



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

**January 25, 2012**

**Final Report**

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

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## **TRANSMITTAL LETTER**

January 25, 2012

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 of New Jersey Advisory Committee colleagues, I respectfully transmit the Committee's final report, in which you will find our unanimous recommendations for restructuring health sciences education, research and associated clinical activities statewide. While this set of recommendations represents an essential first step toward improving health sciences education and research in New Jersey, over time additional initiatives will be required to realize the full potential of the State's investments in this arena.

It has been an honor and a privilege to confront the significant and complex challenge you set before us.

The Committee has met regularly since it commenced discussions in May 2011 and has solicited the advice of a very broad spectrum of those with significant interest and concern in the area of our charge.

We hope our observations and recommendations reflect the thoughtful, deliberate and informed conversations we carried out within a robust stakeholder process.

Once more, it has been our privilege to commence, continue and complete this work on your behalf and to serve the State of New Jersey through these efforts.

Sincerely,

Dr. Sol J. Barer, Chairman

## **ACKNOWLEDGEMENTS**

We sincerely and respectfully thank the Robert Wood Johnson Foundation. Over many months, the Foundation and particularly Tina Hines welcomed the Committee and its guests with world-class hospitality.

The Committee also wishes to thank intern Victoria Gilbert, a student at the Rutgers University School of Law in Camden, whose exceptional research aided the Committee greatly.

## CHAIRMAN'S LETTER

In this report, the UMDNJ Advisory Committee is recommending a fundamental transformation of the structure of higher education related to New Jersey's public medical and health sciences schools and research universities. The transformation involves several elements detailed in the report but overall includes:

- A revamped and recast health sciences university based in Newark, which we are suggesting be called the New Jersey Health Sciences University (NJHSU). This powerful academic institution, with significantly increased autonomy for three units – University Behavioral Health Care, the School of Osteopathic Medicine and the Public Health Research Institute – will establish the foundation for a new era of medical education and patient care in our State.
- An affirmative and strong endorsement of support for the critical mission and role of University Hospital (UH) for the Newark community and for the State. The Committee recognizes the hospital's vital role while also noting that its precarious fiscal position must be addressed. To that end we are recommending a public-private partnership that would provide for the longer-term sustainability of this vital resource.
- A broader, expanded research university in southern New Jersey comprised of the assets of Rowan University and Rutgers University in Camden and encompassing, as well, the recently provisionally accredited Cooper Medical School of Rowan University. As detailed in the report, this integration into an expanded Rowan University will help propel the medical school toward excellence and create a higher education institution capable of transforming the region educationally and economically while serving the entire State.
- A Rutgers University focused on New Brunswick and Newark and comprising recommendations incorporated in the Committee's Interim Report, which are affirmed in this Final Report. Focusing the University's operations and the addition of a medical school, public health school and the organizationally-elevated Cancer Institute of New Jersey will provide Rutgers an opportunity to ascend from good to great.

Given the complexity of the situation, regional issues and the historical backdrop, developing a recommendation for an overall structure was not an easy task. It involved considerable discussion among the members of the Committee and very importantly, input from all interested constituencies and the public. We have engaged with all the Universities, Schools and Centers, members of the Legislature and communities that wished to be involved in the process, public employee unions and their representatives, and of course, the faculties and the students. This engagement involved vigorous debate regarding how best to serve New Jersey. It was through this process of examination and reflection that we arrived at our conclusions.

We recognized, during this process, the importance of strategic imperatives. These included, for example, decentralization: This provides a foundation for the elimination of legacy inefficiencies engendered in bureaucratic and highly centralized organizations; and, the encouragement of entrepreneurial behavior leading to innovation that can facilitate a direct response to national needs and those in local communities and regions. Our vision for autonomy encompasses both administrative functionality as well as individual components' freedom to strategically plan with

substantial independence. An additional imperative worth noting is that we saw it as our responsibility to ensure that in any new model all regions of our State serve their populations, setting the stage for the education of students, availability of healthcare professionals and establishment of the base for new economic growth. In our view, successfully achieving this last imperative must include, in some cases, integration, which creates the potential for synergistic critical mass.

We also recognized the importance of the appropriate resourcing of UH as well as the appropriate resourcing for the universities. These recommendations will be successful only if, in the aftermath of implementation, there is the development of sustainable, appropriate resourcing – encompassing public-private cooperation and partnerships in addition to vital State support.

However, what became clear is that the most critical factor determining the ultimate success of our recommended university and medical school system is the leadership of the various institutions. This is a unique time for our State's higher educational system. Rutgers and Rowan University have commenced presidential searches. There is an interim president at UMDNJ. The New Jersey Institute of Technology (NJIT) has just named a new leader. The confluence of recommendations made by this Committee and impending leadership transitions on very important campuses in our State creates an unparalleled opportunity for new leaders to create immediate and long-standing value. It is only through leadership and vision that the potential of their institutions, indeed of our entire recommended model, can be realized. There will be challenges but with leadership the system New Jersey deserves is possible to develop.

Above all it should be recognized that the time for effecting changes is now. There has been 10 years of discussions, theorizing, recommendations and debate regarding New Jersey's medical and health sciences education and research university structure. Various proposals have been put forth during this period of time and yet none has been adopted or implemented for various reasons ranging from practicality, political will, inertia and lack of consensus. These discussions have occurred not by chance but for legitimate purposes. They have been compelled by unmet aspirations. But a lack of resolution has brought uncertainty for students, for faculty and for the various institutional administrations. It has affected morale and the ability of the institutions to attract and retain more of the best faculty.

In a time of unprecedented transition and opportunity what is incredibly important, in my view, is that New Jersey has a Governor who has demonstrated the will to enact, in partnership with Legislative leadership, the appropriate changes necessary to positively transform the State's higher education system.

There will be significant implementation challenges; each constituency should have its opportunity for input; however, there are no fundamental bars to impede this historic transformation. It is an opportunity to begin the realization of the potential inherent in our State. And the time to do it is now.

Dr. Sol J. Barer, Chairman

## TABLE OF CONTENTS

Transmittal Letter .....	ii
Acknowledgements .....	iii
Chairman’s Letter .....	iv
Executive Summary .....	2
Introduction .....	7
Final Recommendations .....	12
• Interim Recommendations .....	26
Conclusion .....	32
Appendices .....	33

## EXECUTIVE SUMMARY

In this Final Report, the University of Medicine and Dentistry of New Jersey (UMDNJ) Advisory Committee (the Committee) completes the task Governor Christie set before it in May 2011. It is the culmination of the Committee's work, portions of which were presented in a September 2011 Interim Report that focused on key programs in medical education and training, biomedical and cancer research and treatment, and public health at Rutgers University and UMDNJ in New Brunswick and Piscataway.

The Interim Report in full comprises Appendix A. The Committee affirms its interim recommendations.

The Committee notes that the scope of its task at the time of the Interim Report's release was expanded by Governor Christie to allow it to consider an integration of higher education assets in southern New Jersey beyond, but in service to, medical education. At that time and for that reason – and at the Governor's direction – the Secretary of Higher Education joined the Committee in a consultative role.

In this Final Report, the Committee provides the following significant additional recommendations regarding the future of medical and health sciences education, research and associated clinical activities.

- *There is an extraordinary opportunity to begin immediate reinvigoration of UMDNJ's Newark-based units, University Behavioral Health Care (UBHC) and the School of Osteopathic Medicine (SOM) as a transformed, major health sciences university with an academic and clinical mission focused on a broad portfolio of health sciences education and a vibrant research program*

Additionally, this reinvigorated university will continue to provide important clinical activities that meet both its educational and medical research requirements as well as critical public health education and health care needs.

