Report to Rutgers University Board of Governors

Development of Integrated Medical School Model

Rutgers Biomedical and Health Sciences

July 10, 2023

I. Introduction

New Jersey Medical School (NJMS) and Robert Wood Johnson Medical School (RWJMS) are allopathic schools of medicine that are separately accredited by the Liaison Committee on Medical Education (LCME) and are key institutions within Rutgers Biomedical and Health Sciences (RBHS). To foster rapid regional growth and development, NJMS and RWJMS were originally set up by University of Medicine and Dentistry of New Jersey founding President Dr. Stanley Bergen to compete with each other. With the transition of NJMS and RWJMS into RBHS in 2013, this separately accredited medical school model has been maintained, and it is important to recognize the successes that have been achieved by both NJMS and RWJMS. Our students are consummately prepared for residency and achieve placements in top programs across the nation. Our research portfolio has been expanding rapidly, and in some areas such as infection and inflammation, microbiome, and cancer, we can claim national leadership status. Clinical programs like the liver transplant unit, trauma centers, etc. are highly regarded for providing world-class care equal or superior to regional competitors. For some world-class initiatives, we have built institutes to cut across our schools successfully, e.g., cancer, clinical research, infection/immunology, and neuroscience.

However, it is also important to recognize that much has changed in the academic healthcare environment since the days of Dr. Bergen's leadership. The delivery and financing of health care has become more complex, and institutions that train the next generation of health care workers must not only be attuned to these changes but be nimble enough to continue to adapt. The competition for students, faculty, and patients is no longer internal, but from other hospital systems, recently developed medical schools in New Jersey (i.e., Hackensack Meridian, Cooper Rowan), and aggressive academic medical centers in New York and Pennsylvania. These dynamics, coupled with an ever-increasing health care worker shortage, represent the foremost reason why RBHS should evaluate the current educational structure of the medical schools to ensure it is positioning its students to meet the demands in this decade and beyond.

The remainder of this document describes the rationale for considering a more integrated medical school structure, summarizes the significant amount of work that has already been conducted on this topic, and highlights next steps. From the beginning, the key tenets that have guided this discussion include:

- There would be a single LCME accreditation but in most other ways the schools would function separately under one school.
- Each school would have a local dean and retain significant autonomy as a co-equals.
- Neither medical school would ever be subordinate to the other.

- We would look to combine only those components of each medical school that yield a positive outcome for all constituencies, enhance collaboration in other areas, but preserve local culture, values, and maintain a strong commitment to the communities we serve.
- Growth and investment in clinical care, research, and education is the priority.
- Each school would maintain the current affiliation with their respective principal teaching hospital: NJMS with University Hospital in Newark and RWJMS with RWJ University Hospital in New Brunswick.
- Ultimately any decision about the accreditation of the medical schools will be reviewed and determined by the LCME.

II. Why Consider a More Integrated Medical School Structure

A. Embracing a More Prevalent and Proven Organizational Model

A university-based health sciences center with two separate and distinct schools of medicine (such as RBHS has today) is a unique model in the current medical education landscape, with only one other truly comparable example.[1] Furthermore, excluding large university systems (e.g., University of California and University of Texas), there are only two other universities[2] that have more than one autonomous medical school. Conversely, there are fifteen singly accredited medical schools with two or more campuses offering all four years of the curriculum, including:

- Baylor College of Medicine
- Creighton University
- Drexel University
- Indiana University
- Mayo Clinic
- Medical College of Georgia
- Medical College of Wisconsin
- Mercer University
- Michigan State University
- Ponce Health Sciences University

[1] The University of Arizona (UA) Health Sciences includes two LCME-accredited colleges of medicine (UACOM-Tucson and UACOM-Phoenix), and its two-COM model is being re-evaluated.

[2] University of South Carolina (separately accredited medical schools in Columbia and Greenville) and New York University (separately accredited medical schools in New York City and Long Island).

