
THE PLANNING PROCESS

THE RUTGERS STRATEGIC PLAN

The Rutgers strategic plan (see <http://universitystrategy.rutgers.edu/> for the full plan and Appendix A for an overview), approved in January 2014, is a five-year action plan for the achievement of excellence. Rutgers' aspiration is "to be broadly recognized as among the nation's leading public universities: preeminent in research, excellent in teaching, and committed to community." Initiatives are organized according to strategic priorities, integrating themes, and foundational elements. Strategic priorities are those in which Rutgers will strive to meet the needs of the community, alumni, and stakeholders more effectively, and where focused attention has the potential to lead to excellence. Integrating themes speak to Rutgers' unique strengths, provide a context for the strategic priority initiatives, and provide direction for its educational programs. Foundational elements are institutional characteristics that support its research and educational mission and are prerequisites for future success.

The universitywide strategic plan identifies the aspiration for the entire university, unites the broader Rutgers community behind a common vision and common values, and lays out high-level strategic priorities to guide chancellor-level planning. Specific initiatives address a recognized need for change. Some address critical areas of weakness relative to peer institutions; others enhance areas of strength.

Four key areas or points of emphasis are identified in the strategic plan: strengthening academic programs by focusing selectively on key, large disciplines while sustaining the quality of the humanities and core sciences; recruiting and retaining the best faculty and supporting them for success; enhancing the academic profile of the student body and improving the social and academic experiences of students; and implementing cutting-edge academic and administrative systems.

The RBHS strategic plan focuses on the future of RBHS and its education, research, and health care mission; and translating the aspiration and key areas of the universitywide strategic plan into the proper context for RBHS, capitalizing on its unique niches.

THE RUTGERS CONTEXT FOR THE RBHS STRATEGIC PLAN

Rutgers, The State University of New Jersey, is comprised of three universities in separate cities: Rutgers University–Camden, Rutgers University–Newark, and Rutgers University–New Brunswick and a fourth division, Rutgers Biomedical and Health Sciences (RBHS), which spans the three primary geographic sites and other satellite locations throughout the state. RBHS is most closely aligned with Rutgers–New Brunswick.

RBHS focuses on biomedical and health care education, research, clinical care, and improving access to health care and reducing health disparities. Specific characteristics that distinguish RBHS include postgraduate training for residents, continuing education, hospital and clinical affiliations, and the provision of health care services to the community. RBHS also has access to resources that are not available or not available to the same extent at the geographically-based universities. These include clinical and grant revenues, fundraising opportunities provided by grateful patients and philanthropic organizations, continuing education course revenue, technology transfer, and public-private partnerships.

In anticipating the RBHS strategic plan, it was recognized that a level of excellence is required across all RBHS clinical programs because of its health care delivery mission and the need to provide comprehensive health services to local communities and New Jersey's residents. This includes excellence in primary care and in specialized clinical care services in behavioral health, dental medicine, environmental and occupational health, medicine, nursing, pharmacy, and health related professions. Similarly, comprehensive excellence is also essential for educational programs. Thus, we will pursue excellence in all clinical and academic programs. In contrast, however, in considering research programs, an attempt to achieve excellence in all areas would result in none that would be truly exceptional. Therefore, the RBHS strategic plan will focus on the development of a limited number of signature programs – those capable of achieving that level of excellence and poised to lead multi-investigator, multi-project, and training grant applications – with the potential to be among the best in the nation.

During the development of the RBHS strategic plan, care was taken to ensure that appropriate elements of the university-wide strategic plan were linked to targeted initiatives developed at RBHS schools and units. In fact, much of the RBHS strategic plan is guided by and builds upon the university's strategic plan. The RBHS plan addresses the Rutgers aspiration to be recognized as one of the nation's outstanding public research institutions, as all initiatives focus on Rutgers' core missions of teaching, research, and service. Many of the Rutgers' integrating themes provide the framework for RBHS initiatives, including local and global culture, diversity, and inequality (i.e., respecting cultural differences and diversity, while minimizing inequalities); improving individual and population health and wellness; and conducting interdisciplinary research through innovation, engineering, and technology to address sustainability challenges. Further, two of Rutgers' strategic priorities are particularly relevant and central to the RBHS plan: building faculty excellence and enhancing public prominence.

