



The University of Medicine and Dentistry Advisory Committee

September 20, 2011

Interim Report

**The University of Medicine and Dentistry of
New Jersey Advisory Committee**

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TRANSMITTAL LETTER

September 20, 2011

The Honorable Christopher J. Christie
Governor, State of New Jersey
The State House
125 West State Street
Trenton, New Jersey 08625-0001

Dear Governor Christie:

On behalf of my University of Medicine and Dentistry Advisory Committee colleagues, I am pleased to transmit to you the Committee's interim report in response to issues identified in your Executive Order 51.

It has been our privilege to assess the landscape of public medical education, training and delivery in the Garden State on your behalf. In doing so, we have traveled New Jersey from Newark to Stratford and to campuses in between. Our interactions with institutional and academic leadership, and with others who also possess significant knowledge and alternative visions on this subject, have informed our thinking.

It is fitting that we take special note of the work of the UMDNJ Board of Trustees, which in recent years has made significant contributions to sustaining the on-going quality and integrity of UMDNJ's constituent schools.

We look forward to continuing the Committee's in-depth assessment before reporting further to you in the weeks ahead.

Thank you for the opportunity to commence and to continue this extremely important work.

Respectfully,

Sol Barer
Chairman

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INTRODUCTION

In this interim report, the University of Medicine and Dentistry of New Jersey (UMDNJ) Advisory Committee presents significant recommendations regarding the institutional realignment of UMDNJ's Robert Wood Johnson Medical School, the School of Public Health and the Cancer Institute of New Jersey. In addition, the Committee offers an important recommendation regarding the New Jersey Institute of Technology (NJIT), which is seeking to start a new medical school through an affiliation with a Caribbean-based school of medicine. The Committee also addresses the status of its initial assessment of The University Hospital (UH), UMDNJ's Newark-based educational assets and the delivery of medical education in Southern New Jersey.

These are among many topics outlined for review in Executive Order 51, which was signed by Governor Chris Christie on January 4, 2011.

We provide these recommendations and statements knowing that in the Committee's next report to Governor Christie we will present additional recommendations that will build upon the model we begin presenting here. Together, it will constitute our recommended model for deploying the considerable assets of UMDNJ in a manner that has the greatest potential to maximize the impact of the State's substantial investment in public medical, dental and nursing education and training, and associated efforts in biomedical research and medical sciences education, important health related professions, behavioral health and health care delivery in New Jersey.

It is the Committee's view, however, that to arrive at our final recommendations – and to serve New Jersey's interest in a manner befitting our significant charge – we require additional study to firm our thoughts, particularly with respect to the structure and governance of public investments in medical education and associated research and health care investments in Newark and in Southern New Jersey. It is prudent that we continue our assessment. We extend our sincere appreciation to Governor Christie for agreeing to our request for an extended timeline through the end of the year to complete our recommendations.

With respect to medical education in Southern New Jersey, the Cooper Medical School of Rowan University, which received preliminary accreditation in June 2011 from the Liaison Committee of Medical Education (LCME), the national accrediting body for U.S. and Canadian medical schools conferring the M.D. degree, is a significant step in meeting the medical education and health care delivery needs of the region and the State. We believe the distinction and vitality of UMDNJ's School of Osteopathic Medicine (SOM) and these developments at Rowan University bode well for the continued development of medical education access and opportunity in New Jersey. As the Committee continues its work, it will keep an open mind as it engages all stakeholders to consider opportunities and potential in Southern New Jersey relating to these and other issues.

Our initial thoughts on how medical, dental, nursing, behavioral health, medical sciences education and degrees in the health-related professions might be best delivered in Newark require additional considerations. As we do that, the Committee will consider the broad

implications of any reorganization in Newark to medical education throughout the State as well as to health care delivery in Essex County and surrounding communities.

Additionally and importantly, there is substantial concern, which has been expressed to us by many who live in and care for the Newark community, that the Committee be certain that any recommendations we make fully recognize to what extent the Newark community relies on UMDNJ's educational assets and UH. We do that here most emphatically: These assets are woven into the fabric of the Newark community and the State and must remain so, whether or not the structure under which they are governed is modified.

Lastly, we note that there are some significant units within UMDNJ that are not specifically noted in this interim report, such as the Public Health Research Institute (PHRI) Center – a prized component of UMDNJ's New Jersey Medical School in Newark – and University Behavioral Health Care (UBHC), an important clinical unit serving the entire State and based in Piscataway. The Committee is acutely aware of the important, broad-based contributions these UMDNJ units provide. We will address these and other UMDNJ units in our final report to Governor Christie.