The Committee recommends this transformed university be supported by a reorganized, streamlined and appropriately-sized administrative structure overseeing the transformed institution, emphasizing a set of unique and significant missions – all under the banner of an institutional structure that might be called the **New Jersey Health Sciences University** (NJHSU).

It is the view of the Committee that UMDNJ's central administration should be streamlined to reflect the contracted breadth of NJHSU to ensure it adds maximum value to the enterprise. To achieve the goals of the Committee's recommendations, NJHSU leadership must address the assertions – which the Committee accepts – that the existing central administration is adversely burdened by what has become an excessive bureaucracy, an overly complex set of administrative procedures, unproductive State regulations and the bureaucratic impact of responding to past missteps. This perception continues to exist despite the diligent efforts and thoughtfulness of UMDNJ's current Board of Trustees to steadfastly adhere to the requirements of its Corporate Integrity Agreement with the federal government; and, to

prevent future missteps of the type that have left the institution subject to criticism. Therefore, the Committee recommends this vibrant, more decentralized Newark-based health sciences university. NJHSU should be comprised of:

- The New Jersey Medical School (NJMS)
- The New Jersey Dental School (NJDS)
- The Graduate School of Biomedical Sciences (GSBS)
- The School of Nursing (SN)
- The School of Health Related Professions (SHRP)
  
- University Behavioral Health Care (UBHC)
- The School of Osteopathic Medicine (SOM)
- The Public Health Research Institute (PHRI)

However, in the Committee's view, a level of significantly increased autonomy should be made available to three specific NJHSU units – UBHC, SOM and PHRI. For example, they should be allowed to provide some of their own administrative services, which they currently “purchase” from central administration. In these cases, NJHSU would maintain only an internal audit function over those services that have become decentralized. Similarly, in other areas such as strategic planning and facilities investments NJHSU should pursue and install a variety of initiatives that would allow for greater autonomy for these three units.

However, along with increased autonomy for these units is the need for increased accountability: Streamlining administrative practices is intended to support and promote efficiencies while ensuring compliance with applicable regulations and laws.

Nevertheless, the Committee believes there is the potential for additional vitality and excellence of these units. In the Committee's judgment this potential for those units will be most successfully and sustainably achieved through substantial operating and planning autonomy within the overall university.

As a threshold matter, these units should be unconstrained to rethink how they receive the services that central administration today provides. Local management prerogative should be expanded. Doing so is the beginning of a pathway to more efficient operations, in the Committee's view. To be sure, a new model presents an opportunity to think creatively. For instance, the Committee's view is that if an autonomous unit can procure services from a vendor at a cost savings compared to what central administration charges, it should be encouraged, indeed required to do so if a proper cost-benefit analysis proves the cost savings. There are clearly services that will not fall into this category, such as legal services or compliance matters related to the institution's legacy Corporate Integrity Agreement with the federal government, both of which inherently fall within the institution's responsibilities. However, purchasing and human resources, in the Committee's view, potentially do fall within the definition of autonomy discussed here, as do other services for which these autonomous units should become responsible. NJHSU leadership should cultivate a spirit of management innovation and independence. In doing so, these qualities will become valued.

The Committee believes this discussion of autonomy and efficiency is also an opportunity to reiterate – and affirm – an important recommendation from the Task Force on Higher Education (the Kean Commission), which described in detail how the regulatory environment in which colleges and universities function in New Jersey is in many cases stifling and impeding efficient operation. The Kean Commission wrote:

“To increase the efficient operation of all New Jersey colleges and universities and to help them achieve their missions, the bipartisan Red Tape Review Commission, established by Executive Order 41, should act favorably on the New Jersey Presidents’ Council’s “Regulatory Relief and Unfunded Mandates” report submitted to the Governor in February 2010 ...” (Kean, 2011, p. 30)

Furthermore, the Committee believes substantial independence in developing, modifying and implementing these units’ short- and long-term strategic planning principles and objectives, as well as affiliation agreements, faculty practice plans and other substantially local undertakings, should be granted to the units’ leadership. The Committee believes that a more decentralized oversight regime in this regard will encourage creativity and innovation as new institutional values take hold over time

It is this Committee’s view that increased autonomy for UBHC, SOM and PHRI, as well as regulatory relief described by the Kean Commission for these units and, indeed, New Jersey’s entire higher education community, will in conjunction produce sustainable, innovative and accountable units that properly serve students, faculty and communities. In doing so, these institutions will properly steward the significant investment into these enterprises New Jersey taxpayers have made and will continue to make.

➤ *A revitalized, properly resourced and public Newark-based University Hospital (UH) engaged in a long-term public-private partnership with a strong, vibrant non-profit health system.*

The Committee’s view is that this type of partnership will allow the hospital to provide the appropriate range and level of services to the community it serves while assuring its long-term stability and growth as the community’s health care needs and the needs of NJHSU evolve. UH should remain the primary teaching hospital for NJHSU, its medical, dental, nursing and other schools, and as an instrumentality of the State within NJHSU. If this partnership between a private health system and the State is to be successful, hospital management must have the flexibility to ensure over time that UH is able to achieve industry operational standards for hospitals working with academic health care centers in such areas as human resources, quality indices and facilities. The Committee further believes that any partner with the State in such an arrangement should have appropriate, voting representation and authorities on UH’s Board of Directors and on NJHSU’s Board of Trustees regarding clinical consolidation, contracting strategies, faculty practice and other policy decisions integral to the management of the hospital.

The Committee previously has stated, in as unambiguous a manner as possible, that it believes UH should remain a hub of health care services and delivery in Newark. This recommendation

meets this objective and, if implemented, will allow the residents of Newark and Essex County and others who seek UH services to receive them in a high-quality, modern environment.

- *Increased, concerted and, most importantly, formalized research and development collaboration among NJHSU, the New Jersey Institute of Technology (NJIT) and Rutgers University-Newark.*

This collaboration should be in addition to existing CHEN (Council for Higher Education in Newark) activities, which are today substantially logistic in nature. The Committee recommends a formalized agreement through a memorandum of understanding (MOU), or some other written, signed document, among the institutions that creates a prescribed process for research collaboration by both students and faculties at these institutions to engage, share and help their institutions and the State prosper. Such an MOU must allow the remarkable but substantially parochial range of academic and clinical disciplines contained within Newark's higher education community to navigate bureaucratic impediments. The leaders of these institutions, both on boards of trustees and in presidential offices, and indeed in faculty offices, must make this a priority. In doing so, the State's higher education institutions can better meet their full potential and enhance Newark's position as a center for research and economic growth.

- *An expansion of Rowan University to now include:*

- Rowan University, Glassboro
- The Cooper Medical School of Rowan University, Camden
- Rutgers University-Camden
- Rutgers University School of Law – Camden
- Rutgers University School of Business – Camden

The Committee believes that in addition to serving this growing region properly and addressing a lack of capacity available to meet the forecasted demand for undergraduate and graduate degrees from aspiring students in this region, integrating these existing assets into one, properly-resourced institution will serve to spur not only the development of Rowan University and its new medical school but also serve to provide a genuine economic development boost to the city of Camden and the entire region.

The expanded university should be granted statutory status as a public research university under New Jersey law. Governance of the expanded university, which is recommended to be called Rowan University, based in Glassboro, will require expansion of the university's Board of Trustees.

