serve as the measurement lead for the project. She will direct the study coordinator and research staff.

The investigator team will be complemented by two senior faculty from the University of Minnesota, Dr. Jon Christianson and Dr. Douglas Wholey, who will lead the process evaluation for the Initiative.

The Principal Investigator for the evaluation team will be Jon Christianson, Ph.D., who is the James A. Hamilton Chair in Health Policy and Management at the University of Minnesota. Trained as an economist, Dr. Christianson is experienced at managing large projects, including evaluations of organizational redesign efforts. He has published a book on chronic illness models of team care, conducted over 20 evaluations in which interview data were collected and analyzed, and participated in numerous large scale evaluations merging impact and process analyses. Professor Christianson has been a senior investigator on Robert Wood Johnson (RWJ)'s Community Tracking Study for 10 years, participating in the collection of interview data in 12 communities. He is one of four senior investigators of a large-scale evaluation of RWJ's Aligning Forces for Quality Initiative, where the evaluation design combines qualitative and quantitative data collection and analysis.

Professor Christianson will devote 20 percent of his time to leading the evaluation effort. In addition to his overall administrative responsibilities, he will lead the process analysis component of the evaluation, participating in and supervising the collection of interview data.

Douglas Wholey, Ph.D., will serve as the co-principal investigator and is a faculty member in the School of Public Health at the University of Minnesota. He is recognized as one of the foremost organizational sociologists in the United States and the U. K. Health care organization and performance is a key focus of his research. He is currently working with the National Primary Care Research and Development Centre at the University of Manchester in England, developing a qualitative study of team integration and patient outcomes in GP practices in the National Health System. He also is experienced in assembling and analyzing large, complex databases. In addition to his work on the organization and functioning of GP practices in the U.K., he is a member of the steering committee for the Center for Chronic Disease Outcomes Research, a VA Health Services Research and Development Center of Excellence. His past and current research will provide a strong foundation for many aspects of this proposed evaluation, and he will have primary responsibility for conducting the care team analyses.

Dr. Wholey will devote 20 percent of his time to the evaluation of the Initiative.

2. What is the specific purpose and goals of Phase I? The board needs to understand if the primary goal is to 1) demonstrate feasibility of the model, or 2) begin to evaluate patient outcomes from using the new model?

The primary goal of Phase I is to demonstrate feasibility of the model. We will begin by jointly developing a model with patients and care teams. For caregivers, the primary aim of the model is to allow for facilitated coordination of care through a shared information platform and dedicated care team members. For patients, the primary aim of the model is to allow for facilitated access to the continuum of care, from wellness through end-of-life. With the Robina Foundation's investment, patients will receive support from healing guides to navigate through systems, make lifestyle changes, integrate holistic medicine, and access necessary additional resources to receive social support. While we expect to begin gathering patient outcomes during Phase I, our primary intention is to understand what characteristics and components of the model are attractive to patients and help to retain their involvement, along with what components of the model are attractive to care teams to help to retain their involvement.

We intend to compile enough data from Phase I to initiate a full-scale randomized trial of the model in Phase II, where we will more extensively evaluate patient outcomes.

3. Explain how the size of the population to be served in Phase I was derived. If the goal of Phase I is to begin to gather credible scientific data on patient outcomes, what is the power calculation to be used for the relevant outcomes?

Since Phase I is designed to demonstrate model feasibility, population sizes were not derived based on statistical power calculations used for detecting significant differences on patient outcomes. Instead, the population sizes were developed to ensure that each clinic had a sufficient, but not wasteful, number of patients retained in the

Initiative to understand feasibility. We anticipate having 15 patients of each disease type retained in the Initiative after three years in each of the four clinics. We anticipate approximately 20% attrition of patients each year, slightly more among diabetic patients, for whom we will also be recruiting family members (inasmuch as we are interested in the pairing of patient and family member remaining in the initiative, not just the patient remaining in the initiative). Below we outline our patient population calculations:

Disease	Number of Patients (Per Clinic) Desired at End of Phase I	Year 2 to Year 3 Attrition	Year 1 to Year 2 Attrition	Initial Patients (Per Clinic) Necessary	Total Initial Patients Necessary
CHF	15	20% attrition	20% attrition	23	94 (We rounded to 100.)
Diabetes	15	25% attrition	30% attrition*	29	114 (We rounded to 120.)
Diabetes Family Member	15	25% attrition	30% attrition*	29	114 (We rounded to 120.)

**We anticipate the greatest attrition of diabetic patients and family members during the Year 1 to Year 2 transition.*

Although we expect attrition of patients, our vast experience in retaining subjects in clinical trials will limit attrition. Furthermore we will follow those individuals who choose to leave the study, so that we might obtain their continued medical record data, as well as understand better what characteristics of the model might have resulted in their departure from the study.

4. Provide additional information on the work ANW has done to date to inform itself of similar work being undertaken by other institutions. How will the findings and outcome data of this project add to the field of work being done?

We embark on the Robina Initiative at a time when there is intense national interest, testing and scrutiny around moving our national healthcare system toward the type of care that supports and enables patients to pursue wellness. The Institute of Medicine launched its health care quality initiative, "Crossing the Quality Chasm" in 1996. The 2001 *Crossing the Quality Chasm* report described the breadth of quality challenges faced by healthcare, and outlined six critical aims for healthcare: care should be *safe, effective, patient-centered, timely, efficient and equitable*.

The report also identified ten rules for redesigning healthcare systems: 1) care is based on continuous healing relationships; 2) care is customized according to patient needs and values; 3) the patient is the source of control; 4) knowledge is shared and information flows freely; 5) decision making is evidence-based; 6) safety is a system property; 7) transparency is necessary; 8) needs are anticipated; 9) waste is continuously decreased; and 10) cooperation among clinicians is a top priority. Nationally, the innovations currently being funded by a variety of large national foundations, complemented by CMS and AHRQ, are focused around creating care environments within health settings and the broader community that will facilitate meeting these goals.

The Robina Initiative is a part of that national movement toward innovation and offers a unique opportunity to build and evaluate a model in "Level C" of the American health care system. According to Don Berwick, there are four levels to the American health care system—the experience of patients (Level A), the functioning of small units of care deliver (microsystems, Level B), the functioning of organizations that house or support microsystems (Level C), and the environment of policies and regulations within which the other levels exist and operate (Level D). Abbott Northwestern, with its large size and scope, houses multiple smaller care delivery units and connects with smaller care delivery units. As such, this environment offers a unique opportunity to test a larger care transformation than is currently being tested in the country.

The discussions around and eventual creation of the Robina Initiative have been informed by peer-reviewed literature and institute/academy position papers around the future of care, and the ongoing tests and experiments at clinics and health systems being funded by national organizations and government agencies.

Literature around what it means to be patient- and family-centered informed the Robina Initiative, especially the components of involving patients and families in building the model, and the role of healing guides on care teams.

- "Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: A Roadmap for the Future," provided guidance produced jointly by the Institute for Family-Centered Care and the Institute for Healthcare Improvement, with funding from the Robert Wood Johnson Foundation.
- "Advancing the Practice of Patient- and Family-Centered Care: How to Get Started", offered key core concepts and principles and organizational assessment tools that informed our work and will continue to inform our model development.
- Further, a key advisor to ANW on patient-centeredness, Dr. Steve Bergeson (a family physician who practices at the Allina Medical Clinic in Roseville and serves as the Vice President of Quality for Allina Hospitals & Clinics), recently published, along with Dr. John Dean from England, "A Systems Approach to Patient-Centered Care." The work provides guidance on how care delivery microsystems and collections of those microsystems should change in order to better support this approach (JAMA, December 20, 2006). Dr. Bergeson's awareness of the growing field of literature and practice, have informed our conversations around how to successfully integrate patient care across the continuum—from independent referral clinics to outpatient clinics to inpatient units and beyond.
- Recent commentary from The Commonwealth Fund, "Patient-Centered Care: What Does It Take?" has helped us think about leadership and changes necessary to really systematize patient-centered care.

The Robina Initiative will offer ANW an opportunity to share its operationalization of patient-centered care to a national audience, demonstrating the integration of clinic, outpatient, inpatient and other hospital services that contribute to a patient-centered environment.

Much of the literature around patient-centered care includes self-management tools for patients with chronic conditions. California HealthCare Foundation's work in this area guided the development of the communications and home monitoring components of the Robina Initiative. The recent "Patient Self-Management Tools: An Overview", along with "Helping Patients Manage Their Chronic Conditions," have lead us to conceptualize our interaction with patients as collaborative, developing tools and techniques for communication. Clinicians are not in charge of patient care, nor are patients autonomous in their roles; rather, the two groups join together on care teams as collaborative partners, facilitated by healing guides. The Robina Initiative will offer ANW a chance to contribute to the literature around collaborative self-management tools and how they are jointly created and used by institutions and patients.

Physicians, especially family physicians and internists, have understood and promoted the concept of a "medical home" for patients for some time; positing the value and efficiency of a long-term, continuous, team-approach to health care. More recently, the increasingly fragmented nature of the American healthcare system has caused the national physician professional organizations to target position papers on medical home. American Academy of Family Physicians' "The Future of Family Medicine: A Collaborative Project of the Family Medicine Community", along with the American College of Physicians' "The Advanced Medical Home: A Patient-Centered, Physician-Guided Model of Health Care," offer guidance on how medical groups and hospital systems must address chronic disease through an advanced medical home environment for patients. The Commonwealth Fund's recent release of "Closing the Divide: How Medical Homes Promote Equity in Health Care, Results From The Commonwealth Fund 2006 Health Care Quality Survey" notes that medical homes are an underutilized approach that, when employed well, can decrease access disparities between racial and ethnic groups of patients.

We believe the Robina Initiative will allow us to develop a model advanced medical home for patients and test whether it produces increased wellness and better clinical outcomes, along with greater satisfaction and engagement of both patients and care teams. While certain components of the advanced medical home have been tested individually (e.g., use of quality indicators to improve care), tests of the integrated set of components that are implicit in advanced medical home models are currently limited.

We have also been informed by similar work undertaken by other institutions. The Institute for Healthcare Improvement's "Pursuing Perfection" program resulted in successful implementation of quality improvement initiatives across a variety of systems and settings in this country. While most of these programs have tested a component of an integrated patient-centered model, the Robina Initiative will offer a comprehensive model development test. We seek to complement the work done by HealthPartners (testing depression care improvements) and Regions Hospital (testing safety improvements) locally, as well as to extend the work done by Whatcom County, Peace Health, and the Group Health Cooperative (creation of shared care plans and personal health records with patients).

The American Academy of Family Physicians is funding a national "TransforMED" initiative to test innovation at the level of the family medicine practice. In addition, the Robert Wood Johnson Foundation is currently funding several "Pioneer" projects to accelerate innovations in health and health care, and is jointly funding, with the California HealthCare Foundation, "Project HealthDesign", intended to accelerate improvements in patient-centered tools and spaces within healthcare. Abbott Northwestern will include participants and leaders of these tests and innovations on its national advisory board to ensure that it understands how to best contribute to the ongoing healthcare improvement environment in this country.

5. Provide a specific timeline of activities and budget for each year of Phase I. Note that the current proposal budget can be revised to include expenses necessary for any additional information gathering or research capabilities ANW deems necessary to maximize the impact of this project.

Overview

Year One of the Robina Initiative will consist of a focus on identifying eligibility criteria for patients, finalizing outcome measures, building receptivity of clinics and care team members, jointly creating the model from the caregiver perspective (including the initiation of the technical build for communication across the care team), installing Excellian and training caregivers new to the system, and recruiting patients and family members into the study. Staff for the Initiative will be hired during Year One and measurement discussions and instrument development will begin. "Pre" data collection with care team members and initial patients recruited will occur during Year One.

Year Two of the Robina Initiative will consist of a focus on completing recruitment of patients, building the care team with patients at the table, understanding how care team members and healing guides interact with each other and patients, and implementing ongoing education and communication activities with care team members, patients, families and the extended Robina Initiative stakeholders and audience. Year Two will also focus on collection of process and some impact evaluation data, as well as analysis of these initial data streams.

Year Three of the Robina Initiative will consist of a focus on refining the model that has been developed, obtaining additional process and impact/outcome evaluation data for patients and care teams, as well as understanding fully the feasibility of a full-scale randomized trial of the model in other disease areas.

Specific Activities

A grid is included below that outlines each of the major key activities of the initiative by year, as well as the specific sub-activities for those key activities, along with budget utilization for each activity. We have shifted budget items in order to accommodate additional focus on research support, but are not requesting additional dollars from the foundation for the Robina Initiative at this time. Additional budget utilization (year by year) is included as an attachment.

Year	Key Activity	Sub-Activities	Budget Utilization
Ongoing throughout Years 1-3	During Phase I, develop patient and care team-designed outcomes that have personal meaning. Develop both short-term (i.e., seen within three years) and long-term (i.e., seen within 10-15 years) outcomes with both groups.	• Personal interviews and focus groups with patients and care teams to identify outcomes with meaning • Outcomes refined with research team, pilot tested (where necessary) • Where appropriate, pre-intervention measurement is completed with care teams and patients • Measurement data collection ongoing throughout project • Analysis and presentation, communication and publication of data as appropriate	Research Support (including support for Co-PIs and Co-I): \$1,050,000 242,282,222.10 To support the investigator team, one study coordinator and three research support staff will be required to implement short-term and long-term outcome data collection and analysis strategies.

	Complement the above outcomes with traditional short-term (i.e., patient satisfaction) and long-term (i.e., clinical outcomes) measures.	• Final identification of traditional short-term and long-term measures • Where necessary, finalize measurement tools and conduct pilot tests • Baseline measurement conducted/performed • Measurement data collection ongoing throughout project • Analysis and presentation, communication and publication of data as appropriate	
	Examine cost savings from the Robina Initiative in a manner similar to the current Centers for Medicare and Medicaid Services approach to estimate savings.	• Conversations with staff from CMS and the University of Minnesota completed to develop fiscal model analysis • Financial and other data collection needs identified • Baseline measurement conducted/performed • Measurement data collection ongoing throughout project • Analysis and presentation, communication and publication of data as appropriate	
	Work with an external evaluation team to evaluate the process of implementing Phase I of the Robina Initiative.	• Formulation of joint Abbott Northwestern-University of Minnesota research team, identification of specific roles and responsibilities • Research staff hired, trained as necessary • Personal interviews, focus groups with care teams, patients ongoing • Baseline, ongoing measurement activities performed • Final report prepared and presented/communicated widely	Process Evaluation: \$390,000 ANW will contract with the University of Minnesota's Division of Health Policy and Management to complete the process evaluation of the implementation of Phase I of Robina. \$130,000/year * 3 years. (This includes a 12% indirect for the University—a lower indirect rate reserved for special foundation grant funding.)

Year	Key Activity	Sub-Activities	Budget Utilization
Ongoing Years 1-3	Create care teams that begin with primary caregivers for prevention patients. For chronic disease patients, care teams will include additional chronic disease and palliative care providers, nursing staff, and adjunct therapy providers such as nutritionists and therapists. Care teams consisting of patients, healing guides and caregivers develop shared care plans. Where appropriate, care teams will work to develop palliative and advanced care plans.	- Current and potential care team members identified - Healing guide roles defined, individuals recruited and trained - Care team members come together for multiple discussion groups to identify roles and responsibilities, appropriate methods for communication and navigation, and to develop broad care team model principles - Implement ongoing care team models - Assess and adjust care team models as necessary based on patient needs and care team needs	Healing Guides: \$780,000 We estimate needing 4 healing guides for the duration of the project. 4 healing guides * 3 year * \$65,000/year for salary. Expanding IHH Capacity: \$375,000 To expand the capacity of the Institute of Health and Healing to provide staff to join the care teams, we estimate \$125,000/year for 3 years. \$125,000 * 3 years.
Ongoing Years 1-3	Recruit 120 diabetic patients and 100 CHF patients (total) from four primary internal medicine groups for involvement in chronic disease management work. For the 120 diabetic patients, recruit at least one family member without chronic conditions for involvement in primary prevention work.	- Work with clinical care team leaders at ANW and clinic leaders to identify eligibility criteria and recruitment approach for patients - Implement recruitment approach with the goal of recruiting at least ½ of the needed patient population in Year One and the remaining ½ in the early part of Year Two - Recruit matched patients within another Allina Medical Clinic (AMC) to serve as the internal comparison group for the Initiative	Patient Incentives: \$187,000 We estimate patient incentives of <u>\$500</u> per patient for participation in Robina for all patients enrolled. Patients will be heavily involved in focused discussions and model development, as well as personal health assessments and screenings, during the first year and a half of the project. Approximately 340 patients * \$500 incentives + 340 matched patients * \$50 incentive
Year 1	Extend ANW's Excellian system to three primary internal medicine clinics without current service, including direct linkage and training, and expand service and offer additional training to one ANW-dedicated AMC Clinic currently on the system. Implementation will be offered in each office in full compliance with Stark II regulations.	- Work with clinic leadership and clinic IT specialists to implement an extension of Excellian in each of the three independent clinics - Involve all clinic physicians (independent and Woodlake clinics) in Excellian training - Provide ongoing support to newly transitioned clinics and caregivers in implementing and using Excellian	Excellian Installation & Training: \$215,000 We estimate \$26,875 in installation and training costs for each of 8 new providers. (This is 85% of the estimated cost, as we expect providers/clinics to cover the remaining 15%.) \$26,875 * 8.

Ongoing Years 1-3	Where recruited patients and family members do not have Excellian records created, co-create an electronic medical record for these individuals, working with all available health care providers who may have patient information.	• Abstract or extract patient chart information into newly created Excellian electronic medical record for all patients not currently included in the Excellian system • Work with patients and care teams to identify necessary components of personal health records, above and beyond MyChart components • Implement personal health records for all recruited patients, including key information such as care preferences, dietary restrictions, spiritual beliefs, living conditions and desired treatment modalities	Technical Build Staff: \$510,000 To complete advanced technical supplements to Excellian, we anticipate needing 2 technical staff. \$85,000/technical staff * 2 individuals * 3 years. <i>for 3 small independent clinics + Woodlawn Alliance ? should pay</i>
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Year	Key Activity	Sub-Activities	Budget Utilization
Years 2-3	Jointly develop navigation models with patients, healing guides, care teams and ANW social work/UM/case management staff that will enable and extend patients' ability to: • Navigate technically through the health care system (e.g., understanding the movement between clinic visits, outpatient based procedures, and inpatient experiences); • Make lifestyle changes through work with healing coaches; • Integrate holistic medicine into their life and care experiences; and • Access community resources and organizations to extend needed social support.	• Through focus group sessions with patients, care teams and healing guides, identify necessary components of navigation model, ideal communication mechanisms, and implementation process • With a pilot group of 10 patients, test the newly designed navigation model (early in Year Two) • Adjust navigation model based on immediate feedback • Implement navigation model with remaining patients, adjusting over time based on patient feedback	No additional budget utilization beyond what is included above and below.
Ongoing years 1-3	Link patients with their electronic medical record, as well as ongoing opportunities to learn about optimizing wellness (e.g., caring for chronic conditions at home), through electronic means.	• Create the Robina Initiative website through which patients, families and care teams can connect to each other, to information, and to personal and electronic health records • Update website on an ongoing basis to connect all Robina Initiative participants to current information and data	Web Support: \$210,000 We estimate needing an additional staff person to provide web and knowledge material development support. \$70,000/staff * 3 years.
Years 1-2	Utilize off-the-shelf health monitoring technologies targeted to the initial chronic disease conditions.	• Identify characteristics of patients in need of home health monitoring devices • Purchase home health monitoring devices and integrate implementation with website, personal health record, and electronic health record for all identified patients • Collect data as necessary from patients • Implement continuous communication exchange between patients and care teams regarding home health data collected	Patient Health Monitors: \$750,000 We anticipate 150 patients out of the 340 recruited will require health-monitoring technology for their homes/persons. We anticipate spending approximately \$5,000/individual for this technology and presume a partnership with a health-monitoring firm. 150 patients * \$5,000/patient.

Year	Key Activity	Sub-Activities	Budget Utilization
Ongoing years 1-3	Build additional reporting options and leverage existing platforms (i.e. Excellian) for care teams, as well as patients, to view medical record information and better manage patient care planning and interactions.	- Develop, in concert with patients (where appropriate) and care team members, a series of reports from Excellian and the personal health records that offer access to: 1) population-wide reports to help care team members and healing guides respond to overall patient needs; 2) physicians and care team reports that provide clinical personnel with information on their patients, and; 3) patient-level reports on individual care measures and health markers. - Where appropriate, connect these reports to automatic triggers in Excellian, the personal health record, or other communication mechanisms used by the healing guides and care team members	Report Writers: \$382,500 We estimate needing approximately 1.5 additional report writers to meet reporting needs for care teams and patients. \$85,000/report writer * 1.5 individuals * 3 years.
Ongoing years 1-3	Educate and provide information to all constituencies using the new system, including patients and health care providers who interface with and use it at all levels.	- Identify ongoing educational and information needs of patients, care team members, and broader constituencies - Develop educational materials and information sessions (e-mail, website messages, blogs, face-to-face communication, teleconference calls, conferences, lectures) to communicate material to key constituents in the most appropriate manner possible	Educational Support: \$245,000 Telecommunications Support: \$150,000 We anticipate hiring a health educator who will be charged with education work with care teams and patients. We anticipate printing and development costs of \$50,000 for educational materials for care teams and patients. We anticipate requiring an additional \$50,000 in telecommunications support per year to provide education via telecommunication to patients and care teams. \$65,000/year for education staff * 3 years. \$50,000 for development and printing/publishing. \$50,000/year * 3 years telecommunications support.

