Report of the Academic Advisory Council of Merritt Hawkins to the Planning Dean and Leadership of the University of Nevada Las Vegas School of Medicine

June 22-24, 2015

Submitted on July 15, 2015 by:
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A Unique and Important Convergence of Opportunities for Las Vegas, Nevada and Beyond

The potential for a major transformation in the health, education and economic success for the State of Nevada, and Las Vegas specifically, is notable and exciting. A convergence of individuals, institutions (both public and private) and communities serving as “change agents” is creating an agenda for change that is timely, and which has far-reaching implications that will unfold over the next years and decades. While the forces for these changes can be traced back over many years, they have achieved a new tipping point in recent years thanks to a number of key individuals. One of the most prominent and widely supported developments is the recent decision to establish a new medical school at the University of Nevada, Las Vegas. Although the rationale for establishing new medical schools in the US has been poorly defined in many of their sponsoring communities or states, this is not the case for Nevada and Las Vegas. Rather the need for a new medical school in Las Vegas is compelling and the prospect for its success is exciting.

The population of Las Vegas has grown 10 fold over the past five decades, now being approximately 2.0 million and increasingly diverse (with Hispanic, Asians and Pacific Islanders increasing in percentage and number). The demography also features an increasing number of seniors moving to Nevada, making it the most rapidly growing city in the Southwest. Yet Nevada has the lowest number of active physicians per 100,000, has poor health outcome metrics, and Las Vegas is the largest metropolitan area in the US without a public, allopathic medical school. The reasons for this scenario is complex and multifactorial but thanks to the efforts of a number of highly committed leaders, change is now in the offing – although it will take years to decades before its benefits are fully realized.

While medical need and low physician numbers well justify a new medical school in Las Vegas, the economic case was made clearest and most compelling thanks to a study commissioned by the Lincy Institute and Brookings Mountain West, and carried out by TrippUmbach (following the Brookings Mountain West SRI report of 2011). This
built on a study conducted for the AAMC (Association of American Medical Colleges) evaluating the economic impact of 134 allopathic medical schools in the US on a per capita basis. The TrippUmbach study, entitled “Economic Impact of Medical Education Expansion in Nevada”, was published on December 3, 2013 and concluded that the expected impact of medical education based on the current population should be $506 million per annum. Further based on a projected state population of 3.7 million in 2030 (nearly all of it being in Las Vegas areas) the economic impact should be $693 million. Importantly TrippUmbach evaluated various models of new medical schools, including a Branch Campus of the University of Nevada Reno, and concluded that the average economic impact of an additional state-supported medical school could be $882 million, which is three-times that achieved with a regional branch campus. In addition, TrippUmbach noted that the economic impact of two state supported medical schools in Nevada, one at UNR and the other at UNLV, could be $1.9 billion by 2030 (with $1.2 billion in Las Vegas). A new medical school in Las Vegas is projected to support 8000 jobs in 2030 (with a combined job impact of UNR and UNLV medical schools being 12,560 jobs). Also compelling is that the current shortage of physicians and health care providers in Las Vegas results in inadequate medical and mental services to the community and currently leads to a migration of medical care out of the state – resulting in a loss of $2 billion per year in medical spending to other regional states. Sadly the AAC-MH (Academic Advisory Council-MH) heard frequently from those it interviewed that the best medical care in Las Vegas is McCarran – its airport. That perspective seems broadly shared and represents a true loss for the citizens of Las Vegas and Nevada.

Establishing a new medical school at UNLV, in tandem with robust Graduate Medical Education programs, is the best way to attract and retain the physician workforce to remediate and overcome the healthcare challenges of Las Vegas. However it will take time and it will be important to manage expectations with the stark realities of making up for many years of lost opportunity.

