
New Beginnings: Charting Our Future

New Jersey Medical School
Strategic Plan

In This Report

The report is organized as follows:

Section	Title	Page
I	A Letter from the Dean	3
II	Strategic Plan-Purpose and Process	5
III	New Jersey Medical School Strategic Plan	7
IV	Goals	18

I. A Letter from the Dean

Dear Members of the NJMS Community:

After a year of discussions engaging the many constituencies within NJMS, we are proud to present this summary of our plans for New Beginnings, a plan to carry us through the next five years and to advance and support our ability to provide first-rate, state-of-the-art undergraduate, graduate and continuing medical education.

When I was named permanent Dean, I envisioned a process that would encourage as many people as possible to begin thinking about our collective future. That vision “morphed” into a process that created a mechanism to look at our School differently than the ways we had been used to. Rather than assess our success in terms of our mission areas: Teaching, Research, Clinical Care and Community Service, we gauged our progress through the following Work Groups:

- Branding and Image
- Education
- Faculty Recruitment, Retention and Leadership
- Funds Flow and Incentives
- Integration and Alignment
- Multi-Specialty Faculty Practice
- 3,000-Foot View

This helped us to think outside the comfort zones of our Mission areas, and assess ourselves in a cross-functional way.

As this important work was being done, decisions were being made regarding the future of our parent organization, the University of Medicine & Dentistry of New Jersey, and we had to determine how we would continue our successes in a number of differing, often-times competing scenarios. When the New Beginnings Strategic Planning Steering Committee was first charged, we knew that our governance would be changing, but what form it would ultimately take was an unknown. I’m impressed that this Committee and its Work Groups were able to put together such a forward-thinking plan for the future of New Jersey Medical School while reckoning with so many unknowns.

I am confident that as NJMS becomes part of Rutgers Biomedical and Health Sciences, we -- our faculty, staff, students and graduates -- will be New Jersey’s leaders in medical education, cutting-edge biomedical research and quality primary and sub-specialty care, not only to the community in which we live, but also to the global community.

The enthusiasm and commitment expressed at our New Beginnings Strategic Planning Retreat convinced me that I can count on our faculty, students, staff and alumni to lead us to attain our common goals. We *will* have a multi-specialty faculty practice; we *will* break down silos in research and clinical practice; we *will* continue our commitment to the community that we serve; and we *will* continue to provide our students with a first-rate education.

We all owe thanks to the members of the Steering Committee, its Work Groups, and most especially, Dr. Anne Mosenthal and Dr. Vivian Bellofatto, the co-chairs of this project, along

with the staff of the Dean's Office and all other faculty, staff and students who contributed to the development of this Strategic Plan.

As a member of the NJMS Class of 1972, I have seen the enormous progress that this institution has made, and I know that our best days are still ahead of us! I am committed to the implementation of our strategic plan, and view it as the road map for the future of NJMS as a shining star in the new Rutgers portfolio.

Now, let's get to work!

Sincerely,



Robert L. Johnson, MD, FAAP, '72
The Sharon and Joseph L. Muscarelle Endowed Dean
New Jersey Medical School

II. Strategic Plan-Purpose and Process

A. Purpose

The Strategic Planning process aims to establish a strategic direction for New Jersey Medical School that will guide our actions, activities, and investments over the next five years in ways that strengthen our regional, national, and international reputation as leaders in academic medicine.

The Challenge and Opportunity

Most of the schools of UMDNJ, including NJMS, are to be incorporated into Rutgers University. This re-structuring also includes a new governance structure for University Hospital as an independent state entity and the potential for University Hospital to affiliate with a non-profit health system. Additionally, NJMS is planning a reorganization of its faculty practice. While these events have created some uncertainty in the organization, we are also given a significant opportunity for culture change, growth and a new direction.

B. Process

Dean Johnson launched his New Beginnings Strategic Planning process as part of his inaugural address in 2011. He designated a core team including Dr. Anne Mosenthal and Dr. Vivian Bellofatto as steering committee co-chairs, along with Ms. Harriette Waltner and Mr. Michael Petti to manage the project (Steering Committee Membership: See Appendix # 1).

The Dean's charge to the steering committee included:

- Redefinition of the School's mission and vision while maintaining its core values of discovery, educational excellence, diversity and service to the community;
- Creation of a sense of optimism and transformation to a stronger, unified organization focused on a common purpose;
- Wide engagement of diverse groups of faculty, staff and students at all levels, in imagining a new direction for themselves and our institution;
- Development of an innovative, achievable strategic plan that will position NJMS for success in the rapidly changing University and healthcare environment.