INTERIM RECOMMENDATIONS

Expeditious Decision Making

There has now been at least a decade of considerable and damaging uncertainty regarding the future structure, affiliations and governance of the educational, clinical and research assets that comprise the University of Medicine and Dentistry of New Jersey (UMDNJ). Beginning as early as the *Report of the Commission on Health Sciences, Education and Training* (Vagelos, 2002) and continuing through the *Governor's Higher Education Task Force* (Kean, 2011) earlier this year, there has been an almost continuous discussion of a potential restructuring of UMDNJ's schools and programs. This uncertainty has impacted UMDNJ's ability to recruit and to mobilize strategically toward a long-term vision that would serve the State's health care and medical education needs. In this context we recommend that the State decide in the most expeditious manner possible on a permanent governance and affiliation structure for UMDNJ's schools and programs.

The Robert Wood Johnson Medical School, the School of Public Health and the Cancer Institute of New Jersey

Should Robert Wood Johnson Medical School and the School of Public Health be merged with Rutgers University's New Brunswick-Piscataway campuses?

The Committee believes the case for such a reorganization is strong and affirms the recommendation of the *Governor's Task Force on Higher Education* (Kean, 2011), which, in full, reads:

Robert Wood Johnson Medical School and the School of Public health should be merged with Rutgers University's New Brunswick-Piscataway campuses to establish a first-class comprehensive university-based health sciences center. (pp.66)

We also believe that the Cancer Institute of New Jersey (CINJ) should be merged similarly with Rutgers University in New Brunswick.

CINJ – now situated within the Robert Wood Johnson Medical School (RWJMS) – should become a unit distinct from RWJMS and be placed within Rutgers University; its director should have the same level of direct reporting and authority as the dean of RWJMS. Going forward, CINJ should remain a statewide asset. Its presence in all regions of the State is significant and essential.

The current situation with respect to higher medical education in New Jersey is unique in many aspects. While New Jersey has the largest health sciences university in the country with numerous distinguished faculty and students, in recent decades the University of Medicine and Dentistry of New Jersey (UMDNJ) has faced many difficult challenges. Some, the Committee believes, are the result of a very challenging administrative structure described well by the *Governor's Task Force on Higher Education* (Kean, 2011):

As presently configured, UMDNJ's central administration is seen by many as organizationally cumbersome and adversely affected by a bureaucratic approach, political intervention, and expedient financial decisions. (pp. 64)

In the Committee's opinion, basic changes in the organization and governance of RWJMS, the School of Public Health (SPH) and CINJ will provide a much more promising foundation for achieving greater distinction of these units and Rutgers University.

It is our view that the current organizational divide between Rutgers University, and RWJMS and SPH is an obstacle to collaboration of the magnitude New Jersey should expect and demand from academic research entities engaged in activities that should complement and enhance each other.

The Committee recognizes that a level of collaboration exists today, for example, among Rutgers University, RWJMS and SPH, including nearly a dozen full-time joint faculty appointments. Additionally, in FY 2011, Rutgers University, and RWJMS and SPH subcontracted numerous research grants to the other. Rutgers and CINJ have similar collaborations. Other

collaborations find Rutgers University, RWJMS and SPH offering a number of graduate programs jointly. The two universities also jointly manage two major research institutes: the Center for Advanced Biotechnology and Medicine (CABM) and the Occupational Health Sciences Institute (EOSHI).

But institutional disparities continue to impede the full potential of collaboration that the Committee envisions. Research protocol, standards and other distinct requirements, as well as operational and administrative distinctions ranging from facility access to differences in stipends paid to researchers with similar experience and educations working on joint projects are, in fact, significant obstacles.

In short, barriers not intentionally imposed by either institution but that inherently exist by virtue of an organizational divide hinder collaboration.

Moreover, we have to acknowledge that despite a great deal of effort, UMDNJ's reputation – and ability to rebuild and enhance its programs in a period of resource constraints – has not recovered from fraud and abuse by individuals who have since left UMDNJ, the details of which are well known. While UMDNJ has made important and significant strides in restoring the integrity of its programs, serious losses in faculty and senior administrative personnel have been very difficult to replace. Indeed it seems clear that the present organization of UMDNJ's substantial assets is unlikely to be the best structure to maximize the effectiveness of the State's investment in medical, dental, nursing and health sciences education, associated research and health care. UMDNJ's constituent schools contain many distinguished faculty and programs and The University Hospital (UH) provides much needed health care services to residents of Essex County and surrounding communities. However, it is the Committee's judgment that there are strong arguments for a set of new and revitalized institutional and organizational affiliations since it will be very difficult for UMDNJ as it currently exists to ever fully recover its reputation.