Thankfully a convergence of exceptional leaders from throughout Nevada has now established a plan for action and commitment that should have a remarkable impact over the next decades. Foremost has been the support of Governor Brian Sandoval, who approved the UNLV School of Medicine in his State of the State Address in January 2015 and then approved the full-two year funding of $27 million in May. The UNLV Medical School has bipartisan support from the State Legislature as well as the support of the Nevada State Higher Education (NSHE) and its 13 member Board of Regents, as well as from a 45-member Community Advisory Board in Las Vegas, the leadership of UNLV and especially its newly appointed President, Dr. Len Jessup. Of great importance has been the appointment of Dr. Barbara Atkinson as the Planning Dean. Dr. Atkinson is a remarkably talented leader who in less than two years has assembled an outstanding leadership team, developed the beginnings of a strategic plan, overseen curriculum development as a path for Accreditation Review by the LCME (with submission in August 2015), and has created a path for the admission of the inaugural class of 60 students in 2017 – each of whom will have a full scholarship thanks to her work with community leaders who have generated over $13.5 million in donations for 135 scholarships. The pace and quality of the programmatic developments to date are
exceptional, and offer promise for a successful future for the UNLV School of Medicine (UNLV SOM). But the work is truly just beginning – although encouragingly so.

It is within this context that the Academic Advisory Council of Merritt Hawkins (AAC-MH) was engaged to provide a critical review of the challenges and opportunities being addressed at UNLV. With that the AAC-MH has reviewed a wide array of primary source materials and interviewed a broad range of individuals (see below). While there is no doubt that the UNLV School of Medicine is getting off to a very promising start, the AAC-MH also agrees that it is important to focus on the State of Nevada in addition to the undertakings in Las Vegas. In that spirit, the AAC-MH believes that there is a special need and opportunity to redefine and renew the medical school at UNR (so called UNSOM) and to seek areas of complementarity and synergy between these two independent medical schools which serve vastly different communities but which are both supported by public resources to improve the health of the State of Nevada. Accomplishing excellence and uniqueness in both Reno and Las Vegas could be truly transformative for Nevada and would seem to be a goal worth seeking and achieving.

Process Utilized by the Academic Advisory Council-Merritt Hawkins

Guiding Questions for the Visit: Prior to its visit the AAC-MH formulated a series of questions that were shared with the leadership at UNLV to help assure the visit would be as successful as possible in meeting the goals and expectations of founders and leaders of the new medical school, university and community. The questions that were recommended follow:

1. What is the broad strategic vision for UNLVSM and what will make this new medical school special and even unique? Should it be organized and structured around the current profile of medical colleges or formulated in new ways? For example, should it be department-based or follow a different organizational structure? Right now the potential programs seem to be defined by the existing resources in the community - is this the best way to move forward or should the vision be configured to consider other options and possibilities?

2. How well is the organization and governance of UNLVSM connected to its planned vision and mission? What do the leaders envision that UNLVSM will become over the next 10-20 years? Is UNLVSM being configured to care primarily for the population of Las Vegas and its environs and/or, given the flow of individuals in and out of Las Vegas, are there possibilities for envisioning UNLVSM as a site of “destination medicine” for individuals who will travel to Las Vegas for evaluation and/or treatment?

3. How will UNLVSM achieve excellence in its missions in education, research and patient care?

   o Will faculty recruitment be based on the “best athlete” model or be guided by programmatic needs and alignments?
If department based, what will be the organization of basic and clinical science departments?

Will there be interdisciplinary institutes and if so, will they replace department structures or be complementary or adjuncts to them?

How will partnerships with UN-Reno be orchestrated and defined? Should this be done in close collaboration with the UN-Reno leadership or independently?

Should research follow the traditional model (basic and clinical sciences) or focus on novel approaches to healthcare delivery (more population sciences)?

How will the clinical programs be organized and what will the funds flow models be - within the clinical programs, between the affiliated hospitals and between the school and university?
  - Who employs the faculty physicians?
  - Will incentive programs be established and if so, by whom?
  - What role will the dean play in the governance of whatever practice plan that is constructed?
  - What models will be developed to calibrate and define support from affiliated hospitals?

While approximate numbers have been projected, how sound are the assumptions delineating the financial resources needed to support UNLVSM?

4. Given the recent support from the Governor, how prepared is the leadership to proceed with the LCME Review and with the admission of the first class in 2017?

Individuals With Whom the Academic Advisory Council Met With During the June 22-24th visit.