To examine the Dean's charge, the steering committee held a kick-off summit in June 2011 in which the following themes emerged:

- Educating physicians and scientists to serve a diverse global community, as required by the evolving healthcare environment;
- Integrating our clinical practice across all departments;
- Transitioning to a financially strong NJMS;
- Increasing recognition of the talents and missions of NJMS through strengthening our brand;
- Developing and aligning a unified mission and vision.

Following this, the Steering Committee established Work Groups to design an inclusive and collaborative process involving faculty, academic department chairs, deans, students, faculty practice representatives and hospital leadership to identify and develop:

- The School's strengths and challenges;
- Strategic assumptions about our future;
- The current state of NJMS - our strengths and the challenges we face;
- Goals and supporting strategies for our Strategic Plan.

Our approach to strategic planning focused on the process of change, which permitted us to look beyond our usual structures in the mission areas of teaching, research, clinical service and community service, and through team building, examine ourselves more cross-functionally through the following Work Groups (Work Group Memberships and Executive Summaries: See Appendix #2):

- Branding and Image
Chair: Aaron Hajart
Co-Chair: David Livingston, MD
- Education
Chair: Maria Soto-Greene, MD
Co-Chair: Marian Passannante, PhD
- Faculty Recruitment, Retention and Leadership
Chair: Melissa Davidson, MD
Co-Chair: Ellen Townes-Anderson, PhD
- Funds Flow and Incentives
Chair: Marco Zarbin, MD, PhD
Co-Chair: William Gause, PhD
- Integration and Alignment
Chair: Andrew Thomas, PhD
Co-Chair: Marc Klapholz, MD
- Multi-Specialty Faculty Practice
Chair: Michael Sirkin, MD
Co-Chair: Anne Mosenthal, MD
- 3,000-Foot View
Chair: William Halperin, MD, MPH, DrPH
Co-Chair: Vivian Bellofatto, PhD

In July 2012, the School-wide New Beginnings Strategic Planning Retreat was held. Retreat invitees included representatives from all NJMS constituencies. Specifically, participants included NJMS senior leadership, academic department leadership, clinical and basic science faculty, administrative staff, graduate and medical students representatives, University Physician Associates (UPA) practice plan leadership and affiliate leadership.

The Retreat included a review of each Work Group's final report and recommendations for the key strategies to address the identified priorities and common goals. These extensive efforts put forth by the work groups and the larger retreat group have guided and informed the development of the Strategic Plan.

III. New Jersey Medical School Strategic Plan

A. Introduction

New Jersey Medical School (NJMS) was founded in 1954 as the Seton Hall College of Medicine and Dentistry. Based at the Jersey City Medical Center in Jersey City, New Jersey, the College matriculated its first class of 80 students in September 1956.

In 1964, the College was acquired by the State of New Jersey. One year later, the Seton Hall College of Medicine and Dentistry was renamed the New Jersey College of Medicine and Dentistry. In 1968, state officials, in considering a move to Newark, meet with community representatives and establish the Newark Agreements, providing the city with public-sector healthcare services, and placing emphasis on recruiting minority students and providing employment opportunities. When Governor William T. Cahill signed the Medical and Dental Education Act in June 1970, our medical school became formally known as New Jersey Medical School. In September 1971, the entering class of 113 students included an unprecedented 28 minority students, demonstrating NJMS' commitment to diversity.

By the late 1970s, the permanent Newark campus had been built. Our new campus included the Medical Science Building housing our basic science faculty, lecture halls and laboratories. The George F. Smith Library of the Health Sciences, the New Jersey Dental School and the College Hospital (now University Hospital) were completed. Our campus has continued to expand to include the Doctors Office Center that provides space for our clinical faculty practice offices, the NJMS/UH Cancer Center, the International Center for Public Health, the Behavioral Health Science Building and the Ambulatory Care Center. Today, New Jersey Medical School graduates approximately 178 physicians each year.

Highlights from the history of NJMS include:

- The first Student Family Health Care Center used as a national model;
- The first medical school pipeline programs, including The Students for Medicine and Dentistry Program, and the Hispanic Center of Excellence;
- The invention of the Buechel Knee prosthetic;
- Ground-breaking innovations in maternal-fetal HIV research and public health, which drove the development of the current standards of treatment and prevention of HIV;
- Seminal breakthroughs in the diagnosis, testing and treatment of tuberculosis;
- New Jersey's only liver transplant program;
- Nationally-recognized Level-One Trauma Center, the busiest in New Jersey;
- Awarded the AAMC Outstanding Community Service Award in 1994.

B. Mission, Vision and Values

Mission

The New Jersey Medical School is an academic, biomedical research and healthcare enterprise whose mission is to meet the needs of the local and global community through outstanding education, pioneering research, cutting edge clinical care, and public service.

