

Report to the University Senate December 9, 2022



RBHS Report to the University Senate

- Background/Reminder
- Progress Report
- Strategic Planning Update
- Enrollment Update
- Envisioning the Future of Academic Medicine
- Pandemic Update

My Goal as RBHS
Chancellor

To build one of the best academic health centers in the country, with an emphasis on *one*.





RBHS Entities

Scho	ools			
New Brunswick	Newark			
Ernest Mario School of Pharmacy	New Jersey Medical School			
Robert Wood Johnson Medical School	Rutgers School of Dental Medicine			
Multi-C	ampus			
School of Grad	duate Studies			
School of Heal	th Professions			
School of	Nursing			
School of Pu	ıblic Health			

Chancellor Level Centers/Institutes

Brain Health Institute

Center for Advanced Biotechnology and Medicine

Center for Tobacco Studies

Environmental and Occupational Health Sciences Institute

Institute for Health, Health
Care Policy, and Aging
Research

- Global Health Institute
- Center for Population Level Bioethics
- PETS

Institute for Infectious and Inflammatory Diseases

Rutgers Cancer Institute of New Jersey

Rutgers Institute for Translational Medicine and Science

Clinical Units

RUTGERS HEALTH

University Behavioral Health Care

University Correctional Health Care

RBHS - At a Glance

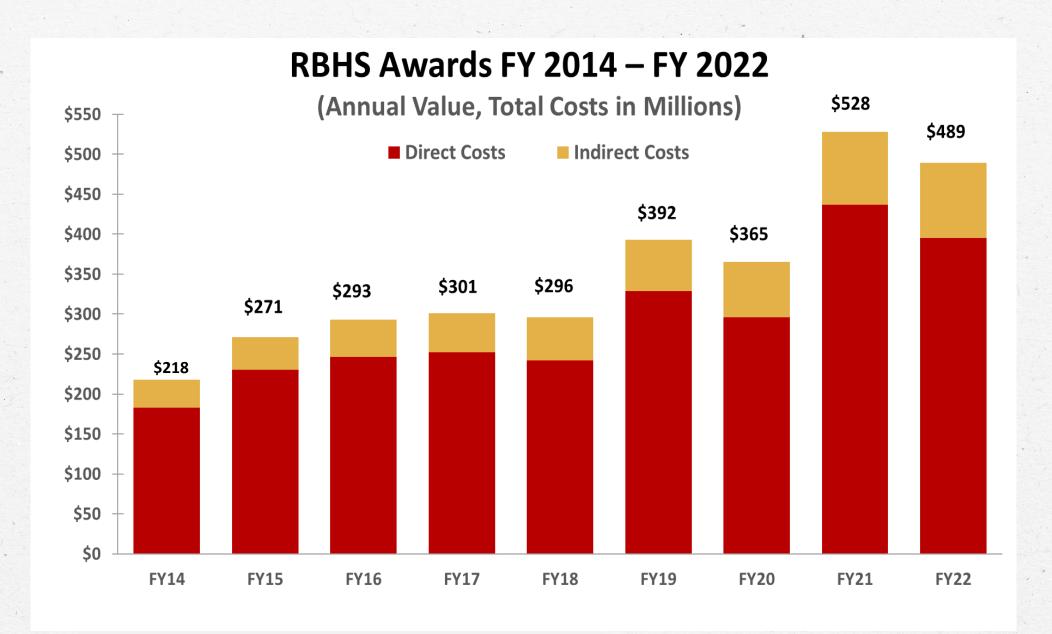
- RBHS has approximately:
 - 2,414 paid faculty members
 - 1,677 full time faculty (1.0 FTE)
 - 254 part time faculty (up to 0.99 FTE)
 - 464 per diem faculty
 - 4,086 volunteer faculty
 - 10,411 staff; 1,132 interns and residents
 - 7,900 students
 - 49 buildings
 - 6.3 million gross sq. ft./137 acres
 - \$2.1 billion annual budget





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Awards for FY 2022 as compared to FY 2021 increased by \$27 million (5%) when adjusted for timing and one-time COVID funding in support of research.

RBHS Award Analysis	18		
FY 2021 as of Q4			\$ 528
FY 2022 as of Q4			\$ 489
Change FY22 v. FY21			\$ (39)
Timing			
CINJ Gift (Entire gift recognized in FY21)	\$	25	
EMSOP Fellowships (FY20 recognized in Q1 FY21)	\$	20	
Subtotal Timing			\$ 45
Reductions Related to One-Time COVID Funding			
RITMS	\$	8	
SPH Contact Tracing Funding	\$	13	
Subtotal One-Time Funding			\$ 21
Growth AFTER Adjustments for Timing and One-Time Funding			\$ 27
Growth in Percentage		- 2 4	5%

The Invisible Extinction

- Documentary film "The Invisible Extinction" about the human microbiome features CABM Director Dr. Martin Blaser and SEBS Professor Maria Gloria Dominguez premiered in New York on October 15 and held a showing at Rutgers on November 29
- The film is screening in New York City and will appear on streaming services in January 2023



RBHS Selected Points of Pride (2013-2022)

- · Successful recruitment of prominent leaders in strategic growth areas
- Achievement of fiscal health across RBHS as a chancellor unit
- Steadily rising federal research funding
- Master Affiliation Agreement with RWJBH to develop New Jersey's first and best Academic Health Center
- NCI Designated Comprehensive Cancer Center
- NIH Clinical and Translational Science Award
- University-wide COVID-19 response, assisting state in the process
- Rise in philanthropy both large single donations and annual giving
- Initiation of major capital construction projects including 1st new RBHS building of the Rutgers era (NB), and renovation of the MSB (Newark)

Search Updates

- The School of Health Professions and Institute for Health, Healthcare Policy, and Aging are currently seeking new permanent leadership
- Search committees have met for first round group virtual (formerly airport) interviews
- Campus visits for SHP Dean and IFH Director candidates will begin in January
- SHP is being led by Interim Dean Alma Merians
- IFH is being led by Interim Director Tobias Gerhard