The AAC had the opportunity to meet with a number of leaders representing different roles and constituencies within the University of Nevada and Las Vegas, including:

University of Nevada at Las Vegas Leaders
  - Len Jessup, PhD, President
  - Don Snyder, Presidential Advisor for Strategic Initiatives and former Interim President, and current chair of the Community Advisory Board
  - John Valery White, JD, Executive Vice President and Provost (through June 2015)
  - Nancy Rapoport, JD, Senior Advisor to the President and Acting Vice President and Provost (beginning July 1, 2015) and Professor of Law
  - Carl Reiber, PhD, Vice Provost for Academic Affairs
  - Shawn Gerstenberger, PhD, Dean, School of Community Health Sciences
  - Karen West, DMD, MPH, Dean, School of Dental Medicine
  - Gerry Bomotti, Senior Vice President of Finance and Business
• Luis Valera, JD, Interim Vice President of Diversity Initiatives and Government Affairs
• Tom Piechota, PhD, Vice President for Research and Economic Development

UNLV School of Medicine Leaders
• Barbara Atkinson, MD, Planning Dean
• Maureen Schafer, MBA, Chief of Staff
• Ellen Cosgrove, MD, Vice Dean for Academic Affairs and Education
• Samuel Parrish, MD, Senior Associate Dean for Student Affairs and Education
• Laura Culley, Associate Dean, Health Policy and Community Affairs
• Pam Udall, Director of Communications

UN-Reno School of Medicine Leadership
• Tom Schwenk, MD, Dean

Nevada System for Higher Education (NSHE)
• Dan Klaich, JD, Chancellor
• Marcia Turner, PhD, Vice Chancellor, Health Sciences

Board of Regents of the NSHE
• Mark Doubrava, MD

Public Officials
• Aaron D Ford, Minority Leader (Democratic), Nevada Senate
• Raymond Rawson, DDS, Nevada State Senator, 1985-2001

Las Vegas Hospital System and Provider Leaders
• University Medical Center
  • Mason Van Houweling, CEO
  • Kurt Houser, Chief Operating Officer
  • Stephanie Merrill, Chief Financial Officer
  • Susan Pitz, JD, General Counsel
  • Vick Gill, MD, MHA, Assistant Hospital Administrator

• VA Southern Nevada Health Care System
  • Ramu Komanduri, MD, Chief of Staff

• Dignity Health
  • Brian Brannman, Senior Vice President Nevada Operations; President and CEO St Rose Dominican Hospital

• Kathy Silver, President, Culinary Health Fund and former CEO, University Medical Center
Historical Context Leading to the Establishment of the UNLV School of Medicine

The historical context for the UNLV School of Medicine is closely linked to the first State medical school that was established in Reno just over 40 years ago. At that time the population of Reno was 70,000 and Las Vegas was approximately 125,000. In 2015, the population of Reno (together with Sparks and Carson City) is approximately 370,000 whereas the population of Las Vegas and its surrounding communities is just over 2 million. Since the founding of UNSOM (the medical school at UNR), the demographic shift in Nevada has been remarkable, now with 70% of the population and 75% of the wealth in what is referred to as “the South”. Since its inception, UNSOM has been a small rural-community based medical school that also considers itself to be research intensive. It matriculates 70 medical students per year – 90% of whom come from Nevada. Until the establishment of the new School of Medicine at UNLV, UNSOM (which began as a two year medical school) hosted clinical programs in Las Vegas with two Physician Practice Plans (one in Reno and the other in LV). UNSOM is currently comprised of 5 basic science departments and 15 clinical departments. It has total revenues of $158.6 million (in FY2011-12), including $22 million in research grants. While medical students have received much of their clinical education in Las Vegas and while UNSOM hosts a number of clinical faculty in Las Vegas, there is a widespread view, from most nearly every quarter, that a commitment to serving the community of Las Vegas has been lacking. More specifically, many note the poor health outcomes in Nevada overall and Las Vegas specifically, the difficulty in recruiting and retaining doctors (both primary care and specialty) and the sense by business leaders that overall healthcare resources and excellence in Las Vegas is lacking or underperforming. Whether this is related to the perceived or real lack of engagement by UNR and UNSOM or whether it is simply a non-causal association is hard to discern. However the facts are undeniable. Except for trauma and emergency medicine programs at University Medical Center, many GME programs in Las Vegas (where they exist) are filled with Foreign Medical Graduates. The migration of physicians and medical excellence appears to be out of the state and not into it. Many of those interviewed share the view that the UNLV campus of UNRSOM could be more robust in the fulfillment of its three missions and that the community in Las Vegas is underserved. However, most also believe that the creation of the UNLVSOM will dramatically change that and, over time, improve medical excellence in Las Vegas. It is also notable, that UNR-UNSOM has not be very successful in fundraising (less than $3million/year) and, in parallel, donors from Las Vegas have not been willing to make significant contributions to programs and activities outside of Las Vegas.
Over the years the frustrations and disappointments of many with UNSOM and UNR have increased. In 2013, the potential for a Branch campus in Las Vegas was entertained as the most viable solution to develop greater medical strength in Las Vegas, but this met with resistance from leading members of the Las Vegas community – including leaders who were alums of UNR. However the prospect of a Branch campus was the preferred option by leaders at UNR and UNSOM, including the Dean. The Chancellor’s Office and some Board of Regents members at NSHE also supported the branch campus model initially. However, when the TrippUmbach Report of December 2013 demonstrated that the economic impact of a Branch Campus was less than a third of the revenues that would be generated by a second state-supported medical school, support for a branch campus began to wane. That and related economic data, along with the poor health outcomes and medical losses in Las Vegas, created the path that led NSHE to develop a Memorandum of Understanding that would result in the proposal to develop a new medical school in Las Vegas. This helped foster the support of Governor Sandoval for a new medical school. At the same time, it was envisioned that this would take many years to accomplish. However the prescient decision to appoint Dr. Barbara Atkinson to serve as the Planning Dean had a profound and important impact on the process and the pace of change now unfolding in Las Vegas.