Further, it is important to recognize that RBHS is comprised of individual schools and units, each of which is guided by its own mission, goals, and commitments to its profession(s). The RBHS strategic plan does not seek to supplant these, but rather to build upon these, enhancing existing programs and developing new, innovative interschool programs to enable RBHS to become stronger and more effective than the sum of its parts. Finally, the RBHS strategic plan was also anticipated to be a flexible plan, one that will allow for "course corrections" enabling RBHS to respond appropriately and as a leader to the evolving health care environment and other unpredictable local or national opportunities as they arise.

EXTERNAL CONTEXT FOR THE RBHS STRATEGIC PLAN

External elements that strongly influenced the direction of the plan include the dramatically changing health care environment, RBHS' unique niche within Rutgers, and RBHS' current standing and strengths relative to its peers and aspirant institutions.

Health care delivery is changing rapidly; academic health centers must change and develop business and academic models that can anticipate future changes as well. The current high costs are unsustainable and funding sources to support academic medicine are uncertain. Both clinical and research funding streams are under enormous pressure.

Trends in health care that are likely to have the greatest impact in the immediate future, some of which are associated with the Patient Protection and Affordable Care Act, include a shift in accountability for care to providers; the end of fee-for-service and the advent of value-driven health care; the utilization of health care teams that embrace interprofessional collaboration and innovation; the focus on population health instead of the treatment of individuals and illness¹; the establishment of health care clinics in

community settings (health care anywhere, anytime); the rapid pace of change in basic science, clinical science, technology, and teaching; and the availability and use of data and electronic communication to enhance patient care and research. However, constant adjustments in the plan are likely as the situation is extremely fluid.

Comparisons of RBHS schools with other biomedical and health science and related schools are dubious because of varying institutional missions and reliance on national rankings, which may be determined in part by perception. Nevertheless, comparisons can provide useful lessons and baselines for strategic planning, as it is difficult to chart precise and appropriate directions without understanding one's starting position. Toward that end, in preparing its strategic plan, RBHS used as comparators the lists of peer and aspirant institutions created by Rutgers for its strategic plan (Appendix A). Based on information provided by *U.S. News and World Report*, the RBHS physician assistant program (at the School of Health Related Professions) ranked higher than physician assistant programs at both peer and aspirant institutions. Other RBHS schools and programs generally rank midway in the national rankings, though lower than peer and aspirant institutions. However, RBHS schools and units include programs that are exceptionally strong and others with great potential to climb in esteem. Further, rankings are not inherently important; of much greater significance are the quality and quantity of work. In time, excellence will be recognized and translate into higher national rankings. However, in the interim, national rankings affect perception and, importantly, the ability to recruit top faculty, students, and other trainees. Thus, the strategic plan should recognize this challenge.

OTHER KEY PRINCIPLES UNDERLYING THE RBHS STRATEGIC PLAN

In addition to the elements identified above, several other principles were identified as critical to guiding the strategic plan development. These include addressing the goals of the New Jersey Medical and Health Sciences Education Restructuring Act, the 2012 legislation that led to the integration of Rutgers and many units of the former UMDNJ. The act's goals were to "create and enhance the essential higher education opportunities for the residents of the State;" "create vibrant educational institutions and communities that attract business to the State...which will allow the State to retain its residents in terms of college placement and workforce;" "provide opportunities for students and the workforce necessary to attract crucial private sector jobs;" "allow for the development of a system to cultivate better collaboration between its businesses and its institutions of higher education;" "for the State to achieve its economic goals;" "increase interdisciplinary opportunities among the academic departments of [Rutgers];" "maximize the effectiveness of the State's investment in medical, dental, nursing and health sciences education, associated research and healthcare;" "lead the country in attracting federal research funding and associated clinical training;" and "help [Newark] and the northern region of the State with its economic development needs and to provide innovative and problem-solving leadership."

Other principles were important as well. The RBHS strategic plan is intended to focus on and emphasize health-related initiatives that would cut across schools/programs and enable RBHS to become greater than the sum of its parts. Integration of RBHS unit research, educational, and clinical programs were accentuated, while ensuring that the RBHS-wide strategic plan did not interfere with or supersede specific school/unit strategic plans. Emphasis was placed on the selection of strategic initiatives that would focus on specific areas for excellence and national prominence, building on existing strengths, bringing together RBHS and other Rutgers faculty with appropriate expertise and common interests, and providing resources as needed to support existing gaps. These initiatives, designed to create signature programs, should significantly impact research, education, clinical care, community service, and/or public policy. Other initiatives were needed to provide infrastructure support

for RBHS and other Rutgers entities, as well as for signature programs identified in the strategic planning process.