Year	Key Activity	Sub-Activities	Budget Utilization
Year 3	Adjust patient navigation models and care team models based on learning from Phase I.	In preparation for larger trials of the model, make adjustments to the final model principles and characteristics based on Phase I evaluation data	No additional budget necessary beyond what is included above.
	Initiate discussions with clinics/patients from other chronic disease areas late in Phase I to initiate tests for Phase II. Enroll adequate patients to rigorously test (in a randomized trial fashion) the effect of Abbott Northwestern's patient navigation models and care team models in a larger population.	- Engage in conversations with key clinical leaders in other disease areas regarding implementation of the Robina model - Develop research proposals for randomized trials of the Robina model in additional patient populations	
	Develop a business model to define mutually beneficial partnerships between health care providers and payers that leverage the care model, and the suite of approaches and tools developed under this grant.	- Identify critical components of the Robina model that may require different funding approaches by payers - Engage in conversations with all major Minnesota payers regarding a new business model for Robina - Invite payer community to participate in Phase II testing	
	Share data on model development with the wider community.	(Note: Below is outlined a more specific communications plan.) - As data are accumulated for the Robina Initiative, engage in public sharing and release of lessons learned, initial impact and evaluation discoveries - Submit manuscripts to peer-reviewed journals and present at scientific meetings as appropriate	

6. Provide outcome goals and benchmarks for evaluation of each year of Phase I. What will be measured and how?

Critical to the evaluation process is the involvement of patients, healing guides, and care team members in the identification and creation of measures. While we outline key questions we will seek to answer throughout the Robina Initiative, as well as a framework for our approach, the evaluation plan cannot be fully defined until we complete interviews and focus groups with patients, healing guides, and care team members.

Key Questions and Measurement Approach

The key questions we seek to answer through implementation of the Robina Initiative are:

- How do we target and retain patients for participation in the model (and what are the characteristics of those who participate versus those who do not)?
- How do we involve family members in the model development and implementation?
- What's the best way to position the model development to ensure clinician buy-in?
- What makes for the best functioning care teams—what members, what mode/amount of communication, what attributes of individuals, what decision making approach?
- What level of connection with patients works best (more personal, more phone, more electronic)?
- How do we measure care coordination and navigation experiences for patients and care team members?
- To what degree are nontraditional tools and approaches used in the care experience?
- What are the characteristics of successful transitions for patients and care teams?
- What impacts does the experience have on patient and clinician perceptions and expectations?
- In what way is the electronic medical record used as part of the model (what portions are accessed, how is it accessed)?
- What impacts does the experience have on patient clinical outcomes?
- What aspects of the integrative medicine (delivered by the IHH staff) intervention impacts care the most?

We will employ personal interviews, focus groups, surveys, observations, clinical data measures, and cost data review to obtain the information and data necessary to answer the above questions. Patients, families, care team members (including healing guides), and project staff will be involved in obtaining and providing data for the evaluation. All individuals will be asked to participate in some form of baseline data collection, as well as ongoing measurement throughout the Robina Initiative. We are fortunate to have access to two comparison groups for the purposes of identifying the potential impact of the Robina Initiative compared to "usual" care among other patients. The first of these comparison groups will be internal and will consist of matched patients (likely matched on gender, race and ethnicity, socioeconomic status, and disease state from AMC). Matched patients will be asked to participate in the same measures as Robina patients, but will not participate in model development or implementation. The second of these comparison groups will be external and will consist of chronic disease patients who have been participating in the Robert Wood Johnson "Aligning Forces for Quality" study (of which Dr. Jon Christianson is one of the Principal Investigators). The external comparison group will complete comparable (but shorter) set of measures as part of the Robert Wood Johnson study. We will use these external comparison data (in the aggregate) to also understand the impact of the Robina Initiative.

Measurement Targets and Tools

We include below a list of the preliminary measures we will implement with each of the key participant groups in the Robina Initiative—CHF and diabetic patients, family members, care team members, and project staff. These measures include a mix of traditional short-term and long-term outcomes. In addition, we reiterate the role that all Robina participants will play in defining additional measures below.

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures are satisfaction and loyalty measures defined by CMS; the PAM measures are patient activation measures; the RWJ-AFFQ measures are the chronic disease measures of care developed for the Robert Wood Johnson Aligning Forces for Quality study.

Measurement Target	Core Measures	Logic Model Measures
CHF Patients Diabetic Patients	• Patient satisfaction (CAHPS measures) • Shared expectations established at start • Patient activation, engagement (PAM measures) • Perception of care (RWJ-AFFQ measures) • Retention (characteristics of involved versus less involved) • Navigation and support utilization • Compliance with medication, therapies • Hospital admissions/readmissions, length of stay • Control of clinical measures (e.g., HgA1C for diabetic patients, LDL for CHF patients) • Stress, anxiety (PSS, STAI) • Cost (system, personal)	The “core” measures constitute only a portion of what will be measured through the Robina Initiative. Patients, family members, care team members and project staff will be involved in a series of personal interviews and focus groups to identify the logic model for the Robina Initiative. This model of what actions will produce what changes will help these groups to identify measures that have personal meaning and importance. This additional set of measures will be added to the existing set of measures for the Initiative. Further, where there are significant concerns about the core measures on the part of patients, care team members, or project staff, we will reconsider instruments and approach.
Family Members	• Patient satisfaction (CAHPS measures) • Shared expectations established at start • Patient activation, engagement (PAM measures) • Perception of care (RWJ-AFFQ measures) • Retention (characteristics of involved versus less involved) • Navigation and support utilization • Stress, anxiety (PSS, STAI) • Cost (system, personal)	
Care Team Members	• Shared expectations established at start • Level of involvement • Functioning, care provision • Coordination of care • Communication • Perceptions of model/system weaknesses • Perceptions of changes effected by model • Ability to adjust to increasing complexity • Likelihood of replicability • Stress, anxiety (PSS, STAI)	
IHH, ANW Staff Project Staff	• Shared expectations established at start. • Integration into operations • Perceptions of model/system weaknesses • Perceptions of changes effected by model • Stress, anxiety (PSS, STAI)	

7. Provide your thoughts regarding a future dissemination plan for the research findings and outcome data collected.

We envision a dissemination plan with a focus on five major audiences—those directly involved with the Initiative, including patients, their families, and care team members; those supporting ANW in clinical roles more broadly; the Twin Cities provider, payer and patient communities; national advisory board members and their organizations; and the national and international healthcare community. Below we outline specific plans for communicating and sharing the Robina Initiative experience with those audiences:

Target Audience	Information Shared	Modes of Communication
Robina Initiative patients, families and care team members	Progress of Initiative, patient and care team stories, initial findings, research and outcome data findings	• Robina Initiative website access, including protected access to the patient/family and care team portions of the site • Monthly e-mail or paper newsletter (depending on individual preference, initiated once all patients are recruited), mirroring updates on website • Quarterly invitations to Initiative roundtables (small group gatherings for stimulated discussion and sharing)
ANW provider community (including nursing and support staff, along with clinicians)	Progress of Initiative, selected patient and care team stories, initial findings, research and outcome data findings	• Quarterly submission to ANW's newsletter (including reference to the Robina Initiative website) • Quarterly submission to Jeff Peterson's weekly e-mail message • Twice yearly invitations to ANW community gatherings (larger group gatherings for planned sharing and some discussion)
Twin Cities provider, payer and patient communities	Progress of Initiative, selected patient and care team stories, initial findings	• Twice yearly submissions to local newsletters, media outlets, and patient advisory groups (including reference to the Robina Initiative website) • Participation in key annual local convenings and conferences (e.g., Minnesota Health Services Research Conference)
National Advisory Board members and organizations	Progress of Initiative, selected patient and care team stories, initial findings, research and outcome data findings	• Robina Initiative website access, including protected access to the patient/family and care team portions of the site • Quarterly newsletter distribution to all members • Twice yearly National Advisory Board meeting/teleconference session presentations
Broader (national, international) healthcare community	Initial findings, research and outcome data findings	• Submission of manuscripts for peer-review publication (including papers about the characteristics of the Initiative, lessons learned during recruitment, implementation stories) • Submission of scientific presentations for national conferences (e.g., National Conference on Chronic Disease Prevention and Control), including reference to the Robina Initiative website

In addition to this structured approach to dissemination, we will work with the Initiative leadership to identify unique opportunities to share findings. As the Initiative progresses and its national audience grows, we expect many such opportunities to arise. In each case, we will explore opportunities to involve practitioners, patients and researchers jointly in discussions of Initiative progress and findings.

8. Clarify how the project will be fully funded if the Robina Foundation cannot provide full funding of Phase I. Are there expenses that can be covered through other internal or external sources? How does ANW anticipate securing full funding necessary to successfully complete Phases II and III?

In any business endeavor, it takes visionary leadership to create and support a plan for the future that transforms an industry. While both ANW and the Institute for Health and Healing have demonstrable track records of success, the model developed by community forces in response to Jim Binger's challenge to bring transformation to health care is untested. A significant investment from the Robina Foundation was, and remains, essential to developing and launching the model to build up a record of success to present to additional funders, most of whom do not have the familiarity with ANW that Mr. Binger developed during his lifetime.

Investors (and philanthropists) at this earliest stage of project development are considered venture capitalists – willing to take calculated risks in seeking great reward. James Binger's experience with ANW – its history, people and values – led to his naming the hospital as one of his beneficiaries, and he encouraged the "reward" of healthcare transformation that would benefit the community. In a sense, the vision starts out being "privately held" by the Robina Foundation and leadership at ANW. We have initiated prospect research to reveal other potential sources of funding, and most seem more promising as the start-up phase passes; when the model is in place and the focus turns to wider access. At that point in the "business cycle," we will be more successful in launching the Initial Public Offering. As patients are chosen and the development of the model is well underway, a more concrete case for support can be made to other donors – foundation, corporate and individual – many of whom will be cultivated over the coming three years. Research on additional funding opportunities outside of the Robina Foundation is ongoing, with prospects including but not limited to the National Institutes of Health, Commonwealth Fund, Robert Wood Johnson Foundation and the Kellogg Foundation. We will also begin the process of cultivating new individual donors in the community who want to take part in improving healthcare and Abbott Northwestern's service to the community.

We believe that continuing investment from the Robina Foundation will be a necessary part of this endeavor over the coming decade, through Phases II and III, and are equally assured that the investment will reap the benefits Jim Binger envisioned when he issued his challenge. As we gather evidence of this system's efficacy, we expect that funding outside of the Robina Foundation will grow as a percentage of budget. In addition, as patient outcome data grows in years 3- 6, we can build convincing cases for the economic benefits of this kind of care, and traditional payers will be asked to play a more proactive role in funding the model. These parties are still likely to look with greater favor at proposals still attesting to the continuing faith and investment of both the hospital and initial funders. During these years, we will of course cultivate the grateful patients, who like Mr. Binger - in mind if not in wealth - take pride in the quality of healthcare at Abbott Northwestern and want to guarantee its continuation for the good of the community.

The Board of the Abbott Northwestern Foundation is keenly aware of and excited by the Robina Initiative and its implications for healthcare transformation throughout the hospital. Several of these board members had a hand in steering the development of the proposal, but all are committed to seeing it through to implementation in the hospital and demonstrable success. They are aware of the need to raise the visibility of the Initiative in the community and among their peers, and of their responsibility in attracting and stewarding new gifts to fuel its growth and development.

	A	C	D	F	G	H	I
1	Robina Budget by Year						
2							
3		ORIGINAL	PROPOSED	Year 1	Year 2	Year 3	Total
4							
5	PATIENT INCENTIVES	255000	187000	85000	102000		187000
6							
7	HEALING GUIDES	1365000	780000	260000	260000	260000	780000
8							
9	EXPANDING IHH CAPACITY	375000	375000	125000	125000	125000	375000
10							
11	EXCELLIAN INSTALLATION	280000	215000	215000			215000
12							
13	EXCELLIAN TRNING FOR PROVIDERS	40000					0
14							
15	TECHNICAL BUILD STAFF	510000	510000	170000	170000	170000	510000
16							
17	REPORT WRITERS	382500	382500	127500	127500	127500	382500
18							
19	WEB SUPPORT	210000	210000	70000	70000	70000	210000
20							
21	PATIENT HEALTH MONITORS	750000	750000		750000		750000
22							
23	EDUCATIONAL MATERIALS	75000	245000	80000	85000	80000	245000
24							
25	TELECOMMUNICATIONS SUPPORT	150000	150000	50000	50000	50000	150000
26							
27	RESEARCH TEAM	450000	1050000	350000	350000	350000	1050000
28							
29	PROCESS EVALUATION	150000	390000	130000	130000	130000	390000
30							
31	TOTAL	4992500	5244500	1662500	2219500	1362500	5244500

Potential External Reviewers
for Abbott Northwestern proposal
recommended by Steve Schroeder
(partial list)

1. Ed Wagner, Group Health Cooperative of Seattle
2. Dana Gelb Safran, Tufts Medical School and New England Medical Center

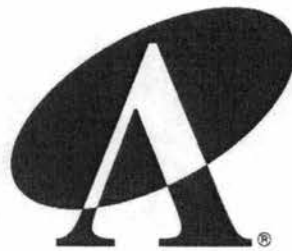
ORIGINAL
PROPOSAL

**Abbott Northwestern Hospital
and
Abbott Northwestern Foundation**

Present for your consideration

Transforming Health Care Delivery at Abbott Northwestern
Hospital: *A Proposal for Innovation Submitted to the
Robina Foundation*

August 2007



**ABBOTT
NORTHWESTERN
HOSPITAL**

Allina Hospitals & Clinics

Transforming Health Care Delivery at Abbott Northwestern Hospital: *A Proposal for Innovation Submitted to the Robina Foundation*

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Transforming Health Care Delivery at Abbott Northwestern Hospital: A Proposal for Innovation Submitted to the Robina Foundation

Abstract

In establishing the Robina Foundation, Mr. Binger encouraged his potential beneficiaries to step away from the day-to-day demands of their respective enterprises and look toward the future with bold and creative ideas for change. One can hardly imagine an industry more in need of transformation, or one with the ability to directly impact more lives, than the health care delivery system in the United States. Nor can one imagine an institution more poised to implement significant change than Abbott Northwestern Hospital. Nationally recognized for its high quality of care, implementation of an extensive electronic medical record system and investment in integrative medicine, Abbott Northwestern captured Mr. Binger's imagination during his lifetime and inspired his challenge to continually evolve to better serve its patients and the broader community.

Abbott Northwestern Hospital requests the Robina Foundation's consideration of a \$5 million dollar gift over three years to mobilize our best human capital, social and technological resources to provide customized care across the continuum of care for a group of chronic care patients and their families served by Abbott Northwestern Hospital and four affiliated clinical partners. In implementing an innovative model, Abbott Northwestern will lead the nation in testing an unprecedented, integrated system of diverse care interventions aimed at optimizing the health of chronically ill patients and their families. Targeting a group of close family members will not only build support systems for chronically ill patients, but will also offer us the opportunity to simultaneously establish a prevention and wellness approach for those at risk of developing similar conditions. Our efforts represent a commitment by Abbott Northwestern Hospital to establish health care processes that result in long-term benefit for our patients, and empower us to serve as advocates for long-term change in health care delivery and payment.

Our aim is to develop and implement a model that empowers patients and their families to utilize the resources of Abbott Northwestern Hospital, its partners and their community, to the optimum extent to achieve greater health and well-being. **The Robina Initiative transforms the current culture of health care: from acute illness-focused to wellness orientation, from episodic treatment to consistency of care across a continuum, and from a focus inside the walls of our hospitals and clinics to a broader view of health care that allows patients to be the principal agent in their own health.**

Our primary objectives in establishing this model are to:

- Engage each patient in personalizing health and wellness, ensuring they are at the center of health care decision-making;
- Coordinate care through a shared information platform and dedicated care teams;
- Create diverse methods for sharing information that integrates care and informs decision-making;
- Serve patients across a continuum of care from wellness through end-of-life; and
- Test the efficacy of the model and infrastructure with chronic disease patients, their families, caregivers, project leadership and a national panel of experts from various fields.

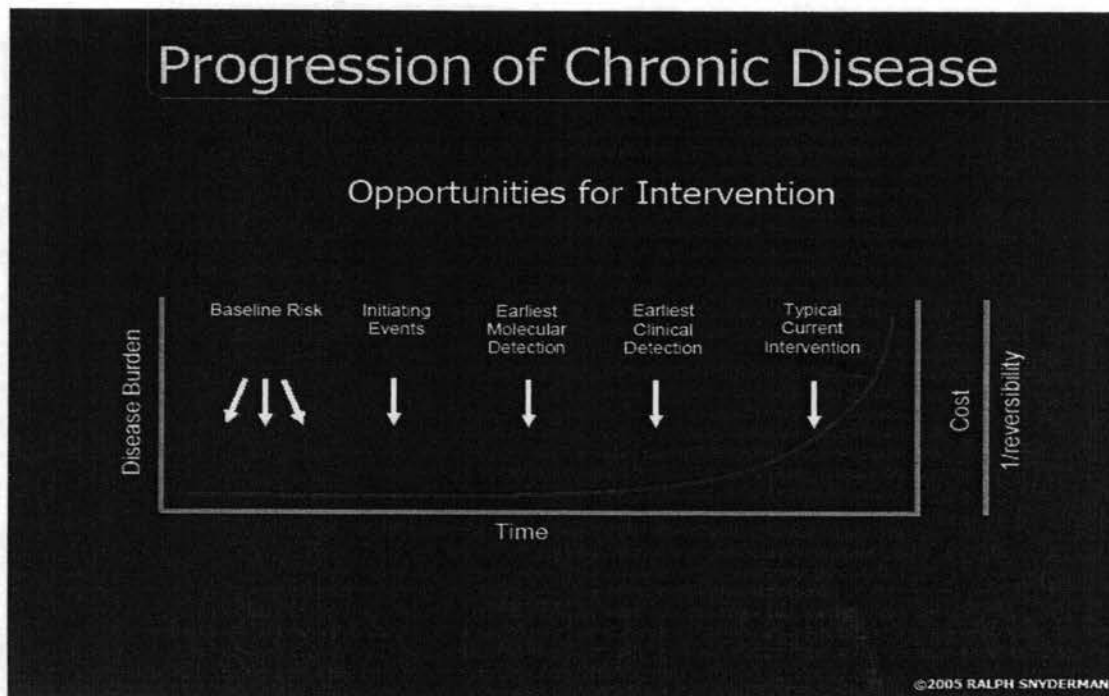
1. Need Statement

I have a lot of fear and depression associated with this and would like to know what is normal. I would like to know what I am dealing with. Is there a way they can address the depression portion of the disease and the fear associated with it? Is there education about being afraid to fall asleep for fear of not waking up? Is that normal? How do you combat the depression like crying, eating and sleeping? How do you handle 22 different pills and the point where you feel like you are beaten down? Who educates me about that?

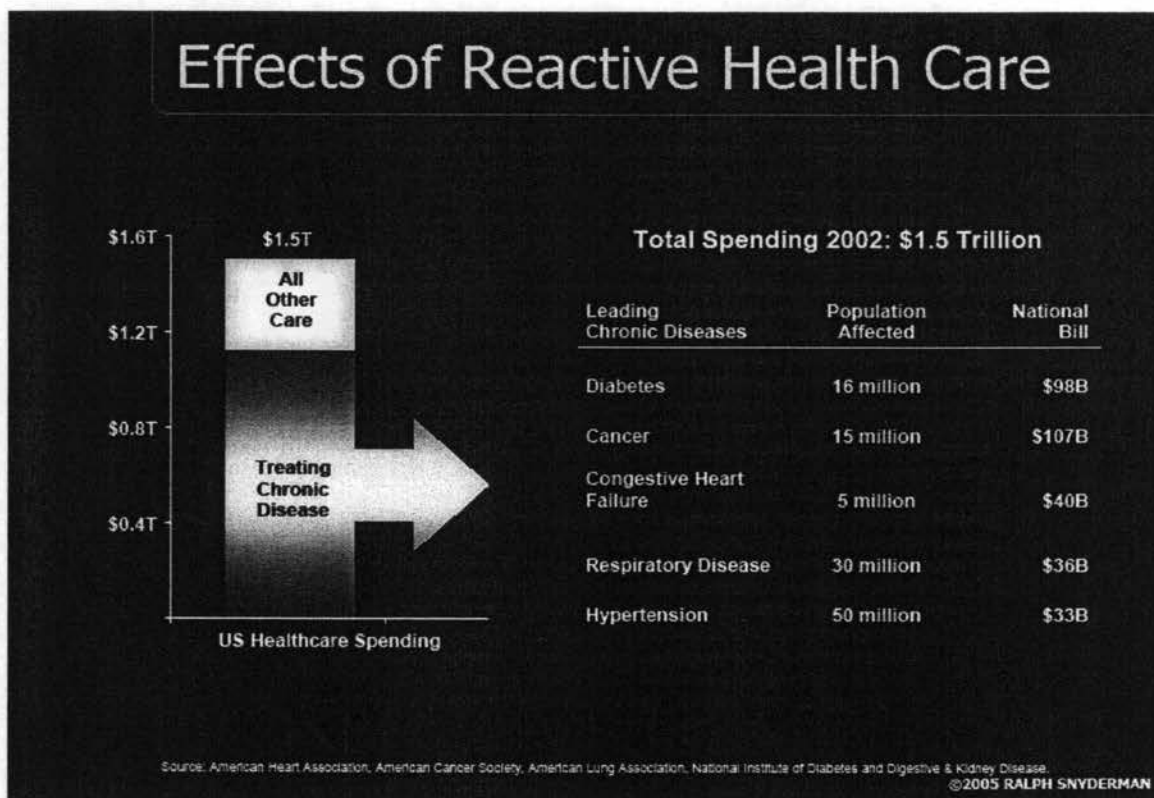
Jane, a CHF patient we will follow through the new model

We can hardly imagine an industry more in need of transformation than the health care delivery system in the United States. Patients and physicians alike express mounting frustration with the system, and our ability to approach patients as individuals is compromised as caregivers meet the demands of payers to be cost efficient and shoulder heavier patient loads. The population we serve at Abbott Northwestern Hospital and through affiliated caregivers are more ethnically and racially diverse than they were 20 years ago. Caregivers and staff are challenged to be sensitive to cultural differences, but lack guidance on how to successfully address these issues. Far fewer people come into the system for routine visits. Chronic health problems are epidemic, and with our country's aging population and lifestyle choices, would likely explode in the next decade.

