Why?

Mason Mission –

• Education
  • Need for physicians and other health professionals
  • Demand for medical school positions

• Research and Innovation
  • 54% of federal funding for research is in Biohealth
  • Diversifies the Mason Portfolio

• Community benefit
  • Addresses access to health and healthcare in region
  • Catalyst for Graduate Medical Education Development
  • Direct Economic Impact
  • Benefit of Innovations
Why Mason?

• Location:
  • Northern Virginia is one of the only major regions in the US without a medical school.
  • Physicians practice where they train: medical school and residency program development in Northern Virginia is needed to create a physician pipeline for the future.

• Diversity:
  • Mason is committed to diversity in its students, faculty, and ideas; diversity is increasingly important to both the LCME (MD accrediting body) and the health care system as a whole.

• Existing STEM+H strength:
  • A Mason medical school would build upon and enhance existing resources and expertise in public health, nursing, biomedical sciences, engineering, and technology.
Key Potential Benefits to GMU

- Enhance reputation
- Increase research funding (public and private)
- Retaining R1 status
- Progress toward AAU membership
- Enhance academic portfolio and talent
- Enhance student recruitment
- Identification of new philanthropic opportunities (donors interested in funding medical education specifically)
The Path Taken

• August 2018 – President Cabrera initiated a feasibility study to reassess the potential for a new Mason School of Medicine (MSOM)
• Fall of 2018 – Committee established and Germane Consulting was hired to perform the initial analysis
• May 2, 2019 – Presentation of findings to the BOV and authorization of more detailed planning with report to the BOV in October 2019
• Summer of 2019 – funds raised, consulting team established, outreach to internal and external communities, asset inventory taken, gaps identified
• August 2019 – “Envisioning Retreat”
The Initial Steering Committee

• Germaine Buck Lewis – Dean College of Health and Human Services
• Ann Ardis – Dean College of Humanities and Social Sciences
• Michael Buschmann – Chair – Department of Bioengineering
• Lawrence Bray – Associate Chair of Bioengineering and Graduate Education Coordination in the Office of the Provost
• Ali Andalibi – Associate Dean for Research College of Science
• William Hazel – Senior Advisor for Innovation and Community Engagement
The Current Steering Committee (since May 2, 2019)

• Horace Blackman – Board of Visitors
• Nancy Prowitt – Board of Visitors
• Carol Kissal – SVP Finance and Administration
• Trishana Bowden – President GMU Foundation
• Robyn Mehlenbeck PhD – Professor of Psychology - CHSS
• Rosemary Higgins MD – Associate Dean for Research – CHHS
• Ali Andalibi PhD – Acting Dean College of science
• Michael Buschmann PhD – Chair Department of Bioengineering
Consulting Team

• Beth Paul
• Lynn Crespo, PhD
• Cynda Johnson MD – founding Dean of VT-Carilion Medical School
• The Orr Group - Philanthropy
• Terry Crowder – Center for Regional Analysis
The mission of the Mason School of Medicine is to educate exemplary physician scholars who provide culturally sensitive and personalized patient care and strive to reduce health disparities in our communities by leveraging technology and embracing the use of evidence-based, precision medicine.
A Mason School of Medicine will creatively lead advancements in medicine and community health by engaging in trans-disciplinary care and team-based science, leveraging data and technology, and driving health-related innovation and discovery.
Proposed Values and Guiding Principles for a Mason School of Medicine

• The Mason School of Medicine will be the catalyst and driver for synergy of purpose for the GMU community, and for the community at large.

• The Mason School of Medicine will educate and train a generation of physicians who will be change agents for the benefit of patients and the community.

• Graduates from the Mason School of Medicine will be advocates for their patients and community and will challenge the status quo of policies and practice.

• The Mason School of Medicine will embrace and strive for equity in healthcare and the community.

• Graduates from the Mason School of Medicine will embrace and understand the many dimensions of diversity including ethnic, racial, religious, thought, experience, and functional diversity.

• Graduates from the Mason School of Medicine will employ data driven outcomes to their decisions and actions.
What can the MSOM become?

• The Mason School of Medicine will be a fully-accredited allopathic school of medicine, situated at the Science and Technology (Sci-Tech) campus.
• The MSOM will be deeply integrated with other Mason schools.
• The MSOM will enroll 50 students per year (total enrollment of 200 students with all 4 years).
• The MSOM will be focused on several key principles:
  • Team-based learning and practice – a hub for health professional training
  • The application and management of technology and information
  • Orientation around discovery and scholarship
  • A focus on “MD Plus”: multidisciplinary learning, both in pedagogy and via joint degrees
  • Ensuring clear benefits to the health and well-being for the residents of Virginia and beyond
• MSOM will be closely connected to its forthcoming clinical partners.
The MD Plus Concept

• Providing a unique value by creating competencies in secondary domains

• Think of the MD as the “Major” and this adds a “Minor” by concentrating electives and by integrating curriculum

• Creates an opportunity for synergy with existing Mason departments and colleges through multi-disciplinary team education and training
The Challenges

- Identifying clinical partnerships
- Graduate Medical Education slot creation
- Funding (assume no state support)
- SCHEV accreditation (assume some opposition from existing medical schools)
- Liaison Committee on Medical Education Accreditation
- Mason Leadership Changes
The Liaison Committee on Medical Education (LCME)

- The LCME is the accrediting body for MD programs.
- There is a complex Data Collection Instrument (DCI) that is used to inform a “Self Study” that generally takes one year to complete.
- The Self-Study informs structure and governance, curriculum development, staffing, facilities, policies and procedures, and budget.
- The LCME requires submission of the Self-Study and DCI before granting a “site visit”.
- Site visits can be denied if the university is deemed not ready or if the LCME does not have the capacity to make the visit.
LCME Accreditation: Blueprint Process

Develop Blueprint for School based on LCME requirements.

- LCME has 12 Standards, with multiple elements. Standards can be organized around 5 major areas
  1. Institutional Setting
  2. Educational Resources
  3. Faculty
  4. Educational Program
  5. Students
  - Organize and charge Self-study Teams focused on the 5 major areas for accreditation. Complete draft of Data Collection Instrument (DCI) and draft Self-study.
  - Benefits
    - More detailed planning for School to inform finances, gaps, and risks.
    - Informs requirements and costs; and identify gaps and risks.
    - Recruiting tool for Dean.
    - Draft documents enable a semi-aggressive timeline once Dean is hired.
    - Defers investment in Dean, Cabinet, and facilities until completion of Self-Study.
  - Risks
    - Cost if school does not progress (consulting costs; time and effort of faculty and staff, and so forth).
Next steps

October 2019 – June 2020

- October 2019 – initiate DCI, Self study, and curriculum development
- February 2020 – initiate Dean Search
- Early Spring 2020 – GMU President Identified
- Mid-Spring 2020 – Fundraising activities
- Mid-Spring 2020 – Clinical partnership(s) finalized
Questions?