- Temple University
- University of Illinois
- University of Kansas
- University of Kentucky
- University of Vermont

B. Burgeoning Our Institutional Reputation and Brand

Standing alone, NJMS and RWJMS each are small, relative to other schools in the Big 10, i.e., of the fourteen Big 10 medical schools (Rutgers' individual schools are counted separately), Rutgers now ranks only #12 (RWJMS) and #13 (NJMS), above only Michigan State University's medical school. A combined medical school would rise to #9 in the Big 10 and be more closely comparable to the University of Iowa and Ohio State University. Furthermore, published rankings are driven substantially by research, and while NJMS and RWJMS are already artificially combined in Blue Ridge's NIH rankings, US News and World Report (USNWR) evaluates schools separately based on their individual accreditations (which also divides and weakens the rankings of clinical and basic science departments). It is recognized that many institutions (e.g., Columbia, Harvard, Mt. Sinai, University of Pennsylvania, and Stanford) have decided to discontinue their participation in the USNWR medical school rankings, given concerns about how those rankings are determined. Our expectation is that the rankings will continue, however, as the public desires them, and we hope that USNWR will revise its formulae to address some of the objections (as it has done for its law school rankings). At the very least, they may be based more on publicly available metrics, which would make NIH funding even more important.

Similarly important, potential faculty and students and the public may not necessarily associate NJMS and RWJMS with Rutgers. In a 2014 study conducted by the Bloustein Center for Survey Research to assess Rutgers' awareness and reputation among audiences in New Jersey, selected market areas[3], and the nation, up to three times more respondents (depending on the cohort selected) were "very familiar" or "somewhat familiar" with the name "Rutgers Medical School" over NJMS and RWJMS, despite the fact that "Rutgers Medical School" doesn't exist. An integrated medical school provides the opportunity to tie more closely to and benefit from the stronger, nationally recognized Rutgers brand, including increased success in:

- Garnering philanthropic gifts to support scholarships, selective research efforts, and endowed professorships
- Attract and retaining the best educators, researchers, clinical faculty, students, and trainees

[3] New York, Philadelphia, Pittsburgh, Washington, DC, Baltimore, and the state of Connecticut

C. Enhancing Programs and Infrastructure in Service of the Tripartite Mission

1. Education

Improved collaboration on the educational mission offers a broader scope and scale of teaching talent, learning content, and clinical experiences that will benefit educators and learners.

The best medical schools give their students experiences in a university hospital, private hospital, and safety net hospital. With a more integrated structure, medical students will have access to a wider array of clinical clerkships/electives and types of patient experiences (as well as live and recorded lectures), without the current administrative barriers to crossing over the two schools. Graduate Medical Education (GME) will also be integrated to form larger, stronger, and more uniform programs that are able to offer broader clinical experiences to trainees. Over time, this model also would support the potential combination of the individual MD/PhD programs, taking advantage of the scientific strengths of both schools, higher prestige, and access to more faculty and funding, and thereby becoming more nationally visible and more competitive for grants.

2. Research

An integrated medical school will more accurately reflect our growing impact on clinical, translational, and basic biomedical research, placing Rutgers at the forefront of the innovation economy and attracting more federal and industry funding.

The impact of an integrated medical school on research rankings is substantial, whether looking at the ranking of individual departments or the medical school overall, and across all types of funding (e.g., federal and state funding among others), and this impacts other ranking systems (e.g., USNWR). For example, our federal fiscal year (FFY) 2021 NIH funding institutional rankings among 143 US medical schools are:

- RWJMS at #62 with $68 million.
- NJMS at #74 with $51 million.
- Combined RWJMS/NJMS at #47 with $119 million.

Beyond the immediate impact on rankings, combining complementary strengths, expertise, and resources from both schools will make the integrated medical school more competitive for external research and training grants. Similarly, a larger Rutgers-oriented patient base, combined with a burgeoning research ranking and reputation, will make us more competitive for clinical trials and gain access for our patients to more cutting-edge treatments, therapeutics, and procedures.

3. Caring for Our Communities

The integrated model provides the platform to expand our portfolio of tertiary and quaternary services and launch new services to a wider patient base, thus saving more lives, maintaining health, improving outcomes and patient satisfaction, and reducing health care inequities and disparities.

Current populations in the surrounding areas of NJMS and RWJMS are relatively small, especially when compared with New York or Philadelphia, making it impractical for each medical school to independently offer as wide an array of specialized and subspecialized services. Additionally, our current service lines are too fragile, with the departure of one faculty member often hampering the ability to continue to offer a clinical service at the involved school. An integrated model provides the opportunity for greater breadth, depth, and coordination of services. This will increase our ability to offer the most specialized care, establish regional and national clinical destination programs, and better compete for market share locally and regionally.