Even for a healthy individual, the medical care provided is frequently episodic. People seek care when they have a particular problem, but no one manages the individual's overall cycle of care, including the screenings, risk assessments and preventive treatments that are known to predict and potentially forestall the advent of disease. Focus on illness rather than prevention unnecessarily increases the burden on the health care system in both human terms and cost.



Chronically ill patients, who account for almost half the population and a majority of the nation's health care spending, are particularly vulnerable in today's health care environment. They also require tremendous expenditure of resources - treated by an average of four and up to forty physicians, each with a different specialty; each laboring without a "whole picture" of the individual. Care for these patients is fragmented and potentially harmful because no processes exist to integrate and to coordinate basic orders such as lab tests, treatment plans, and prescription medications.



A series of patient focus groups was convened at ANW in 2004 to discern what worked and what didn't work in the patient's experience. There were sharp contrasts in patient satisfaction between those who felt they had received personalized treatment from the doctors, nurses and staff and those who felt they had been "left in a hallway," or were met with hurry or abruptness. These groups also expressed concern with the lack of continuity and information sharing in different care settings, and expressed anxiety when they "felt out of the loop."

As a result, many patients who interface with our system feel that their health care providers do not know or care about them; they are reduced to a collection of symptoms. Although many different symptoms in their bodies are being treated, the patient as a whole is not being addressed or healed in a meaningful way.

For their part, physicians are asked to see increasing numbers of patients without the time or integrated tools to provide effective, personalized care. Digital technology has revolutionized most businesses, but many physicians still leaf through paper medical records that provide a spotty overview when a computer could easily graph vital signs, organize visits by diagnoses, or perform numerous other information management tasks with speed and accuracy. Studies report that it would take a primary care physician with a typical panel of 2500 patients 10.6 hours per working day to provide all recommended care for chronically ill patients and another 7.4 hours per day to provide preventive care for well patients.

Combine this with a payment system that rewards providers for the quantity of patients seen rather than quality of outcomes and it is no wonder that patients feel disenfranchised and caregivers are under stress. These circumstances do not bode well for the future: the percentage of medical students going into primary care has declined drastically over the past twenty years, and the percentage of patients with chronic illness has skyrocketed.

Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention recently stated: "We are at a tipping point with our health care delivery system. We cannot afford to continue going in the direction that our system is going. We have to assure that all people have access. People in the United States spend \$532 billion (a year) on health. That \$532 billion is not spent very wisely." Her point is well-taken. Although America spends more than two times the commitment to health care than other nations, its quality is often no better – and sometimes worse - than many. The system is focused on episodic care, with little attention paid to preventing disease and helping people lead healthier lives.

Why respond now? The Baby Boom generation is aging, and their numbers alone are staggering. They can be divided into those for whom personal responsibility for wellness is central to their lives, those who see a primary care physician sporadically and also have sporadic interaction with health care, and finally, those who are disenfranchised or otherwise excluded from the current health care system.

With the aging of the Baby Boom generation the prevalence of congestive heart failure, already the most common cause of readmission to hospitals, is expected to nearly double over the next 40 years and could become a major drain on health care resources. Congestive heart failure patients often require frequent hospitalizations, each costing about \$10,000. Unsustainable costs are spent on equally unsustainable models of care. We must change our system radically to provide for the future. By decreasing the disease burden and investing in coordinated care across the continuum, we can decrease use of the most expensive component of health care: hospitals.

These and other factors make the timing of the proposal to the Robina Foundation vital. In implementing the Robina model, we not only address the needs of a specific group of chronically ill patients and their families, but begin to significantly test a paradigm for care that invests time, attention and dollars into wellness and efficient maintenance, before a crisis – personal or systemic - occurs.

2. Proposed Model

We are proposing Phase I of a planned longer-term initiative to transform health care by creating a patient-centered, holistic approach to healing. Through this approach, we will reduce the burden of chronic illness and work to prevent its occurrence in at-risk individuals. At the end of Phase I (three years), we will have developed a model with a group of patients with chronic disease and their participating family members that can be rigorously tested with a broader audience of chronic disease patients. We will create a suite of tools, both process and technological, that can be extended to additional patients in this target area, adapted to other disease states, applied to other prevention opportunities and be replicable within the wider health care community.

The two chronic disease groups on which we will focus are diabetes and congestive heart failure. We include CHF patients in the proposed pilot group to develop our model with patients who have recently had an acute admission to Abbott Northwestern or are at risk for another admission. With these patients, we will be able to see *immediately* whether our approach is able to prevent additional hospitalizations and improving patient health. We include diabetic patients in the proposed pilot group to develop the model with patients with a complex disease, often with multiple co-morbidities. With these patients, we will be able to support those with complicated health problems and relieve some of their disease burden. Finally, we include family members of diabetic patients for two reasons: first, to examine the role of social and family support in the creation and implementation of care teams and shared care plans; and second, to develop a model that supports patients in primary prevention over the life course.

Diabetes and congestive heart failure hospitalization rates are increasing, despite the fact that we know how to manage risk in these populations. With a new approach to managing care - a model that engages patients and provides support for maintenance of a chronic condition and improvements in overall well-being - we can reduce hospitalizations to the benefit of both patients and payers. Patients and families invited to participate in Phase I are dedicated partners in this effort, providing input that will guide model development, and serving as pilot patients for the duration of the longer-term initiative.

While other health care systems in the region have tried less intensive measures to address the ongoing needs of chronically ill patients, they have failed. As an example, one local health care system believed that merely sending letters to their chronically ill patients, informing them of the need to watch blood sugar levels, blood pressure, and to check in with their caregivers on a regular basis, might result in better attention to indicators and more frequent visits to primary care physicians. The results were extremely disappointing. Clearly, we need a more collaborative, patient-centered approach to health care. **The Robina Initiative represents a leading hospital's commitment to test seamless, personalized health care for chronically ill individuals and preventative care for their families.**

Caregivers, too, want to return to a healing environment where they have the information they need to provide guidance, where their skills are efficiently utilized, and where they - rather than a third-party payer - work with a patient to prescribe a course of action. The Robina Initiative will allow Abbott Northwestern to manage risk assessment, and move towards a standard of care that is both cost efficient and personally satisfying for caregivers and their patients.

We will develop a model that:

- Creates ongoing, proactive relationships with patients that emphasize optimal health and wellness;
- Enlists patients as active participants in their own health;
- Mobilizes health care teams to deliver individualized care across the continuum from birth to death;
- Provides information-management tools accessible to all stakeholders to facilitate continuity and customization of care; and,
- Enhances decision-making for both caregivers and patients across the spectrum of care.

3. Robina Initiative Sites and Partners

Abbott Northwestern Hospital

Abbott Northwestern Hospital (ANW) is the largest not-for-profit hospital in the Twin Cities area. Each year, the hospital provides comprehensive health care for more than 200,000 patients and their families from the Twin Cities area and throughout the Upper Midwest. More than 5,000 employees, 1,600 physicians and 550 volunteers work for the benefit of each patient served. Its patient population mirrors the ethnic changes in the State of Minnesota.

For the sixth year in a row, Abbott Northwestern Hospital is cited as one of the country's best hospitals. In 2007, the hospital was ranked in eight specialty areas in the 18th annual edition of U.S. News & World Report's "America's Best Hospitals." The publication ranks 173 top medical centers, from a total of 5,462, in 16 clinical specialties. Abbott Northwestern was recognized in eight specialties: cancer, digestive disorders, endocrinology, geriatrics, gynecology, neurology and neurosurgery, heart and heart surgery, and orthopedics.

Abbott Northwestern Hospital is uniquely positioned to catalyze, lead and evaluate the success of this new model of care:

- A collaborative and creative partnership with independent and aligned caregivers creates a model of care that can be readily transferred to other communities.
- There is an openness to explore 'customization' of care options for patients as evidenced by the development of a model of integrative medical care based at the Institute for Health and Healing.
- Excellian, one of the most integrated electronic medical records (EMR) in the nation, provides the infrastructure for expanding customized information for the patient and those who partner in their care.
- Clinical and process research capabilities, throughout the system and in partnership with the University of Minnesota, ensure rapid implementation of improvements.
- As part of Allina, the largest health care system in the Upper Midwest, all components of the care continuum—from home to hospice—are represented.

Most importantly, Abbott Northwestern Hospital was close to Jim Binger's heart. On October 12, 2004 he informed Sid Mallory of his intention to set up the Robina Foundation and announced that ANW and Abbott Northwestern Hospital Foundation was one of four named beneficiaries. Mr. Binger conveyed his dreams for use of the Robina funds and invited a proposal as soon as possible to present to the Robina Foundation Board.

In early 2005, a Steering Committee guided by the ANW Foundation and comprised of Abbott Northwestern leadership and prominent members of the community (see Addenda) began exploring ideas for a proposal. A consultant was named to conduct internal and external interviews and elicit thoughts and ideas for an initial proposal. By the fall of 2005, three basic ideas were presented, and the Committee charged a smaller work group with fully vetting and investigating the three ideas and selecting one to develop in a proposal.

The Robina Foundation Work Group (see Addenda), which also involved community members, was formed in early 2006. They settled on a proposal idea that represented transformational change within the hospital and its clinics, and began work in the spring of 2006. The proposal was presented to the Robina Foundation Board on February 28, 2007. The current proposal has been revised for presentation on August 28, 2007, and clearly reflects the innovation that inspired Jim Binger to name ANW as one of his beneficiaries.

Institute for Health and Healing

Included in Abbott Northwestern's options for healing is The Institute for Health and Healing, founded by the George Family Foundation and the Ted and Roberta Mann Foundation in 2004. The Institute creates a comprehensive Integrative Medicine program that blends the best evidenced-based conventional therapies and healing therapies and optimizes whole-person patient-centered standards of care across Abbott Northwestern's Centers of Excellence, both inpatient and outpatient.

The Phase I model of expanded personal care services for patients and those who partner in their care will be housed in the Institute for Health and Healing at ANW. The Initiative will expand and broaden IHH's work to include navigation of health services to patients and caregivers, and implementation and promotion of wellness initiatives. It will offer a broader spectrum of health services to patients and caregivers, setting the tone for the Initiative through its day-to-day example of personalized care. IHH personnel will help to educate all constituents about best utilization of the system and its component parts, and will participate in research to determine the Initiative's impact.

Abbott Northwestern Hospital Foundation

The Abbott Northwestern Hospital Foundation raises and stewards charitable gifts on behalf of the hospital, its programs and its patients. The gift from the Robina Foundation will be held and managed by Abbott Northwestern Foundation. The Foundation's dedicated board of community leaders accepts fiduciary responsibility for assuring prescribed use of the Robina funds.

Participating Clinics

The three independent clinics selected have long-standing relationships with Abbott Northwestern, and welcome this opportunity to expand service to their patients.

Independent Clinic #1

Drs. Schmidt and Vaurio
Mark J. Schmidt, M.D.
C. Edward Vaurio, M.D.

Independent Clinic #2

Metropolitan Internists

Alan B. Divine, M.D.
Ronald W. Kaufman, M.D.
J. Peter Kieley, M.D.
Stuart H. Borken, M.D.

Independent Clinic #3

Specialists in Internal Medicine

Thomas M. McIntosh, M.D.
Dudley McLinn, M.D.
David B. Plimpton, M.D.
Jason J. Reed, M.D.

The fourth participating clinic was chosen for its leadership in implementing advanced care practices for CHF patients. With their organizational commitment to patient-centered care established, participation in the Robina Initiative allows this group to take a significant step forward in the range of services they can offer to their patients, including superior coordination of care.

Abbott Dedicated AMC Clinic

Woodlake Clinic

Jack Beaird, M.D.
Susan Elseby, M.D.
Tina Martin, M.D.
George Morrison, M.D.
Laura Praeger, M.D.
Mark Salita, M.D.
Amy VandeWater Morrow, M.D.
Steven Andeerson, M.D.
Melissa Flint, M.D.
Todd Jorgenson, M.D.
Clemma Nash, M.D.
Randon Woodworth, M.D.

4. Project Leadership Team

Penny Wheeler, MD, is the chief clinical officer (CCO) of Allina Hospitals & Clinics, leads Allina's clinical quality and improvement agenda by collaborating with medical staffs. Born at Abbott Northwestern Hospital, she is a board-certified obstetrician/gynecologist, she has served as president of Abbott Northwestern Hospital's medical staff and on nearly every hospital committee during her 19 years in practice. Dr. Wheeler chaired the Quality Committee of the Board and received a Minnesota Top Director award recognizing her leadership in assuring exceptional care for patients. Wheeler continues to serve patients at Abbott Northwestern through her practice, Women's Health Consultants. Additionally, she is an associate professor of obstetrics and gynecology at the University of Minnesota. In her current role, she is responsible for ensuring best-of-practice approaches, ongoing innovation and excellence in care, and supporting the development and retention of effective clinicians.

Education: BA, University of Minnesota, Minneapolis
MD, University of Minnesota Medical School
Residency completed in Obstetrics & Gynecology at the University of Minnesota

T. Michael Tedford, MD is an Otolaryngologist at The Ear, Nose and Throat Clinic and Hearing Center in Edina. He began a two-year term as the President of the Abbott Northwestern Hospital Medical Staff in January 2006. He serves on the Board of the Midwest Medical Insurance Company on the audit and budget committee and as chair of the investment committee. He also serves on the Minnesota Medical Association committee on legislation.

Mike provides pro bono care at Children's Hospital's Cleft Palate Clinic and medical and surgery outreach to Guatemala through the Common Hope non-profit organization.

Mike's wife is a physician who is currently the director of the nonprofit organization in Minnesota whose mission it is to reduce gun violence.

Education: BA, University of California, San Diego
MD, University of Cincinnati College of Medicine
Residency completed in Otolaryngology/Head and Neck Surgery at University of Minnesota
Currently enrolled in the MBA program at University of St. Thomas

Mark Robert Migliori MD, FACS is a plastic surgeon in private practice in Edina. He will serve as President of the Abbott Northwestern Hospital Medical Staff in January of 2008. He has held positions of Chair of the Operating Room Committee, Chair of The Department of Surgery, Chair of the Patient Care Committee and Member of the Clinical Council. He is also a member of the Piper Breast Center Advisory Committee. He participates as a member of the Volunteers in Plastic Surgery Committee of the American Society of Plastic Surgeons. He maintains a clinical teaching appointment as an associate professor at the University of Minnesota in the Plastic Surgery Training Program. He is a member of the Board for the Breast Cancer Awareness Association, a non-profit organization with a mission to provide community education about breast health related issues.

Clinical interests are in the field of Plastic and Reconstructive surgery of the breast. He participates in medical missions to Guatemala and Peru providing surgical care to children with cleft lip and palate, burn reconstruction and other congenital problems.

Education: ScB, Brown University, Neuroscience
MD, Brown University Program in Medicine
Internship and Residency in General Surgery, University of Minnesota
Residency in Plastic Surgery, University of Minnesota

Robert Wieland, MD, is a board certified practitioner in internal medicine. He has served as the Vice President of Medical Affairs at Abbott Northwestern since 1994. Prior to becoming Vice President, Dr. Wieland served as a Hospitalist for the Abbott Northwestern Hospitalist service as well as District Medical Director for Allina Medical Clinics. Wieland currently sits on the Sister Kenny Institute Foundation Board, the WestHealth Board, is a member of the Abbott Northwestern Clinical Council and serves on the Quality Management Work Group for the Medicine Department at Abbott Northwestern Hospital. In addition, he is a member of the Allina Board Quality Committee and the Allina Board Investment Committee. To further enhance his leadership skills, Dr. Wieland attended the Physician Leadership College at the University of St. Thomas and the Global Leadership in Health Care program at the University of Michigan Business School.

Education: BA, University of Minnesota, Minneapolis
MD, University of Minnesota Medical School
Residency in Internal Medicine at Abbott Northwestern Hospital

Gregory A. Plotnikoff, MD, MTS, is the incoming medical director of IHH. Dr. Plotnikoff is a clinical scholar in medicine whose focus is cross-cultural and integrative medicine. He co-lead the task force that led to the University of Minnesota's Center for Spirituality and Healing in 1997, and served as the center's first medical director from 1997-2002. He currently splits his time between the University of Minnesota and Keio University Medical School in Tokyo, Japan where he is also an associate professor. At Minnesota, he is the sponsor of a FDA Investigational New Drug (IND) and principal investigator of a 180 subject phase II clinical trial. He remains active as a faculty associate of the University of Minnesota Center for Bioethics and the Center for Dietary Supplement Safety. In Japan, he is active in East-West medical integration issues with the Japanese Society of Oriental Medicine, the Japanese Society of Internal Medicine, National Geographic and the World Health Organization.

Academic recognition received includes research awards from the International Congress on Internal Medicine (2002) and the American College of Physicians (2002) as well as a John Templeton Spirituality and Medicine Curricular Award (2000). He has been named a Fellow of the American College of Physicians (2003) and the United States-Japan Foundation Leadership Program. He has received special alumnus recognition from Carleton College (the 1998 "In the Spirit of Carleton Award"), the University of Minnesota CHIP organization (1999), and the University of Minnesota Medical Alumni Society (the 2004 "Early Career Distinguished Achievement Award"). Local honors included recognition as one of the "100 Most Influential People in Minnesota Health Care" from *Minnesota Physician Magazine* (2000) and "100 People to Watch in 2000" from *Minneapolis St. Paul Magazine*. National recognition included multiple years listed among the "Best Doctors in America." Funding for these research and curricular

efforts came from the National Institutes of Health (1999-2004), the Kellogg Foundation (via the CUPES project, 1998), the UCare Foundation (1999-2001), the George Family Foundation (2000) and the Bush Foundation Leadership Program (2002-04).

Education: BA, Carleton College, Political Science/Science, Technology and Public Policy
MTS, Harvard University, Theology and Ethics
MD, University of Minnesota
Residency, Internal Medicine and Pediatrics, University of Minnesota
Fellowship, Kampo Medicine, Keio University School of Medicine

Lori Knutson, R.N., B.S.N., H.N.C., is the executive director of Abbott Northwestern Hospital's Institute for Health and Healing. She has served as director of IHH since 2000 and has held leadership roles in health care for over 20 years. Knutson is a Board Certified Holistic Nurse, a Licensed Biofeedback Therapist and has certifications in multiple complementary therapies. In 2006, she was named the American Holistic Nurse of the Year by the American Holistic Nursing Association (AHNA). Knutson is credited with playing a key role in bringing together physicians, hospital leadership, nurses, staff and philanthropic partners to make the Institute for Health and Healing a national model for how hospitals can combine the best of both conventional and alternative medicine. She is a nationally recognized speaker on topics of integrative health care and holistic nursing, and is a consultant in integrative health care service and program development.

Education: HN-BC, Holistic Nurse Board Certified
RN, BSN, Metropolitan State University, St. Paul, MN

Jeffrey D. Peterson, FACHE joined Abbott Northwestern Hospital as President in September 2006. His previous experience includes several higher level management positions. His position prior to Abbott Northwestern Hospital was with St. Vincent Mercy Medical Center in Toledo, Ohio where he began in 1998 as Vice President of Clinical Services and left in August 2006 as President and Chief Executive Officer.

Previous to St. Vincent Mercy Medical Center, Jeff served as Executive Vice President/Chief Operating Officer for Battle Creek Health System in Battle Creek, Michigan from 1995 – 1997 and was with Good Samaritan Hospital and Health Center in Dayton, Ohio from 1986 – 1995.