The historic accumulation of inappropriate practices, the resultant negative goodwill and a cumbersome administrative structure continue to represent a burden both to the morale of UMDNJ's many talented staff and to UMDNJ's capacity to continue to enhance its programs.

The Committee has reluctantly concluded that this is the case even after enormous effort on the part of UMDNJ and particularly its current Board of Trustees to comply with the requirements of a federal monitor from 2005 through 2007 and, subsequently, the on-going Corporate Compliance Agreement (2009) between UMDNJ and the Office of the Inspector General within the federal Department of Health and Human Services.

UMDNJ's Board of Trustees is to be commended for their thoughtfulness and diligence in these and other regards.

Nevertheless, to fully realize the substantial human capital resources it retains as well as maximize the impact of the public resources invested in medical, dental, nursing and health sciences education, associated research and health care, the burdens of UMDNJ's history render its current organizational structure inadequate. In this respect we believe a good first

step is to support the recommendation of the *Governor's Higher Education Task Force* (Kean, 2011) with respect to RWJMS and SPH and, concurrently, to elevate CINJ as a distinct reporting unit within Rutgers University. The geographic proximity of these specific public assets to each other provides a series of potential opportunities that have not been realized in their current organizational structure.

While the Committee believes that the recommended institutional realignment of RWJMS, SPH and CINJ presents a number of significant opportunities, it will remain a challenge to fully realize these opportunities even under the recommended model. In spite of those challenges, the potential benefits are real and would provide a new and exciting opportunity for these schools and programs – and for the State. It is the Committee's view that this merger has the potential to substantially enhance the programs of all parties to this reorganization.

More than anything else, the future success of this reorganization will depend on the commitment and leadership exerted by Rutgers University, its Board of Governors and Board of Trustees, and the leaders of RWJMS, SPH and CINJ, in conjunction with the State. Without that, the prospect of new, expansive collaborative opportunities will remain only prospects. With it, the potential can be realized to compete for access to important clinical trials, major multi-disciplinary federal grants and increasingly important industry research and development dollars, generating medically-oriented intellectual property, fostering the creation of new companies and ventures and spawning private sector job growth.

We note the period of resource constraints in which higher education now exists. In this environment, it will likely be necessary to reconsider the allocation of existing resources to meet temporary and permanent costs associated with the reorganization. Such reallocation will require a deft touch, vision and strategic planning.

It will likely be a very significant fiscal and technical challenge for Rutgers University and its potential new partners to meet expectations, but the Committee believes it can be and should be done.

The Committee acknowledges the relative technical complexity that a reorganization of these UMDNJ assets into Rutgers University creates. Issues of a financial and legal nature arise when contemplating the implementation of this reorganization. Among the issues related to this reorganization the Committee will continue to investigate as it prepares its next report to the Governor include:

- Bond covenants and debt service attached, for example, to UMDNJ's Piscataway and New Brunswick infrastructure
- Lease Agreements between Rutgers University and UMDNJ in Piscataway and New Brunswick
- A fair, appropriate overall allocation of the State operating appropriation
- Existing contracts between UMDNJ and unions representing personnel that are to be transferred to Rutgers University

- Existing tenure agreements between UMDNJ and its faculty who are to be transferred to Rutgers University
- Existing clinical sites and affiliates of the UMDNJ assets in New Brunswick and Piscataway that are to be transferred to Rutgers University
- A timeline and plan for implementation

Finally, the opportunity this specific reorganization of these particular public higher education assets in Central New Jersey presents to the entire State of New Jersey should be exercised and realized as soon as possible. A final vision of what the Committee believes is the best possible organization and possible deployment of all UMDNJ's considerable assets will only be completed when the Committee submits its final report.

The New Jersey Institute of Technology (NJIT)

Should NJIT start its own medical school?

The Committee¹ recommends that NJIT not start its own medical school. In particular, we do not favor NJIT's plan to expand its current relationship with St. George's University School of Medicine to offer a joint M.D. degree with the Grenada, West Indies-based institution. The Committee believes this proposed partnership will not inherently improve the quality of medical training that is available today at New Jersey's medical schools. We believe it is a divergence too far from the school's primary mission. As New Jersey's lone technical research-focused public institution, NJIT should seek to achieve a comparable level of academic excellence achieved by the premiere technology education institutions of higher education in the country. The Committee's view is that the school should allocate its resources and intellectual capital in a manner that improves existing areas of academic training to protect against diluting its mission through academic expansion into areas of academic training for which, at this time, it is not suited.