Vision

NJMS aspires to optimize health and social well-being by:

1. Preparing humanistic leaders in global healthcare through education of physicians and scientists, building on our strength of diversity, hands-on clinical training, urban healthcare programs and transformative research;
2. Providing cutting edge tertiary and quaternary medical care of distinction, serving patients from New Jersey and beyond;
3. Enhancing our position as the top biomedical research institution in the State of New Jersey;
4. Advancing the health, education and care of the underserved and vulnerable populations by preparing a competent and diverse workforce.

Values

In pursuit of our mission and vision, we value:

- Integrity
- Excellence
- Diversity
- Humanism
- Compassion
- Professionalism
- Leadership
- Innovation

C. Academic Medicine - Shifts and Implications

As major providers of healthcare, particularly to the underserved, academic medicine faces numerous challenges.

There are four key drivers of change in academic medicine:

- Healthcare Reform: How will healthcare reform affect healthcare delivery?

As a result of the Affordable Care Act (ACA), millions of “new” patients will have access to health care in the near future. Additionally, the growing population of older individuals will place additional strain on the healthcare system. This will put pressure on NJMS to train more physicians to address the anticipated provider shortage. There will be new requirements for comprehensive integrated care delivery models, and physicians who can work with other healthcare professionals in a collaborative environment.

- **Demographics:** How are the healthcare needs of a growing, ethnically diverse and aging population met?

Academic medical centers have had only marginal success in increasing the racial and ethnic diversity of its workforce due to limited residency slots and low primary care salaries, combined with high student debt. NJMS must continue to develop its vibrant programs in diversity at all educational levels, from undergraduate to residency programs, to meet the needs of our community. Without affordable tuition and appropriate scholarship opportunities, we will be unable to maintain a racially and ethnically diverse student body.

- **Quality:** What can be done to improve patient outcomes in this era of scarce resources and the increased economic burden of chronic illness?

We must move toward a multi-specialty faculty practice and develop inter-professional training programs to optimize care delivery and elevate quality. Information technology is pivotal to support outcomes research and data monitoring to inform our quality initiatives. In this era of value-based purchasing and diminishing governmental support for healthcare, information technology will become especially important to drive reimbursement.

- **Financial Constraints:** What revenue-generating/cost containment opportunities exist?

Due to diminishing federal support for research, other revenue streams must be developed to support the academic missions. Opportunities to increase clinical revenues must be exploited. Additionally, we are well-positioned to enhance our relationships with New Jersey's pharmaceutical industry to expand clinical trials. NJMS needs to leverage its considerable strengths to increase philanthropy and alumni giving. The multi-specialty faculty practice will facilitate much-needed cost containment through efficiencies and economies of scale.

D. The Current State of New Jersey Medical School

As part of the strategic planning process, we took a critical look at NJMS as it exists today, including our strengths, challenges, opportunities and threats. We also explored relevant changes in the local health care landscape and the implications of the Affordable Care Act. In addition, we looked at relevant data sources that included the 2011-2012 Faculty Forward Survey, AAMC benchmarks and metrics for medical school performance, and relevant University Hospital data. We used this information to develop a point of view about:

Strengths of NJMS

We believe that our quality patient care, education, and research is based on a number of important elements, including:

Outstanding Clinical Care:

The academic distinction of our clinical programs, together with our world-class physicians, have been successful in attracting patients to our tertiary specialty services, for example:

- Otolaryngology – cutting edge treatment of head & neck cancer and skull based tumors;
- Liver Transplant – the only liver transplant program in the State of New Jersey;
- Neurosurgery – home to world-renowned neurosurgical and stroke care;
- Ophthalmology – The Institute of Ophthalmology and Vision Science, treating the full spectrum of complex ophthalmological disorders;
- Orthopaedics – regional referral center for treatment of bone cancer and trauma;
- Trauma – highest volume Level I Trauma Center in New Jersey;
- Cardiology – ranked number 1 in heart failure core measures by University Healthcare Consortium (UHC).

We can attract a considerable number of patients in these areas but investment needs to be continued and further investment toward the growth of these programs is needed. Building on these strengths, we can gain the patients' confidence to access other NJMS programs for their medical care.

Outstanding Biomedical Research:

NJMS' strength in the basic sciences and translational research lies in several areas, in particular:

- Cardiovascular Disease – The Cardiovascular Research Institute is uncovering the causes of, and developing new treatments for, cardiovascular disease and heart failure;
- Emerging Pathogens – The world-class Regional Biocontainment Laboratories support the NIH Regional Center of Excellence in Biodefense and Emerging Infectious Disease (Region II);
- HIV/AIDS – leaders in HIV research from the molecular basis to the societal factors in transmission;
- Immunity and Inflammation – premier researchers collaborate in the NJMS Center for Immunity and Inflammation;
- Neuroscience – nationally recognized multiple sclerosis research and treatment center;
- Tuberculosis – Inventors of the rapid TB test recently approved by the World Health Organization, revolutionizing the diagnosis of tuberculosis worldwide.