Jeff's Professional/Civic Activities and distinctions include Fellow of the American College of Health care Executives, Board Certified in Health Care Management, Regent NW Ohio March 2004-2007. He is a member of Rotary International in Minneapolis and is an Alumni Board Member at the University of Iowa's Health care Administration Program. His past Board memberships include Boy Scouts of America, Erie Shores Council, Life Connection of Ohio (Organ Procurement Agency) and the LPGA Jamie Farr Gold Tournament.

Education: B.B.A. Western Michigan University, Kalamazoo, MI
M.A. The University of Iowa, Iowa City, Iowa

Richard Meyer, president of the Abbott Northwestern Hospital Foundation, was hired in April 2007. After practicing law for five years with the Oppenheimer Law Firm, Rich's first fundraising position was Director of Endowment Development and Planned Giving for the Indianhead Council, BSA.

Rich's next stop during his fundraising career was the Minneapolis Institute of Arts where he worked with key leadership and the curatorial staff to arrange gifts of art and to develop endowment and art acquisition funds. At the end of his five year tenure with the MIA, Rich was the Associate Director of Development for Individual Giving, leading the museum's fundraising efforts (annual, planned and major gifts) from individuals.

Rich then went on to a development position with the Masonic Homes of Minnesota as Vice President for Institutional Advancement. In this role, Rich managed all of the organization's development, marketing and mission expansion efforts.

Immediately before being named President of the Foundation, Rich served as Director of Advancement for the Children's Theatre Company successfully leading CTC's first ever capital drive raising \$30 million dollars.

Education: BA, University of Washington
JD, University of Minnesota Law School

A research and program management team will contribute to the ongoing assessment of the project. It will be led by **Jeffery A. Dusek, Ph.D.**, who comes to the Institute for Health and Healing from Boston, where he served as Instructor, Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, and Director of Behavioral Sciences Research, Benson Henry Institute for Mind Body Medicine, Massachusetts General Hospital. He has been a member of several review panels of Integrative Medicine at the National Institutes of Health. He has also served as the co-Principal Investigator for a 8 year, \$11.5 million CDC-funded program grant to conduct: (1) basic science studies investigating the physiological, biochemical, neurological and genomic characteristics of the mind/body therapies on health, (2) a randomized controlled trial to assess the efficacy of reducing hypertension and reducing dependence on anti-hypertensive medications; and (3) outcomes studies to assess the effectiveness of clinical programs to reduce cardiovascular diseases such as coronary artery disease, and metabolic syndrome.

Education: BS, St. John's University
PhD, Stony Brook University

The primary charges for the research and program management team will be: 1) to serve as a source of guidance and integration for the programs taking place under the Robina Initiative; 2) to seek and champion the voice of the patient in ongoing program design and implementation, and; 3) in collaboration with external evaluators, study, evaluate and report on the programs described in this proposal.

Evaluation Team

Evaluation of the Initiative's efficacy will be ongoing and multi-faceted; directed by a contracted evaluation team from the University of Minnesota School of Public Health Policy and Management. The team will consist of a Principal Investigator and a part-time project coordinator, as well as a designated team that includes involved caregiver representatives, Abbott Northwestern leadership, IHH leadership and at least one patient representative. These groups hold primary responsibility for working with all constituents to assess the Initiative over both the three year period covered by this initial grant, and over the ten years of the Initiative as a whole. The evaluation plan has been designed to be rigorous, relevant, flexible in design, broad in perspective and collaborative in nature.

The Principal Investigator for the evaluation will be **Jon Christianson, Ph.D.**, who is the James A. Hamilton Chair in Health Policy and Management at the University of Minnesota. Trained as an economist, he is experienced at managing large projects, including evaluations of organizational redesign efforts. He has published a book on chronic illness models of team care, conducted over 20 evaluations in which interview data were collected and analyzed, and participated in numerous large scale evaluations merging impact and process analyses. Prof. Christianson has been a senior investigator on RWJ's Community Tracking Study for 10 years, participating in the collection of interview data in 12 communities. He is one of four senior investigators of a large scale evaluation of RWJ's Aligning Forces for Quality Initiative, where the evaluation design combines qualitative and quantitative data collection and analysis. It also includes the design and fielding of a national consumer survey to collect data from individuals with chronic illness regarding their involvement in managing their own care and their interactions with their local health care system. Prof. Christianson will devote 20 percent of his time to leading the evaluation effort. In addition to his overall administrative responsibilities, he will lead the process analysis component of the evaluation, participating in and supervising the collection of interview data.

Prof. Douglas Wholey, Ph.D., will be co-principal investigator and devote 20 percent of his time to the evaluation is also a faculty member in the School of Public Health at the University of Minnesota. Prof. Wholey is recognized as one of the foremost organizational sociologists in the United States and the U. K. Health care organization and performance is a key focus of his research. He is currently working with the National Primary Care Research and Development Centre at the University of Manchester in England, developing a qualitative study of team integration and patient outcomes in GP practices in the National Health System. He also is experienced in assembling and analyzing large, complex databases. In addition to his work on the organization and functioning of GP practices in the U.K., he is a member of the steering committee for the Center for Chronic Disease Outcomes Research, a VA Health Services Research and Development Center of Excellence. His past and current research will provide a strong foundation for many aspects of this proposed evaluation, and he will have primary responsibility for conducting the care team analyses.

National Advisory Board

To assure innovative thinking throughout the development and implementation of this model, a National Advisory Board will be named to provide both expertise and critique. With the guidance of the project leadership team, we will engage experts who will inform and challenge the model, offering the following perspectives: consumer, health care policy and payment, chronic disease management expertise, integrative care, personalized health care records, information management, and advanced online and interactive communications (e-commerce).

5. Phase I Objectives and Activities

5.1 Invite Practices and Patients for Long-Term Involvement

To begin, we will recruit patients and their families to participate in Phase 1 model development as well as the longer-term initiative, which, in Mr. Binger's words, "will ultimately change the way health care is delivered."

Key Activity: Recruit 120 diabetic patients and 100 CHF patients (total) from these four primary internal medicine groups for involvement in chronic disease management work.

Key Activity: For the 120 diabetic patients, recruit at least one family member without chronic conditions for involvement in primary prevention work.

Jane, our CHF patient who is struggling with management of her condition, seizes the opportunity to participate in the model. Her primary care doctor and cardiologist are also on board.

Approach: We will purposefully build a team of patients, families and caregivers dedicated to testing an active research model through their participation and ongoing assessment over a three year period, and who are committed to the longer-term initiative.

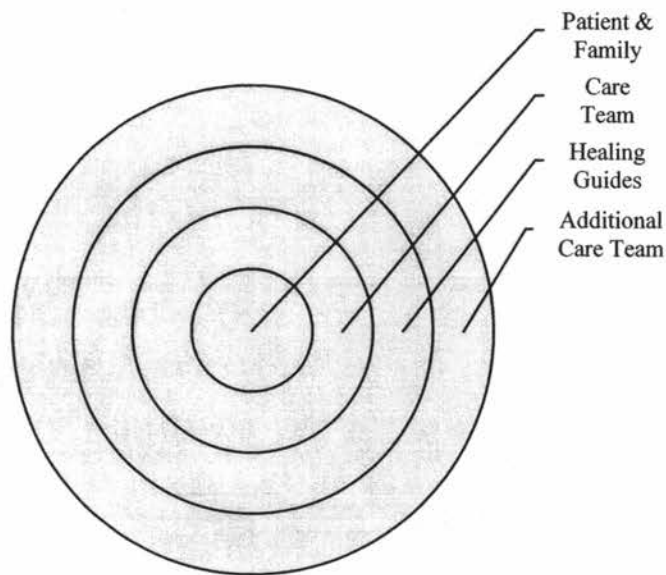
5.2 Jointly Develop Holistic Patient Navigation and Care Team Models

We will engage patients as active partners in their health care and ensure that our patients have multiple opportunities to tell us what is meaningful to them in pursuing health. "Co-creating value" is the process of the organization employing early and continuous patient input to tailor a bundle of products and services. We will also work with caregivers and designated healing guides who will serve as navigators through the system to optimize fullest utilization of the model.

Key Activity: Create care teams that begin with primary caregivers for prevention patients. For chronic disease patients, care teams will include additional chronic disease and palliative care providers, nursing staff, and adjunct therapy providers such as nutritionists and therapists. Care teams consisting of patients, healing guides and caregivers develop shared care plans. Where appropriate, care teams will work to develop palliative and advanced care plans.

The core competency of the care team is to restore personalization, continuity and greater accountability to the experience of health care, and to offer a wider, more personalized palette of treatment options for patients to pursue. They will also work to promote wellness and reduce hospitalizations through greater attention to incremental changes in health.

The new model of patient care is represented in this diagram:



A care team ideally begins when a well patient selects a primary caregiver with whom they build a relationship. This caregiver and their staff, along with the patient, form the fundamental care team. Together they document a shared care plan that informs any medical staff with whom they have interaction about their beliefs and aspirations for their own health. The patient will define what good health means to them.

For chronic care, additional care team members will be available to patients with diabetes and congestive heart failure (CHF), including special palliative care services across the continuum at Abbott Northwestern Hospital. These palliative services will be available far earlier in the patient's disease course to reduce the burden of illness and prevent emergency care needs. The designations to these two disease groups are in effect for Phase I of the project only. It is our intent to extend the care team model to all patients in the system by the end of the longer term initiative.

Central to successful navigation of the new model are healing guides. Healing guides will be empowered to engage additional resources that have been chosen by the patient, such as health educators, nutritionists, complementary care providers and behaviorists. A team of healing guides will be one of the central points of phone and e-mail contacts for patients. Each will have a group of patients with whom to work, providing follow-up on attaining wellness goals or monitoring chronic disease maintenance.

They will help secure the resources to best serve patients and ease any transitions to new care providers or settings. In order to coordinate care, patients and their care teams will rely on a high level of integrated information management and communications that is accessible to all parties.

For patients, inclusion in care teams has many benefits, including:

- The opportunity to develop a familiar point of contact in the health care system and create ongoing dialogue.
- Shared decision-making becomes possible through central information resources and the infrastructure of the care teams.
- Teams reach across care settings to coordinate testing, and share ideas and energy.

Caregivers will also benefit from this model:

- Ability to address the patient's health with the benefit of a complete medical record;
- Allows the physician and other care team members to make wise use of their expertise;
- Knowledge that other professionals are supporting the patient's healing efforts;
- Return to a more satisfying healing relationship with patients;
- Ability to participate in the development of an outcomes-based payment model.

Jane, who has been hospitalized several times due to her CHF, works with her primary care physician to fill in her health history and personal preferences for care. They jointly establish some health and wellness goals. Jane is assigned a healing guide at IHH who is a link to the rest of her care team, and who will be there to answer her questions or direct her to the expertise she requires. Their goal is to increase her comfort and reduce acute events.

Key Activity: Jointly develop navigation models with patients, healing guides, care teams and Abbott Northwestern social work/UM/case management staff that will enable and extend patients' ability to:

- Navigate technically through the health care system (e.g., understanding the movement between clinic visits, outpatient based procedures, and inpatient experiences);
- Make lifestyle changes through work with healing coaches;
- Integrate holistic medicine into their life and care experiences; and
- Access community resources and organizations to extend needed social support.

We will create an infrastructure that optimizes the patient's options for fully utilizing the resources of Abbott Northwestern Hospital and its affiliated partners.

Jane's healing guide surveys the record she and her doctor have created, and calls Jane to discuss several different options for care in the coming weeks. They jointly decide to schedule a meeting to answer Jane's questions about her medications and make an appointment for her depression to be addressed by a psychologist. She also enrolls in Henry Emmons' resiliency training at IHH to help her cope with anxiety. The healing guide also schedules an appointment with a palliative care specialist. Jane is invited to call the healing coach with future questions that arise, and is assured that their role is to coordinate her care. The healing coach makes notes to Jane's electronic record on the progress they've made, and receives necessary guidance from others in Jane's care team.

Approach: This patient-centric approach includes personalization of care and gives the patient the chance to define "wellness." All stakeholders within the institution - including the caregivers and staff of Abbott Northwestern Hospital, affiliated caregivers and patients – will commit to participation in structured conversations that design the model, draft personalized care plans and establish personal and project outcomes. In working with family members and connecting them to resources both within and outside the hospital and clinics, the wellness initiative will encourage attentiveness to healthy options, and begin to address some of the social determinants of health, including housing, meaningful employment and environment.

5.3 Information: Access and Capacity

Information management is a critical issue for patient care integration, and our ability to share information and provide seamless care is one of the expectations of our patients. First, all stakeholders in the system will be taught how to optimize its use for information sharing and learning. Second, caregivers need to communicate with each other rather than rely on the patient to provide continuity, which is both tiring and potentially dangerous. Abbott Northwestern's electronic medical record, Excellian, gives providers and specialists the ability to access a shared, comprehensive record for each patient.

Further development of shared information and communication networks will be essential to providing the level of coordinated, personalized care we envision, and will also provide a path to more cost-efficient, high-quality care:

Key Activity: Extend Abbott Northwestern's Excellian system to three primary internal medicine clinics without current service, including direct linkage and training, and expand service and offer additional training to one Abbott-dedicated AMC Clinic currently on the system. Implementation will be offered in each office in full compliance with Stark II regulations.

The Robina Initiative will leverage the existing investment in Excellian and extend it to independent clinics with the highest referral rates to ANW. These providers will have secure access to patient care records, significantly improving patient care integration.

Key activity: Educate and provide information to all constituencies using the new system, including patients and health care providers who interface with and use it at all levels. Educational and informational approaches will differ according to the target audience, but will include:

- **Patients:** individualized e-mail and communication banks, supported by trained healing guides and web-based interactive information platforms;
- **Nurses, physicians, healing guides and other health care professionals:** web-based platforms including podcasts; blogs; continuing education courses, lectures and clinical conferences;
- **Broader constituencies:** provide information on health and wellness, as well as use of ANW resources, to all constituencies through a variety of media.

I can be told information about sodium and still not understand it. Is it sodium per serving or sodium per container when I shop? It is very confusing for me and my caregiver to understand. This education needs to be more in-depth. We end up spending most of our time reading labels. This would be a perfect opportunity for staff to get a group together at the hospital and show them how to make tasteful low sodium and low fat meals. Another nutrition question is about dining out. I would like to know what to specifically avoid.

- A current Abbott patient

Key Activity: Where recruited patients and family members do not have Excellian records created, co-create an EMR for these individuals, working with all available health care providers who may have patient information.

Patients will design their electronic care plan and profile in consultation with their care team. The personal care plans will provide broader information than basic health records and will follow the patients across settings. Key information that will become part of the expanded My Chart includes care preferences, dietary restrictions, spiritual beliefs, living conditions, and desired treatment modalities.

Key Activity: Build additional reporting options and leverage existing platforms (i.e. Excellian) for care teams, as well as patients, to view medical record information and better manage patient care planning and interactions.

We will work with analysts to develop and deliver three major reporting functions for Excellian that do not currently exist and are essential to customizing patient care: 1) population-wide reports that help research and program leadership identify and respond to health care trends; 2) physicians and care team reports that provide clinical personnel with information on their patients, and; 3) patient-level reports on individual care measures and health markers. These functions, which offer both broad perspective about a group and individualized information about a patient, will support clinical personnel maintaining ongoing and proactive relationships with patients. For instance, care teams managing patients with diabetes might ask for a report on patients due for hemoglobin A1C screenings. Those patients would get a reminder call, e-mail or text-message from the navigator, reminding them that taking the test on time can help keep chronic conditions manageable and ensure the best outcome.

Jane's primary care physician, linked through Excellian, sees the notes from her conversation with the IHH healing guide as well as the follow-up appointments that were scheduled. The primary care physician sends a message to the healing guide to schedule Jane's cardiology appointment. Jane has indicated a preference to receive communications via e-mail, so the healing guide sends a follow-up e-mail that evening.

Key Activity: Link patients with their electronic medical record, as well as ongoing opportunities to learn about optimizing wellness (e.g., caring for chronic conditions at home), through electronic means.

Jane checks her e-mail and notices that her healing guide has provided links to some interesting articles on optimizing health for congestive heart failure patients. There are some heart-healthy, low-fat recipes that she wants to try, and she writes her healing guide to let them know she is going to pursue some dietary changes.

Key Activity: Utilize off-the-shelf health monitoring technologies targeted to the initial chronic disease conditions.

Jane receives a Home Health Monitor and is instructed in its use. Her healing coach tells her that a pilot study by the device maker revealed that the hospital readmission rate for 35 congestive heart failure patients using the system was just 14 percent over a six-month period, compared to the national readmission average of 42 percent over a three-month period. Other patients reported the system was easy and convenient to use, and that steels Jane's determination to use this tool to stay out of the hospital.

Approach: We will build a multi-faceted approach to shared information and communication with the goal of creating a system that invites constituents to participate and learn. Medical records will be a shared base of information, benefiting patients through the consistency and individualization the record provides. The information infrastructure that is created will facilitate informed, participatory decision-making. This builds Abbott Northwestern Hospital's capacity to meet the community on the community's terms.

5.4 Measures from Phase I

Inherent in this request is an expectation that Robina's initial investment will yield an infrastructure that increases patient and care team participation and satisfaction, improves clinical outcomes, and leads to cost savings.

Key Activity: During Phase I, develop patient and care team-designed outcomes that have personal meaning. Develop both short-term (i.e., seen within three years) and long-term (i.e., seen within 10-15 years) outcomes with both groups.

We suspect that patients and care teams are interested in different outcomes than traditional health care systems outcomes. In particular, we expect that patient and care team engagement might be important to measure.

We also suspect that for patients, changes in personal time availability and use (e.g., resulting from feeling better) might be important; for care teams, we suspect changes in practice patterns and increased professional interest (e.g., resulting from responsibilities on a care team that take advantage of professional training) might be important.

Key Activity: Complement the above outcomes with traditional short-term (i.e., patient satisfaction) and long-term (i.e., clinical outcomes) measures.

Creating a care environment that is more patient-centered should lead, rather immediately, to increased patient satisfaction. We also anticipate that a more patient-centered environment will lead to greater compliance by patients. Further, equipping patients with navigation skills and a care team should help decrease hospitalizations, decrease readmissions for those with previous hospitalizations, and improve control of important clinical measures (e.g., diabetics' A1C levels).

Key Activity: Examine cost savings from the Robina initiative in a manner similar to the current Centers for Medicare and Medicaid Services approach to estimate savings.

Examining cost savings resulting from improved preventive and wellness care will also be important for this initiative. We intend to use the same approach the Centers for Medicare and Medicaid Services is using in its nationwide test with group practices to identify cost savings. CMS is interested in whether appropriate secondary and tertiary preventive care can decrease hospitalizations (thereby saving money for payers); we will employ a similar analysis strategy to identify the cost savings resulting from our innovative approaches. More specifically, CMS determines, based on the initial status of a patient (e.g., disease status, co-morbidities, age, onset), the estimated consumption of inpatient hospital services for an individual patient over a specified period of time. This data is used to estimate the cost savings generated should that patient not be hospitalized during that specified period of time. We will employ this same predictive approach to estimate the amount of inpatient hospitalization savings generated by the CHF and diabetic pilot patients during Phase I.

Key Activity: Work with an external evaluation team to evaluate the process of implementing Phase I of the Robina Initiative.

Working with an external partner, the University of Minnesota's Division of Health Policy and Management, will offer us the chance to gather process data during the development and implementation of our new models. Engaging with an objective third-party will help us to understand the benefits and challenges of our proposed collaborative approach, as well as the ways our development and implementation varies by care team and patient group.

Approach: Involving all participants in project design and ongoing assessment allows Abbott Northwestern to understand both the process and products of the model from many points of view. The focus on longer-term objectives represents a commitment by all parties to provide evidence on the health outcomes as well as cost efficacy of patient-centered approaches to treatment of chronic disease and wellness initiatives.

5.5 Prepare for Phase II Testing and Expansion

After assessing both the model and outcomes during Phase I, we expect to extend the model to other patient populations, including general populations not identified with or experiencing any chronic illness, and clinical settings.

Key Activity: Adjust patient navigation models and care team models based on learning from Phase I.

Key Activity: Initiate discussions with patients from other chronic disease areas late in Phase I to initiate tests for Phase II. Enroll adequate patients to rigorously test (in a randomized trial fashion) the effect of Abbott Northwestern's patient navigation models and care team models in a larger population.

- a. Extending to other patients within targeted disease states
- b. Extending to other chronic disease states
- c. Healthy people

Key Activity: Develop a business model to define mutually beneficial partnerships between health care providers and payers that leverage the care model, and the suite of approaches and tools developed under this grant.

Key Activity: Share preliminary data on model development with the wider community.

Approach: Abbott Northwestern Hospital's goal is to build on learning from Phase I to leverage payer investment in a more patient-centric, holistic model that also positively addresses concerns about the rising costs of health care through early intervention. We also intend to expand the hospital's influence in the community and region through discussion of the model.

6. Future Phases

While Phase I is a three-year model, our intentions are far broader and longer-term. Over a ten-year period, we intend to implement this breakthrough in care delivery throughout Abbott Northwestern and in partnership with a wider network of affiliated caregivers. **We hypothesize that benefits over the long-term will include less frequent medical mistakes due to incomplete or missing information, stronger adherence to evidence-based practices, fewer hospital stays, and greater caregiver and patient confidence in our health care system to meet their own high standards of care.** Most importantly, from the day it is launched, the model will put the patient at the center of each care team and the focus of everything we do.