The RBHS strategic planning process was designed to be broad-based, inclusive, and transparent. Both RBHS and non-RBHS faculty were to be involved in the planning process to ensure that health-related collaborative opportunities across the large Rutgers community would be included and to ensure that RBHS plans would align with the universitywide plans and those of the geographic divisions. Attention also was to be paid to health-related initiatives that would impact the campus communities (primarily Camden, Newark, and New Brunswick) as well as the state. Community members and health care providers representing those primary communities would be identified and invited to provide input regarding community health-related issues.

Principles also were applied to procedural issues. Opportunities were provided to enable all stakeholders to contribute to the discussion, committees were formed in such a way as to foster collaboration among RBHS entities and the balance of the Rutgers community, and, as a critical component of the planning process, metrics to assess success were identified.

DEVELOPMENT OF THE PLAN

Chancellor Brian Strom announced in December 2013 the launch of the RBHS strategic planning process, designed to provide vital links between the university-wide strategic plan and RBHS schools and units, define RBHS aspirations and goals, and specify initiatives that RBHS will pursue (Appendix B). The planning process he identified would lead to a five-year plan to be developed by RBHS faculty, staff, and students, with input and participation from colleagues across Rutgers and members of the RBHS host communities. Planning included committees and task forces charged with the development of initiatives and recommendations that would address research, educational, clinical, community, and public policy needs.

Multiple strategies were employed to prepare for the planning process (Appendix B). From August through November 2013, prior to his official start date, Dr. Strom conducted a listening tour, visiting each of the RBHS schools and holding open meetings with faculty. He asked faculty at each meeting to identify institutional challenges and strengths, and short- and long-term needs.

The “Future of the U.S. Health Delivery System Speaker Series,” from March to June 2014, included lectures delivered by seven leading national and local leaders, researchers, and policymakers (http://rbhs.rutgers.edu/healthdelivery_series.shtml and Appendix B). External speakers also met with Chancellor Strom and RBHS faculty leaders during their visits. These speakers have exceptional expertise in the future of health care, its organization, and what the Affordable Care Act may mean for RBHS and New Jersey. Presentations were delivered in either Newark or New Brunswick with simultaneous viewing also via video conferencing.

A 24-person RBHS Strategic Planning Steering Committee was established to oversee the process by which important academic initiatives would be developed. The steering committee was comprised of RBHS school and unit faculty representatives, as well as staff, student, community, principal hospital, and non-RBHS Rutgers faculty representatives. The committee’s 24 members included representatives from the schools of dental medicine, health related professions, medicine (NJMS and RWJMS), nursing, pharmacy, and public health; each of the RBHS centers/institutes (advanced biotechnology and medicine; cancer; environmental and occupational health; health, healthcare policy and aging); behavioral health care; senior staff members; a representative from University Marketing & Communications; a representative from the Rutgers University Foundation; graduate students

representing the New Brunswick/Piscataway and Newark campuses; a postdoctoral trainee; community representatives from New Brunswick and Newark: representatives from the two primary teaching hospitals (Robert Wood Johnson University Hospital and University Hospital); and faculty with appointments in two non-RBHS schools (Bloustein School of Planning and Public Policy and the School of Environmental and Biological Sciences). Two steering committee faculty members also serve as members of the RBHS Faculty Council. (See <http://rbhs-stratplan.rutgers.edu/committees/steering-committee> and Appendix B for steering committee members and titles/appointments.) The steering committee was charged with considering the future of health care, RBHS' needs and needs throughout Rutgers, and community, state, and national needs; reviewing universitywide data and RBHS survey data; recommending the formation of working groups to focus specifically on potential signature programs, educational initiatives, and infrastructure support needed for signature programs and educational initiatives; reviewing proposals prepared by these working groups; and submitting recommendations for signature programs, educational initiatives, and enabling structures to the RBHS chancellor. The steering committee conducted these tasks from January through June 2014.

Meetings also were held with Camden, New Brunswick, and Newark community members, civic leaders, health care providers, and service organization leaders to learn of health-related issues, concerns, and needs; consider collaborative opportunities; and discuss potential community health initiatives (see Appendix B for meetings and community members). In addition, Chancellor Strom consulted with state and federal legislators and officials, and held discussions with potential donors and representatives of industry. As the strategic planning process proceeded, Chancellor Strom also shared his evolving vision for RBHS, both formally and informally, with the RBHS Faculty Council, RBHS deans and center/institute directors, members of the Rutgers Board of Trustees, the Rutgers Board of Governors, the board's Health Affairs Committee, the other Rutgers chancellors, and President Barchi.