This research base contributes to the strength of teaching and clinical practice at NJMS, and enhances the economic environment in the surrounding area.

Outstanding Education:

NJMS strengths in undergraduate and graduate medical education are reflected by the following achievements:

- NJMS is above the 90th percentile compared to other US medical schools for numbers of under-represented minorities in our student body;
- NJMS NRMP Match rate is consistently at or above the national average;
- NJMS sponsors 40 of the 198 New Jersey residency/fellowship programs and is the exclusive sponsor in the State in the following programs: Allergy/Immunology, Hand Surgery, Neurology-Vascular, Ophthalmology, Otolaryngology (allopathic), Pediatric Infectious Disease, Pediatric Neurology and Preventive Medicine. We are responsible for 20% of the resident and fellowship positions in the State (567 of 2743);
- Summer Student Biomedical Research Program supports research inquiry by medical students.

A History of Innovation:

Important innovations created by NJMS have expanded the knowledge base in medical science and medical education in the following areas:

- Carotid Revascularization Endarterectomy vs. Stenting Trial (CREST) – landmark clinical trial that has established the standard for surgical and endovascular treatment of carotid artery disease and stroke;
- HIV/AIDS in Children – The transmission of the HIV virus from mothers to their infants was first identified at NJMS;
- Orthopaedic Prosthetics – NJMS researchers developed a highly-sophisticated new generation endoprosthesis that stretches as the young bone cancer patient grows;
- Lyme Disease – NJMS faculty developed novel diagnostics for Neurological Post-Treatment of Lyme Disease;
- Tuberculosis – Landmark clinical trial that significantly reduced treatment duration of the disease;
- Genetic Disease Testing – NJMS faculty developed a rapid and affordable test for Cystic Fibrosis carrier genotype and disease diagnosis;
- Center for Humanism and Medicine - Founded in 2004 with a generous grant from the Healthcare Foundation of New Jersey, the Center promotes dignity and respect for the individual, commitment to the relief of suffering and the delivery of care that is kind, just and humble.

Diversity:

NJMS has a commitment to diversity and has fostered a spirit of inclusiveness for its highly diverse community, faculty, staff and students. This is highly valued by our faculty and students alike.

- Diversity in leadership positions;
- One of the most diverse student bodies in the nation, which leads to a diverse healthcare workforce at NJMS;
- Continuous funding since 1991 for the Hispanic Center of Excellence;
- Because of our location in an urban, culturally diverse community, we have the opportunity to treat a patient population that presents with conditions covering the spectrum of chronic and acute illnesses;

- Pipeline Programs since 1972 (beginning with middle-school students);
- Robert Wood Johnson Foundation Summer Medical-Dental Education Program (formerly Students for Medicine and Dentistry Program), one of twelve sites nationally.

Community Service:

NJMS was honored in 1994 to be one of the first medical schools to receive the AAMC Outstanding Community Service Award for its diversity-rich programs. This recognition was based on our longstanding tradition of programs that benefit our community, such as:

- Student Family Health Care Center (SFHCC): is the oldest student-run clinic of its type in the nation. SFHCC offers free, quality health care to the Newark community, provided by volunteer medical students under the supervision of board-certified faculty.
- Student Health Advocates for Resources and Education (SHARE): facilitates student initiatives in service learning through community health and educational outreach programs. SHARE provides opportunities for students to engage in direct patient care, community education and youth mentoring under the guidance of faculty advisors.
- RESPIRA: educates both parents and children about the development, triggers, and treatment of asthma. In addition, it provides each participating child with an individualized Asthma Action Plan, as required by the State of New Jersey.
- Division of Adolescent and Young Adult Medicine (DAYAM): is a center with expertise in all aspects of the health, development and behavior of adolescents, improving their quality of life.
- Working with Newark-based initiatives, NJMS has spearheaded efforts including, among others, lead poisoning surveillance, immunization, HIV policy, dropout prevention, teenage pregnancy, violence and LGBT youth social and environmental issues.
- New Jersey Poison Information and Education Service (NJPIES): provides ~70,000 consultations to New Jersey residents and their clinicians concerning the prevention and treatment of poisonings.