Although the scope of the present proposal is limited to activities in the first phase of the project, the magnitude of change we intend to realize over a decade is summarized below:

- **Phase I:** Develop and implement a model with congestive heart failure and diabetic patients, as well as with the family members of diabetic patients, that transforms the current culture of health care to a patient-focused continuum of care, where patients and care teams jointly create shared care plans and knowledge.

- **Phase II:** Expand the model development to other chronic conditions, as well as a broader array of patients needing primary preventive care. Invite a member of the payer community (e.g., BlueCross BlueShield of Minnesota, UCare, Medica) to join us in a randomized control trial of the model, testing its effectiveness against standard practice with a subset of their patients. Disseminate and publish widely the results from Phase I and initial results from Phase II. Continue to adjust the model where results suggest changes are necessary.
- **Phase III:** Fully implement the model across all of Abbott Northwestern Hospital, including all of its affiliated referral clinics. Partner with the payer community to advocate for additional changes to reimbursement policies, aligning with the patient-centered approach we have tested. Engage the broader community, including public health, social service and education organizations, in enabling Abbott Northwestern Hospital to address social determinants of health, including access to medical care, transportation, and housing.

Phase I of the Robina Initiative will unfold over a three-year period, Phase II over the subsequent three-years, and Phase III over the following four-years.

Our plan for disseminating the findings of the ongoing, ten-year evaluation effort includes:

- Peer-review publication and presentation at local and national scientific and professional meetings;
- Ongoing e-mail newsletter communication to key contacts in health care organizations likely to be interested in evaluation findings;
- Abbott Northwestern Hospital Community Gatherings for medical, nursing and other staff; as well as Robina Initiative Forums for the broader Twin Cities health care community.

7. Long-Term Vision

With new systems in place, we expect patient care to transcend the acute care nature of the current U.S. health care industry. We will build upon our partnership with both independent and aligned caregivers to promote wellness models as well as more effective management of chronic illness. This model of care will rely upon a platform of shared knowledge – for patients, caregivers and for the measurement of outcomes and results. The definition of care teams will be expansive and progressive, with the coordination and navigation of care to be emphasized and highly valued.

Patients and families, at all stages of their lives and across all settings – from home to hospice – will be assured that our health care system returns to its primary focus of optimizing health for each individual, and taken together, for our community. These changes will have profound meaning for those who seek healing and those who provide it and empower the patient to be increasingly self-responsible.

Equally important will be the evidence we build on the cost efficacy of investing in more intensive, personalized education in health and wellness in this community of individuals. By enabling the individual patient's commitment to their own health and well-being through our investment of time and personnel on the front end, we hope to decrease the number of complications, hospital stays and other demands on services in the future. In similar fashion, we believe that a prevention focus with at-risk individuals who have not yet presented with disease saves future life-altering consequences, hospitals resources and insurer expenditures.

With a proud history of innovation and community service, and a commitment to excellence on behalf of its constituents, Abbott Northwestern is positioned to leverage investment from the Robina Foundation into a model that will have both local and national impact. Jim Binger's challenge to approach the future with an expansive vision has inspired both this ambitious plan and the many people who will work to create a standard of care and a workplace environment that is second-to-none.

Transforming Health Care Delivery at Abbott Northwestern Hospital: A Proposal for Innovation Submitted to the Robina Foundation

3-Year Budget

Income

Robina Foundation	\$5,000,000
Funding needed from additional donors	\$ 244,500
TOTAL	\$5,244,500

Expense Items

Patient Incentives	\$255,000
Healing Guides	\$1,365,000
Expanding IHH Capacity	\$375,000
Excellian Installation & Training	\$192,000
Technical Build Staff	\$510,000
Report Writers	\$382,500
Web Support	\$210,000
Patient Health Monitors	\$750,000
Educational Support	\$245,000
Telecommunications Support	\$150,000
Research Team	\$420,000
Process Evaluation	\$390,000
TOTAL	\$5,244,500

Direct - patient care
vs.
Indirect

Line Items

The following line items for the budget are based upon specific activities referenced in the Phase I Activities section.

Patient Incentives

Key Activity: Recruit 120 diabetic patients and 100 CHF patients (total) from the four internal medicine groups for involvement in chronic disease management work.

Key Activity: For the 120 diabetic patients, recruit at least one family member without chronic conditions for involvement in primary prevention work.

We estimate patient incentives of \$500/year for participation in Robina for all patients enrolled. Patients will be heavily involved in focused discussions and model development, as well as personal health assessments and screenings, during the first year and a half of the project. Approximately 340 patients * \$500 incentives * 1.5 years.

Healing Guides

how healthy is IHH currently
explain healing guide further
Key Activity: Using the Institute for Health and Healing (IHH) as a hub, jointly develop navigation models with patients, healing guides, care teams and Abbott Northwestern social work/UM/case management staff that will enable and extend patients' ability to:

- Navigate technically through the healthcare system (e.g., understanding the movement between clinic visits, outpatient based procedures, and inpatient experiences);
- Make lifestyle changes;
- Integrate holistic medicine into their life and care experiences; and
- Access community resources and organizations to extend needed social support.

We estimate needing 7 healing guides for the duration of the project. 7 healing guides * 3 year * \$65,000/year for salary.

Expanding IHH Capacity

Key Activity: Facilitate care teams comprised of primary caregivers and nursing staff for primary prevention patients. For chronic disease patients, care teams will include additional chronic disease and palliative care providers and nursing staff. Care teams will work directly with patients and healing guides to develop shared care plans. Where appropriate, care teams will work directly with patients and healing guides to develop palliative and advanced care plans.

To expand the capacity of the Institute of Health and Healing to provide staff to join the care teams, we estimate \$125,000/year for 3 years. \$125,000 * 3 years. *for what?*

Excellian Installation

Excellian Training for Providers

Key Activity: Extend Abbott Northwestern's Excellian system to three primary internal medicine clinics, including direct linkage and training.

We estimate \$24,000 in installation and training costs for each of 8 new providers. (This is 85% of the estimated cost, as we expect providers/clinics to cover the remaining 15%.) \$24,000 * 8.

Technical Build Staff

Key Activity: Where recruited patients and family members do not have Excellian records created, co-create an EMR for these individuals, working with all available healthcare providers who may have patient information.

To complete advanced technical supplements to Excellian, we anticipate needing 2 technical staff. \$85,000/technical staff * 2 individuals * 3 years.

Report Writers

Key Activity: Build additional reporting options and leverage existing platforms (i.e. Excellian) for care teams and healing guides, as well as patients, to view medical record information and better manage patient care planning and interactions.

?

We estimate needing approximately 1.5 additional report writers to meet reporting needs for care teams and patients. $\$85,000/\text{report writer} * 1.5 \text{ individuals} * 3 \text{ years}$.

Web Support

Web Key Activity: Link patients with their electronic medical record, as well as ongoing knowledge development (e.g., caring for chronic conditions at home), through electronic means.

We estimate needing an additional staff person to provide web and knowledge material development support. $\$70,000/\text{staff} * 3 \text{ years}$.

Patient Health Monitors

Key Activity: Utilize off-the-shelf health monitoring technologies targeted to the initial chronic disease conditions.

We anticipate 150 patients out of the 340 recruited will require health-monitoring technology for their homes/persons. We anticipate spending approximately $\$5,000/\text{individual}$ for this technology and presume a partnership with a health-monitoring firm. $150 \text{ patients} * \$5,000/\text{patient}$.

no ins. ?
cong

Educational Support Telecommunications Support

Key Activity: Develop telecommunication and face-to-face knowledge development capabilities for patients and care teams. IHH and healing guides, along with care teams, will guide this knowledge development work for patients. National experts and the external scientific advisory council will guide this knowledge development work for care teams.

We anticipate hiring a health educator who will be charged with education work with care teams and patients. We anticipate printing and development costs of $\$50,000$ for educational materials for care teams and patients. We anticipate requiring an additional $\$50,000$ in telecommunications support per year to provide education via telecommunication to patients and care teams. $\$65,000/\text{year}$ for education staff * 3 years. $\$50,000$ for development and printing/publishing. $\$50,000/\text{year} * 3 \text{ years}$ telecommunications support.

Research Staff

Key Activity: During Phase I, develop patient and provider designed outcomes that have personal meaning. Develop both short-term (i.e., seen within three years) and long-term (i.e., seen within 10-15 years) outcomes with both groups.

Key Activity: Complement the above outcomes with traditional short-term (i.e., patient satisfaction) and long-term (i.e., clinical outcomes) measures.

To support the current research team, two research staff will be required to implement short-term and long-term outcome data collection and analysis strategies. \$70,000/staff * 2 staff * 3 years.

Process Evaluation

Abbott Northwestern will contract with the University of Minnesota's Division of Health Policy and Management to complete the process evaluation of the implementation of Phase I of Robina. \$130,000/year * 3 years. (This includes a 12% indirect for the University—a lower indirect rate reserved for special foundation grant funding.)

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Abbott Northwestern Hospital Foundation

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Effective June 2007

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November 13, 2007

Dr. Gordon Aamoth
President, Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Dr. Aamoth,

It was a pleasure to meet with you and the Trustees of the Robina Foundation on August 29 to explain our proposal that provides bold and innovative changes in legal education. In light of those discussions, the information that you have requested in your letter of September 13, and the information that you have subsequently provided us, we are submitting the following request to the Robina Foundation for its support.

Our goal remains one of bringing bold and innovative change to education at the University of Minnesota Law School. The grants that you previously provided us made it possible to start this process for change at Minnesota. The directions that were charted in that effort are path breaking.

Others are moving in the same direction. Unknown to us, the Carnegie Endowment on Education was simultaneously conducting a project on professional education in the law. Its final report parallels many of the conclusions that we reached independently. We are providing each member of your board with a copy of that project's final report. Indeed, the *N.Y. Times* recently reported on other Law Schools starting along the same path. Because of the head start that you gave us, we are in a position to move ahead rapidly to implement the changes to make legal education relevant to the new environment, but we need your support to make that transformation possible.

I. RESPONSE TO QUESTIONS ASKED

Let us begin by trying to answer the specific questions that you posed to us in your letter of September 11:

1. You have asked whether a ten year funding commitment is necessary from Robina in order to secure matching funds from the University. We can only ask for a match from the Permanent University Fund (PUF) if there is a commitment to fully funding the corpus of an endowment that will support the designated professorship. In light of the limitations on your distributions in the next few years, the University Foundation has indicated that such a funding of the endowment could take place over a maximum of ten years. Of course, if larger contributions to endowment can be made, the period can be shortened. Until the endowment is fully funded, we have inserted a proposal for current funding, so that the purposes of the new professorships could be immediately realized.

2. You have asked us to provide a timeline for implementing the project. It is simple and straightforward:

In the spring of 2008, just two months from now, we will begin the statutory interpretation/legal writing component of the proposal.

In the spring of 2009, we are planning on starting the work of the lawyer course. Active preparation will begin in the fall of 2008. We are already in the process of conducting a search for a director. We have identified five individuals who are strong prospects to take over management of that course. The final interviews and selection will be early in 2008. We would like to be able to bring one of these individuals onto the faculty as early as possible in 2008 and to begin the intensive work for providing an outstanding course in academic year 2008-9.

In the fall of 2009, we would like to launch the proposal in full, especially the "capstone courses" if the Foundation is financially able to support the proposal. We would be grateful for a firm commitment from the Foundation by the spring of 2008. Funds would need to be available by the fall of 2008.

We should also alert the Foundation that we are talking to a donor about a commitment to the Law School in the range of tens of millions of dollars. This information is relevant to the Foundation because the donor has asked about the possibility of a match from the Foundation. If and when the negotiations become more definite, we will inform the Foundation.

3. You have asked whether the Law School will approach other sources for student scholarships. We will be seeking support for the scholarship part of our original proposal from other sources. In fact, just this year we have already secured over \$1.8 million in endowments for scholarships, the payout from which will be matched by the University. Your magnificent support for other parts of the program has helped to induce alumni and other donors to

make these gifts. We will continue to seek support for the parts of the proposal that will not be funded by the Foundation.

- 4 You have asked whether the topic of human rights is likely to play a curricular role. We are anticipating that one of the capstone courses would be on some aspect of International Human Rights. The goal would be to take some human rights issue (e.g., the Darfur crisis), and to explore not only the legal issues, but also how other legal factors (e.g., environmental factors, economic factors, and the legal structures that support them) impact on the issue under study. In anticipation of this project, we are requesting (see below) that the Foundation support the hiring of a clinical faculty member who would be paired up with the Human Rights Center.
- 5 You have asked about the Law School's plan to evaluate the project. We would propose two methods of evaluation. First are external benchmarks. Currently, the Law School is tied for 20th of 192 law schools in the U.S. News rankings. In the Leiter Reports, which measure scholarly productivity, the Law School's overall ranking is 18th; its mean ranking is 21st and its median ranking is 12th of the top 35 that he ranks. Both of these rankings are rough external evaluations of the Law School's overall academic program. Depending upon the level of support from the Foundation, our overall goal would be to be in the top 15 in both rankings. In addition to these external benchmarks we plan on developing internal benchmarks. Those benchmarks would be based on surveys of both students and faculty to assess the state of our progress.

II. 2007 PROPOSAL FOR FUNDING IN ACADEMIC YEAR 2008-09

In view of the Foundation's expressed preference for the curricular and faculty initiatives and the Foundation's current financial limitations, we are limiting our 2007 funding request for academic year 2008-09 to objectives to those categories.

To the extent that funding is available in the current annual budget of the Foundation, we request consideration of the following requests. Funding for these items before January of 2008 would permit us to move forward with hiring in these important areas.

A. Course Director, Work of the Lawyer: \$170,000.

You have already contributed to some of the start-up costs of our innovative "Work of the Lawyer" course. This will dramatically change the first year of law school to introduce students to the issues they will confront in a realistic practice context, rather than doctrinal, classroom form. We are in the process of hiring an individual to become the permanent course director of that offering, to teach one of the sections, supervise the simulation content, and hire the adjuncts who will be section leaders.

B. Clinical Professor, Immigration Clinic: \$170,000.

In addition, given our strengths in human rights, student demand for an immigration clinic to be paired with our Human Rights Institute, and our desire to further support human rights work at the Law School, we request support to hire a clinical professor to create an immigration clinic that would be paired with the Human Rights Institute. We should note that if the Law School is able to hire a clinician for next year, it would be in a strong position to develop a capstone course in international human rights in the following year.

C. Entry-level faculty member: \$160,000.

We would very much appreciate the support of the Foundation to hire an entry-level faculty member (less expensive than a lateral hire or a superstar hire). Given the Foundation's current financial restrictions and its desire to support faculty hiring, we are of the view that your support would be best targeted to that area. We are at present in need of an entry-level faculty member and would be appreciative if you would help us resolve that need.

Thus, we are requesting support in the amount of \$500,000 in 2007 for academic year 2008-09. As these requests would support faculty lines, it would be the University's expectation that the Foundation would continue to support (or endow) these requests in future years.

III. 2008 PROPOSAL FOR FUNDING IN ACADEMIC YEAR 2009-10

Our 2008 request for academic year 2009-10 begins to engage the types of transformative changes that are needed to catapult the Law School from a top 20 Law School to one of the top three public law schools in the country. Without a doubt, the hallmark of world-class law schools is their faculty. Minnesota has a history of great professors: William Prosser, Kenneth C. Davis, Charles A. Wright, Jesse Dukeminier, Yale Kamisar, Jesse Chopper, Terrance Sandalow, Arthur Miller, Edward Cooper, Catherine MacKinnon, and others. In order to transform the Law School, we need to return to that tradition. We need the ability to attract and retain truly top-notch senior faculty, the type of professors who would otherwise go to Michigan, Virginia, or Berkeley. We need to attract and retain promising young faculty. We need to support research. Consequently we propose the following specific areas of faculty support:

A. Two Robina Endowed Chairs in Law: \$1,500,000

As we described at the August meeting, we need support to hire at least two "star" professors. These are the individuals whose minds are continually sparking off new ideas for students, junior researchers, and junior faculty to pursue. The very presence of such individuals can be transformative and stimulate great intellectual excitement. These are individuals who can look at major incidents, like Hurricane Katrina, and see a host of legal issues that contributed to them or arise from them. These can range from the immediate (disaster management), through the mediate (the effects of zoning policies and

flood insurance laws), through the more remote (the impact of corruption and the possibility of better governmental structures to prevent it).

The Robina Chairs in Law would be the Law School's signature Chairs. Their purpose would be to attract a world-class scholar and to reward and retain our most promising senior scholar. These scholars would bring prestige and maintain intellectual vitality at the Law School. The payout from the endowment would support the professors' salary, research, and professional development. Importantly, these Chairs would also support these scholars' intellectual activities, such as conferences and symposia, to create intellectual energy and maintain a stronger intellectual community at the Law School.

Salaries for such individuals are competitive. A salary of \$300,000 for a star professor is not uncommon. To this must be added fringe benefit costs and support costs, so the total cost can easily exceed \$450,000. An endowment of \$10 million would, in itself, provide about \$450,000 of these costs in a year. University matches will either provide additional endowment or will provide additional current support to provide full funding for these important positions.

In light of the current restrictions on distribution of Robina Foundation funds, we ask that you support the establishment of two of these chairs through annual donations over a period of up to 10 years to an endowment. We also ask that you allow us to implement one of those chairs immediately by providing additional current funds to support that chair until the endowment is fully funded.

As an illustration of this approach, we ask that you provide a total of \$1.5 million each year for the next 10 years. The endowment for each of the chairs would receive a contribution of \$500,000, and \$500,000 would be made available for current use. Over the 10 year period, each of the two endowments would grow to far exceed the \$5 million you contributed. With a 10% total return, the endowment principal of each could approach \$8 million. With partial University matching from the Permanent University Fund, we should be able to achieve that \$10 million necessary in each endowment to support the \$500,000 level of expenditure required to fully support each of the two chair holders. While those endowments were growing, support for at least one of the Robina Chairs could come from the \$500,000 in current funds that you are also providing.

In order to achieve the matching funds from the Permanent University Fund, we would need to have a commitment of 1,500,000 each year for the 10 year period. Other configurations of funding might also be possible. When the level and timing of potential support is indicated, we will exercise our best efforts to configure the structure of the chairs appropriately and to obtain matching funding from the Permanent University Fund.

The Law School is currently running a deficit in its research fund budget. Although the Law School has added more faculty, our research fund budget has not grown. In order to be competitive, we need to have more research support for our faculty. In addition, the research support currently provided to the faculty is significantly below-market. This is an untenable situation that demands a remedy sooner rather than later.

C. Capstone courses: \$200,000.

Thus, we are requesting support in the amount of \$2,000,000 in 2008 for academic year 2009-10.

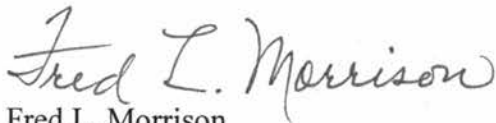
- We are also hopeful that you will continue to fund in 2008 the initiatives that were funded in 2007. If so, the total commitments for 2008 would be \$2,500,000.

SUMMARY

We have modified our requests to address the current limitations on your ability to distribute funds. A more extensive summary of our funding request is attached as an appendix. With this funding, we can begin to make significant progress toward transforming the Law School to meet the challenges of the future. We would be happy to meet with any of you or your staff to explain our proposals more fully or to discuss alterations or clarification that you might like to see.

In conclusion, we again want to thank you for your support to date, which has already begun to stimulate the transformations that Mr. Binger wanted.

Sincerely yours,



Fred L. Morrison

Interim Co-Dean

Popham, Haik, Lindquist & Vennum Professor of Law



Guy-Uriel E. Charles

Interim Co-Dean

Russell M. and Elizabeth M. Bennett Professor of Law

APPENDIX

Summary of Revised Funding Requests

	Funding in 2007 for 2008-9	Annual funding 2009-10 to 2018-19
Part II. Immediate (2007) requests for support of 2008-9 budget		
Course director, Work of the Lawyer	\$ 170,000	\$ 170,000
Clinical professor, Immigration Law	170,000	170,000
Entry-level faculty member	160,000	160,000
Part III. Additional (2008) requests for support of endowment and budgets for 2009-10 and beyond		
Two Robina Endowed Chairs		
Endowment of Chair 1		500,000
Current operation of Chair 1		500,000
Endowment of Chair 2		500,000
Strategic Ventures Research Fund		
Endowment of this fund		150,000
Current support for research		150,000
Capstone courses		200,000
Total request	\$ 500,000	\$ 2,500,000



Yale University

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November 6, 2007

Gordon M. Aamoth, M.D.
President and Chief Executive
Robina Foundation
4900 IDS Center, 80 South 8th Street
Minneapolis, Minnesota 55402

Dear Gordy:

I want to thank you for the generous offer by the Board of the Robina Foundation to receive the enclosed draft proposal from Yale as an update on progress toward a final submission later this month. You have given us a wonderful opportunity and I look forward to reviewing your comments and incorporating any changes you or the Board suggest.