- *Regarding the Robert Wood Johnson Medical School, School of Public Health and Cancer Institute of New Jersey, the Committee affirms its Interim Report recommendation, which states that the case for realigning these UMDNJ assets with Rutgers University in Piscataway is strong. In the Committee's opinion, basic changes in the organization and governance of the Robert Wood Johnson Medical School (RWJMS), the School of Public Health (SPH) and*

*the Cancer Institute of New Jersey (CINJ) will provide a much more promising foundation for achieving greater distinction of these units and Rutgers University.*

Additionally, as stated in the Committee's Interim Report, CINJ should become an autonomous institute within Rutgers whose director will have the same level of reporting as will the dean of RWJMS.

It is the Committee's view that the current organizational divide between Rutgers University and RWJMS, CINJ 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.

➤ *Regarding the New Jersey Institute of Technology, the Committee affirms its Interim Report recommendation that the New Jersey Institute of Technology (NJIT) remain constituted as it is today. The Committee commends the current leadership of NJIT for recently withdrawing its application to the State Board of Medical Examiners seeking to form a partnership with St. George's University School of Medicine and for its commitment to increasing the strength of the university's core programs and collaboration among Newark-based institutions.*

As stated in its Interim Report, the Committee did not favor NJIT's plan to expand its current relationship with St. George's to offer a joint M.D. degree with the Grenada, West Indies-based institution. The Committee viewed this proposed partnership as not inherently improving the quality of medical training that is available today at New Jersey's medical schools.

In the Committee's view, NJIT is a unique, important member in New Jersey's roster of public higher education assets. The leadership of this significant institution should continue to nurture this important role. NJIT should focus its efforts on refining what it already does well and avoid expansions that dilute its academic training and workforce development in the critical fields of engineering, computer science, architecture and other technology-based academic arenas.

## INTRODUCTION

Discussions regarding the restructuring and reform of medical education in New Jersey generally and the University of Medicine and Dentistry of New Jersey (UMDNJ) specifically have been occurring off and on for nearly a decade in policy circles, gubernatorial task forces and the higher education community. These discussions have focused on the possibility that a thoughtful restructuring of UMDNJ and institutional realignment of its considerable assets might enhance medical education, research and associated clinical activities throughout the State and also have a beneficial impact on higher education in New Jersey. Although these discussions have produced various thoughtful plans, none have induced any significant actions and in the interim the landscape of higher education in New Jersey has been altered considerably. Moreover, continued uncertainty regarding both State support for UMDNJ and the stability of the current institutional alignment of UMDNJ assets have undermined the capacity of UMDNJ to move forward as have various missteps by UMDNJ management, faculty and staff.

The UMDNJ Advisory Committee was formed as a result of a Task Force on Higher Education recommendation. In the Spring of 2010, Governor Christie established the Task Force on Higher Education, which was chaired by former Governor Thomas Kean. Among its duties it was asked to:

“... consider and make recommendations to improve the overall quality and effectiveness of the State’s higher education system.” (Executive Order 26, 2010, pp. 4).

The Task Force on Higher Education (the Kean Commission) issued its report in January 2011. While not explicitly tasked to address medical education, given the importance to New Jersey of medical and health sciences education, research and associated clinical activities, the Kean Commission felt an obligation to note that on the basis of its initial observations and consultations, immediate changes at UMDNJ were needed. The Kean Commission also emphasized that although the notion of a fundamental transformation of UMDNJ has been a matter of public discussion for more than a decade, important decisions had not been taken, even in the face of declining State support for the enterprise and a series of well publicized and very costly missteps. The resulting uncertainty regarding the future organization and support of health sciences education and research in New Jersey has been an additional factor inhibiting efforts to enhance UMDNJ’s component schools and programs. As a result, the Kean Commission recommended that an expert panel be assembled to handle these outstanding issues conclusively and in a manner that would best serve the long-term interests of the citizens of New Jersey. In a noteworthy passage, the Kean Commission wrote:

“This urgent need is for the public good. New Jersey needs a clear vision of medical training and research for the 21<sup>st</sup> century. Educating physicians and other medical professionals, conducting cutting-edge research, and serving the healthcare needs of New Jersey’s residents need to be balanced. They need to be placed in the hands of

institutional leaders who will protect the human and structural assets behind all these operations.” (Kean, 2011, p.65)

It was in this context and a desire to finally address the issues surrounding health sciences education, research and associated clinical activities in New Jersey that Governor Christie appointed the UMDNJ Advisory Committee (the Committee), chaired by Dr. Sol J. Barer, to consider the best options available to New Jersey for supporting these activities and maximizing the State’s significant investment in medical and health sciences education.

In particular the Committee was charged with:

“... examining the delivery of graduate medical education in the State and developing recommendations for the Governor concerning this issue. The Committee shall review the recommendations made by the Higher Education Task Force concerning graduate medical education and UMDNJ. The Committee shall also examine and provide recommendations concerning the following issues: (a) whether Robert Wood Johnson Medical School and the School of Public Health should be merged with Rutgers University’s New Brunswick-Piscataway campuses; (b) whether UMDNJ’s Newark-based schools should be merged with any of the senior public higher education institutions in Newark; (c) whether UMDNJ’s South Jersey – based schools should be merged with any of the senior public higher education institutions in South Jersey; (d) the role and mission of University Hospital; (e) whether NJIT should start its own medical school; (f) how graduate medical education should be delivered in South Jersey; (g) whether the various public nursing schools should merge; and (h) such other matters as may be referred to the Committee by the Governor.” (Executive Order 51, 2011, p. 3)

After accepting the challenge of Executive Order 51, the Committee activated a process to carefully consider the current status of UMDNJ’s schools and programs so it could assess how these assets might best be deployed to most effectively and efficiently meet the State’s needs in medical and health sciences education, research and associated clinical services. Moreover, the Committee endeavored to pursue this task fully cognizant of New Jersey’s fiscal realities and evolving policies at the national level.

Acknowledging both the urgency to reorganize higher education assets in Central New Jersey and the necessity to conduct extended deliberations regarding institutions in the Northern and Southern regions of the State, the Committee issued a September 2011 Interim Report that included the following recommendation:

“In the Committee’s opinion, basic changes in the organization and governance of RWJMS, the School of Public Health and CINJ will provide a much more promising foundation for achieving greater distinction of these units and Rutgers University.” (Barer, Interim Report, 2011, p. 4)

In the Interim Report, the Committee also noted that it requested an extension from Governor Christie:

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. (Barer, Interim Report, 2011, p. 1)

In addition to the Committee's own deliberations, it also pursued direct discussions with countless stakeholders and held a succession of meetings with interested and knowledgeable parties. The Committee also held two open meetings in Newark and solicited comments via the Internet, receiving more than 70 comments in e-mail messages. The Committee toured UMDNJ's Newark, Piscataway and Stratford campuses. It met numerous times with the leadership of UMDNJ, its Board of Trustees and each of its major schools and institutes, including the School of Osteopathic Medicine, the Cancer Institute of New Jersey, the Robert Wood Johnson Medical School, the Public Health Research Institute, the School of Health Related Professions, the School of Nursing, the Graduate School of Biomedical Sciences, University Behavioral Health Care, the New Jersey Medical School and the New Jersey Dental School, University Hospital and the School of Public Health. Additionally, the Committee met with leadership from each UMDNJ public employee union. It met with representatives of UMDNJ's faculty senate and of its student body. It met with the President and Provost of Rutgers, the chancellors of Rutgers' Camden and Newark campuses and the leadership of Rowan University, Cooper University Hospital, the Cooper Medical School of Rowan University and the New Jersey Institute of Technology. The Committee met with various members of the Legislature whose districts include Newark and Essex County. It met with health system leaders who operate teaching hospitals in, among other locations, Camden and Essex counties. Finally, the Committee met with an academic accrediting body relevant to recommendations in this and the Committee's Interim Report.