The Committee acknowledges that some might argue our recommendation to unite the Robert Wood Johnson Medical School, for instance, with Rutgers University is a divergence from that school's focus. The Committee disagrees. Rutgers University currently offers numerous programs, including biology, chemistry, pharmacology, life sciences and other research areas, that imply a strong strategic and synergistic benefit from expanding its scope into medical education and training.

NJIT holds a unique, important place in New Jersey's roster of public higher education assets. NJIT should focus its efforts on refining what it already does well and avoid expansions that dilute its academic training and workforce development in engineering, computer science, architecture and other technology-based academic arenas. These will be core skills in the future economy and NJIT has a vital role in producing New Jersey's future workforce in these areas. It is an important undertaking for which NJIT already has responsibility. And while NJIT enjoys a good academic reputation, a divergence of focus could stunt achievement and improvement.

It is, therefore, also our recommendation that the State Board of Medical Examiners (the Board) within the Division of Consumer Affairs, Department of Law & Public Safety – which is New Jersey's licensing body for medical schools – should decline to review NJIT's and St. George's joint application, which is currently before it. It is our understanding that no application of this kind has ever been considered by the Board. Whether the Board has jurisdiction over this application is in question. However, if the Board chooses to consider this application, it is the Committee's recommendation that the application should be denied.

The relationship NJIT has today with St. George's – through which NJIT students earn a three-year accelerated bachelors degree, complete a two-year undergraduate medical education at St. George's University School of Medicine and return to New Jersey for graduate medical education in a New Jersey teaching hospital – is sufficient at this time.

¹ Due to a conflict of interest, Committee member Dr. Harold T. Shapiro abstains from this recommendation.

In this current program, the M.D. is issued by St. George's University School of Medicine. This program serves approximately two dozen students in various phases of academic and medical training at any one time, nearly all of whom, after returning to New Jersey for their graduate medical education, practice medicine in New Jersey. While this is a small program and therefore a minor departure from the school's core mission, there is no evidence that discontinuing it is necessary.

There are, of course, great possibilities for research and academic collaboration among technological research institutions like NJIT, medical schools and other institutions with strong basic science programs and beyond. The fact is NJIT is involved in such collaborations. Many of these collaborations were detailed by NJIT in a response it prepared for the Board relating to NJIT's application for licensure of the NJIT School of Medicine. Important medical education-related collaborations NJIT noted include:

... pre-health programs in partnership with the New Jersey Medical School of the University of Medicine and Dentistry of New Jersey (UMDNJ) in Newark, NJ (M.D.), St. George's University School of Medicine, Grenada, West Indies (M.D.), the New Jersey Dental School of UMDNJ in Newark, NJ (D.M.D.), the School of Health Related Professions of UMDNJ in Newark, NJ (D.P.T.), and the SUNY College of Optometry in New York, NY (O.D.). (pp.1)

Additional NJIT collaborations with Rutgers University, both in Newark and New Brunswick, at all levels of degree conferral are legion. NJIT clearly seeks academic collaboration and collaborates effectively, which is commendable. As the delivery of public undergraduate and graduate medical education in New Jersey is transformed, NJIT, while remaining as it is constituted today, should seek to broaden appropriate partnerships, an academic undertaking well within the programming it is suited to deliver and support.

STATEMENTS

The University Hospital

What is the role and mission of University Hospital?

To address directly an array of concerns expressed to the Committee since commencing our work, let there be no ambiguity about our position concerning The University Hospital (UH): It should remain a hub of health care delivery in the city of Newark; it should remain a primary teaching hospital for Newark-based medical, dental, nursing and other students in health-related professions; and, it should continue to serve the residents of Newark and Essex County, the State and region.

The Committee recognizes that UH is a broad “safety net” hospital, one of only three New Jersey Level I Trauma Centers. It is known for its excellence in some areas of care and is a surgical destination of choice for many. New Jersey has both an historical duty and a moral obligation to ensure that UH endures to serve as one of the hubs meeting the medical needs of the community.

Moreover, the current reality is that UH faces serious challenges. The hospital requires widespread, expensive capital improvements without which the delivery of patient care and the provision of medical services will be adversely impacted.

As it is currently constituted, governed and funded – that is, the status quo – UH cannot maintain its current portfolio of services. There must be some change, which must include a new commitment of resources. This is a fact perhaps at odds with the perception of some who favor the status quo, but it is reality, which is where a mature conversation about UH must begin. Doing otherwise will neither strengthen the hospital nor secure its on-going role and mission.