This draft of a three-year, \$2.2 million request to help establish the Yale Center for New Theatre follows the Foundation's initial endorsement of a preliminary version of this School of Drama proposal, which, I understand, you presented to the Board along with ideas from the Schools of Medicine and Engineering in August. I know President Levin and Dean Bundy especially were very pleased by the endorsement of the new Drama initiative and, of course, by your invitation to move forward with the preparation of a final proposal. Indeed, all of us, and I include the extended Yale community along with theater fans in the region and around the country, are grateful for your encouragement. In terms of the Center's aims and scope, the need it addresses, and expected impact, I am confident that our proposal aligns well with the Foundation's goals of inspiring creative thinking, encouraging innovation, and upholding the highest standards of excellence.

Again, I am deeply grateful for this opportunity and for your advice and encouragement in the development of this proposal. I look forward to hearing from you and to proceeding with the final submission as soon as appropriate.

With warmest regards

Sincerely yours,

Inge T. Reichenbach

cc: Richard C. Levin
Enclosure

The Yale Center for New Theatre

A proposal to the Robina Foundation

submitted by

Yale University School of Drama

November 6, 2007



Project Summary

The Yale School of Drama respectfully requests a commitment of \$2.2 million from the Robina Foundation to launch the Yale Center for New Theatre, an initiative designed to infuse creative force into the American theatre by commissioning new works for the stage and developing the skills and nurturing the talents of aspiring playwrights and other theatre professionals.

The Need and Opportunity

Changes in the American theatre over the past half century have mirrored broader social ones. These have brought opportunities, for example, in the adoption of new theatre technologies, but risks as well to the long-term viability of the art, particularly among the nation's regional theatres where the margins for success are smallest. Faced with rising production costs and relying upon a static level of civic support to cover the difference, theatre managers especially have felt compelled to retain audiences with familiar works, reluctant to risk smaller box office returns on new plays that may challenge expectations. For playwrights, fewer opportunities, in turn, combined with flat incentives to produce new work have drawn them and other would-be theatre professionals to more lucrative alternative media—to film, television, and, we expect, in the future, to the internet. For audiences, the consequences can be inferred in the changing nature of the theatre-going experience, as the relationship with the performers becomes filtered through accumulated expectations and familiarity. Lost are some aspects of the intimacy of the live experience, the possibility of playwrights, set designers, and performers communicating directly with audiences and engaging their imaginations. Less subtly, over the long run, audiences may turn to other media for this experience, or gradually fail to appreciate art in all its manifestations as even having this capacity.

Supporting the creation of new works by young artists would help maintain this creative wellspring. Supporting them in a university environment, in particular, offers a unique and especially creative venue for developing plays and for nurturing their talents and imagination.

The Yale Center for New Theatre: Project Aims

Our strategy for meeting the challenges addressed above and mobilizing the talents, resources, and creative imaginations of young playwrights and stage professionals is based on three considerations: that with a strategic investment in the training and commissioning of plays, it will be possible to introduce innovation while ensuring the highest quality productions; that it is imperative to attract and engage more diverse audiences that reflect the nation's changing demographics; and that a key to enhancing the long-term vitality of live theatre lies in strengthening the regional stages through premieres and the showcasing of new talent. Our plans for the proposed Yale Center for New Theatre hinge on two program components:

1. *The establishment of a fund at the Center to commission new works for the stage.*

Results: a) It will increase the number of new works commissioned by Yale to an average of eight per year; for regional stages; b) it will create a pipeline for new plays in theatres around the country; c) it will also encourage and enable young playwrights at the outset of their careers, and at a formative point in their creative lives, to apply their talents to the stage and remain connected to the theatre.

2. *The introduction of new writing-centered, collaborative, and integrated workshops, laboratories, and short courses to the Yale School of Drama curriculum. These will be focused on different genres, including musical theatre.*

Results: a) These programs will give writers, technicians, directors, actors, and others access to, and deeper understanding of the limits and opportunities within their respective creative milieus; b) the experience acquired through project-based workshops will encourage innovation and experimentation; c) these collaborations will enhance professional training by further linking student education to the practical demands of writing, designing, directing, and staging performances.

In short, the Center will provide young playwrights with the time, resources and support needed to create new plays; it will allow them to draw on a myriad of sources for creative inspiration; and it will enable them to translate and shepherd ideas through the writing and eventual staging process. It will also broaden the experiences and expertise of all theatre students and embolden them to imagine new possibilities for stage, for example, in the use of music or dance or in set design, even management. These changes to be introduced through the proposed Yale Center for New Theatre will serve as a model for the training of professionals at other theatre schools and provide a pipeline for new talent and new works for theatre companies around the country.

Yale School of Drama/Yale Repertory Theatre

Yale is uniquely positioned to achieve these aims. The proposed project, four years in the planning, builds on the original mission of the Yale School of Drama. Since its founding in 1926, the School has pursued a conservatory model of educating students in every discipline of the theatre. With the establishment in 1966 of the Yale Repertory Theatre (the "Yale Rep"), one of the first professional stages on an American university campus, this integrated, interdisciplinary, hands-on approach became further embedded within the curriculum and a central part of the student experience. The perspective gained and understanding acquired has launched the careers of graduates such as Elia Kazan, T. Edward Hambleton, Julie Harris, Meryl Streep and Paul Newman. Moreover, students have played a crucial role in nearly all Yale Rep productions, among them the premieres of plays by Christopher Durang, Athol Fugard, David Rabe, Sarah Ruhl and August Wilson. This collaboration has helped place both the School and the Yale Rep at the forefront of innovations in theatre design and technology, and directly tied student education to the many demands of the art: from writing and producing to acting and directing as well as managing.

Current enrollment in the School of Drama stands at nearly 200; most students are in the M.F.A. degree program. Specific departments include Acting, Design, Sound Design, Directing, Dramaturgy & Dramatic Criticism, Playwriting, Stage Management, Technical Design & Production, and Theater Management. For those who have completed graduate degrees in Dramaturgy and Dramatic Criticism, there is also a D.F.A. program option for more advanced training commensurate with the demands of this field and employment expectations. Other options for students include a three-year Certificate in Drama equivalent to the M.F.A. requirements, but open to students who have not completed an undergraduate degree; there is a year-long Technical Internship Certificate option in the Technical Design & Production Department for professionals in this field. Additionally, the administration has initiated discussions over the possibility of introducing a joint degree program between Drama and Yale School of Management. At present, the intensive demands of teaching and mentoring are handled by approximately 70 faculty members.

Though the students and faculty represent widely diverse backgrounds and bring to the School unique perspectives, they are, as a group, highly motivated, creative, and disciplined in their pursuits. Employed throughout the theatre world, in nearly all aspects of the business as well as in allied arts fields (in opera, dance, film and television), Yale faculty and graduates form a network of highly trained and well-placed professionals who are in the vanguard of American theatre. A number, including Stephen Graham (the co-founder of the New York Theatre Workshop), Lynne Meadow (artistic director of the Manhattan Theater Club), and Anne Cattaneo (Dramaturg and Director of the Lincoln Center Theater Director's Lab) have been especially effective proponents of, and advocates for staging new works.

Project Plans

Day-to-day operations of the proposed Yale Center for New Theatre will fall under the purview of a to-be-named Literary Manager, under the oversight of James Bundy, Dean of the School of Drama and Artistic Director of the Yale Rep, and Jennifer Kiger, the Associate Artistic Director of the Yale Rep.

The first objective is to increase the number of Yale Rep commissioned plays to eight per year (up from an average of roughly two per year), and to sustain this level of creative output after the three-year grant period through the establishment of a permanent fund. This number of commissioned works will constitute an important contribution to the overall library of new plays; yet it is small enough to allow individual attention to each author. It is anticipated that playwrights will come to campus and be in residence for periods ranging from a full year, to a semester, to several weeks, in order to participate in workshops, mentor students, and develop their own plays. Retaining this program flexibility will allow us to tailor support based on the artists' needs and how they may benefit from on-campus opportunities.

The Dean, the Associate Artistic Director of the Yale Rep, and the Literary Manager will select prospective commissions based, in part, on the nature of other projects under development and current needs, for instance, for musicals or comedy. In fact, though, the

process and ultimately the main criteria for selection will be more dialogic and deliberative, emerging from discussions with playwrights about their ideas or vision for possible works, and about how a commission may fit within a longer career trajectory. In keeping with the aims of the Center, the focus will be on raising the prospects and nurturing the talents of younger writers who have yet to establish themselves. The program will simultaneously promote excellence and encourage writers to realize their artistic ambitions over an entire career, whether that is spent exclusively in the theatre or between different art and entertainment domains.

This first program objective will also advance the second: to further integrate the disparate aspects of dramaturgy, theatre production, direction, and management. Many theatre professionals, not just playwrights, come to campus every year to perform at the Yale Rep or to work with students and share their ideas and experiences. Through the Center for New Theatre initiative, these opportunities will be incorporated more fully into the curriculum. The aim is to foster greater student collaboration on projects, institute more hands-on learning experiences, and develop student expertise across professional divides. Workshops will serve as learning laboratories to promote exchange and encourage students to take risks, experiment, and innovate.

One area of particular curricular concentration will be musical theatre; others will be expected to follow. We know of no other program in the country that currently offers comprehensive instruction which combines the disparate skills of traditional theatre and music—despite musical's place as the first originally theatrical form. Our plan is to offer new courses on music composition dedicated exclusively to musical theatre, and to adapt existing courses, *Libretto Writing* and *Lyric Writing for Musical Theater*, for instance, which are currently offered through Yale College's Theatre Studies program. The envisioned workshops will draw together writers, musical directors, choreographers, cast, and production team members to collaborate and rehearse presentations of each new musical. (It is expected that at least one play of the eight per year will be a musical.) Moreover, beginning in summer 2009, we plan to establish, in partnership with Yale School of Music, an annual three-week institute for the development of musical theatre. The program will serve as a model for establishing other interdisciplinary collaborations that similarly take advantage of the remarkable expertise and resources within the various professional schools and departments at Yale.

Project Timetable

The following outlines a timeframe for implementation of the proposed Yale Center for New Theatre activities:

Year 1

- Fill the position of Literary Manager to facilitate new play programming at the Center;
- Increase Yale Rep's commissions to eight per year from an average of two;
- Introduce the writing of musical theatre, including libretto and lyric writing, into the School of Drama, and establish a course devoted to musical composition;

- Conduct workshops (three to five) and readings of new plays (including commissioned plays and plays under consideration for production at Yale Rep)—format to be determined in collaboration with the playwrights;
- Produce two world premieres;

Year 2

- Continue previous year's initiatives;
- Implement playwright residency fellowships (duration and number to be determined);
- Expand workshop programming (four to six).

Year 3

- Continue previous year's initiatives.

Year 4 and beyond

- Continue previous year's initiatives;
- Develop a national New Play Festival (including readings, workshops, and full productions) to serve also as a forum for dialogue on the opportunities for, and challenges to creating new works;
- Establish permanent funding for commissioning new plays.

Project Budget Overview

We respectfully request a grant of \$2.2 million from the Robina Foundation (including 10% or \$200,000 for indirects) toward the overall cost of establishing the Yale Center for New Theatre. Of this, \$1.2 million will cover immediate programmatic support, and \$800,000 will serve as a wasting endowment—that is, a fund invested in the Yale endowment that can be spent down over a period of time to help sustain the Center's activities until a permanent endowment is established. \$660,000 will cover the commissioning of twenty-four new plays over three years. The responsibilities of the Literary Manager, to be funded through the proposed request, will include coordinating with the Dean/Artistic Director and Yale Rep's Associate Artistic Director in the selection of new commissions; the Literary Manager will also communicate with the playwrights during the writing process at home and oversee progress of the associated work while in residence at the Center. He or she will participate in planning workshops and arranging master classes and related co-curricular events.

Expected Impact

Through the commissioning of new plays and expansion of Yale School of Drama's curriculum, the proposed Center will infuse new creative force into the American theatre by supporting talented, early career writers, and by explicitly tying the creation of new work to the training of a generation of students who will become leaders of American theatre. Our plans build on Yale's tradition of excellence, leverage the extraordinary educational, creative, and technical resources of the School and the Yale Rep, and draw on the ability to attract talented artists from all parts of the theatre profession. By expanding the repertoire of new plays, we expect to inspire new ways of imagining the

relationship between audience, playwrights, and performers. New works will command considerable interest on regional stages around the country; some plays, invariably, will reflect on experiences outside the mainstream of our dominant culture (both of traditional theatre-goers and the general public). Such an addition of creative material has the potential to attract broader and more diverse audiences that mirror America's own changing demographic profile. By maintaining the highest possible artistic standards, these works can be expected to have wide and enduring appeal.

The proposed workshops, short courses, and other curricular changes are designed to introduce more collaborative, project-oriented learning experiences and help students understand what is actually entailed in bringing ideas for plays to the stage. The focus on musical theatre—specifically, on libretto, lyric and music composition for the stage—will give them further appreciation of the creative possibilities and demands of this uniquely American art form. Workshops and courses in this genre will also serve as a model for additional interdisciplinary collaborations that draw together theatre students with artists and technical experts elsewhere on campus to experiment with different modes and methods of theatre production, different ways to convey ideas and connect with audiences.

The proposed Center will result in a number of high impact productions; furthermore, with it we can expect continued success in educating and placing our students at the forefront of the profession. More importantly, though, we believe that the Center will infuse live theatre with new possibilities and, in the process, honor James Binger's legacy and lifelong devotion to the art. Through this financial support of the Yale Center for New Theatre, the Robina Foundation will help establish a new standard in playwright-centered development and production; and it will keep writers of outstanding potential engaged in the profession, attuned to the traditions of the theatre while exploring and summoning inspiration from the contemporary influences around them. By securing their talents and encouraging artists to appropriate, adapt, and translate their creative ideas to the stage, the Robina Foundation will also assist the Yale School of Drama to remain a dynamic force and a leading center in American arts and culture.

Budget Request*

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total</u>
Literary Manager (salary plus benefits)	\$100,000	\$105,000	\$110,000	\$315,000
New Play Commissions (8 per year)	\$200,000	\$220,000	\$240,000	\$660,000
Workshops	\$50,000	\$75,000	\$100,000	\$225,000
Wasting Endowment (spent down in subsequent years)				\$800,000
Indirects (10%)				\$200,000
Total				\$2,200,000

* Allocations within these budget categories may shift depending on the availability of other funding.

From: Jean Sazevich <jsazevich@robinafoundation.org>
To: inge.reichenbach@yale.edu <inge.reichenbach@yale.edu>
CC: H. Peter Karoff; 'Gordon M. Aamoth' <gaamoth@robinafoundation.org>
Sent: Thu Nov 08 16:30:07 2007
Subject: Robina Foundation Proposal

Hello Inge:

Thank you very much for sending the proposal for the Yale Center for New Theatre to the Robina Foundation. We received it at our offices today. A more formal acknowledgement letter will follow.

One of our board members asked me to follow up with you to request some additional information. If possible, please address the question posed below in a few short paragraphs and send to me either via email or post within the next two weeks.

· The proposal states that the project will provide a "pipeline for new talent and new works for theatre companies around the country." How will it do so? What kind of activities will be undertaken to help ensure this broader impact occurs? How will Yale assess the impact it has had on this specific objective at the end of the project?

If you would like to discuss this in greater detail, please feel free to call me.

Thank you.

Jean M. Sazevich
Managing Consultant
Robina Foundation
612.333-2313



Yale University

OFFICE OF DEVELOPMENT

INGE T. REICHENBACH
Vice President for Development

P.O. Box 2038
New Haven, Connecticut 06521-2038

Campus address:
157 Church Street
New Haven, Connecticut 06510-2100

Telephone: 203 432-5461
Fax: 203 432-8399
inge.reichenbach@yale.edu

November 12, 2007

Jean Sazevich
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Jean:

Thank you so much for your request for additional information concerning Yale's proposal on behalf of the Drama School. I am delighted to enclose the additional information James, Bundy, Dean of the Yale Drama School emailed me. I hope it addresses your and the Foundation's question. If additional information would be helpful, I hope you will let us know.

We deeply appreciate the Robina Foundation's interest in our proposal and look forward to hearing from you again soon.

With warm regards,

Sincerely yours,

Inge T. Reichenbach

cc: James Bundy

Enclosure

Dear Ms. Szevich:

Thank you for the opportunity to address questions about the Center for New Theater.

Yale Rep and the School of Drama focus considerable staff time and energy on identifying and working with playwrights in production of new plays. We assess our success and failure based on:

1. The playwright's (and other artists') own aesthetic satisfaction with the process and product.
2. The critical and audience reaction to the work.
3. The life of the play in the field, in terms of subsequent productions, publication, awards and advancement for the writer.

Yale's location and track record provide bona fides to the press and profession, giving the playwrights leverage in publicity to have their plays produced repeatedly across the nation, published, and recognized with awards. We track the successive productions, and participate nominally in royalties from those productions when we produce the world premiere. (These receipts are dedicated to future commissioning funds.) Yale Rep playwrights have been disproportionately represented among those published in *American Theatre Magazine* in recent years--this publication is the flagship of the play publishing industry, publishing about six plays per year for the field, including three from Yale Rep in the last four seasons.

Since 2002, original plays making world, American and regional premieres at Yale include:

Fighting Words (2002) by Sunil Kuruvilla, subsequently produced in New York and the UK;

The Mystery Plays (2004) by Roberto Aguirre-Sacasa, subsequently produced in New York at Second Stage and in other cities;

The Clean House (2004) by Sarah Ruhl, subsequently produced at Lincoln Center Theater and in more than two dozen cities around the country, published in *American Theatre*, Pulitzer Finalist;

The Intelligent Design of Jenny Chow (2004) by Rolin Jones, subsequently produced at the Atlantic Theater Company in New York and at more than ten regional theatres, published in *American Theatre*, Pulitzer Finalist;

Radio Golf (2005) by August Wilson, subsequently produced by five regional theatres and on Broadway, published in *American Theatre*; Tony Award Nominee, Best Play;

dance of the holy ghosts (2006) by Marcus Gardley, subsequently produced at Powerhouse Theatre.

With eight commissions at least two world premiere productions per year, the Literary Manager and other artistic staff will have the responsibility of actively promoting the work on its way to production, after production, and of helping playwrights whose plays we are not in a position to produce get their work out to the field more broadly. Activities will include field letters, press releases, targeted distribution of scripts, and networking opportunities for playwrights orchestrated by staff in concert with other theatres and field service organizations. We anticipate that by the fourth or fifth year of the Center, we will have developed enough work to institute an annual festival in New Haven, at the new home of Yale Repertory Theatre, that enables leading artistic directors and literary managers to hear multiple readings and workshops of new plays in a 2-3 day span.

I hope this information is helpful in consideration of our proposal, and that you will feel free to ask any further questions that may arise.

Sincerely,

James Bundy

FUTURE BOARD MEETING DATES

DATE	TIME
November 27, 2007 (Tuesday) Conference Call	9:00 a.m. to 11 a.m. (Central Time)
January 28-29, 2008 New York City	January 28 – Council and Yale January 29 – Board Meeting/TIFF Meeting
May 20, 2008 (Tuesday) Conference Call	9:00 a.m. to 11 a.m. (Central Daylight Savings Time)
August 26-27, 2008 Annual Meeting in Minneapolis	
November 19, 2008 (Wednesday) Conference Call	9:00 a.m. to 11 a.m. (Central Time)

2008

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Revised Proposal in Light of Discussions on August 28, 2007

Level A (revised)	Law School	U Match	Robina
One distinguished professor (\$300,000) plus fringe benefits (\$100,000) and associated costs (\$50,000)	\$60,000	\$195,000	\$195,000
Scholarships		250,000	250,000
Work of the Lawyer course: course director (\$150,000) plus fringe benefits (\$50,000); program support, such as section instructors and materials (\$50,000)			250,000
Two Robina Capstone Courses (accommodating up to 20 students each): restructured teaching load for instructor (\$50,000), costs of interdisciplinary colleagues (\$50,000), fellowship for recent graduate ("post-doc") (\$50,000), costs of site visits, materials, etc. (\$50,000): \$200,000 each		50,000	350,000
Strategic Venture Research Fund			300,000
International kick-off symposium (on new approaches to legal education) for Civil Society Initiative	100,000		
TOTAL \$2,000,000	\$160,000	\$495,000	\$1,345,000

NOTE: This proposal provides for annual operating costs for 10 years. At the end of that period an additional gift would be necessary to provide an endowment to support these costs on an on-going basis.

The effects of inflation must also be addressed. The University would ask for an annual increase of 3% for each year that operating funds are provided. Once a permanent endowment is established investment income would address the inflation factor.

September 13, 2007

Guy-Uriel Charles, Dean & Russell M. & Elizabeth M. Bennett
Schrobrich/Lindquist Professor of Law
Fred L. Morrison, Dean & Popham, Haik & Vennum Professor of Law
University of Minnesota Law School
381 Walter F. Mondale Hall
229-19th Ave. So., Room 381
Minneapolis, MN 55455

Dear Co-Deans Charles and Morrison:

On behalf of the Board of Directors of the Robina Foundation, I would like to extend our sincere appreciation to both of you, Provost Sullivan, and Mr. Fischer for hosting our visit and the time you took to meet with us on August 29th. We were impressed with the level of enthusiasm for the project and the case you made for the impact it will have on the future of the institution.