Throughout, the Committee made it a priority to encourage the presentation of all perspectives on its task. In carrying out this meaningful and deliberate process, the Committee found it fully agreed with the Kean Commission, which wrote:

"The issue is also enormously complex. Evidence received by the Task Force, coupled with past studies on this issue and developments over the past five years, all point toward the need to *initiate immediately transformational change* [emphasis added] at the University of Medicine and Dentistry of New Jersey."

"The Task Force appreciates the many and complex interrelationship among UMDNJ's entities and other State institutions. It is recognized that complicated personnel, logistic, accreditation, and financial issues exist. These should not be reasons, however, to ignore the need for change. Resolution of this serious matter for New Jersey is imperative. The question is not whether to act, but when. *The answer is now.* [emphasis added] (Kean, 2011, p.65)

On these points, there is no difference between the position the Kean Commission took and that which the UMDNJ Advisory Committee expresses in this report.

Medical education and health care delivery are – particularly as they relate to UMDNJ – enormously complicated, but not so complicated that decisive action on behalf of the State and for the State’s benefit should be put off any longer. At stake are not only the physical footprints of UMDNJ and other, important public institutions but, much more importantly, the lives and futures of the faculty, staff and students that bring these institutions to life and, ultimately, the patients whom medical and health sciences education serves. For all these reasons, uncertainty must finally be put to rest. **The time for action is now.**

It has been the Committee’s view that at this moment in New Jersey history there is an enormous opportunity to set a new foundation for excellence in medical and health sciences education, research and associated clinical services, as well as bring to all regions of the State the infrastructure necessary to be a leader in these endeavors, to be effective partners with key State industries and, importantly, innovators in health care management, education, research and service delivery. To believe in this view as the Committee does one must believe that there is will and resolve to invest in the State’s future. To be sure, achieving the vision that underlies the recommendations of this report and the Committee’s Interim Report will require courageous and sustained leadership at the State level and at each of the higher education institutions involved.

Notably, the Committee was concerned throughout its process with the status and future of University Hospital (UH) in Newark. On the one hand it continues to provide important health care services to the people of Essex County and beyond and serves as the principal teaching hospital for UMDNJ’s New Jersey Medical School and New Jersey Dental School. Thus, it is an essential constituent of the Newark community and a key component for medical and dental students. On the other hand, UH’s continued viability is clearly in question. UH has been running a substantial deficit, has a substantial debt to UMDNJ and its other constituent units, and all the while has been unable to assemble the financial resources to make essential on-going investments in medical equipment and other capital needs. Indeed, UH’s negative net worth is a good deal larger than appears on its financial statements because essential on-going investments in new equipment, other capital items and new technology have been postponed for many years. One result of this is that the quality and extent of its ability to serve the medical needs of the community as well as the educational needs of medical, dental and other students from Newark-based schools remains seriously threatened.

Indeed, it is the Committee’s view that without a turnaround plan of some sort UH’s ability to meet its medical care obligations will be increasingly threatened.

Looking more broadly at UMDNJ, the Committee is well aware that any substantial change in the status of UMDNJ’s units will initiate a review of the accreditation of the components and programs involved. It will be very important, indeed critical, to begin discussions with the appropriate accrediting bodies to ensure that all programs retain their good standing. In this regard, the Committee notes that it met with the president of the Middle States Commission on

Higher Education, which is among the accrediting bodies relevant to these recommendations. There must be – and, in the Committee’s view, can be – an implementation process that ensures no gap in accreditation.

Lastly, the Committee is fully aware of UMDNJ’s Corporate Integrity Agreement with the federal government, the details and causes of which are well known. There will be a need to modify and adapt this agreement in an appropriate, satisfactory manner to the federal government if the recommendations of this Committee are to be implemented. It will be critical to begin discussions with the appropriate federal government representatives to ensure a full understanding exists among the parties to the integrations recommended in the Committee’s reports.

In short, the Committee’s recommendations are far reaching but achievable. Implementation requires leadership, a broad range of efforts and commitment from affected constituencies, as well as considerable strategic investments. However, in the Committee’s judgment, the long-term benefits for the citizens of the State will be quite substantial.

## **FINAL RECOMMENDATIONS**

### **New Jersey Health Sciences University**

*The Committee recommends that the Newark-based units of the University of Medicine and Dentistry of New Jersey, and University Behavioral Health Care and the School of Osteopathic Medicine, become a transformed university headquartered in Newark and named the New Jersey Health Sciences University.*

The Committee's view is that the University of Medicine and Dentistry of New Jersey (UMDNJ) assets delineated above should be known as the New Jersey Health Sciences University (NJHSU), a name reflecting the mission on which this Newark-based health sciences university should focus its initiatives and programs in medical education and training, biomedical research and associated clinical activities.

As the Committee views it, NJHSU represents a quite different institution than currently exists and has the potential to evolve a unique and vibrant set of programs in medical and health sciences education, research and associated clinical activities while supported by a more streamlined, sustainable administrative structure.

The Committee acknowledges the special challenges the establishment of UMDNJ brought to parts of the Newark community and also, conversely, the sense of pride with which many members of the Newark community now view the institution. It is seen by some as the "community" school, and it is clear that UMDNJ faculty and alumni, staff and students associated with the schools in Newark have contributed a great deal to that community. It is, however, the Committee's view that the components of UMDNJ now selected to form NJHSU can contribute even more effectively to the needs of the community and to the worlds of medical and health sciences education, research and associated clinical activities. Many committed and outstanding faculty and alumni, staff and students call their respective Newark-based schools home and this recommendation is intended to magnify and empower their ongoing efforts by laying a more secure foundation for a renewed spirit within a transformed university, helping to finally move beyond the residue of well-known missteps that have cost UMDNJ significantly in reputation, good will and its ability to meet New Jersey's aspirations in various endeavors. Only through such a transformation, the Committee believes, can the State turn the page on an unfortunate period in institutional history that renders UMDNJ, in its current construct and despite significant effort, powerless to turn the page fully on its own.

Importantly, it is also the Committee's view that all the potential benefits from this transformation will occur only when leadership at the university and State levels demonstrates the will and resolve to ensure it happens. With that leadership in place and committed to a more-focused mission, this transformed and re-energized university should set its objective as nothing less than national prominence in its areas of education and research, teaching and patient care, attracting and retaining more top faculty, students and leadership to Newark.

Through this recommendation the Committee intends to instill a sense of inherent stability that will allow NJHSU to achieve the vision that this Committee has articulated. Over the course of

its deliberations, the Committee heard time and again that uncertainty about the institution's future impeded it – over many years – from achieving all that it might. Indeed, the existence of this Committee and others before it, as well as unresolved discussions among policy and law makers, and others, that arose from time to time regarding UMDNJ's future, have certainly affected the university in numerous harmful ways: From an inability to recruit and retain additional top students, leadership and faculty; to an inability to plan strategically and effectively for the future; and, ultimately, to an inability to revive an enterprise in a manner that reflects the talented and committed faculty and alumni, staff and students associated with the institution.