Challenges at NJMS

As significant as it is to recognize our strengths, NJMS must also recognize those issues that we see as challenges or obstacles to our living up to our potential. Due to the University's current structure, many of the issues noted and their resolution are outside of the Medical School's control. Through the strategic planning process, participants identified the following:

Organizational Culture:

- Lack of a unified organization towards a common purpose;
- Restrictive silos of traditional academic departments resulting in unrealized opportunities for multi-disciplinary research projects;

- Priority given to regulatory and compliance requirements at the expense of innovation and entrepreneurship.

Leadership:

- Ineffective reporting structure for clear communication;
- Poor marketing and communication strategy;
- Impediments to innovation caused by difficulties in recruitment;
- Lack of succession planning.

Faculty Recruitment/Retention:

- Retention of clinical faculty due to an adverse practice environment;
- Inadequate protected time for clinical faculty;
- Lack of development programs and opportunity for professional growth for faculty at all career levels;
- The physical condition of the Medical Science Building, which houses most of the basic research as well as the teaching facilities of NJMS, is a deterrent to recruiting high quality faculty and hampers our educational mission;
- NJMS faculty report a higher degree of overall dissatisfaction than among our peer institutions.

Clinical Enterprise:

- Lack of a robust primary care base and referral network;
- Lack of an integrated care delivery system;
- Challenging practice environment;
- Lack of investment in updating physical facilities, equipment and technology;
- The primary site for the NJMS faculty practice, The Doctors Office Center, needs to be updated in order to be attractive to patients;
- Changing relationship with University Hospital;

Finance:

- Insufficient financial support for infrastructure upgrades, specifically physical plant and information technology;
- Inadequate philanthropic base to support academic missions and innovation;
- Nonspecific strategic priorities resulting in lack of alignment of funds flow;
- Inefficient management and inaccurate reports from the centralized Grants Management Office;
- Lack of transparency with respect to aspects of clinical and other funds flow.

Opportunities NJMS Can Build On

Multi-Specialty Faculty Practice:

The restructuring of the faculty practice program at NJMS will lead to improved efficiencies and quality, drawing patients from the region to our medical center.

Innovative Educational Programs:

The Rutgers University/UMDNJ Integration provides expanded opportunities for inter-professional education and collaboration with social science and public policy programs.

Talented, Dedicated Faculty:

NJMS is fortunate to have a highly motivated, conscientious faculty dedicated to all the missions of the medical school.

Re-Defined Relationship with University Hospital:

University Hospital's partnering with a not-for-profit health system strengthens the potential for increasing clinical opportunities for our faculty and students.

Rutgers University/UMDNJ Integration:

This merger provides an opportunity for cultural transformation and re-vitalization of our image and missions.

Multi- and Inter-Disciplinary Research Programs:

Multiple strengths in basic science research, supported by our many research core facilities, can be integrated to develop multi-disciplinary research programs and centers. The modernization and expansion of the Research Animal Facility will grow our research base and assist in the recruitment of funded investigators.

Establishment of the new Institute of Urban Health and Research:

Building on collaborations with Rutgers University schools and based on our strength in diversity and our inner-city setting, NJMS is poised to lead in the field of integrated urban health care delivery and outcomes research. Collaboration with faculty from various Rutgers schools and institutes increases the potential for population-based research and healthcare policy development.

Partnerships with Clinical Research Organizations:

NJMS has recently negotiated Clinical Research agreements with a pharmaceutical company. Successful execution of these agreements can create further opportunities, increasing infrastructure, research opportunities, outreach into the community and ability to increase translational research.

Philanthropy:

Rebranding of NJMS as part of Rutgers Biomedical and Health Sciences will provide great opportunity for philanthropy.

NJMS/UH Cancer Center and the ICPH:

State-of-the-art clinical care and basic science laboratories provide NJMS with an opportunity to build its reputation in cancer and infectious disease treatment and research.

Development of the Office of Strategic Planning:

A faculty-directed Office of Strategic Planning will measure NJMS' efforts towards achievement of our strategic goals.

Potential Threats facing NJMS

As the landscape of academic medicine changes, NJMS faces threats in several areas:

The Practice Model:

The current model of many independent practices is costly and inefficient, with a poorly-developed primary care base. Continuation of this system will detract from NJMS' ability to provide integrated value-based care to the increasing numbers of patients we anticipate as a result of the Affordable Care Act.

Separation from University Hospital:

As mandated in the 2012 New Jersey Medical and Health Sciences Education Restructuring Act, University Hospital will be a separate entity from the Medical School. This has caused some uncertainty regarding the ways in which we will continue to interact.