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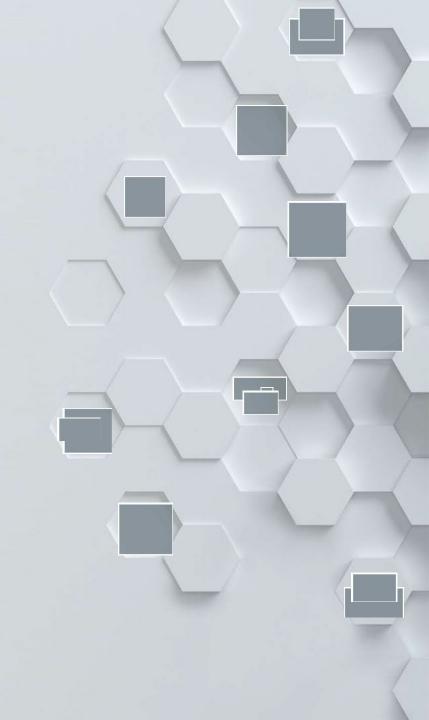


2 FRBTS

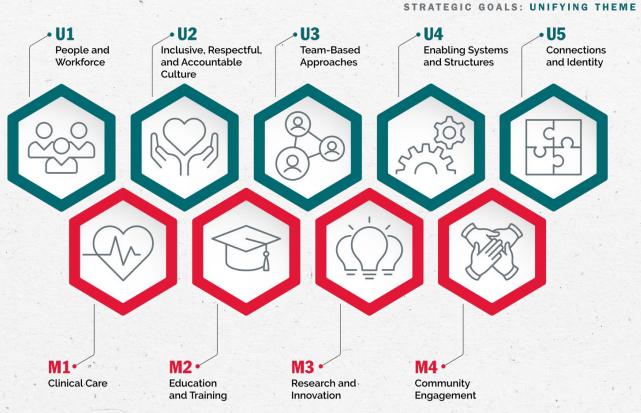
The Way Forward

STRATEGIC PLAN 2022-2027

https://academichealth.rutgers.edu/strategic-plan



Strategic Plan 2022 – 2027



STRATEGIC GOALS: MISSION-BASED





Unifying Theme ("U") Goals

U1 People and Workforce

Grow and support an exceptional, compassionate, and diverse workforce

U2 Inclusive, Respectful, and Accountable Culture

Foster a culture of respect that prioritizes inclusion and accountability

U3 Team-Based Approaches

Emphasize team-based and collaborative approaches across all mission areas

U4 Enabling Systems and Structures

Increase the effectiveness of enabling systems, structures, and processes

U5 Connections and Identity

Develop and promote a shared One RBHS identity

Mission-Based ("M") Goals

M1 Clinical Care

Actualize interprofessional synergies to optimize clinical care and the patient experience

M2 Education and Training

Educate, train, and prepare a diverse New Jersey biomedical and health sciences workforce

M3 Research and Innovation

Build on RBHS strengths and opportunities to excel in discovery and innovation

M4 Community Engagement

Engage meaningfully with local and global communities



RBHS Strategic Plan: Implementation, Monitoring and Assessment Team (IMAT) Framework

Executive Committee (EC)

Brian Strom, Bishr Omary, Kathy Bramwell, Vicente Gracias, Sangeeta Lamba, Joe Barone (IMAT SC Co-Chair), Shawna Hudson (IMAT SC Co-Chair)

IMAT Steering Committee (SC)

IMAT Steering Committee Co-Chairs: Joe Barone (EMSOP), Shawna Hudson (RWJMS)

Goal U1 People and Workforce

Co-Chairs: Kim Fenesy (RSDM), Humberto Jiminez (EMSOP), Felicia Lesure (RBHS)

Goal U2 Inclusive, Respectful, and Accountable Culture

Co-Chairs: Chantal Brazeau (NJMS), Linda Flynn (SON/IFH), Vincent Silenzio (SPH)

Goal U3 Team-Based Approaches

Co-Chairs: Andrew Evens (CINJ), Denise Rodgers (RBHS), Karen Shapiro (SHP)

Goal U4 Enabling Systems and Structures

Co-Chairs: Brian Buckley (EOHSI), Deborah Toppmeyer (CINJ), Kyle Warren (SON)

Goal U5 Connections and Identity

Co-Chairs: Tynisha Coleman (RBHS), N'oa Shimoni (NJMS), Kim Tuby (RBHS)

Goal M1 Clinical Care

Co-Chairs: Nataki Douglas (NJMS), Alan Lee (RWJUH), Fred Wondisford (RWJMS)

Goal M2 Education and Training

Co-Chairs: Barbara DeMarco (SHP), Laura Liang (SPH), Herminio Perez (RSDM)

Goal M3 Research and Innovation

Co-Chairs: Chris Molloy (EMSOP), Kathy Scotto (SGS/RWJMS), Charlotte Thomas-Hawkins (SON)

Goal M4 Community Engagement

Co-Chairs: Thaddaeus Diggs (RBHS), Teri Lassiter (SPH), Ric Marlink (RGHI)

Monitoring and Assessment Committee (MAC)

Co-Chairs: Adrienne Ettinger (RBHS), Cecile Feldman (RSDM), Carol Goldin (EMSOP)

Diversity Strategy Plan (DSP) Implementation Team

Co-Chair: Sangeeta Lamba (RBHS)
Co-Chair: Linda Flynn (SON)

Herminio Perez (SDM)

Maria Soto-Greene (NJMS)

Humberto Jiminez (EMSOP)

Teri Lassiter (SPH)

Robin Eubanks (SHP)

Kyle Warren (SON)

Denise Rodgers (RBHS)

Tynisha Coleman (RBHS)

Pat Whitley Williams (RWJMS)

Abigail Armstrong (CABM)

Pamela Valera (SPH)

Ravi Maharajh (UBHC)

IMAT Coordinating Committee (CC)

Shawna Hudson, Joe Barone, Brent Ruben, Steve Andreassen, Adrienne Ettinger, Vickie Cadestin

Marketing and Communication (MC)