This recommendation, if implemented, would quell that uncertainty surrounding the future structure of UMDNJ and provide a more efficient, sustainable foundation on which NJHSU can plan and recruit, educate, train and nurture its students and faculty to carry out its mission. How well NJHSU educates and trains professionals to deliver clinical services and conduct research on the pressing public health issues endemic in Newark – issues that are illustrative of public health issues throughout the country – are the criteria on which NJHSU should be judged.

### Transformation

While the Committee heard often of the uncertainty rampant at UMDNJ, it heard just as often of central administration's accumulated, complex and debilitating administrative procedures and requirements. These, the Committee believes, have hindered the institution's ability to fulfill its mission in the most effective manner.

And while the Committee acknowledges that some portion of the excessive bureaucracy described here is a consequence of the Corporate Integrity Agreement and that claims of administrative inefficiency are commonplace on campuses across the country, particularly at large statewide enterprises such as UMDNJ, it recommends that rationalization and decentralization of the central administration functions in this transformed university become a priority of the Board of Trustees and NJHSU leadership.

Rationalization to a certain extent is not only prudent but necessary, considering that in its Interim Report the Committee recommended that three units (the Robert Wood Johnson Medical School, the School of Public Health and the Cancer Institute of New Jersey) become integrated with Rutgers University, in Piscataway.

In this final report, the Committee further recommends that University Hospital enter into a public-private partnership with a New Jersey-based non-profit health system, creating another opportunity to reconsider the breadth of central administration as NJHSU cedes substantially all operation and management prerogative to the private partner in the recommended agreement.

It is also the Committee's recommendation that University Behavioral Health Care (UBHC), in Piscataway, and the School of Osteopathic Medicine (SOM), in Stratford, be provided with the potential to become substantially autonomous units of NJHSU. While this leaves these two

units within the NJHSU entity, it creates additional clear opportunities to further consider the extent to which central administration can be streamlined.

UBHC is clearly an innovative unit, relying not on State subsidy but on entrepreneurial leadership and staff creativity to discover revenue streams through novel clinical service delivery mechanisms. The Committee believes that UBHC has even more to offer in this regard and through increased autonomy will have the ability to serve the State and nation even more so than it does today. This clinical and educational unit provides acknowledged excellence and creativity in medical and mental health services statewide, and innovative services both in New Jersey and nationwide. It is indeed an entity of which New Jersey should be proud.

SOM is among the nation's top schools of osteopathic medicine. The Committee's view, expressed later in this report in a recommendation specific to the school, is that SOM should be part of NJHSU. While the Committee is confident that SOM might also thrive as part of Rutgers University or within the expanded Rowan University recommended later in this report, the Committee believes the optimal solution at this point in time is for SOM to be part of NJHSU. As Rowan develops its allopathic medical school and in the aftermath of the Committee's recommended integration of southern New Jersey higher education assets, SOM might find that its best fit, for a variety of geographic, academic and affiliation-related rationale, is within Rowan. The Committee believes this is a decision that should be addressed in the future. For now, however, the Committee recommends that SOM should be part of NJHSU. Regardless of that aspect of this discussion, in any institutional construct, SOM leadership requires a new, sufficient level of management prerogative that clears administrative and other obstacles from the school's development.

This streamlining of central administration's breadth should also recognize that Rutgers University will assume on-going responsibility for and sponsorship of the sizeable program today offered by UMDNJ's Graduate School of Biomedical Sciences (GSBS) in Piscataway. This is a necessary and prudent outcome of the Committee's Interim Report recommendations relating to central New Jersey. GSBS, however, will remain in Newark as a substantial academic component of NJHSU.

Lastly, the Committee gave great consideration to the Public Health Research Institute (PHRI).

PHRI, an entirely self-supported academic research affiliate within NJMS, would also be greatly assisted by an increased level of administrative and strategic autonomy. PHRI should be provided the administrative autonomy it requires to act nimbly in its endeavors while still attached to the medical school, a relationship the Committee believes is beneficial to both components. It will be important to allow for the potential to modify existing structures for PHRI in areas such as procurement, contracting and recruitment, as well as in investing in infrastructure that PHRI leadership believes the institute requires in order to achieve its vision. It is the Committee's view that PHRI's vision – to be among the world's preeminent public health research organizations – is achievable only through a new relationship, defined by increased autonomy, within its sponsoring university.

Thus, the Committee recommends that NJHSU be comprised of five primary constituent academic units, in Newark, for which an appropriately-sized central administration should serve to add value by efficiently providing core administrative functions. These five units are:

- The New Jersey Medical School
- The New Jersey Dental School
- The School of Nursing
- The School of Health Related Professions
- The Graduate School of Biomedical Sciences

Three decentralized, substantially autonomous components, in the sense described above, comprise the remainder of NJHSU:

- University Behavioral Health Care
- The School of Osteopathic Medicine
- Public Health Research Institute

## **The University Hospital**

*The Committee recommends that the State seek and implement, as carefully and as quickly as possible, a long-term public-private partnership with a New Jersey-based non-profit health system to manage University Hospital in a manner that secures and strengthens its role and mission.*

The Committee has been asked to define University Hospital's (UH) multi-faceted role and mission. Its most important missions are a) to serve some of the critical health care needs of the region, including as a Level One Trauma Center and, b) to serve the educational and research programs of the University of Medicine and Dentistry of New Jersey's (UMDNJ) New Jersey Medical School (NJMS), New Jersey Dental School (NJDS), School of Nursing (SN) and other health sciences schools and programs in Newark. In both these key missions UH should pursue these goals in cooperation with other hospitals in the region.

Details that the Committee heard and reviewed throughout its discussions paint a picture of UH as financially and medically unsustainable under existing arrangements. It seems clear that without substantial changes UH will be unable to meet any of its principal current obligations in education and clinical care. In particular, long-delayed critical investments in capital facilities and equipment and critical IT needs must be addressed both by UH and the State. In this respect, estimates of UH's critical deferred maintenance costs presented to the Committee range from \$100 million to more than \$200 million. Whatever the true cost, the reality is that UH and UMDNJ cannot currently invest sufficiently into the hospital to match the annual cost of depreciation, let alone the growing needs of a premier supplier of tertiary health care and associated medical and dental education needs.

Much has been made in recent years about UH's ability finally to strike a balanced budget, for which it and UMDNJ deserve – in the Committee's estimation – some gratitude. The fact of the matter is that UH has only been sustained even in its diminished status by loans from UMDNJ, which have seriously depleted the capacity of UMDNJ to properly finance its other units. This debt, UMDNJ financial documents show, is more than \$85 million. Other off-budget realities include an approximately \$90 million health and fringe benefits contribution to UH by the State.

As the Committee wrote in its Interim Report and still believes today, the status quo for UH is unsustainable. The combination of the current level of resource allocation to UH from UMDNJ and the State and federal governments and the allocation of UH revenues required to fund its operations is untenable. In short, UMDNJ no longer has the reserves to finance hospital deficits and without significant change UH will be unable to operate in a safe manner, leaving it with neither a legitimate opportunity to serve its proper role in the community nor an ability to achieve its long-standing, vital missions to the clinical needs of the people of Newark, Essex County and the region, or to the educational and clinical research needs of UMDNJ's Newark-based schools and students.