Decreased Funding:

- Diminishing state/federal support for all missions;
- Although in the past few years, NJMS has been successful in increasing its research funding, there is a marked decline in the availability of federal research funds in the foreseeable future. This can result in lower funding for all programs at NJMS from academic initiatives to biomedical as well as clinical research;
- The continued under-development of philanthropic activities causes us to rely on an ever-shrinking state allocation and reduces the availability of scholarship funds;
- Multi-investigator, cross-discipline research is hampered by the silos of traditional academic departments;
- Having built outstanding, highly-functional core research facilities, the challenge remains to keep them state-of-the-art and available to our faculty.

Limited Referral Sources:

Referrals of patients to NJMS specialty practices will remain stagnant without a robust primary care network.

Diversity:

NJMS has traditionally prided itself as a center for ethnic and cultural diversity among its peer medical schools. However, NJMS has seen a decline in the numbers of faculty from those areas traditionally under-represented in academic medicine. Additionally, while we have enjoyed a higher percentage of students from these same communities, we have seen a decline in recent years in these numbers. Therefore, we risk losing the funding to support our well-established programs, which will further compromise our diversity.

Culture:

- A culture of frustration with aging infrastructure and bureaucratic administrative services has led to a sub-optimal work environment;
- For the restructuring of UMDNJ to be successful, communication of common goals to faculty and staff must be clear and ongoing;
- Pessimism regarding our ability to improve our environment is pervasive.

Density of Health Systems in the Region:

The competitive environment of the New York metropolitan area academic medical centers has negatively affected our market share.

E. Strategic Assumptions

We identified a number of assumptions about our internal environment including patients, research and education, faculty, funding environment, and the external environment. Although there was broad agreement about many of the assumptions, in some cases administrators and stakeholders from the basic sciences and clinical areas disagreed about the importance the assumption would have in the future strategy of NJMS.

Assumptions influence the strategic choices we make by clarifying the underlying thinking behind the decisions we have made. Assumptions are a way to test and verify our shared beliefs about the internal and external issues that may influence the success of our strategic plan. For example, if we believe that increasing relationships with primary care will increase volume in our specialty practices, we are more likely to include a strategy that focuses on strengthening linkages with primary care. If that assumption does not hold true, we might reevaluate that assumption and determine whether our strategy in that area should be adjusted.

The assumptions the Steering Committee explored are listed below.

There was general agreement with the following:

Assumptions Regarding Our Patients:

Increasing primary care would attract more patients to our specialty practices.

Assumptions Regarding Our Research:

- The post-awards grants management function does not support the research enterprise.
- Basic science departments are not adequately funded for research development.
- The lack of appropriate bridge funding from the institution will make it difficult to maintain our research base.

Assumptions Regarding Our Funding Environment:

- For the foreseeable future, NIH grant funding will decline nationally.
- We must have suburban practice sites to improve the patient payer mix.
- Having an integrated faculty practice improves the long-term health of NJMS.

Assumptions Regarding Our Faculty:

Increasing the Institution's investment in faculty development, leadership, career building and fostering physician-scientists would greatly revitalize faculty at all levels.

Assumptions Regarding Our External Environment:

- Referral relationships with community physicians must be developed to increase our patient base.
- To be successful, NJMS must develop its own support services (Human Resources, IT, Grants Management, Housekeeping, etc.).

There was general disagreement with the following:

Assumptions Regarding Our Patients:

- Suburban, insured patients will not come to Newark for their care no matter how good our services are.
- The potential private/public partnership for University Hospital will erode the clinical academic mission.

F. Strategic Commitments

Our Strategic Direction

Our commitment is to focus our efforts through the lens of serving our community with leading edge clinical care, and in so doing:

- Provide unique and world-class educational opportunities for our students and residents;
- Target research investments that are innovative and integrated in the support of our focus; and
- Demonstrate national and international leadership in the areas in which we focus.

IV. Our Goals

We have committed to four goals that will serve as the focus of our activities and investments over the next five years.

1. Deliver outstanding, compassionate, coordinated patient care to meet complex health care needs of our region and beyond.
2. Build on our prominence in biomedical research that promotes innovative clinical, population-based and translational research programs.
3. Develop innovations in education to prepare students and trainees from diverse backgrounds to be collaborative practitioners of medicine, educators and researchers with a focus on the health of underserved and vulnerable populations.
4. Share our successes internally and externally in ways that build the strength of NJMS and generate pride in our institution.

It will be the responsibility of a newly-created faculty-directed Office of Strategic Planning, reporting to the Dean of NJMS, to ensure ongoing review and adherence to this plan. The mission of the Office of Strategic Planning will be to develop the specific metrics and responsible individuals for meeting those metrics.

GOAL #1

Deliver outstanding, compassionate, coordinated patient care to meet complex health care needs of our region and beyond.