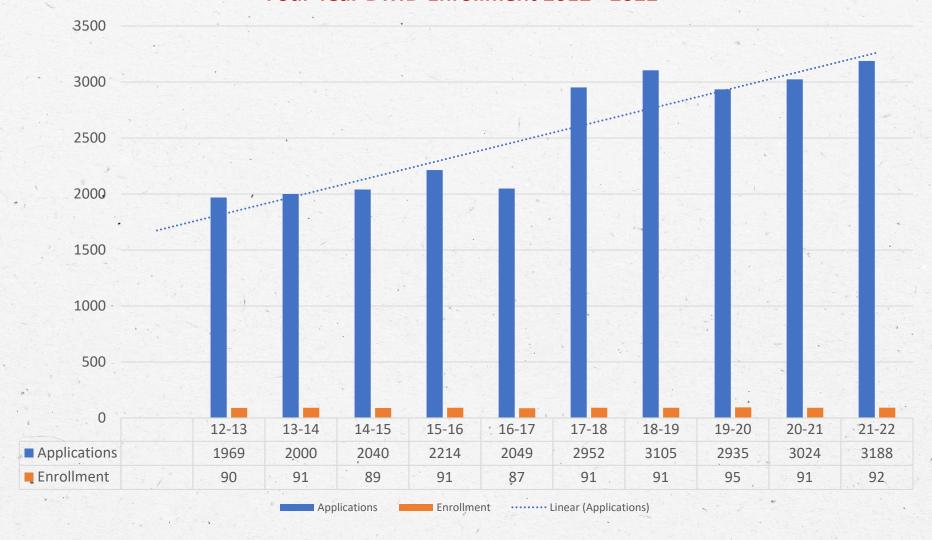
Co-Chairs: Vickie Cadestin, Jillian Prior

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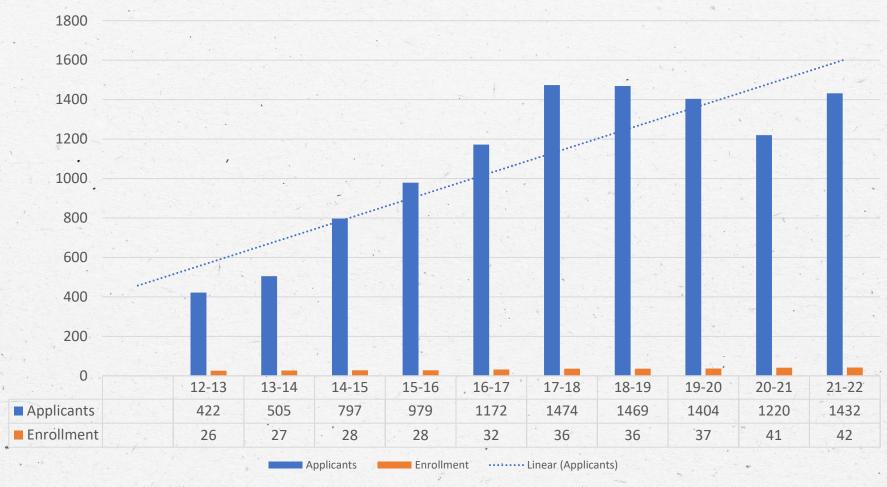
Rutgers School of Dental Medicine

Four Year DMD Enrollment 2012 - 2022



Rutgers School of Dental Medicine

Internationally Educated DMD Program

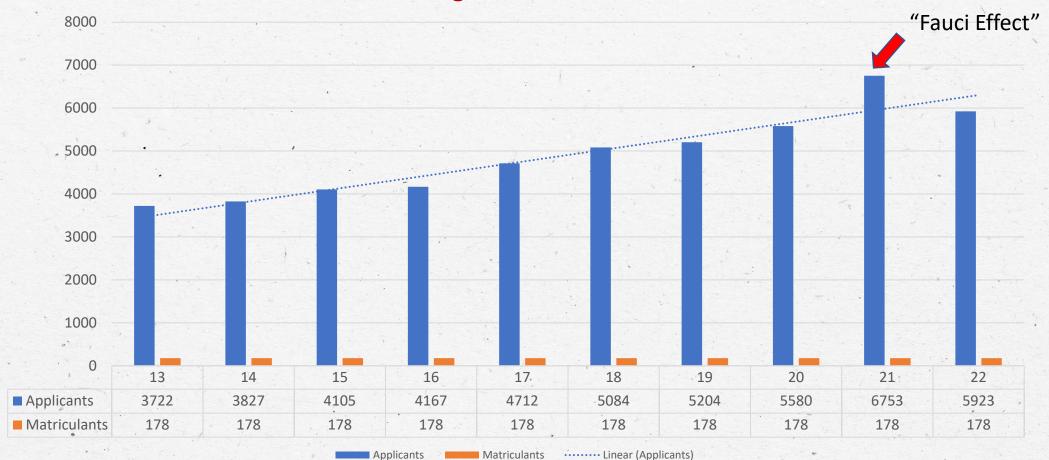


Rutgers School of Dental Medicine

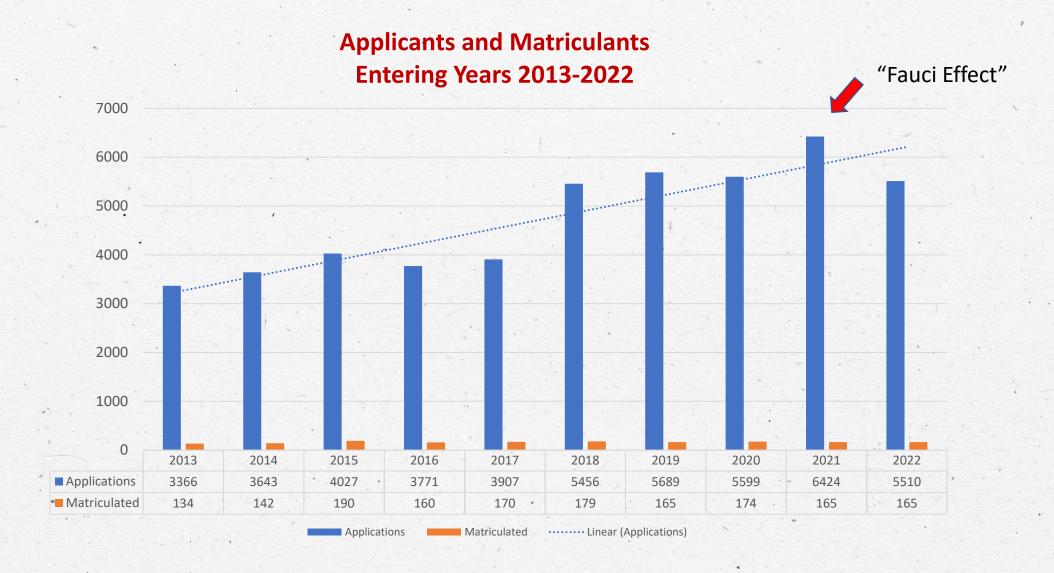
- An increase in applications year over year is unique to Rutgers School of Dental Medicine
- Nationally applications to dental schools are decreasing
- With greater funding of scholarships, the RSDM application rate could go even higher