It is therefore the Committee's view that the best opportunity to be able to fulfill UH's mission is a public-private partnership in which UH remains an instrumentality of the State but is managed by a responsible private entity under a long-term contract. A financial firewall should

be instituted between UH and the transformed health sciences university so that situations that have arisen to expediently accommodate financial shortfalls at UH and UMDNJ do not occur again. The Committee must emphasize its view that there must be instituted within the agreement noted here significant financial and management separation between the proposed New Jersey Health Sciences University (NJHSU) and UH, including but not limited to the recommended financial firewall. Without that separation there is little chance for change, in the Committee's view.

The State, under an arrangement like that which the Committee is recommending, would partner preferably with a non-profit health system with deep roots in New Jersey and in medical education; and, with the financial and intellectual means to properly manage the hospital. In this partnership, the private partner would operate UH as a Core Teaching Hospital and hold substantially all prerogatives over management decisions. It is the Committee's view that the State's partner in this agreement should have – in consultation with the State – the authority to address issues relating to relevant faculty practice plans, clinical consolidations and other business-related decisions after accumulating the input and advice of potentially affected constituencies. This power, the Committee believes, can be realized only through the appropriate voting representation and authorities on both the NJHSU Board of Trustees and UH's Board of Directors.

Only with this authority, through the recommended financial firewall and in partnership with the State can the arrangement envisioned by the Committee produce – over time – a stable, sustainable UH.

The Committee is well aware of the due diligence period and non-disclosure agreement that UMDNJ and UH entered into earlier this year. In its Interim Report, the Committee commended the leadership at UMDNJ and UH for undertaking this action that acknowledges the reality in which UH exists. The Committee does so again here and emphasizes the need to now move on to the next step in this process: Seek, through the appropriate public processes, a private management agreement for UH.

While the Committee cannot itself commit the State to a public-private partnership of the type recommended here, it can advocate threshold criteria on which the State and a private partner might consider negotiating as a management agreement is constructed. These criteria include, but are not limited to:

#### *Length of Private Management Agreement*

In speaking with representatives from various health systems about how an agreement of this type might be structured, it was asserted that in UH's particular situation, an agreement of at least 10 years is required. The Committee agrees. It likely will take at least half the term of a 10-year contract to extract significant benefits from improved management practices that the partners to the agreement will institute.

### *Capital Expenditure Plan*

The State and private partner must come to some agreement on capital improvements, whereby the State could commit to finance certain jointly identified priority projects and the private partner might agree to reinvest cost savings and other revenue derived from improved management practices into UH through capital improvements financing that supports the hospital's role and mission.

### *Education and Training*

By contract, UH must remain the primary teaching hospital for students from NJMS, NJDS, the School of Nursing (SN) and other constituent academic and clinical components of NJHSU in Newark.

### *Roles and Responsibilities*

The private partner should commit in the contract to moving UH to meet and maintain – within an agreed to timeframe – various industry standard quality metrics for teaching hospitals that relate, for example, to patient outcomes and satisfaction, among other agreed-to indices and industry standards. Additionally, the private partner, in conjunction with the State and NJHSU, must agree to a rationalization of services provided by UH that allows the hospital to meet its obligation to Newark, Essex County and the region. Only after the array of services that UH must provide has been identified and agreed to by the partnership should any additional, significant operational changes be made by the private manager.

It is the Committee's view that the public-private partnership described here will allow UH, over time, to preserve and enhance its role and mission, which should be as a hub of health care delivery in Newark and the primary teaching hospital for Newark-based medical, dental, nursing and other students in health-related professions.

Such a partnership will allow NJHSU to focus on its academic enterprise without the financial drain UH has become.

## **Collaboration Between New Jersey's Newark-based Institutions of Higher Education**

*The Committee recommends that institutions of higher education in Newark should expand, commit to and formalize an existing but faltering collaborative enterprise to enhance their programs and services as well as positively affect the city's economic, cultural and educational future.*

Years ago, Rutgers University-Newark and the New Jersey Institute of Technology (NJIT), Essex County College (ECC) and the University of Medicine and Dentistry of New Jersey (UMDNJ) created an informal collaborative enterprise, known as CHEN – the Council for Higher Education in Newark – by force of leadership at the institutions. CHEN sought to serve the host community, Newark. By all accounts, CHEN served an important role in the 1970s, 80s and 90s, but it was not institutionalized in the sense that long-term strategies and agreements were put in place to transcend institutional leadership. As that leadership moved on, CHEN has not sustained and built on its promising start. Indeed, CHEN has become a more limited operation as these institutions have withdrawn their intellectual and time commitments to it. This withdrawal is due to various reasons. Among them are unresolved institutional realignment discussions that have caused potential collaborators to assume more internal postures. Additionally, a more autonomous and largely effective State governance structure for higher education that leaves substantially all decision-making with the institutions, while a considerable benefit for higher education in many areas has left a leadership vacuum in this particular area. Declining State financial support for higher education also has affected the degree to which institutions feel they can effectively and responsibly participate in such collaboration.

Newark is in some respects a college town, with many institutions of higher education such as Rutgers, UMDNJ, NJIT, ECC, Seton Hall University School of Law and Berkeley College. The city attracts talented students and accomplished, innovative faculty. The existing educational infrastructure should be able to do even more to help the city and region with its economic development objectives and to provide intellectual, problem-solving leadership.

It is the Committee's view that the further development of CHEN, through a formal, long-term and collaborative arrangement among the public institutions of higher education in Newark – and perhaps others as well – is necessary. Through such development, those affiliated with these institutions might come together, as permanent anchors and intellectual leaders in the city, to greatly affect Newark's future in many positive ways.

The Committee's view is that this collaboration must be an academic and research driven collaboration, moving beyond the vestiges left in Newark today from previous efforts. While transportation for students and campus security, as well as other logistical collaborations are important and indeed essential, the Committee's view is that there is the capacity in Newark for much more extensive academic, research and clinical collaboration between and among the city's institutions of higher education as well as other important institutions – public and private – in the area.

Such collaboration will retain existing institutional autonomy in Newark while allowing for enhanced interactions in teaching and research among the key institutions' faculty and students. Such collaborations enhance the leverage of all participating institutions through a sharing of human and physical resources and a more robust capacity to exploit collaborations among researchers and key New Jersey industries – opening a potentially sustainable pathway to commercialization of innovation while also providing the maximum opportunity for students in the city to benefit fully from the substantial public investments in higher education in Newark.

In cities and regions across the country host communities and regions are deriving significant social and cultural, medical and educational benefits. Newark should be among them.

The Committee also believes that the health care system ultimately chosen to partner with the State and University Hospital could also play a key role in this collaboration, bringing a refined level and perspective of clinical practice and training that could expand the vision of what might be accomplished.

To make this pursuit successful, strategic leadership must be exerted not only at the university and college level but also from policy makers in Trenton. New Jersey must consider how best to incentivize new and existing collaboration through policy decisions, such as targeted investment for specific research and development initiatives.

## **The School of Osteopathic Medicine**

*The Committee recommends that the School of Osteopathic Medicine become a substantially autonomous unit within the New Jersey Health Sciences University.*

The Committee accepts the premise that the School of Osteopathic Medicine (SOM) can fulfill its educational, research and clinical care roles only within a public research university.

It is the Committee's view that this arrangement allows SOM to advance important relationships with health care systems across the State and particularly in southern New Jersey, as well as avail its faculty of opportunities to provide diverse training to students through interdisciplinary instruction and collaboration with health sciences faculty from other areas of the university. Such an arrangement is optimal for faculty, medical students, patients and hospitals. It has clearly served SOM well in its 35 years of existence.