Rationale

As major providers of healthcare, particularly to the underserved, academic medicine faces numerous challenges which include changing demographics in the patient population as well as increases in the patient population due to the number of patients coming into the system as a result of the Affordable Care Act (ACA). In order to accommodate these changes, AMCs need to change the ways in which they coordinate patient care to continue to provide quality care to a larger, more diverse population needing complex chronic and acute care. As costs rise, and outcomes data become increasingly more available, patients will become better educated about where to seek their care—they will expect value for their investment and a positive experience with their provider. NJMS must build on its history of serving a diverse community in the region to become a national leader in culturally competent health care delivery that relies on interprofessional team-based care.

Select Supporting Strategies

1. Develop the Multi-Specialty Faculty Practice.
 - a. Develop the organizational infrastructure to coordinate complex care, including an electronic medical record with an enhanced ability to track outcomes, quality and cost efficiency across the continuum of care.
 - b. Develop a funds flow model for NJMS investment in the clinical practice.
 - c. Develop an expanded and robust referral base with practices and health systems in the region.
 - d. Enhance the patient experience by fostering a culture of accountability at all levels, ensuring that all are held to a shared set of standards and successfully meet or exceed patient, practitioner and payor expectations.
2. Develop an integrated, value-based clinical care delivery model for the academic medical center through strengthened joint initiatives between NJMS and University Hospital, using the concept of the patient-centered medical home.
3. Develop model intra- and inter-professional practices within the University by partnering with the School of Nursing, New Jersey Dental School and the School of Health Related Professions. These partnerships will increase access to and efficiency of care to a growing patient population.
4. Increase institutional investment in clinical faculty and the practice environment to foster career development and faculty retention.
5. Increase community health education, health policy and outreach as integral parts of our mission.

Measures of Success

- Establishment of the organizational and governance structure for the multi-specialty faculty practice.
- Integration of inter-professional providers into the practice resulting in increased referrals among the providers.
- Strengthened clinical research programs through use of outcomes data obtained from the multi-specialty faculty practice.
- Improved human resources and physical infrastructure in areas where clinical services are provided.
- A state of the art electronic medical record system, accessible to all healthcare providers regardless of discipline and location.
- Improved faculty retention, and enhanced career leadership skills among junior and mid-level faculty.

GOAL #2

Build on our prominence in biomedical research that promotes innovative clinical, population-based and translational research programs.

Rationale

It is through advances in biology that patient care, treatment, outcomes and quality of life are improved in our community. Advances are made through research excellence in focused areas of biomedical research. The keys to discovery require multi-disciplinary experimental projects that benefit from the expertise of scientists and clinicians with different expertise and knowledge base. Collaborative biomedical research increases the success for intellectual property development, extramural grant support, reputation of the medical enterprise for innovation and excellence in ‘state of the art’ medical education and care.

By developing the Institute of Urban Health and Research, it will provide the structural framework and the bridging for the integration of the efforts of our physicians and scientists to improve the quality of life in our community.

Select Supporting Strategies

1. Improve research infrastructure and increase investment to further strengthen the institutional biomedical research enterprise and enhance collaborative efforts with biotech and pharmaceutical industries.
2. Build on our current strengths to incentivize collaborative innovation and interdisciplinary research.
3. Establish an Institute of Urban Health and Research focusing on patient-centered outcomes, comparative effectiveness, health services and translational research in diseases and injuries affecting urban populations.
4. Foster collaboration both within the University and with external partners; within the university, provide financial support for physician-scientists development.
5. Invest in Information Technology and physical infrastructure on the Newark campus to provide an environment conducive to innovative and productive collaborations.
6. Improve funding for research by expanding the scope and responsibilities of the Center for Clinical and Translational Sciences (CTS) to (1) increasing industry partnerships and (2) increasing relationships with CROs.

Measures of Success

- Increased publications in high impact journals, increased NIH funding, expanded research contracts with industry and new intellectual property development.
- Recognition of the NJMS Institute of Urban Health and Research as state-wide resource for expertise in the areas of patient-centered outcomes, comparative effectiveness, health services delivery, public health and translational research.

- Increased inter-departmental and inter-school research collaborations resulting in an increase in the number of multi-investigator/multi-site grant awards.
- Improved information technology resources available for the use of investigators in analyzing, managing and sharing research data.
- Improved human resources and physical infrastructure in areas where research is conducted.
- An expanded CTS resulting in increased industry partnerships and relationships with CROs.

GOAL #3

Develop innovations in education to prepare students and trainees from diverse backgrounds to be collaborative practitioners of medicine, educators and researchers with a focus on the health of underserved and vulnerable populations.