We are in receipt of the revised proposal budget that Dean Morrison hand delivered just prior to our departure on August 29th. The revised budget requests an annual contribution of \$1,345,000 (plus annual inflationary increases of 3%) from Robina each year for a ten year period.

The Foundation is prepared to move forward in making a commitment to the project, at a funding level yet to be determined. In order to move the proposal forward and complete the review, some additional information is required:

- Please verify that a ten year funding commitment is necessary from Robina in order for the Law School to receive the matching funds from the University as presented in the revised budget. We are interested in ensuring that a grant from Robina will leverage as much as possible in support from other sources and want to make sure we fully understand the leveraging opportunities that are available and how best to secure them.
- Provide a timeline for implementation of the different aspects of the project, explaining when grant funds would be needed for implementation of the activities proposed.
- Due to limited funds available to the Foundation at this time, it may not be possible to provide the full amount of support requested. The Foundation would also likely target its support to the curricula and faculty aspects of the proposal. Would other sources of support be approached for student scholarships and/or other aspects of the project?

- Is the topic of international human rights likely to play a significant role in the curriculum to be developed? If so, how?
- How does the Law School plan to measure the impact of the project? Are there benchmarks that will be evaluated to gauge success?

There is no specific deadline for receiving the additional information requested above.

Again, the Foundation is interested in moving forward in partnership with the University of Minnesota Law School to support this initiative. We look forward to future conversations as the review process evolves.

If you have any questions or would like to discuss next steps, please feel free to call me.

Sincerely,

Gordon M. Aamo, MD
President, Robina Foundation

cc: Tom Sullivan

COUNCIL ON FOREIGN RELATIONS

58 EAST 68TH STREET • NEW YORK • NEW YORK 10065
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www.cfr.org

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Leslie H. Gelb
President Emeritus

August 15, 2007

Dr. Gordon Aamoth
President
Robina Foundation
80 South 8th Street
Suite 4900
Minneapolis, MN 55402

Dear Dr. Aamoth:

The Council on Foreign Relations is pleased to be included as one of four possible beneficiaries of support from the Robina Foundation. As your board begins to review its first round of potential grants, we respectfully request consideration of a new Council initiative on International Institutions and Global Governance (IIGG), which will explore institutional requirements for world order in the twenty-first century.

The current architecture of global governance—largely reflecting the world as it existed in 1945—has not kept pace with fundamental changes in the international system, and thus provides an inadequate foundation for addressing today's most pressing threats and opportunities and for advancing U.S. interests. The Council's IIGG program would seek to address this inadequacy by identifying critical weaknesses in current frameworks for multilateral cooperation, proposing specific reforms tailored to new global circumstances, and promoting constructive U.S. leadership in sponsoring new, more effective international institutions and partnerships.

With the depth of its distinguished research staff and eighty-six year history of leadership in the U.S. foreign policy debate, the Council is uniquely equipped to undertake this program. Additionally, as publisher of *Foreign Affairs*, the most-read foreign policy journal in the world, and CFR.org, the leading foreign policy website for journalists, students, and business leaders, the Council is in a unique position to disseminate its findings and recommendations.

To date, we have used a small portion of the \$50,000 planning grant to begin discussions to flesh out the program concept. We have also engaged Dr. Stewart Patrick, a fellow at the Center for Global Development, to write the

Dr. Gordon Aamoth

August 15, 2007

Page Two

enclosed prospectus. Should the Foundation approve this concept, we would use the remaining planning grant to hire Dr. Patrick to work with Dr. Gary Samore, vice president and director of the David Rockefeller Studies Program, to prepare a full proposal and convene an informal advisory committee of Council staff and members from across the country to review and comment on the expanded proposal. Upon my final approval, we would then submit the refined proposal to Robina for consideration of a larger grant. Should the Foundation choose to award a grant for this purpose, our intention would be to bring Dr. Patrick on board full-time as a senior fellow to implement the program.

As you will see by the prospectus, this would be a considerable undertaking and would require the Council to call upon the full range of its fellows for their respective intellectual contributions. We would, of course, compile a specific budget should the Robina Foundation ask for expansion of this proposal but, as of now, we anticipate that the annual budget would be somewhere in the \$1-2 million range for an initial three to five year period, depending upon the final scope of the program.

Thank you for your consideration of this initiative. Please let me or Suzanne Helm, vice president for development, know if we can provide further details at this point. We look forward to hearing from you.

Sincerely,

A handwritten signature in dark ink, appearing to be "G. Aamoth", written in a cursive style.

Enclosures

A single, long, slightly curved horizontal line drawn in dark ink, likely indicating the end of the letter or a signature line.

COUNCIL ON FOREIGN RELATIONS

58 EAST 68TH STREET • NEW YORK • NEW YORK 10065
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ROBINA FOUNDATION \$50,000 Planning Grant FY08 Budget

EXPENSES	YTD ACTUAL	REMAINING
Principal Investigator (Stewart Patrick)		
Prospectus Development	\$10,000	
Final Proposal Development		\$15,000
Staff time for concept development (Haass, Samore, Helm, et al)	\$3,820	
Staff time for proposal development		\$6,180
Research Travel, meetings, etc		\$15,000
TOTAL:	\$13,820	\$36,180

International Institutions and Global Governance

World Order in the Twenty-First Century

A Proposed New Program of the Council on Foreign Relations

Executive Summary

The Council on Foreign Relations intends to launch an innovative new program on International Institutions and Global Governance (IIGG). The purpose of this multi-year initiative is to explore the institutional requirements for world order in the twenty-first century. The undertaking is motivated by recognition that the architecture of global governance – largely reflecting the world as it existed in 1945 – has not kept pace with fundamental changes in the international system, and thus provides an inadequate foundation for addressing today's most pressing threats and opportunities and for advancing U.S. national interests. The program will identify critical weaknesses in current frameworks for multilateral cooperation; propose specific reforms tailored to new global circumstances; and promote constructive U.S. leadership in building up the capacities of existing organizations and in sponsoring new, more effective international institutions and partnerships.

To accomplish these tasks, the IIGG program will conduct an audit of existing global governance mechanisms and offer concrete recommendations for U.S. policymakers charged with advancing U.S. national interests through multilateral frameworks. The program will adopt a sector-based approach, examining arrangements governing state conduct and international cooperation in specific issue areas. At least provisionally, these would include the use of force; conflict prevention, peacekeeping and post-conflict peace-building; transnational terrorism; the proliferation of weapons of mass destruction; homeland security; organized crime; global public health; environmental degradation; energy insecurity; international trade; financial and monetary coordination; and global development. In each case, the program will evaluate the performance of relevant international regimes – including the adequacy of existing principles, norms, rules, and decision-making procedures – in facilitating effective multilateral cooperation. The IIGG program will also consider whether the most promising framework for governance in each case is a formal organization with universal membership (e.g., the United Nations); a regional or sub-regional organization; a narrower, informal coalition of like-minded countries; or some combination of all three. The program will also consider the potential to use or adapt existing institutions as well as the feasibility of creating new ones.

This concept note summarizes the rationale for the IIGG program; outlines potentially promising areas for research and policy engagement; and proposes some notional products and activities that would be possible under a fully-fledged (and fully-funded) program. We believe that the research and policy agenda outlined here would constitute a novel contribution to U.S. and international deliberations on the requirements for world order in the twenty-first century. To our knowledge, there is no similar initiative of comparable scope under way (or being planned) in any other major research institution. The proposed program falls squarely within the Council's historic mission of helping American citizens better understand the world and the foreign policy choices facing the United States. In fulfilling its mandate, the IIGG program will draw on the Council's unique attributes as the world's premier think tank on matters of foreign policy; as a prominent forum for convening American and international statesmen and opinion leaders; and as a platform for forging bipartisan consensus on the priorities, terms, and conditions of the nation's global engagement.

The Significance of the Issue

The creation of new frameworks of global governance will be one of the defining challenges of twenty-first century world politics, and the attitude of the United States will be the most important factor in determining the shape and stability of the world order that results from these efforts. The need for a reformed, robust system of multilateral cooperation has never been more obvious. Today's global agenda is dominated by a host of issues – from terrorism to climate change to the proliferation of weapons of mass destruction – that no single country, no matter how powerful, can address on its own. At the same time, existing multilateral institutions are increasingly found wanting and divorced from global realities.

Since the end of the Cold War, world politics have been transformed in multiple, fundamental ways. As outlined in the accompanying box, these changes include an ongoing shift of the global power to non-Western countries; the rise of transnational threats to the top of the global security agenda; a growing concern with state weakness, as opposed to state strength; the emergence of agile, non-state actors (both malignant and benign) as competitors to the sovereign state; the evolution of new norms of state responsibility and new criteria for armed intervention; the proliferation of regional and sub-regional organizations; and a growing reliance on ad hoc “coalitions of the willing” as an adjunct to – and sometimes a replacement for – more formal, standing international bodies.

A New World

The point of departure for the IIGG program is a recognition that the world of 1945 no longer exists. New rules and institutions of global governance will need to take into account several fundamental changes in world politics. These include:

- *A shift in power to the global “South.”* While the United States remains at the apex of the international system, the global distribution of power – political, economic, demographic, technological, and to some degree military – is shifting toward the developing world, driven by the rise of China, India, Brazil, and other nations (and the relative decline of Europe). International institutions, from the UN Security Council to the Group of Eight industrialized nations (G-8), have not yet adapted to accommodate these seismic shifts, reducing both their perceived legitimacy and their practical effectiveness.
- *The rise of transnational threats.* While great power war will always be possible in a system of sovereign states, the principal foreign policy challenges of the twenty-first century are likely to be transnational threats – from terrorism to pandemics to climate change. Such challenges will necessitate new forms of institutionalized cooperation and pose particular challenges to the United States, historically ambivalent toward multilateral institutions.
- *The specter of weak and failing states.* For the first time in modern history, the main threats to world security emanate less from states with too much power (e.g., Nazi Germany) than from states with too little (e.g., Afghanistan). The goal of collective security has thus shifted from counterbalancing aggressive powers to assisting fragile and post-conflict countries in achieving effective sovereign statehood, including control over “ungoverned spaces.”
- *The mounting influence of non-state actors.* A corollary to state weakness is the rise of illicit networks that are capable of operating across multiple sovereign jurisdictions. These include groups motivated by political grievance (e.g., al Qaeda) or simple greed (e.g., Nigerian and Russian crime syndicates). But non-state actors also include more benign forces, such as humanitarian NGOs

and civil society actors, as well as “super-empowered” individuals with philanthropic intentions, from Bono to Bill Gates, all of whom are clamoring for entrée into decision-making forums that have traditionally been the purview of states alone.

- *Evolving norms of sovereignty and intervention.* There is growing recognition that each state owes certain fundamental obligations to its own citizens and to wider international society. These responsibilities include an obligation not to commit atrocities on one’s own population; a prohibition against sponsoring or providing a safe haven to transnational terrorist groups; and a duty to prevent the proliferation of weapons of mass destruction. Yet the effort to make these new norms operational and enforceable remains a Herculean challenge.
- *The spread of regional and sub-regional organizations.* Although the UN Charter of 1945 explicitly endorsed regional organizations, such bodies truly began to flower only with the end of the Cold War, both as complements to universal membership organizations and as substitutes for them. The task for U.S. policymakers is to assess the comparative advantages of different institutions and encourage a judicious division of labor (between, say, the UN and the African Union) that ensures effective burden sharing, rather than unwarranted “burden shifting.”
- *A growing reliance on coalitions of the willing.* A recent trend in global governance has been to rely less on large, formal organizations (like the UN), which are vulnerable to paralysis and inaction, than on narrower collective action among like-minded countries, as in the Proliferation Security Initiative (PSI). An ongoing dilemma for U.S. policymakers will be to exploit the flexibility of such coalitions without undercutting formal, large-membership organizations whose technical expertise, legitimacy, and burden sharing the United States will need over the long haul.

Despite these tremendous changes in the context, content, and conduct of international relations, there has been no “act of creation” analogous to the flurry of institution building that occurred in the 1940s and early 1950s. Indeed, many of the central institutions of global governance, such as the UN, the North Atlantic Treaty Organization (NATO), the World Bank, and the International Monetary Fund (IMF), remain substantially unchanged since the days of Roosevelt, Truman, Churchill, and Stalin. Recent efforts to reform the architecture of global governance, including at the UN High Level Summit of September 2005, have produced at best incremental change. The world community thus makes do with creaky institutional machinery that is increasingly obsolete, ineffective, and unrepresentative.

The creation of a more effective framework for global governance will depend on a clear and common understanding among the world’s major nations of the new dynamics and forces at play in world politics, and their recognition that there can be no one-size-fits-all solution to the management of transnational problems. It will also depend on the willingness of the United States to exercise the same creative, enlightened leadership that it exercised in the mid-twentieth century, when it chose to champion and defend new forms of international cooperation.

A New Era of American Leadership?

Indeed, the most important factor determining the future of global governance will be the attitude of the United States, likely to remain the world’s most prominent actor at least until 2050. Historically, Americans have adopted an ambivalent and selective posture toward multilateral cooperation. No country has done as much to create the institutional infrastructure of world order, including the bedrock institutions dating from the 1940s, such as the United Nations, the Bretton

Woods Institutions, and NATO. Yet few countries have been as sensitive to the restrictions on their freedom of action or as jealous in guarding their sovereign prerogatives.

This ambivalent orientation can be attributed to at least three factors: America's overwhelming power, its unique political culture, and its constitutional traditions. First, given its massive weight, the United States enjoys unparalleled unilateral and bilateral options, as well as a plausible claim to special exemption from rules binding on others, since it serves as the ultimate custodian and guarantor of world order. Second, the country's longstanding tradition of liberal "exceptionalism" inspires U.S. vigilance in protecting the domestic sovereignty and institutions from the perceived incursions of international bodies. Finally, the separation of powers enshrined in the U.S. Constitution, which gives Congress a critical voice in the ratification of treaties and endorsement of global institutions, complicates U.S. assumption of international obligations.

This instinctual skepticism toward multilateral cooperation, which was particularly pronounced in the first term of the administration of George W. Bush, is unlikely to disappear overnight. Nevertheless, the first years of the new millennium have demonstrated limits to unilateral U.S. action, military or otherwise, in mitigating the threats and taking advantage of the opportunities posed by globalization. Regardless of whether the administration that takes office in January 2009 is a Democratic or Republican one, the thrust of U.S. foreign policy is likely to be multilateral in a significant measure.

Multilateralism can come in many forms, however. From a U.S. perspective, the ideal vehicle for international cooperation in a given instance will depend on a number of contextual factors, including whether other countries share a common conception of the nature of the policy challenge (to say nothing of its appropriate remedy). Although the UN has distinct advantages, given its perceived legitimacy and universal membership, it will not always be the instrument of choice; regional organizations or narrower affinity groups sharing common purposes may have a comparative advantage. The United States and other countries are likely to require a diverse array of frameworks – formal and informal, universal and regional – to address particular tasks. Accordingly, global governance in the twenty-first century may well come to resemble what Francis Fukuyama terms "*multi-multilateralism*."

The program on International Institutions and Global Governance aims to assist the architects of U.S. foreign policy and their foreign counterparts in drafting the blueprints for new structures of international cooperation that are more closely tailored to global realities, consistent with long-term U.S. national interests, and sensitive to historic U.S. concerns about domestic sovereignty and international freedom of action. The program's approach to global governance will remain a pragmatic and flexible one, emphasizing customized solutions rather than unitary responses.

The Council recognizes that identifying where current international institutions are deficient and where new ones are appropriate is but one dimension – and perhaps the easiest – of reforming global governance. The harder chore is to persuade the relevant parties to adopt a new way of doing business, including (in some cases) the loss of current privileges. For this reason, the IIGG program will include in any proposed recommendations a practical strategy to win multilateral support for needed changes.

Program Description

The agenda of the program on International Institutions and Global Governance is potentially vast. To make it more tractable, we have decided to adopt a sector-based approach, in which we will map and assess the institutional arrangements governing specific global challenges. In each case, the IIGG program will examine (a) how the nature of this particular challenge has changed in recent decades; (b) what international regimes and frameworks – informal and formal, permanent and temporary, global and regional – exist to regulate behavior or advance cooperation in this issue area; (c) whether these mechanisms are adequate to the task at hand or must be modified; and (d) what institutional reforms and new divisions of labor would be appropriate, consistent with long-term U.S. national interests, and sustainable within the U.S. domestic context. In conducting this analysis, the program will draw on the expertise of many of the fifty-five full- and part-time fellows in the Council's Studies Program. The Council would also add expertise in those areas it does not currently have an in-house expert.

The IIGG program will employ several standards to judge the adequacy and appropriateness of existing regimes, organizations, and other arrangements of global governance. These criteria will include:

- *Effectiveness*, in terms of actual performance in accomplishing the stated objective(s), ideally measured through independent monitoring and evaluation.
- *Legitimacy*, assessed in terms of whether existing arrangements reflect the current distribution of global political power and are consistent with international legal regimes.
- *Accountability*, evaluated according to whether the institutional agents can be held to account for their performance and whether the institution provides voice opportunities for expressions of democratic will.
- *Consistency with U.S. interests and values*, including whether the proposed framework promises to preserve U.S. power and advance U.S. welfare, legitimate U.S. purposes abroad, and resonate with the democratically-expressed will of the American people.

Building on this sector-based audit and analysis, the IIGG program will likely recommend reforms to a number of “bedrock” institutions of world order – including the UN (particularly the composition of the Security Council), the G-8, NATO, and the Bretton Woods Institutions – as well as major regional organizations, such as the European Union (EU), the African Union (AU), and the Organization of American States (OAS). Recommendations for major institutional reform will thus proceed from (rather than precede) this issue area analysis. Moreover, wherever such reforms are recommended, the Council will include a plausible strategy for winning international backing for this new governance framework.

Issues and Sectors for Analysis

As currently conceived, the IIGG program would address some if not all of the following issues:

- *The Use of Force*. Today more than at any other time in the past sixty years, the rules governing the use of armed force are up for grabs. The diplomatic deadlock over Iraq during 2002-2003 – like the preceding Kosovo crisis of 1999 – raised fundamental questions about the recourse available to the United States when disagreement among the Permanent Five blocks Security Council action. In the aftermath of both episodes, some observers have suggested the need for alternative (or surrogate) sources of legitimacy for

armed force, whereas others have cautioned against setting a dangerous precedent. At the same time, there has been growing international support – particularly among Western governments – for a doctrine of contingent sovereignty, whereby countries guilty of genocide, terrorism, and pursuit of weapons of mass destruction would forfeit their presumption against external intervention. Despite these normative shifts, however, the United States and its international partners have made little headway in determining the circumstances in which the Security Council might be legitimately bypassed or the evidentiary criteria required to justify armed intervention into a sovereign state. The program will seek to clarify these criteria, building on the Council's previous work on such questions, including on the "Responsibility to Protect" doctrine. It will also explore openings for reforming the UN Security Council, including new permanent members that reflect today's power realities.

- ***Conflict Prevention, Peace Operations, and Post-Conflict Peace-Building.*** Notwithstanding setbacks and shortcomings in UN peace operations since the end of the Cold War, the United Nations is being called upon as never before to keep – and in some cases enforce – peace between warring parties, as well as to pick up the pieces when the shooting stops. Today, more blue helmets are serving in the field than ever before, with well above 100,000 currently deployed in a dozen-odd operations around the globe. Yet the complexity and pace of such multidimensional efforts have stressed the modest capacities of the UN Department of Peacekeeping Operations, which continues to struggle on its modest budget and capabilities to develop robust doctrine; to procure logistical support from member states; to ensure quality and discipline of contributed troops; to negotiate an effective division of labor with regional organizations (such as the AU); and to realize the vision of "integrated missions" that unite the humanitarian, reconstruction, governance, and security components of its interventions. Meanwhile, the UN Peacebuilding Commission – one of the few significant results of the 2005 UN High Level Summit – has thus far failed to live up to its potential in ensuring effective state-building and sustainable recovery in war-torn societies. Finally, the UN commitment to conflict prevention remains largely rhetorical and ad hoc, limited in most cases to occasional "good offices" efforts by the secretary-general. The IIGG program, in collaboration with Paul Stares, the new director of the Council's Center for Preventive Action, will assess what needs to be done to deepen and build on recent UN reforms in the management and resolution of conflict, including potentially productive partnerships between the UN and regional organizations.
- ***Transnational Terrorism.*** The struggle against Salafist-inspired Islamic terrorism is likely to be a generational one, requiring a variety of international partnerships. To date, however, the "Global War on Terrorism" has too often borne a "made in the USA" stamp, rather than representing a genuinely multilateral undertaking. The United Nations has made some progress in enlisting member states in the struggle against al Qaeda and affiliated organizations, including through UN Security Council Resolution 1373, which established the UN Counterterrorism Committee, as well as multilateral efforts to combat terrorism finance. The United States has also expanded its intelligence cooperation on counterterrorism matters with scores of states. Nevertheless, the global anti-terror campaign has been less multilateral than it might be, both in terms of consolidating new norms (e.g., a common definition of terrorism) and ensuring robust operational responses to the threat (including building the counterterrorism capacity of weak but willing states). The IIGG program will work with the Senior Fellow Steven Simon and other Council scholars to review promising multilateral initiatives and needed reforms within both UN

and regional organizations that are essential if the "Global War on Terrorism" is to become a truly collective effort.