New Jersey Medical School

Applicants and Matriculants Entering Years 2013-2022



Robert Wood Johnson Medical School



Medical Schools

- At NJMS MD applications have grown by 37% since 2013
- At RWJMS MD applications have grown by 39% in the same time frame
- Note the "Fauci Effect" transient increase in applications at NJMS and RWJMS in 2021

Snapshot: Med School Entering Classes ('26)

RUTGERS Robert Wood Johnson Medical School

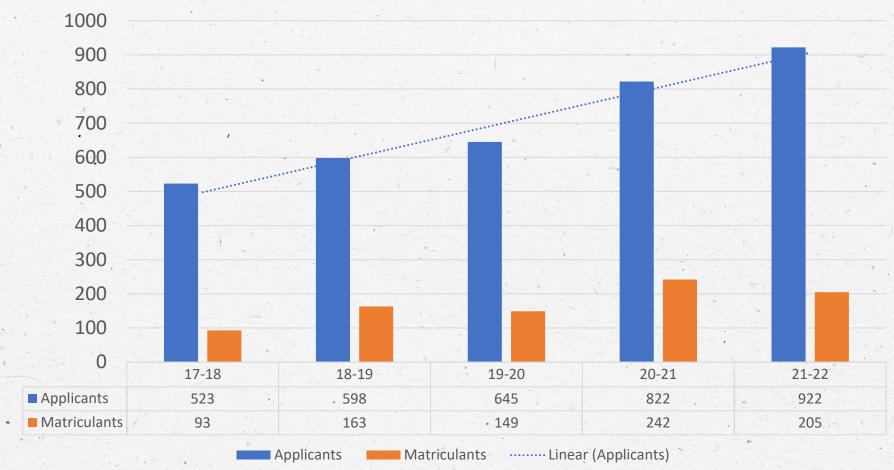
- Gender: 60.6 % women
- 26% URM
- 17 birth countries speaking 18 languages other than English
- 63 undergraduate institutions represented
- Age range 20-30



- Gender: 56 % women
- 28% URM
- 18 birth countries speaking
 28 languages other than
 English
- 64 undergraduate institutions represented
- Age range 20-34

School of Public Health

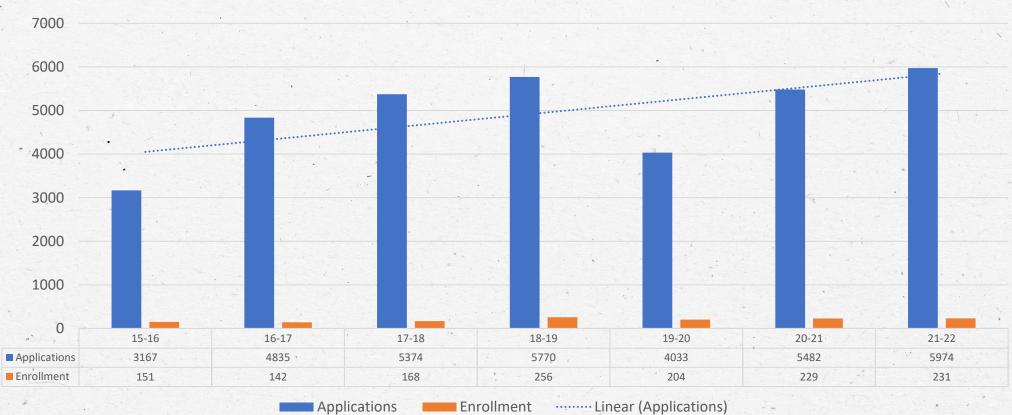




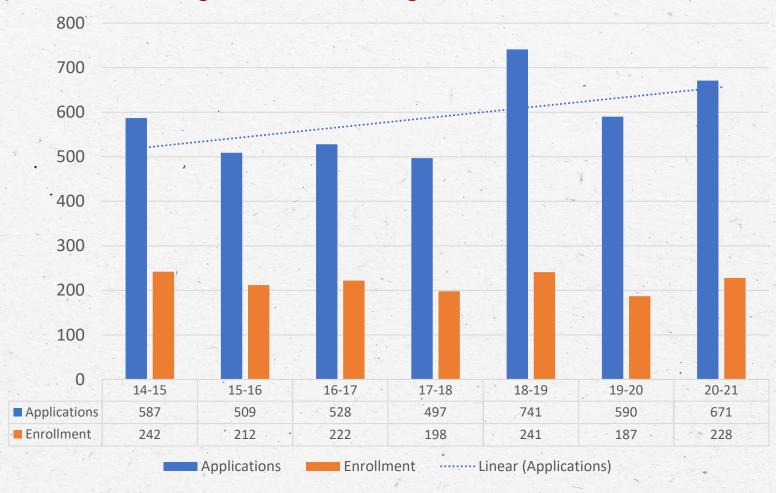
School of Public Health

- The Rutgers School of Public Health has been implementing a deliberate growth strategy to increase the number of MPH and PhD students
- In addition, the School has been expanding graduate and certificate programs to meet the needs of the public health workforce and serve as pipelines to MPH, DrPH, and PhD programs