The strategic planning process also included data collection. Some data were provided by the university, collected during its institution-wide strategic planning process during academic year 2013. Most useful was information that provided comparisons with peer and aspirant academic medical centers (see The External Context for the RBHS Strategic Plan).

Data also were provided by three surveys, conducted specifically for the strategic plan. The first, distributed in January 2014 to RBHS faculty, staff, students, and those alumni who could be identified, collected information about individuals' goals for RBHS, recommendations as to how to accomplish these goals, key resources needed, and impediments to success (Appendix C). Survey respondents also provided input for initial drafts of RBHS identity and aspiration statements. Nearly 3,500 responded to the survey. More than 80% of respondents to the identity and aspiration statements approved, but many included relevant suggestions for modification, which led to substantial revisions. Respondents to the first survey also approved a proposed credo statement, but several respondents questioned its need. Upon review, the steering committee recommended the elimination of the previously proposed credo statement.

A second survey was distributed in February 2014, to all Rutgers faculty members, only a subset of whom have interests in health (Appendix D). More than 1,500 faculty members with an interest in health responded (approximately one-third were non-RBHS faculty). Respondents identified their own areas of health-related research, educational, and service interests; funded activities; and existing health-related research, educational, and service areas of strength across Rutgers. The lists of options for each came initially from the chancellor's listening tour, then were augmented and refined by RBHS deans and the steering committee. In addition, faculty members were asked if they would be interested in serving in working groups to be formed to explore potential RBHS signature areas, educational

initiatives, and areas in which infrastructure support (enabling structures) is needed and, if so, which specific areas were of interest.

The system-wide faculty survey results were studied by the steering committee to identify potential signature programs, educational initiatives, and the infrastructure (enabling structures) needed to support signature programs and educational initiatives. Thirty-two areas/topics were selected for consideration, with working groups to be developed for each. Selection of areas/topics was based on survey results, RBHS' specific needs as well as needs identified across Rutgers, strengths, and mission, the state's mandate, and anticipated changes in health care delivery. The steering committee recommended potential co-chairs for these working groups to the chancellor and steering committee chair, who in turn appointed faculty members (two per working group) to these posts. Criteria for selection included expertise in the field, demonstrated leadership, and geographic/campus and school balance. Generally, the co-chair nomination and selection process sought to limit the number of administrative leaders, since a primary objective for the strategic planning process was for this to be faculty-driven. (See Appendix E for working groups and co-chairs.) Working group co-chairs selected working group members on the basis of faculty member expression of interest through the second survey and recommendations provided by steering committee members, school deans, and unit directors. In the member selection process, co-chairs were asked to be inclusive and balanced, including all faculty ranks, gender, race, geography, and schools/institutes, both within and external to RBHS. Co-chairs were asked to select committee members who represented key structures, but did not duplicate them. Ultimately, each pair of co-chairs determined the committee size, ranging from nine to 37 members. Most committees included 15-20 members.

Working groups were formed in March 2014 (see Academic Development: Signature Programs, Educational Initiatives, and Infrastructure Needs, below). More than 500 faculty members across Rutgers, including RBHS and the three geographically-based universities within the Rutgers system, participated in the intensive efforts of these working groups. Working group members represented 240 departments/programs/units within 37 schools and institutes on the Camden, New Brunswick, and Newark campuses. (See <http://rbhs-stratplan.rutgers.edu/committees/working-groups> for working group membership lists and Appendix E for campuses, schools, and departments represented by working group members.)

Finally, a third survey was distributed to RBHS faculty, staff, and students in May, 2014, to consider refined and improved RBHS identity and aspiration statements, in follow-up to the initial survey in which drafts of these statements were considered. More than 900 RBHS faculty, staff, and students responded. Eighty-seven percent of respondents approved the revised aspiration statement and 84% favored the revised identity statement. The third survey also asked respondents to consider eliminating a credo statement that was considered as part of the first survey (January, 2014). By a narrow margin (52% to 48%), respondents approved the recommendation to eliminate the credo statement; the steering committee chose to follow that recommendation.

Thus, the RBHS strategic plan reflects input provided by thousands of faculty, staff, and students via surveys; the oversight effort and opinions of the 24 members of the RBHS Strategic Planning Steering Committee, including school and unit faculty representatives, and staff, student, community, principal hospital, and non-RBHS Rutgers faculty representatives; more than 500 Rutgers faculty from within and outside RBHS who served as members of working groups; and the RBHS leadership, including the chancellor and school and unit deans and directors.