- *Proliferation of Weapons of Mass Destruction.* The spread of catastrophic technologies has placed the ability to kill vast numbers of people in the hands of a growing number of governments and, potentially, non-state actors. At the same time, the international regimes and institutions charged with controlling the spread of nuclear, biological, and chemical weapons – from the Non-Proliferation Treaty (NPT) to the International Atomic Energy Agency (IAEA) to the Biological and Toxic Weapons Convention – are under increasing strain. Despite high hopes, the Outcome Document of the UN High-Level Summit of September 2005 failed to include a single significant reform to global non-proliferation regimes. Frustrated by the shortcomings of established frameworks to halt proliferation, the United States in recent years has experimented with a number of ad hoc, flexible groupings, such as the Proliferation Security Initiative (PSI). It has also adopted a differentiated response to proliferators – most notable in the case of India's nuclear program – that grants special treatment to regimes that Washington believes can be trusted. The IIGG program will work with the Council's experts in arms control and international security, particularly Vice President and Director of Studies Gary Samore, Senior Fellow Charles Ferguson, and (with respect to India-Pakistan) Senior Fellow Daniel Markey, to assess needed reforms to existing non-proliferation regimes, including the potential creation of an international facility to provide nuclear fuel to participants of the NPT regime. The program will also evaluate the appropriate balance between such formal organizations and treaties like the IAEA and NPT and narrower, informal arrangements of like-minded parties, such as PSI, the Nuclear Suppliers Group, and the Missile Technology Control Regime.
- *Homeland Security.* The rise of transnational terrorist networks and the spread of catastrophic technologies have made homeland security a priority for all nations, particularly Western democracies. The United States and other countries face a number of common challenges, including policing maritime and land frontiers and national airspace; protecting civil aviation; improving border control; regulating immigration; hardening critical infrastructure; inspecting cargo; and tagging and tracking suspicious individuals and shipments. Effective homeland security increasingly relies on creative multilateral partnerships, such as the Container Security Initiative, which among other things implies the placement of U.S. customs officials in foreign ports (and vice-versa). It also requires deeper intelligence- and information-sharing and more intensive law enforcement cooperation. These innovative partnerships have forced the United States and its allies to tolerate some sacrifice of national sovereignty, reconcile distinct constitutional and legal traditions, and (at times) overcome divergent threat perceptions. The IIGG program will work closely with Senior Fellow Stephen Flynn, a former Coast Guard officer and leading homeland security expert, to assess promising areas for expanding and formalizing multilateral cooperation in this arena.
- *Global Public Health and Biosecurity.* Among the most sobering concerns on the global security agenda is the specter of massive death at the hands of naturally occurring or man-made pathogens. Over the past three decades, the world has experienced the emergence of more than thirty previously unknown disease agents, including HIV/AIDS, Ebola, SARS, and avian influenza, for which no cures are yet available, as well as the reemergence and spread of more than twenty well-known diseases, including TB, malaria, and cholera, often in more virulent and drug-resistant forms. At the same time, the U.S. and other

governments are increasingly fearful of the purposeful design and release of biological toxins by international terrorists. Unfortunately, as the belated response to SARS revealed, serious shortcomings exist in national and global systems for epidemiological surveillance, preparedness, and response. The IIGG program will work with Council Senior Fellow Laurie Garrett and other scholars to identify what reforms to current frameworks of global health governance, including the World Health Organization and the U.S.-sponsored Global Health Security Action Group, are required to meet this burgeoning threat.

- *The Global Environment.* New international institutions to mitigate the degradation of the global commons will likely be a defining feature of global governance in the twenty-first century. The global environmental agenda includes a broad array of oceanic, terrestrial, and atmospheric challenges, from the exhaustion of marine resources like fish stocks and coral reefs to deforestation and desertification, the loss of biodiversity and endangered species, air pollution, and the depletion of the ozone layer. Nowhere is the need for a new global compact more imperative, however, than in the case of climate change, which unless corrected will irrevocably alter the biosphere on which all humanity depends. Moreover, the impact of global warming is predicted to hit most strongly poor, fragile, and unstable developing countries least equipped to adapt. Working with Council Fellow Michael Levi and Adjunct Senior Fellow David Victor of Stanford University, the IIGG program will examine the institutional preconditions for a post-Kyoto framework agreement to which the United States and major developing countries like China, India, and Brazil can agree, as well as a potential expansion of the Global Environmental Facility to create incentives for carbon-neutral development.
- *Energy Insecurity.* The recent dramatic rise in global petroleum prices – combined with the exhaustion of many proven oil reserves, the insatiable Chinese appetite for fossil fuels, political instability in oil-producing regions from Nigeria to Iraq, and the rise of “petro-autocracies” from Russia to Venezuela – has focused the attention of U.S. policymakers on the security of world energy supplies. Beyond the link with global climate change, there is growing awareness that shifting the U.S. economy away from its current heavy reliance on fossil fuels – particularly from the Middle East – makes good strategic sense. New frameworks of multilateral cooperation will be essential components of any U.S. strategy to improve global energy security and create the incentives for international movement toward cleaner and more reliable forms of energy. The Bush administration has taken modest steps in this direction, fostering a number of regional and ad hoc partnerships to explore cooperation on hydrogen technology, clean coal, and other innovations. The IIGG program will work with Fellow Michael Levi and Adjunct Senior Fellow David Victor to examine additional promising steps, including through the International Energy Agency, to improve long-term global and U.S. energy security.
- *International Trade.* The stagnation of the current Doha Round of World Trade Organization (WTO) negotiations and the ongoing expansion of bilateral and regional trade arrangements has called into question the commitment of the United States and other major countries to the vision of an open, reciprocal, and non-discriminatory system of international trade and payments. Stumbling blocks in the current WTO round include the resistance of wealthy countries in the Organisation for Economic Co-operation and Development (OECD) to liberalize trade in protected agricultural commodities and the unwillingness of developing countries to quicken their own embrace of Western standards on foreign investment, intellectual property, and trade in manufactures. In the absence of sustained forward

movement on global trade liberalization, we are likely to see an increased fragmentation of world trade into regional – and potentially discriminatory and protectionist – blocs. The IIGG program will work closely with Sebastian Mallaby, director of the Council's Center for Geoeconomic Studies, and Senior Fellow Jagdish Bhagwati in examining the preconditions for a North-South compromise, and in assessing the trade-offs for the United States of bilateral, regional, and global approaches to trade liberalization. In parallel with these efforts, Senior Fellow Edward Alden, an expert on migration policy, will examine the potential for new regional and international frameworks to regulate global labor mobility.

- ***The International Financial System.*** The IIGG program will similarly cast a sober eye on the current framework of global financial and monetary relations, including rules governing exchange rates, capital flows, and foreign direct investment. In collaboration with Sebastian Mallaby of the Center for Geoeconomic Studies, Senior Fellow Benn Steil, and Adjunct Senior Fellow Matthew Slaughter, the Council will evaluate current trends in the global financial system – including strains caused by the twin U.S. deficits, the emerging role of China in the global monetary system, and the rise of alternative reserve currencies (including the euro) – and explore promising means to improve coordination among the world's major governments and central banks in dealing with any structural weaknesses identified. The program will also reevaluate the mandate of the IMF, which has lost much of its relevance and clout with the growth of private capital markets. Special consideration will be given to the IMF's potential role in defusing international currency crises, including those exacerbated by vast outflows of speculative (or "hot") money, such as through new safeguards to prevent or mitigate a reprise of the 1997 Asian financial crisis.
- ***Global Development Policy.*** Contemporary policy discourse concerning global development has been dominated by two extreme camps: advocates of enormous expenditures of foreign aid to achieve the Millennium Development Goals, on the one hand, and skeptics of development assistance, on the other, who contend that it is wasteful, redundant (given private sources of investment) and often counterproductive (since it breeds dependency). Often ignored in this dialogue of the deaf is a careful appraisal of what targeted foreign aid can (and cannot) accomplish, as well as a recognition that aid is but one component – and rarely the most important – in development outcomes. The IIGG program will evaluate the continued relevance and appropriate mission of the World Bank, the regional multilateral development banks, the UN Development Program, and other UN development agencies, with an eye to assessing how their aid windows and technical expertise complement one another and the capacities of donor governments. The analysis will also address needed institutional reforms, such as transforming the outdated governing structure of the World Bank and correcting the fragmentation of the UN's approach to global development.

Reforming the Bedrock Institutions of World Order

Building on these issue-area investigations and the identified shortcomings of existing organizations and frameworks, the IIGG program will propose reforms to the bedrock institutions of world order, including the UN, key regional organizations, and major ad hoc groupings.

- **The United Nations Security Council.** Among the biggest disappointments of the UN High Level Summit of September 2005 was the failure of UN member states to cut the

Gordian knot with respect to UN Security Council Membership, particularly the extension of permanent (or semi-permanent) membership to accommodate the shifting balance of world power since 1945. Although the UN Secretary-General's High-Level Panel outlined two realistic and balanced alternatives for enlargement, forward progress was blocked by a combination of regional rivalries, intra-European differences, and U.S. disengagement. The IIGG program will examine prospects and preconditions for a renewed reform effort that would satisfy the aspirations of critical players (including Japan, India, Germany, and Brazil), while extending Security Council representation for Africa and the Middle East.

- **The Group of Eight.** The obsolescence of current mechanisms of global governance is increasingly apparent in the management of the world economy, not least during the annual summits of the G-8. It simply makes no sense to exclude from this ostensible global directorate the world's largest emerging economies, including China, India, and Brazil, as well as multiple other middle powers. The IIGG program will examine the merits of recent proposals to expand the membership of the G-8 (such as the "L-20" proposal championed by former Canadian Premier Paul Martin), as well as to create unique groupings tailored to discrete political, economic, or functional issues (e.g., energy or migration).
- **Regional and Sub-Regional Organizations.** One of the hallmarks of the past two decades has been the formation, deepening, and enlargement of formal regional organizations in many corners of the globe. The mandates, competencies, capacities, and effectiveness of these heterogeneous bodies vary enormously. The United States has a critical interest – and a central role to play – in ensuring that these bodies play their full and appropriate role in managing global insecurity and in providing public goods for their respective regions. The IIGG program will examine the current status and potential role of multilateral bodies in the following regions, drawing on relevant Council scholars:
 - **Europe.** The Council will examine the trajectory of (and relationship between) the main organs of European and transatlantic cooperation, including the EU, NATO, and the Organization for Security and Co-operation in Europe, drawing on the expertise of senior and adjunct senior fellows, including Charles Kupchan, Stephen Sestanovich, James Goldgeier, and Elizabeth Sherwood-Randall.
 - **Asia-Pacific.** Although the Asia-Pacific region has been historically under-institutionalized in comparison with Europe, this is beginning to change, partly in response to growing Chinese influence. The IIGG program will work with Senior Fellows Elizabeth Economy and Adam Segal, Adjunct Senior Fellow Sheila Smith, and other Council scholars, to map and analyze existing regional frameworks – including Asia-Pacific Economic Cooperation (APEC), the Association of Southeast Asian Nations (ASEAN), and the ASEAN Regional Forum – as well as assess their implications for the existing network of U.S. alliances in the region.
 - **Africa.** Under the guidance of Adjunct Senior Fellow Princeton Lyman, the IIGG program will analyze the fast-changing landscape of regional and sub-regional organizations on the continent, examining steps the United States can take to bolster the AU (including its new Peace and Security Council), the Economic Community of West African States, the Southern African Development Community, and other relevant organs.

- **South and Central Asia.** IIGG staff will work with Senior Fellow Daniel Markey to explore potential frameworks to improve multilateral cooperation among the countries of these two sub-regions, where regional institutions have long been absent. Organizations of focus will include the South Asian Association for Regional Cooperation and the newer Shanghai Cooperation Organization.
- **Latin America.** Since the end of the Cold War, the Americas have seen the growth of sub-regional groupings, particularly in the trade realm (e.g., NAFTA, CAFTA, Mercosur), to complement the venerable, hemisphere-wide OAS. In collaboration with Council Senior Fellow Julia Sweig and Fellow Shannon O'Neil, the Council will assess the implications of this sub-regional thrust for hemispheric solidarity and the management of transnational challenges like migration and narcotics.
- **The Middle East.** Finally, the IIGG program will work with the Council's regional experts – including Steven Cook, Steven Simon, Vali Nasr, and Ray Takeyh – to explore prospects for regional and sub-regional institution-building within the Middle East, including in the aftermath of the war in Iraq. Although regional integration seems a distant prospect, existing mechanisms on which to build include the G-8 sponsored Forum for the Future and the Organization of the Islamic Conference.

Additional Thematic Areas of Potential Research and Policy Engagement

Beyond examining the sectors outlined above, the program on International Institutions and Global Governance will analyze several crosscutting themes that must be addressed in any new framework for global governance. These include among others the challenges of:

- *Re-conceptualizing “sovereignty” in an age of globalization.* The post-Cold War era has posed challenges to traditional concepts of state sovereignty, in at least four respects. First, some failing and post-conflict states have become wards of the international community, submitting to a form of UN “neo-trusteeship.” Second, some countries by their conduct have lost their immunity from intervention, as part of an emerging doctrine of “contingent sovereignty.” Third, nearly all states – including the United States – have voluntarily forfeited some historic freedom of action to manage transnational threats and exploit international opportunities. Finally, some countries, particularly in the EU, have chosen to “pool” their sovereignty in return for economic, social, and political benefits. The IIGG program could provide a valuable intellectual contribution by tracing the scope and implications of these transformations.
- *Accommodating non-state actors in global governance.* Although states remain the foundation of international order, they face growing competition as wielders of influence and (often) legitimacy from non-state actors. In designing new frameworks of global governance, the United States and other governments must provide opportunities for partnership with and input from interested stakeholders, including civil society actors, advocacy groups, and corporations – without allowing the global agenda to be hijacked by unrepresentative interests. The IIGG program can identify lessons from recent experience about how to strike this delicate balance.

- *Overcoming the “democratic deficit” in global governance arrangements.* Efforts at international cooperation, particularly of a supranational character, often become divorced from the democratic will of the national publics of member states. By examining multilateral institutions across a variety of sectors, the IIGG program may generate useful insights about how to improve the democratic accountability of multilateral bodies. It might also evaluate the frequent contention that an Alliance of Democracies represents a plausible, framework for global order and a realistic alternative to the UN (which obviously includes authoritarian as well as democratic regimes).

The Program’s Value Added

The program on International Institutions and Global Governance promises to make a significant contribution to U.S. and international understanding of the institutional infrastructure required for effective multilateral cooperation in the twenty-first century. To our knowledge, there is no current program of such scope and breadth currently being undertaken. Moreover, the program is envisioned as a multi-year effort, rather than a 1-2 year project geared toward a specific event or electoral cycle. This relative permanence will permit the Council to become a center of excellence in thinking about global governance, and a repository of useful knowledge and lessons learned available to other scholars and institutions. It will also facilitate the difficult process of building domestic political consensus – within the executive and legislative branches, the policy community, and the informed public – about the appropriate parameters of U.S. engagement in multilateral cooperation.

The program’s location within the Council on Foreign Relations will prove invaluable in furthering its ambitious aims. As noted above, IIGG will draw upon the vast expertise, both regional and functional, of the Council’s Studies Program. It will also exploit the Council’s convening power, offering forums in New York, Washington, and around the country where domestic and international opinion leaders can debate proposed institutional reforms with the Council’s membership, as well as co-hosting events with partner institutions abroad to solicit input and buy-in from foreign governments and publics for proposed recommendations on global governance. Finally, the program will serve a broader role in bipartisan consensus-building and public education by engaging administration officials and members of Congress on new directions in global governance and making its products widely available through a variety of media.

Meetings and Conferences

The eventual impact of the IIGG program’s research will depend on its success in obtaining both expert input into the design and conduct of its studies and broad understanding of and support for the resultant findings. To this end, the Council would host a variety of meetings, in both private and public settings. These will likely include:

- **Roundtables and study groups**, with participants selected from among outside experts and the Council’s membership on the basis of their specialized knowledge of particular transnational challenges (e.g., climate change, transnational terrorism) or global institutions (e.g., World Bank, International Criminal Court). Members will be drawn from a wide range of disciplines, including academia, law, business, foundations, advocacy organizations, government, and the media.

- **Briefings for members of Congress and the executive branch**, designed to familiarize legislators and administration officials with a particular issue area or topic of global governance. Such meetings would be undertaken on a purely bipartisan basis, in cooperation with the Council's Washington office.
- **General meetings of the Council membership**, in New York, Washington, and around the country through the Council's National Program, to inject the program's findings into the broader foreign policy community.
- **Briefings for foreign governments**, to build support for the proposed reforms. Such meetings would occur both in the United States and abroad. The Council would hold briefings for the Washington-based embassy community and permanent missions of the UN in New York. International meetings could be co-hosted with foreign partner institutions in major regions of the globe, providing venues for the IIGG program to solicit foreign input on (and official buy-in for) proposed changes to structures of global governance. The Council's International Advisory Board could play an important role in facilitating such international dialogues.
- **Annual conference on global governance**, showcasing the work of selected Council fellows on multilateral cooperation on specific issues or in particular regions. Such an event could be linked with the Council's Corporate Program, which would allow the conference to reach an even broader audience, including global business leaders.

Products

While the IIGG program is still in its conceptual stages, we anticipate that this initiative will result in several categories of products, including many disseminated in part or whole through the Council's website, www.CFR.org:

- **A mapping of institutions of global governance** (formal and informal, universal and regional) in specific spheres or sectors of international relations. This mapping exercise, which would encompass hundreds (and potentially thousands) of entities, could be produced both in hard copy and in an interactive, web-based graphical format. Such a product would likely be attractive both to foreign policy professionals and to educational institutions.
- **Roundtable and study group reports on particular global challenges** (e.g., terrorism, climate change), each of which would include an audit and assessment of the current institutional arrangements governing international cooperation and alternative options for U.S. policymakers.
- **Reports on bedrock institutions of global governance**, with recommendations for U.S. policymakers about how best to engage and advance reform in such bodies. Potential candidates could include the UN Security Council; the UN General Assembly; the Bretton Woods Institutions; the WTO; NATO; the G-8; the OAS; the AU; APEC; the EU; and the International Criminal Court.

- **Books**, including (among others) a major manuscript addressing U.S. policy toward global governance and an edited volume focusing on the challenge of global governance across a dozen international issue areas.
- **Articles in *Foreign Affairs* or other leading journals.** To communicate its findings, the program will also aim to publish articles in the Council's flagship publication, *Foreign Affairs*, widely recognized as America's most influential publication in international affairs and foreign policy, as well as in other leading journals and publications.

Dissemination and Public Outreach

- The Council will strategically market each product to a carefully tailored group including: policymakers in Washington, DC, and abroad, journalists, academics, experts in the field, business and community leaders, and other relevant and interested individuals. In addition, the Council will use the extensive network for distribution that it already has in place to disseminate relevant products to its membership, state and local government officials, religious and congressional leaders, educators and students, and non-governmental, civic, and community leaders.
- **Council Website.** The IIGG program will utilize the Council's award-winning website, CFR.org, to disseminate the many reports, research projects, interviews, event summaries, and transcripts conducted under its auspices, as well as to provide detailed information about its staff and activities. The site, which receives over one million page views per month and includes significant audio and video content, has already become a first-stop, non-partisan resource on U.S. foreign policy, national security, and international economics.

Management and Staffing

We would anticipate launching the IIGG program with three full-time, dedicated staff. A **senior fellow**, based in Washington, would direct the program, supported by a **research associate**, who would provide research, clerical, and administrative support. A **second senior fellow**, based in New York, would focus on international organizations, including but not limited to the United Nations.

Stewart Patrick would serve as senior fellow and director of the Program on International Institutions and Global Governance. Currently research fellow at the Center for Global Development and a consultant to the Council on Foreign Relations, Dr. Patrick has written extensively on the multilateral management of global issues and the U.S. attitude toward international institutions. He is the author, most recently, of *The Best Laid Plans: Identity, Ideas, and the Origins of U.S. Multilateralism, 1940-1950*, currently being reviewed for publication by Oxford University Press. He is also co-author and co-editor of *Multilateralism and U.S. Foreign Policy: Ambivalent Engagement* (2002), which explores the causes and consequences of U.S. ambivalence toward international institutions. Dr. Patrick's work at the Center for Global Development focuses on the relationship between state weakness and transnational threats, and he has written widely on integrated policy responses to weak and failing states. He is the co-author of *Greater than the Sum of Its Parts? Assessing 'Whole of Government' Approaches to Fragile States* (2007). Previously, he served on the Secretary of State's Policy Planning Staff, where he was the lead staff member responsible for

U.S. policy toward Afghanistan and a range of transnational issues. In that capacity, he helped to create the Office of the Coordinator for Reconstruction and Stabilization.

In his capacity as director of the program and senior fellow, Dr. Patrick would report to **Gary Samore**, a Council vice president, director of its Studies Program, and an expert on nuclear proliferation and arms control. Council President **Richard N. Haass**, who previously served as director of policy planning for the Department of State, would have ultimate oversight responsibility of the program.