That said, it is also the Committee's view that SOM is a strong, vibrant enough academic enterprise that within the New Jersey Health Sciences University, Rutgers or the expanded Rowan University recommended in this report, it would function well, continue to serve its role and serve the residents of this State. This point of deliberation was among those most debated within the Committee. There were, in the Committee's view, three distinct potential alignments for SOM, all of which found the school successfully operating within a university construct from which it might draw academic support and collaboration:

- Rutgers University
- Rowan University
- New Jersey Health Sciences University

Rutgers University is the State's only comprehensive research university and is well positioned to accept SOM as an academic unit within the larger university. And, particularly in light of the impending integration of the Robert Wood Johnson Medical School (RWJMS) and other new components into it, Rutgers could be seen as a suitable destination, one embarking on a stimulating new chapter in its storied history – medical education and research.

Rowan University in its new, expanded construct as recommended later in this report presents an interesting opportunity as it relates to SOM, one the Committee believes might serve the medical school, and the State, well. Integrating SOM with Rowan makes geographical sense and would add an established, successful enterprise to an expanded university proposed in this report to attain public research university status under New Jersey law. This construct has genuine potential, in the Committee's view. Attaching SOM to the expanded Rowan University could be a key ingredient that might help propel Rowan swiftly toward the goal articulated here by the Committee: A comprehensive public research university operating in southern New Jersey.

NJHSU provides continuity for SOM, an important factor to the Committee, which believes the school is a very positive force within the State's medical education and health care delivery regime whose impact must be sustained. This alignment also provides for continued

collaboration and partnerships within an important health sciences university in New Jersey and allows SOM to continue existing inter-professional educational tracks with the various Newark-based schools.

The Committee is compelled to note that while NJHSU will become a transformed entity, there is potential for old, cumbersome administrative arrangements to flourish. This must not be permitted to impede SOM's continued progress. The Committee believes that a decentralized, substantially autonomous role as the Committee has defined it will prevent this from happening to SOM. It is the Committee's view, as well, that any move toward increased autonomy must carry the expectation of a level of improved efficiency and effectiveness that would allow for strategic flexibility and require increased accountability, both in academic achievement, research and, indeed, in business practices and affiliation agreements. It would at the same time clearly simplify the relationship with the sponsoring university compared to the existing relationship with UMDNJ.

The Committee believes this fundamental change in the school's relationship with the health sciences university as a whole will help drive SOM to continue to achieve and remain a very positive force in the State.

## **Medical Education Delivery in Southern New Jersey**

*The Committee recommends that Rowan University and Rutgers University-Camden unite under the Rowan name, providing southern New Jersey academic and health care delivery leaders with an accelerated opportunity to support Cooper Medical School of Rowan University and develop a comprehensive public research university that benefits the region and the State.*

The Committee notes that, across the nation, medical education and training programs anchored to robust research programming and supported by other university-based pursuits provide students and faculty significant opportunities to learn and progress, respectively, in their training and professions, ultimately providing excellent care to those seeking it and economic benefit to a region or state.

Accordingly, the recent creation of Cooper Medical School of Rowan University in southern New Jersey drew the Committee's attention and inspired in-depth study of the medical school's current status and what investments it requires to grow and succeed. By all accounts, the medical school is progressing well through its accreditation process, which is a credit to its sponsors, including the State. The school's first class of 50 students will enter in the Fall of 2012 and each incoming class thereafter will increase by 10 students until all classes seat 100 students, for a total peak enrollment of 400.

Today, southern New Jersey has the elements needed to support the medical school but it is the Committee's view that current institutional alignments do not allow for those elements' best use. The region boasts strong undergraduate and graduate programs offered by two good universities, Rowan University and Rutgers University-Camden.

Only Rowan's programs are currently connected to Cooper Medical School.

To meet the medical school's future needs and the higher education and workforce and economic development needs of this growing region in the most expeditious, responsible manner possible, the Committee's view is that a full integration of Rutgers-Camden into Rowan University should be undertaken. This integration should include the law school and business school at Rutgers University in Camden. It must be carried out in a manner that protects the critical academic interests of all students. It is the best and most efficient means of getting the most from existing programs and educational capacity in the region while also enhancing Rowan's programs and laying an important building block not only for the development of the medical school but also, in the Committee's view, for providing the elements necessary for Rowan to become a comprehensive public research university.

In addition, it is the Committee's view that the expanded university should be called Rowan University, based in Glassboro. Moreover, it is the Committee's view that Rowan University's Board of Trustees should be expanded to suit the fiduciary needs of this expanded university. While the Committee does not recommend a specific number of new trustee seats, it does believe that the expansion should put Rowan's Board in line with those at other New Jersey public research universities as defined by New Jersey higher education statutes and regulations.

In this model, Rowan University, ultimately, would be a two-campus institution with undergraduate and graduate programs offered on both Glassboro and Camden campuses. This model will allow medical and health sciences students and faculty to integrate with the Cooper Medical School, the Cooper Cancer Center and other, Camden-based research institutes, such as the Coriell Institute for Medical Research. The cancer center in Camden is among the life sciences research hubs where the Committee believes opportunities for medical school faculty and student collaborations with key New Jersey industries exist. These hubs exist in New Jersey's three regions: the Cooper Cancer Center in Camden; the Cancer Institute of New Jersey in New Brunswick, which is among only 40 National Cancer Institute-designated Comprehensive Cancer Centers in the country; and, the Public Health Research Institute in Newark.

It is important to note that the Committee recognizes the considerable complexity of this recommended realignment and acknowledges that an integration of this magnitude, coupled with concurrently growing a medical school, is a formidable task. However, it is the Committee's view that if resources, leadership and public support coalesce around these two projects, the benefits for the medical school, the people of the region and the State will be significant and durable. Integrating these existing higher education institutions will increase research capacity and spur the continued vitality of a region no longer supported by historical strengths in manufacturing and agriculture. Furthermore, undertaking and completing this realignment has the potential to help to stop the annual escape to other states of thousands of students and patients, and many millions in clinical research investment dollars from key New Jersey industries.

Over time the expanded university can become an additional comprehensive public research university in service to the State and region. This process should be started immediately. The expanded university should be granted public research university designation from the State to afford it similar powers and statutory privileges that are afforded to New Jersey's other public research universities. Rowan should be expected to build the capacity to compete for and receive federal and private sector research grants that will drive the university, and its medical school, to new distinction.

This new alignment would in time create an educational and economic force for the region and the State.

In seeking all that is possible through this recommended realignment, the Committee must reemphasize that university, State and other leaders should undertake no action during implementation that will put at risk the critical academic interests of current students in any way. Careful planning will be necessary to ensure that accreditation for all programs is sustained.

Indeed, the Committee's view is that Rowan and Rutgers-Camden provide the necessary course offerings to students in existing facilities to support the intent of this recommendation, which is to foster the development of the Cooper Medical School specifically, and the education, training and health care delivery needs of the region generally. This recommendation calls for the current components to be integrated so as to increase the quality of existing programs.

This vision for southern New Jersey is aggressive and challenging. With an appropriate allocation of resources, a strong Board of Trustees and presidential leadership, as well as a commitment at all levels to success, this vision is entirely achievable and indeed a foundation for vibrant growth that will benefit the region and the State.

In the Committee's view, investing in and developing medical education, higher education and the economy of southern New Jersey will promote vitality for the State as a whole. This opportunity to invigorate the regional economy through a renewed commitment to students and the higher education system is unprecedented. Integrating these entities into one university will create the foundation the Committee believes is needed to ensure the success of programs and students, patients and graduated professionals.