Rationale

Academic medicine must stay apace with the rapidly changing US healthcare system and address the anticipated physician shortage and increasing complexity of health care needs as highlighted in the Lancet Commission's: A Global Independent Commission November 2010 publication entitled "Health professionals for a new century: transforming education to strengthen health systems in an interdependent world".

NJMS must ensure that its curriculum integrates critical analysis, problem-solving skills and a thorough grounding in the evidence of modern population based medicine, and exposes our students to the full spectrum of clinical practice -- from primary care to tertiary/quaternary care -- as well as prepare its graduates for leadership roles in education, clinical and investigative medicine, and health care delivery.

NJMS will continue to attract top quality, diverse applicants into its MD, dual degree, and graduate medical education programs. The high expectations of our student and postgraduate trainees must be met with an educational environment that fosters their professional development.

Our students and postgraduate trainees influence the future of medicine. The students and postgraduate trainees we accept are not only academically accomplished but also personally qualified to be effective, compassionate, and collaborative physicians. We select a talented and diverse class of students who vigorously contribute to and care for the community and society as a whole with a focus on the care of underserved and vulnerable populations. We give balanced consideration to a range of attributes including academic excellence as well as various other dimensions such as socioeconomic status, languages spoken, gender, race, ethnicity, and sexual orientation. At New Jersey Medical School, we believe in the spirit of humanism, integrity and compassion. Our students and trainees learn to listen, engage, dialogue and collaborate with their patients as well as other members of the health care team.

Select Supporting Strategies

1. Create a systems-based integrated curriculum with an emphasis on early clinical exposure for medical students;
2. Incorporate longitudinal service learning experiences in the curriculum with a focus on underserved and vulnerable populations;
3. Foster inter-professional and inter-disciplinary collaborative educational opportunities;
4. Foster active learning via multi-modal teaching and technological advances in the curriculum;
5. Support programs to develop future talented and diverse students in the sciences through our relationships with K-12 institutions, undergraduate programs, and other medical schools;
6. Develop a robust system for monitoring and evaluations of the NJMS competencies staying abreast of emerging trends in medical education and healthcare;
7. Recruit, develop, and retain a diverse faculty in order to maintain an optimal learning environment.

Measures of Success

- Implementation of a systems-based curriculum.
- Longitudinal service learning is incorporated in the NJMS curriculum.
- Inter-professional and/or inter-disciplinary courses are incorporated throughout undergraduate and graduate medical education.
- Increased time spent in active learning activities.
- Innovations in educational technology are embedded into the curriculum.
- Funding opportunities secured to support our diverse educational mission.
- Monitoring system established to ensure that competencies are current and milestones are met.
- Benchmarks established to ensure diversity among our student body, trainees, and faculty including their advancement and presence in leadership roles.

GOAL #4

Share our successes internally and externally in ways that build the strength of NJMS and generate pride in our institution.

Rationale

Faculty Forward data as well as media coverage indicate that NJMS has far to go to strengthen our internal and external brand. We must use our faculty, staff and collaborators to strengthen our brand from the inside out. Moreover, distinction of the NJMS brand will

help to reaffirm our place as the first choice for students seeking a top quality medical education, for patients seeking state-of-the-art clinical care and for researchers and funding agencies seeking to advance the biomedical sciences. Our collaboration with other institutions of higher learning, healthcare systems, community physicians, local health departments and the pharmaceutical industry is essential to sustain our position as a top-quality teaching, clinical and research center.

Select Supporting Strategies

1. Develop an over-arching marketing theme relating to all of our missions.
2. Promote our scientific achievements through marketing to improve recognition at the local, state, and national level.
3. Maintain close ties with alumni.
4. Create the infrastructure that will support NJMS-based management of development/philanthropy, marketing/public relations and strategic planning.
5. Secure Institutional support to expand faculty development programs at all career levels (junior, mid-level and senior) to create leaders who will communicate NJMS accomplishments to a national and international audience.
6. Promote the NJMS brand and ensure that the NJMS brand is distinct from the parent institution.

Measures of Success

- The newly-created Office of Strategic Planning has a well-organized structure and is responsible for adherence and review of the strategic plan and its timeline, marketing and philanthropy.
- Increased engagement of our alumni resulting in a commensurate increase in alumni giving.
- Increased scholarship awards to NJMS students.
- Increased recognition of NJMS by the public as a clear brand for high quality healthcare, education and research in New Jersey.
- Improved information technology resources available for the use of investigators in analyzing, managing and sharing research data.
- An increase in monies from philanthropic organizations, satisfied patients and alumni to support innovative research and clinical programs at NJMS.
- Improved faculty retention, satisfaction with career development and renewed pride in their institution.