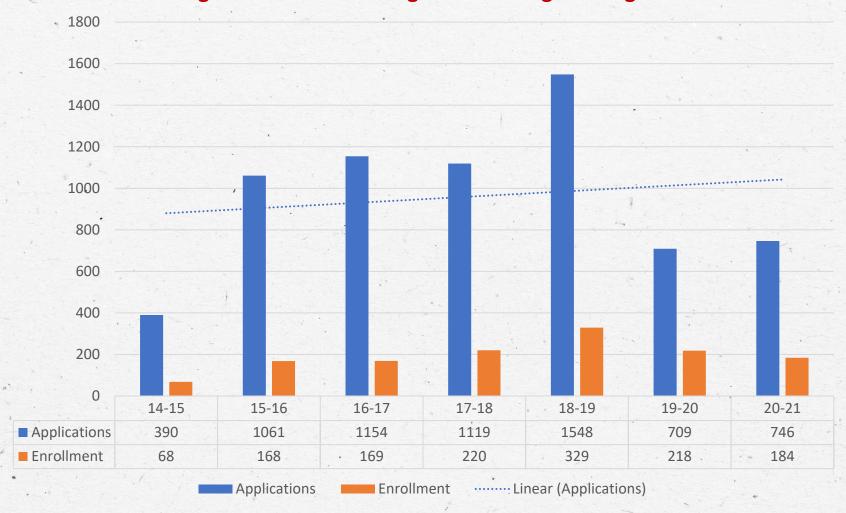
Rutgers School of Nursing - Traditional Baccalaureate Degree Newark - New Brunswick - Blackwood



Rutgers School of Nursing Advanced Practice



Rutgers School of Nursing - Second Degree Program



- Traditional undergraduate applications are up by 6%
- The RSON undergraduate waitlist topped 1000 students who are academically qualified for acceptance
- Class size is limited by the availability of clinical rotation sites
- Class sizes can be increased through increasing use of simulation from 10% to 30% of clinical hours (73 to 220 per undergraduate student)
- Requires investment in equipment, technology, and space

Ernest Mario School of Pharmacy

Ernest Mario School of Pharmacy First Year Applications and Enrollments

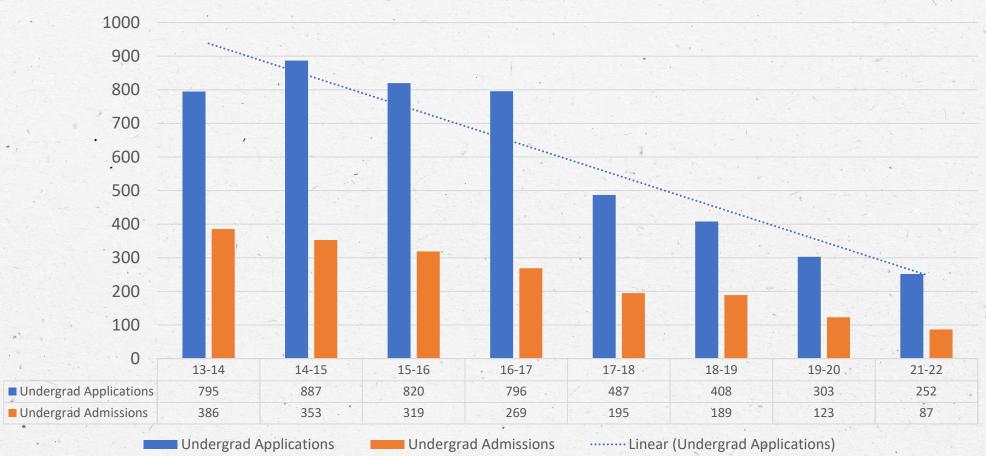


Ernest Mario School of Pharmacy

- Many US pharmacy schools have cut their class sizes due to decreasing numbers of qualified applicants
- Rutgers still has a robust number of highly qualified applicants, even though our number of applications is down
- Yield of matriculants higher than expected, resulting in unplanned larger class sizes

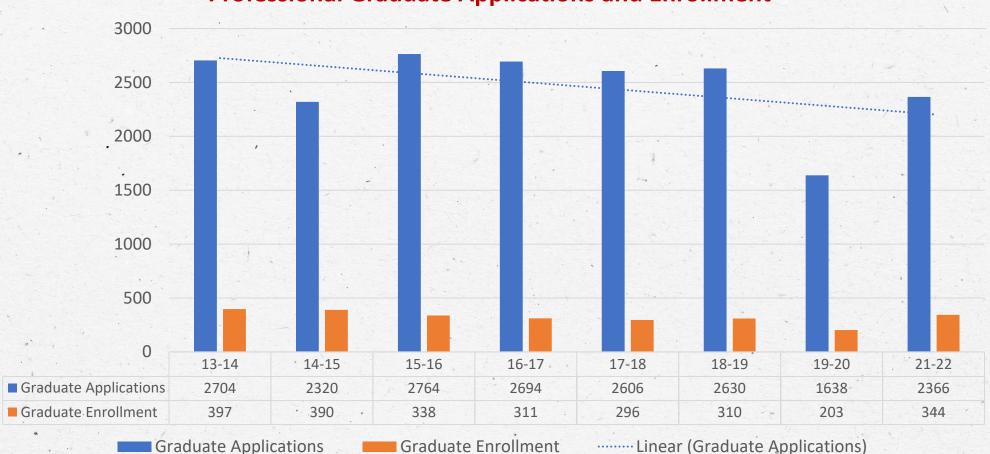
School of Health Professions

School of Health Professions Professional Undergraduate Applications and Enrollment



School of Health Professions

School of Health Professions Professional Graduate Applications and Enrollment

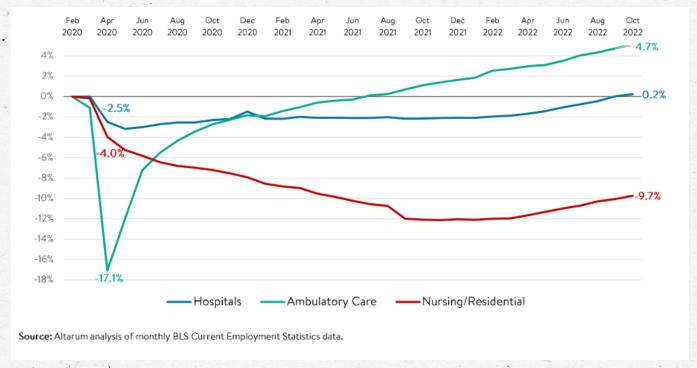


School of Health Professions

- The SHP is being strategically reshaped to focus on graduate level professional doctoral programs and away from technical associate/baccalaureate level technical programs, and shifting from programs with negative ROI to programs with a positive ROI
- The SHP will have:
 - 5 new graduate level programs with high scholarly and revenue potential
 - It has also invested in 7 current programs to build depth, transform offerings, and increase the degree level where appropriate
 - By 2023, 16 low enrollment, high cost, associate degree level programs will have been closed/transferred
- This shift to graduate level programs increases tuition revenue while decreasing overall enrollment
- All programs are hitting enrollment targets

Clinical Workforce Shortages Persist

- Clinical workforce shortages existed even before pandemic
- The clinical workforce is still recovering from the pandemic
- Job growth, costs and wages in the health care sector are all increasing with nursing and residential care growing at a slower pace



Source.