Clearly, the Committee believes that the status quo for UH is untenable. It also believes that UMDNJ and its Board of Trustees, in agreeing to investigate an affiliation of some type, has clearly recognized the need to pursue thoughtful actions with all the stakeholders’ best interests in mind. We commend UMDNJ and its Board for acknowledging reality and seeking a better future for UH. As the Committee continues its work, it will keep an open mind as it engages all stakeholders to consider what model will best secure UH’s on-going role and mission.

UMDNJ’s Newark-based Education Assets: The New Jersey Medical School, the New Jersey Dental School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing

Should UMDNJ’s Newark-based schools be merged with any of the senior public higher education institutions in Newark?

The Committee is not yet prepared to make recommendations regarding the University of Medicine and Dentistry of New Jersey’s (UMDNJ) Newark-based educational assets, which are substantial, important high quality medical education and training facilities that serve the city, State and region, and a number of important medical professions.

This determination is based on our need to continue to familiarize ourselves with the complex, technical relationships these schools have with The University Hospital (UH) and among themselves. It is essential for the Committee to identify potential shortcomings in training and medical education, research and medical care in Newark and consider various multifaceted solutions for closing those gaps before arriving at final recommendations.

It is important to acknowledge that these educational assets, together, generate an enormous sense of community pride. Individually, they each serve an integral public service for the city of Newark and the State. As a unified entity they have the potential to exert national leadership, for example, in the emerging model of integrated health professions. Simply put, determining the necessity of one or more reorganizations requires additional study and consideration.

That said, it is necessary to affirm the threshold criteria the Committee is using to determine the circumstances under which we will recommend one or more reorganizations of these UMDNJ assets: Will the reorganization improve the delivery of medical education and training, research and health care delivery in Newark?

The Committee does not believe there should be one or more reorganizations only for the sake of reorganization.

The Delivery of Medical Education in Southern New Jersey

Should UMDNJ's South Jersey – based schools be merged with any of the senior public higher education institutions in South Jersey? How should graduate medical education be delivered in Southern New Jersey?

The Committee is not yet prepared to issue recommendations regarding the substantial public higher education assets located in Camden and Gloucester counties.

We note that when the Committee commenced its work, Cooper Medical School at Rowan University did not exist in the sense that only in June 2011 did the medical school achieve preliminary accreditation from the Liaison Committee on Medical Education (LCME). This is commendable and requires the Committee to consider fully what role this new medical school could play in the region and the State in the short- and long-term. It is our view that the Committee will best serve New Jersey by taking additional time to consider how New Jersey could best support the development of this new medical school. What is clear today is that substantial effort and resources is required from Rowan University and the State to make this new medical school successful.

Furthermore, it is important to take special note of the role occupied by the School of Osteopathic Medicine (SOM) at the University of Medicine and Dentistry of New Jersey (UMDNJ) in Camden County, in the delivery of health care in Southern New Jersey. SOM is an academic jewel that produces primary care physicians who practice in every corner of the State and particularly in Southern New Jersey. However, as the Committee has learned, SOM has technically complex relationships with many of UMDNJ's constituent schools and its own affiliates. It is important for the Committee to more fully understand not just SOM's academic relationships but also the technical intricacies of SOM's business and financial relationships before determining if SOM might better align under some other governance model. Of course, the conclusions at which the Committee arrives for UMDNJ's Newark-based educational assets might also play a role in this determination.

Lastly, the Committee plans in the next phase of its work to consider whether a new combination of public higher education assets in Southern New Jersey is potentially the best way for New Jersey to support and improve public medical education in Southern New Jersey and the vitality of the region.

PROVISIONAL CONCLUSION

The charge given to the Committee involves considerations of a complex set of interrelationships within and among a number of institutions of higher education that hold disparate perspectives, histories and missions. Certainly, the ultimate objectives of all the institutions under consideration are something each has in common with the others and something in which the Committee believes: Service to New Jersey, education and delivery of care.

Our considerations have taken great note of these interrelationships and missions and have led to the interim conclusions and statements delineated in this report. These interim recommendations and statements will be the foundation of the Committee's final recommendations to the Governor.

It is important to note that the recommendations – both interim and final – are framed as a structure that should not be perceived as a series of options to be viewed, and acted on, individually. It is our genuine view that it is not prudent to isolate specific recommendations; this will create potentially profound and unintended consequences.

Recommendations contained in this report are indeed the beginning of what the Committee believes is an improved structure for public higher medical education, one that will create the potential for improved education and training in a variety of medical professions, improved health care delivery and increased economic benefits for all regions of New Jersey.

It will maximize the significant investment New Jersey makes annually in these areas.

In the weeks ahead, the Committee will continue the deliberative process we have so far employed, which has included a multitude of discussions, meetings and listening sessions with stakeholders whose expertise has greatly informed our thinking.