More importantly, increasing our ability to offer the most specialized clinical services will better serve our communities, as patients will not need to travel outside the state to receive them. This minimizes, if not eliminates, barriers related to inconvenience, and expense (e.g., out-of-network care is much more expensive to the patient and the state). It also helps to address health inequities, as the most needy members of our communities cannot afford to make such trips and pay for such care.

4. Administrative Infrastructure

The processes and systems that currently inhibit faculty productivity and employee satisfaction can be streamlined to better support our mission.

Structures and processes will be simpler and more straightforward, after an anticipated transition period, mobilizing personnel and other resources to enhance the school's primary missions.

Examples include:

- Faculty appointment processes will not need to be repeated for someone to teach or see patients at the other campus.
- Best practices from one campus can be identified and applied in the other.
- There will be a single accreditation process.
- RBHS will not need to start new centers/institutes simply to foster inter-medical school programs.

III. What Steps Have Already Been Taken

A. Committee on the Future of Academic Medicine

The process of evaluating the current organizational model of the medical schools began in earnest in January of 2019, when the RBHS Chancellor, Brian Strom, MD, MPH, convened a special Committee on the Future of Academic Medicine (FAM) at Rutgers, charging it to "fully assess the pros and cons of a wide range of options for medical education at Rutgers from maintaining the status quo, to fostering greater strategic collaborations, to a full restructuring and integration."[4] After a 12-month evaluation and planning process, the FAM Committee issued its final report to the chancellor in January of 2020. Please refer to Appendix 1 for this report.

B. Leadership Response to Questions from the University Senate

In response to the report, the University Senate developed a set of questions spanning a variety of topics and issues related to the potential integration of NJMS and RWJMS, which it subsequently forwarded to Dr. Strom. However, the onset of the COVID pandemic in March of 2020 halted any further substantive discussions regarding the findings and recommendations of the FAM Committee. In January 2022, as part of a very broad-based reboot of the RBHS strategic plan, the topic was raised again, but the University Senate's questions had never been answered. As such, in the fall of 2022, Dr. Strom, along with Robert Johnson, MD, FAACP (Dean of NJMS) and Amy Murtha, MD (Dean of RWJMS), decided to revive the examination of the "optimal level of integration and cooperation" between the two medical schools, identifying as an immediate next step the development of responses to the questions from the University Senate, with targeted submission to the University Senate in January 2023. Given this aggressive timeline, RBHS leadership undertook the following:

- Collaborated with University Senate leadership to streamline the list of questions and categorize them into the following five topic areas (many others were duplicative or no longer relevant):
    - Administration/Leadership
    - Admissions
    - Culture and identity
    - Curriculum
    - Research
- Convened three committees in November 2022 (one each for admissions, culture and identity, and curriculum) including many representatives from the University Senate and

[4] Source: Chancellor Strom's email announcement to RBHS community on the committee's formation, December 20, 2018.

other faculty governance organizations, and charged them with developing responses to the related questions from the University Senate.

- Engaged ECG Management Consultants and Janis Orlowski, MD, to provide logistical and analytical support, meeting facilitation, and content expertise for the committees.
- Developed a website (Envisioning the Future of Academic Medicine | RBHS (rutgers.edu)) to provide background, updates, and other key information on this initiative so it would be completely transparent to the Rutgers community and the public, as well as serving as an online survey portal for anonymous feedback.
- Organized a virtual "Conversation with Our Communities" event in December 2022 for RBHS faculty, staff, students, and other stakeholders to gather additional comments and perspectives. (Notes from the breakout rooms related to their specific topics were provided to each of the committees.)
- Requested various individuals within the RBHS leadership structure for feedback on the remaining administration/leadership and research questions to develop attendant responses.

The resulting report titled "Envisioning the Future of Academic Medicine" (EFAM) was delivered to the University Senate in late January 2023 and circulated to internal and external constituencies. Please refer to Appendix 2 for this report.

In late March 2023, the University Senate released its "Report of the Senate Ad Hoc Committee to Review Proposal for Merger of Medical Schools," in which it recommended postponing a decision on the medical schools' structure until fall 2023 in favor of:

- Additional stakeholder consultation and support.
- Reviewing more information related to accreditation and residency placements.
- Developing more detailed information on fiscal concerns, administrative structure, and branding.