ACADEMIC DEVELOPMENT: SIGNATURE PROGRAMS, EDUCATIONAL INITIATIVES, SERVICE ACTIVITIES, AND INFRASTRUCTURE NEEDS

The RBHS Strategic Planning Steering Committee oversaw the activities of the 32 working groups. The steering committee's task was to recommend to the chancellor the selection of a limited number of potential signature programs, educational initiatives, and enabling structures needed to support the signature programs and educational initiatives. All working groups were directed to recommend service and related activities, as appropriate.

Twenty of these working groups concentrated on potential signature areas for RBHS. Each was charged with analyzing strengths and gaps in existing research, education, clinical, and community service programs in a specific area, as appropriate, and developing a five-year plan, including recommendations designed to enhance faculty collaboration across the institution and enable RBHS to become "best-in-class" nationally. Each working group was also charged with identifying metrics and providing a timeline for the achievement of the recommendations, concentrating on growth of current areas of strength, improvement of weaknesses, and opportunities.

Seven working groups considered specific educational initiatives that would have the potential to enhance educational and training programs across RBHS. Primarily, each working group was charged with analyzing strengths and gaps in a specific existing educational program/activity and, secondarily, analyzing the potential impact of this program on research, clinical care, community service, and public policy as appropriate, and develop a five-year plan that would include recommendations designed to enable RBHS to be a national leader. Each working group also was charged with identifying metrics and providing a timeline for the achievement of the recommendations, focusing on growth of current areas of strength, improvement of weaknesses, and opportunities.

Five working groups were formed to address specific enabling structure needs, including the specific needs and/or existing gaps based on the current RBHS and universitywide environment as well as needs within divisions, departments, schools, centers, institutes, and other units. These working groups were asked to identify the potential benefit and impact on research, teaching and educational programs, clinical care, community service, and public policy, and develop a five-year plan that would include recommendations designed to benefit RBHS and/or Rutgers as a whole. Each working group also was charged with identifying metrics and providing a timeline for the achievement of the recommendations, focusing on growth of current areas of strength, improvement of weaknesses, and opportunities.

Working groups were provided with Rutgers faculty research and publication data to assist in their analyses of strengths and weaknesses in their areas of focus. Research data included NIH Reporter (current) and legacy UMDNJ and Rutgers (current and recent past) data regarding funded faculty research. Publication data were provided for PubMed database literature searches by topic areas, institution, and primary author (last five years).

Working groups met intensively in April 2014, to develop five-year plans designed to enable a program in their area of concentration to achieve excellence. Each working group focusing on a potential signature area included an estimation and justification of the likelihood of its becoming a top program in the country within the five-year strategic planning period. Each working group submitted an interim report to the steering committee late in April, received feedback and direction, then submitted a final 10-page report in early May that addressed comments and suggested changes to the interim report.

CLINICAL DEVELOPMENT

The RBHS strategic planning process extends beyond the education and research missions and includes as well the RBHS clinical enterprise. The delivery of health care is an integral component of the RBHS mission, and is central to many RBHS programs: Cancer Institute of New Jersey, Environmental and Occupational Health Sciences Institute, Ernest Mario School of Pharmacy, New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers School of Dental Medicine, School of Health Related Professions, School of Nursing, and University Behavioral Health Care. The standard of excellence across all its clinical programs (behavioral health, environmental and occupational health, dental, health related professions, medicine, nursing, and pharmacy) is an imperative. As RBHS advances medical innovation and provides direct patient care informed by the latest research findings, it is poised to transform lives.

Further, the clinical enterprises of academic health centers traditionally have subsidized the less economically viable components of the mission, particularly teaching and research. Yet, recent changes in the health care reimbursement system and the economic downturn have placed exceptional pressures on clinical revenues.

In order to develop future clinical initiatives, the RBHS chancellor met in the late fall, winter, and spring 2013-14 with deans and directors of clinical programs. They considered plans to address RBHS's clinical mission and services, both within and across schools with clinical programs. Additional meetings included the leaders responsible for the clinical programs within each school and institute. Other meetings were held with primary hospital partners, and potential hospital and hospital system partners. These meetings focused on new programs and initiatives that would improve the health of New Jersey residents, provide quality services, and in the process address RBHS's financial sustainability.