In crafting this recommendation, the Committee has considered varied viewpoints of the academic communities in southern New Jersey, from the students and alumni, faculty and leaders of Rutgers-Camden and Rowan University, the School of Osteopathic Medicine at the University of Medicine and Dentistry of New Jersey and Cooper Hospital, as well as the Cooper Medical School of Rowan University. With such notable and numerous communities involved, a variety of views regarding the future of this academic community exist. The Committee's view is that the status quo does not create the environment necessary to satisfy the region's best interest. An expanded Rowan University, if properly resourced and led, will over time provide the potential to offer exceptional educational options, including the potential to attract additional top students from all regions of the State. Moreover, it would anchor the academic, social and economic development of Camden and the region.

The Committee acknowledges that this recommendation is not a conventional choice, but it is an opportunity for ground-breaking, beneficial change, representing what the Committee believes is the best foundation for a successful educational and economic future of southern New Jersey. To successfully integrate these institutions while at the same time commencing the operation of a new medical school will require wisdom. These recommendations will take time and enormous effort to enact, this much is clear. As far as the Committee can ascertain, completing this undertaking would be an unprecedented task.

With the proper resources, leadership and support from State government, it is the Committee's view that success is possible and that the prize is worth the effort of all concerned.

## RECOMMENDATIONS FROM THE COMMITTEE'S INTERIM REPORT

(September 21, 2011)

### **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 Committee 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.

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.

## **CONCLUSION**

In the Committee's opinion, the model recommended in this and the Interim Report together create a foundation from which New Jersey might achieve the aspirations it has for its system of medical and health sciences education and training, research and associated clinical activities. To be sure, giving life and vitality to the vision behind our recommendations will require enormous resolve, and imaginative and dedicated leadership at all levels. It will also require sustained financial support from the State and elsewhere. We are, therefore, calling for unusual efforts from many parties, but it is our view that these efforts will pay great dividends to the citizens of the State and the broader biomedical community.

New Jersey has a substantial base to build on, but it is the view of members of the Committee that leadership in this arena requires a structural transformation of the existing model and re-dedication to the achievement of new and higher standards for the State's efforts in these areas. The particular steps towards these goals are outlined in our report.

A discussion on this topic has long lingered through stops and starts, and in the Committee's view, a great deal of time has been lost. But there remains time to act decisively on this matter, which is of great importance to New Jersey's health and fiscal well-being.

Transformation and integration should begin immediately.

The times and the need demand it.

Most of all, New Jersey deserves it.

## **APPENDIX A: Interim Report of the University of Medicine and Dentistry Advisory Committee**

### **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 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

**TABLE OF CONTENTS**

Introduction .....1

Interim Recommendations .....3

- Expeditious Decision Making
- Robert Wood Johnson Medical School, the School of Public Health and the Cancer Institute of New Jersey
- New Jersey Institute of Technology

Statements .....10

- The University Hospital
- UMDNJ’s Newark-based Education Assets
- The Delivery of Medical Education in Southern New Jersey

Provisional Conclusion .....13

## 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 Committee<sup>1</sup> 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.

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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

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<sup>1</sup> Due to a conflict of interest, Committee member Dr. Harold T. Shapiro abstains from this aspect of the recommendation.

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.

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 of 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.

## APPENDIX B: Facts About Schools Discussed in This Report

### Rutgers, The State University of New Jersey

Chartered in 1766 as Queen’s College, Rutgers is the eighth oldest institution of higher education in the United States. Rutgers is the State’s lone comprehensive research university. Legislative acts in 1945 and 1956 provided Rutgers with special status and statutory privileges. The University of Newark integrated with Rutgers in 1946; in 1950, the College of South Jersey, in Camden, joined the university.

### Rowan University

Rowan University has evolved from its humble beginning in 1923 as a normal school with a mission to train teachers for southern New Jersey classrooms to a comprehensive university with a strong regional reputation. Rowan’s student body can select from among 80 undergraduate majors and 55 master’s degree programs in eight colleges, as well as a doctoral program in educational leadership.

### The New Jersey Institute of Technology (NJIT)

Founded in 1881 as the Newark Technical School, NJIT has six schools and colleges, from engineering to architecture and design, to management and science and liberal arts. In 1993, NJIT formed the Albert Dorman Honors College. Since its inception, NJIT has provided government, industry and the larger community with technologically educated workers. Today’s emphasis on graduate studies and research builds upon the undergraduate programs that have defined NJIT since its earliest days.

Data in the grid below is from Fall 2010.

INSTITUTION	TOTAL STUDENTS	TOTAL FACULTY	TOTAL EMPLOYEES
<b><u>RUTGERS UNIVERSITY</u></b>	56,868	4,656	13,647
<b><i>New Brunswick-Piscataway</i></b>	38,912	3,352	10,868
<b><i>Newark</i></b>	11,798	799	1,796
<b><i>Camden</i></b>	6,158	505	983

<b><u>ROWAN UNIVERSITY</u></b>	11,300	1,035	1,951
<b><u>NEW JERSEY INSTITUTE OF TECHNOLOGY</u></b>	8,934	647	1,865

Source: Office of the New Jersey Secretary of Higher Education

The University of Medicine and Dentistry of New Jersey (UMDNJ)

UMDNJ is New Jersey’s public research university dedicated to education, training and research in the health sciences. Created in 1970, UMDNJ has expanded to eight schools on three primary campuses. UMDNJ offers graduate degrees and certificates, as well as undergraduate degrees, and conducts research in numerous fields, including: medicine and dentistry, allied health, nursing, public health and various biomedical sciences disciplines.

Data in the grid below is represents Fall 2011; because employees in many cases are assigned not to one school but to many schools within the system, a breakdown of total employees for each school is not possible. The 13,085 total employee count for UMDNJ does not include post-doctoral, work study and per diem students and employees, but does include 2,721 Full-Time Equivalent (FTE) employees of The University Hospital, which is detailed in Appendix C.

<b>INSTITUTION</b>	<b>TOTAL STUDENTS</b>	<b>TOTAL FACULTY</b>	<b>TOTAL EMPLOYEES</b>
<b><u>UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY</u></b>	7,212	2,622	13,085
<i>New Jersey Medical School</i>	751	760	
<i>New Jersey Dental School</i>	498	197	
<i>School of Health Related Professions</i>	1,544	416	

<i>Graduate School of Biomedical Sciences</i>	1,319	n/a	
<i>School of Nursing</i>	1,625	172	
<i>School of Osteopathic Medicine</i>	549	223	
<i>Robert Wood Johnson Medical School</i>	638	780	
<i>School of Public Health</i>	376	74	

Source: UMDNJ

### APPENDIX C: Operating Statistics About The University Hospital

The 2,721 Full-Time Equivalent (FTE) employees noted in this grid are included in the 13,085 total employee count for the University of Medicine and Dentistry of New Jersey noted in Appendix B.

<b>The University Hospital</b>	<b>FY 2010</b>	<b>FY 2011</b>
<i>Employees (FTE)</i>	2,755	2,721
<i>Discharges</i>	20,117	19,754
<i>Surgeries</i>	14,143	13,047
<i>Outpatients</i>	227,934	217,857
<i>Average Daily Census</i>	283	275
<i>Average Length of Stay (days)</i>	5.14	5.08
<i>Emergency Department Visits</i>	99,175	97,214

Source: UMDNJ