Please refer to Appendix 3 for this report.

See: https://academichealth.rutgers.edu/envisioning-future-academic-medicinefor a transparent and public description of this process, and solicitations of input.

C. Subsequent Activities

As the University Senate reviewed January 2023 report, RBHS leadership continued to collect feedback on this initiative via email, the website, and surveys conducted by the medical schools' faculty councils. It also held additional town hall meetings in early March 2023 with the New Brunswick and Newark communities to familiarize members with the process, share potential benefits of an integrated medical school structure, gain feedback on the "Envisioning the Future of Academic Medicine" report, and encourage continued dialogue on community concerns about and expectations for our medical schools.

It should be noted that ECG, at the request of RBHS leadership, conducted a follow-up analysis in February 2023 in anticipation of the stated concerns on residency placements, i.e., GME programs might limit the number of first-year residents that they bring in from a given medical school, and, if true, combining NJMS and RWJMS under a single accreditation might adversely affect their graduates seeking placements in programs that take students from both NJMS and RWJMS. ECG collected and reviewed detailed residency match data for NJMS and RWJMS graduates for 2018 through 2022, and conducted interviews with GME leadership[5] representing a range of organization types[6] on the question "Do your programs only take a certain number of students from a given school, i.e., would bringing two schools together potentially limit opportunities in your programs than if the candidates were from separate schools?" Key findings from this study included:

- GME leaders were nearly unanimous in indicating that that they did not view a merged school as being a disadvantage to students seeking placement in their GME programs due to any "limit" on how many graduates they take from a given medical school. Applying such limits would be impractical to implement, given the match system used for GME programs, as well as contrary to the rules for the national match.
- A hypothetical "limit" imposed by each GME program with first-year residents from both NJMS and RWJMS, even if it existed, would have impacted a maximum of only 12 to 21 students from the combined annual graduating classes of approximately 350, depending on the year reviewed.

Given this initial review, ECG concluded that integrating NJMS and RWJMS in and of itself would not limit GME opportunities for graduating medical students; however, communication to GME programs regarding the circumstances and implications of a single accreditation of the two schools would still be important, as will assessing any changes in resident placement patterns.

Please refer to Appendix 4 for this report.

IV. What's Next

The outcomes from the work described above and other activities related to this initiative are another step in a multi-step journey, which entails additional evaluation, analysis, and planning, as well as the continued involvement of and input from faculty, staff, students, affiliated

[5] Included department chairs, program directors (past and present), designated institutional officers, and assistant/associate deans for GME.

[6] Included academic medical centers with a wide array of residency programs, large multi-state health systems with multiple residency programs, and midsize to smaller health systems focused on core residency programs.

partners, and community members. As part of their work on the EFAM report, the curriculum and admissions committees designed detailed timelines for achieving single accreditation while also fulfilling our obligations to teach NJMS and RWJMS students under the current model. While that 5-year planning horizon (i.e., it is anticipated that the first entering class under a preliminary single accreditation would be in 2028) provides ample time for thoughtful consideration and feedback, there is still a high degree of urgency to commence planning activities to

- Ensure LCME timelines and guidelines are fulfilled.
- Uphold the primacy of education within the institution and quality outcomes for its students and graduates.
- Promote inclusivity, collaboration, and community building in the development of the model and a more extended and detailed planning process.

In the near term, the deans of NJMS and RWJMS will be organizing the next phase of integration. It is anticipated that this will include:

- Forming committees to plan for the new medical school structure.
- Holding a faculty summit to plan for the new medical school structure.
- Conducting additional town halls to present next steps, timing, and committees.
- Conducting focus groups on key areas of concern.
- Planning for a new local community advisory board to provide direct feedback to the combined school from community members on outreach, access, outcomes, concerns, and expectations.
- Developing an ongoing series of informational email bulletins that share updates on the LCME process. These communications will also be posted online as an archive of progress and next steps.
- Maintaining and updating the RBHS webpage with process information, timelines, feedback portals, FAQs, and historic information.
- Conducting online and/or in-person events for alumni to inform them of the process and gain their feedback.