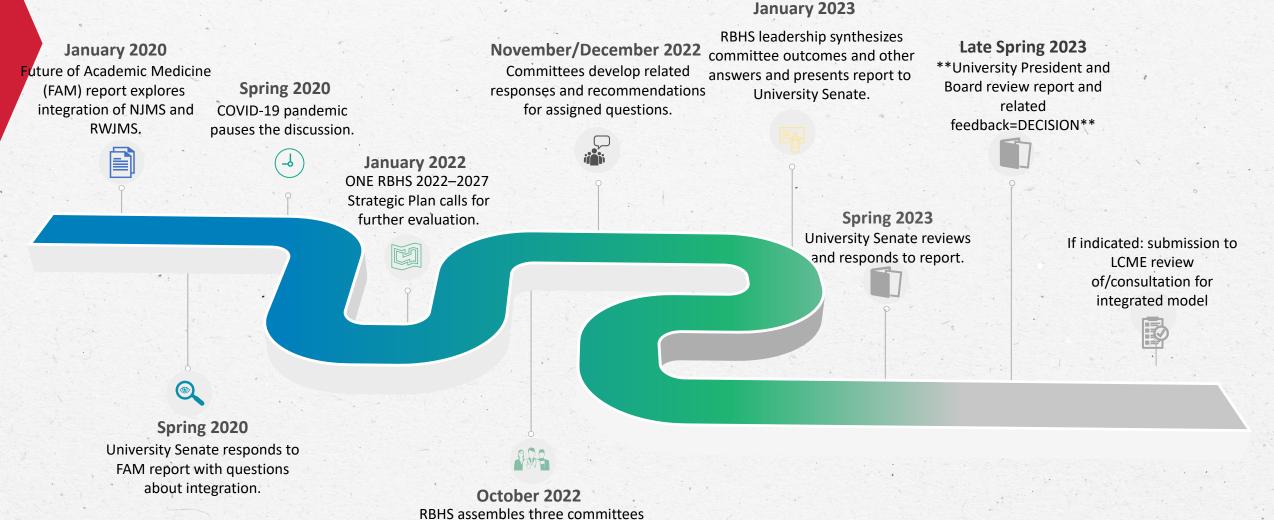
https://altarum.org/sites/default/files/ uploaded-publication-files/Altarum-HSEI-Labor-Brief Nov 2022.pdf

Accessed: 12/7/2022

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Timeline: 2020-...?



to address key University Senate questions.

The Questions:

- The current set of questions was derived from the original 350
 Senate questions presented in March of 2020
- Some of the original questions were duplicates, overlapped with other questions, and in some cases were related to topics timely only for 2020
- The questions were consolidated, refined, and categorized in collaboration with the leadership of the Senate during the summer of 2022
- They are focused and pertain to key topics so that we can develop a document that the Senate can react/respond to

Current Phase of Review

- To facilitate this review, we have engaged with the consulting firm ECG and Dr. Janis Orlowski, an expert in LCME accreditation/AHC's for project management assistance and expert advice
- Fall, 2022:
 - Develop answers to the Senate Questions with input from faculty, staff, students, deans, administration, and surrounding communities
 - Compile responses into a report
- January 2023:
 - Deliver the document developed to the University Senate
 - Also circulate report to internal and external constituencies
- Thanks to the co-chairs of the committees, members of the senate, faculty, staff, and students who are participating in this phase for contributing their thoughts, insights, and expertise

Charge to the Committees:

- NJMS and RWJMS were originally set up by UMDNJ founding President Dr. Stan Bergen to compete with each other
- This model fostered rapid regional growth and development was apt for its time
- Is our current model sustainable in today's health care climate?
 - Health care markets are consolidating rapidly
 - Our competition is not from within, but from other hospital systems, local medical schools, and aggressive AHC's in NY and PA
 - Patients leave NJ to get advanced care, out-of-network care is very expensive, and limits options of our patients who cannot afford to travel

Key Considerations:

- We all seek a medical education program that best delivers on the promises made to our communities, the people of New Jersey, our professions, and our patients
- Neither medical school would be subordinate to the other
- Growth and investment in clinical care, research, and education is the priority without the loss of jobs, union or otherwise
- Our schools cannot easily expand their student bodies as inpatient clinical capacity cannot currently support it
- Each campus needs the hands-on presence of a local dean working collaboratively with a colleague similarly situated 26 miles away
- New tertiary and quaternary services at RWJUH in New Brunswick and UH in Newark should be planned to meet more of our patients' needs within NJ

Committees:

Admissions:

H. Liesel Copeland - Cochair

George Heinrich Cochair

Gloria A. Bachmann

Joshua M. Kaplan

Natalia L. Kellam

Sonia C. Laumbach

Payal V. Shah

Maria Soto-Greene

Carol A. Terregino

Danitza M. Velazquez

Curriculum:

Maria Soto-Greene - Cochair

Carol Terregino - Cochair

Rashi Aggarwal

Alla Fayngersh

Meigra (Maggie) Myers Chin

Amir George

Brooke K. Phillips

Archana Pradhan

Monica Roth

Michael E. Shapiro

Ranita Sharma

Christin Traba

Culture/Identity:

Charletta A. Ayers

Melissa B. Rogers

Shareif Abdelwahab

Bill Arnold

Detley Boison

Alison L. Clarke

C. Roy Epps

Carmen L. Guzman-McLaughlin

George Hampton

Michael Kelly

Neil Kothari

M. Chiara Manzini

Mary Maples

Ana M. Natale Pereira

J. Patrick O'Connor

Jon L. Oliver

Timothy Pistell

Nikolaos Pyrsopoulos

Arnold Rabson

Frank Sonnenberg

Ian Whitehead

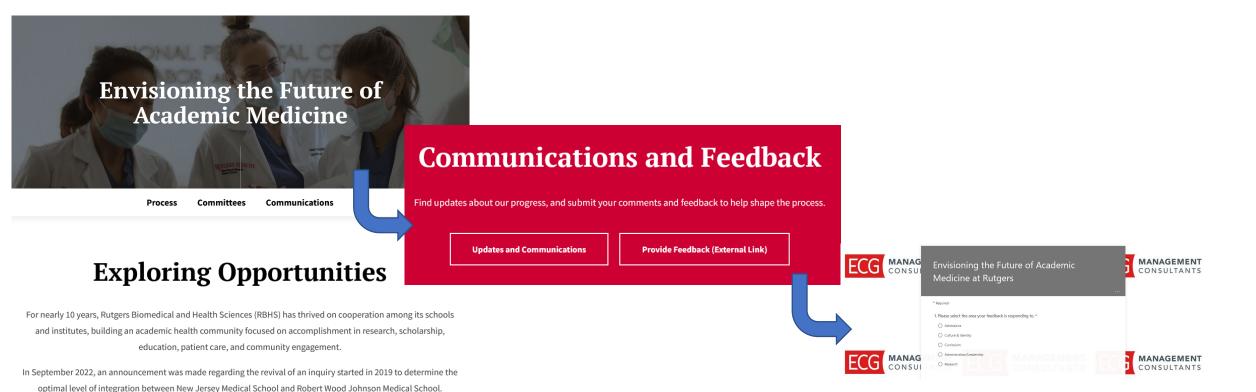
Administrative/Research questions:

- To provide a starting point for further discussion, initial answers to questions in the administration and research categories will be addressed by the deans and chancellor's office
- Examples include:
 - Transportation assessment of shuttle bus service between RBHS Newark and New Brunswick campuses
 - Maintenance of separate budgets
 - Maintenance of a local dean at each campus
 - Etc.

Next Steps:

- December 19 virtual conversation for NJMS and RWJMS faculty, staff, and students
- Town Halls with Newark and New Brunswick communities
- 3 committees, RBHS administration, and medical school deans complete their input to the questions
- Report is delivered to the University Senate in January to commence next phase of review, community town hall planned
- Following the Senate process a revised report will be developed and presented for decision to the President and University Governing Boards
- Ultimately any decision about the accreditation of the medical schools will be reviewed by the LCME
- Timeline for a potential singly accredited medical school up to five years with first entering class of 2027



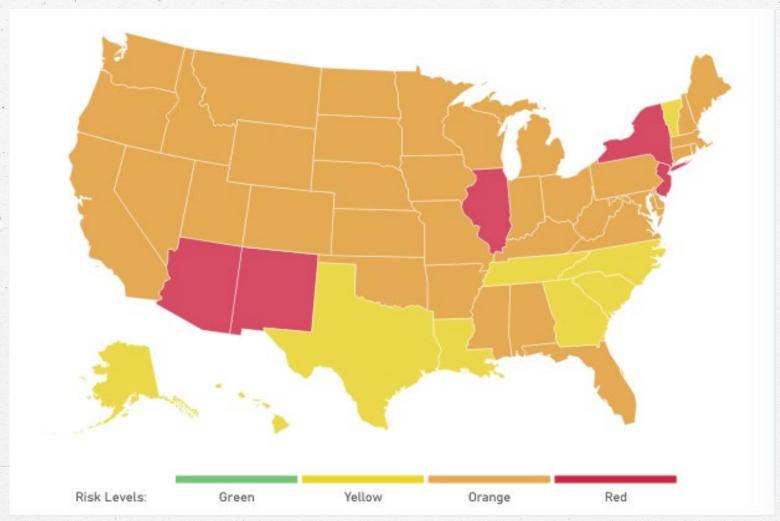


Website: https://academichealth.rutgers.edu/envisioning-future-academic-medicine

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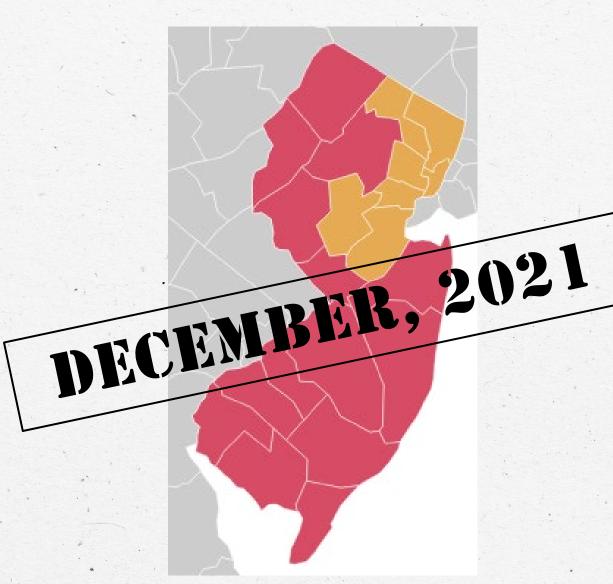
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COVID-19 Risk Levels by State



https://globalepidemics.org/key-metrics-for-covid-suppression/ Accessed 12/6/2022

COVID Risk Levels By County/New Jersey



 United States ranks 51st in highest COVID risk worldwide

NJ ranks 29th of 50 States

NJ has 26 daily new cases per 100,000 people or 2365 per day (7-day moving averages)

COVID RISK LEVEL
YELLOW

1-9 CASES PER 100,000 PEOPLE

COMMUNITY SPREAD COVID RISK LEVEL:

10-24 CASES PER 100,000 PEOPLE

ACCELERATED SPREAD COVID RISK LEVEL:

25+ CASES
PER 100,000 PEOPLE
TIPPING
POINT

https://globalepidemics.org/key-metrics-for-covid-suppression/ Accessed 12/1/21

COVID Risk Levels By County/New Jersey



- NJ ranks 5th of 56 US States & Territories
- NJ has 26 daily new cases per 100,000 people or 2305 per day (7-day moving averages)

YELLOW

1-9 CASES
PER 100,000 PEOPLE
COMMUNITY

COVID RISK LEVEL: ORANGE

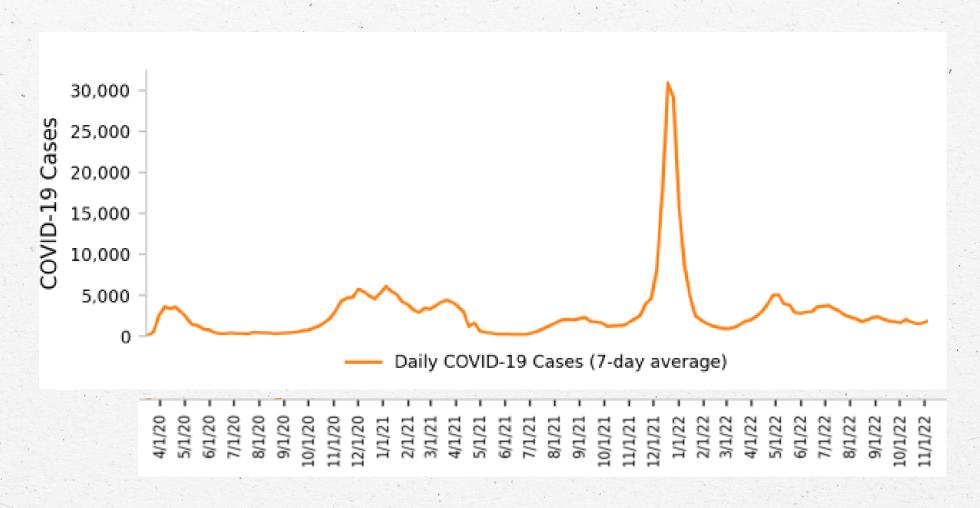
10-24 CASES
PER 100,000 PEOPLE
ACCELERATED
SPREAD

COVID RISK LEVEL:

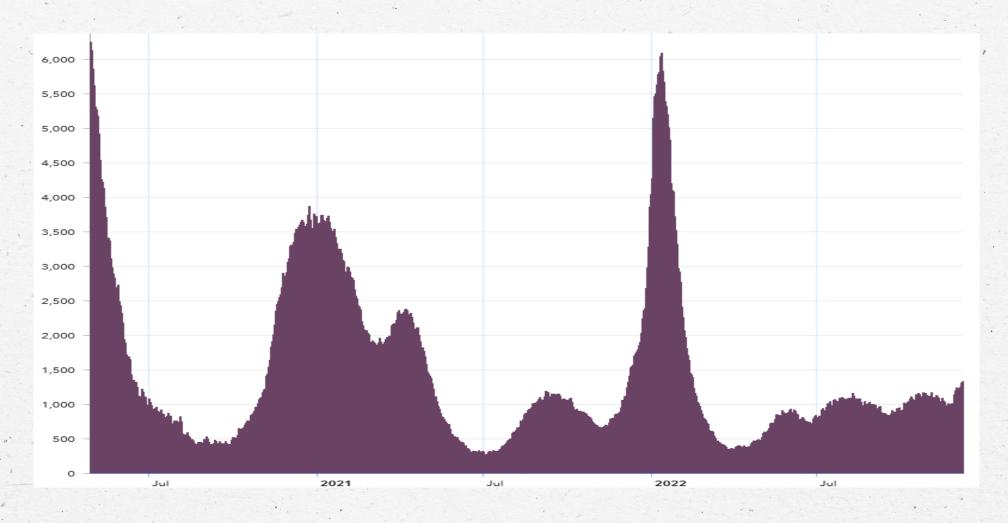
25+ CASES
PER 100,000 PEOPLE
TIPPING
POINT

https://globalepidemics.org/key-metrics-for-covid-suppression/ Accessed 12/6/22

NJ State Profile: Daily COVID-19 Cases



New Jersey COVID-19 Hospitalizations



Variant Data - New York/New Jersey

- Proportion of variants sequenced in HHS Region 2: New York/New Jersey week ending 12/3:
 - 38% BQ.1
 - 34.4% BQ1.1
 - 8.9% XBB
 - 6.9% BA.5 (August 2022 BA.5 = 84.3%)
 - 4.2% BF.7
 - 2.4% BN.1
 - 1.5% BA.4.6

COVID-19 Case Numbers – Global and Local

As of December 7, 2022

- Cumulative confirmed cases worldwide: 646,848,416
- Cumulative US confirmed cases: 99,131,495
- Cumulative US deaths: 1,082,728
- Cumulative NJ confirmed cases: 2,415,250
- Cumulative NJ confirmed deaths: 32,070
- Current NJ hospitalizations: 1245
- Currently on ventilators in NJ: 55
- Intensive-critical care in NJ: 148
- Statewide COVID-19 positivity 10.96% (as of 11/26/22)
- Rt = 1.66 (rate of transmission)

New Israeli data



- We tolerate 20-50,000 US deaths each year from the flu
- We shut down economy when hospitalization rates from COVID were much higher, and overwhelmed healthcare infrastructure, and given case fatality rate 20x that of the flu
- New NEJM data in Omicron and vaccinated era: Paxlovid shows clear benefit, with markedly reduced rates of hospitalizations and death in those >65yo or immunodeficiency
- 2 deaths in 2500 treated patients (<0.1% mortality) is less than that of influenza in that age group
- Those <65yo had milder disease, without Paxlovid
- Between vaccines and Paxlovid, medical science has beaten this disease, if the population would adhere to recommendations

Winter Forecast - Triple Threat

- The CDC anticipates a surge of non-SARS-CoV-2 respiratory disease this winter including:
 - Influenza
 - RSV (respiratory syncytial virus)
 - Rhinovirus/enterovirus
- Plus COVID-19 continues to circulate
- Influenza hospital rates are rising with 6-14 million cases predicted
- Prevention is primarily through public health interventions:
 - Stay home when sick
 - Cover coughs and sneezes
 - Wash hands
 - Keep current on vaccinations

Present/Near Future Concerns:

- Will there be another pandemic? Yes!
 - Climate change is impacting infectious disease spread
 - Animal vector habitat loss increases likelihood of spillover
 - Public health amnesia
- What will it be?
 - Long COVID/COVID variants/other coronaviruses
 - Influenza
 - M-pox
 - Hemorrhagic fevers: Ebola travel advisory is in effect for Uganda and region), Marburg
 - Zika, encephalitis
 - ?

Our Shared Goal:

To build one of the best academic health centers in the country, with an emphasis on *one*.