Current Context: What Has Been Accomplished to Date at UNLV and How Does This Relate to Other Programs in Las Vegas and Nevada

The pace of progress since Dr. Barbara Atkinson was appointed as the Planning Dean just 14 months ago has been remarkable. Her deep knowledge and expertise in academic medicine, the leadership roles she has had in various medical schools, and the stage of her own career and life journey, have contributed to her quite amazing success. Her personal style combines thoughtful, careful and respectful listening to all points of view together with analytic skills and the ability to make decisions with laser like focus and tenacity. Consequently, in a very short time, she has become the very face of the new UNLV School of Medicine to the University, NSHE and Regents, public and private community leaders and donors. Dr. Atkinson has made a number of stellar appointments of senior deans who are rapidly advancing curriculum development and preparing the way for accreditation review beginning with an August 2015 application to the Liaison Committee on Medical Accreditation (LCME). Notable among these are Drs. Cosgrove, Parrish and Culley along with Chief of Staff Maureen Schafer. While some have opined that the time table being set is too aggressive, including the plans to admit the first class of medical students for matriculation in the fall of 2017, the Academic Advisory Committee believes that even though this is an ambitious timetable, given the progress already made, it appears achievable under Dr. Atkinson’s leadership. In fact, without this sense of urgent commitment to launching the new medical school, it is unlikely that Dr. Atkinson would have been successful in achieving the full funding by the Nevada State Legislature in May 2015 for the first two years of operation (i.e., $27 million). It is also likely that the forward momentum she has fostered has contributed to the amazingly successful fundraising campaign that has led to the remarkable result of generating scholarship support for all entering students (each at $100,000 per student which is the equivalent of four years of medical school). In fact this fundraising effort has exceeded
the goal by raising 135 scholarships in a very short period of time. With this Dr. Atkinson and her colleagues have breathed true life into the new medical school, and they have made its existence an undeniable reality. Importantly a Community Advisory Board has been put in place that is comprised of 45 leaders from virtually all representative Las Vegas industries – including development, gaming, health, education and business to provide guidance and support for UNLVSOM. In addition, a Statewide Steering Committee has been appointed under the NSHE Chancellor that is comprised of the presidents, provosts and deans of UNR and UNLV, and two business leaders with statewide presence to foster communications and collaboration between Reno and Las Vegas.

While the current engagement of the AAC-MH focused primarily on providing an external assessment and validation of the UNLV School of Medicine, it was also apparent that the separate, but interconnected, success of UNR and UNSOM is also of major importance – to each institution as well as the broader health challenges of the State of Nevada. Although UNSOM of UNR is now over 40 years old, it is anchored in a city and region that has not grown significantly in size, demography or economics. Dr. Thomas Schwenk, who has been Dean at UNSOM for four years, conveyed to the AAC-MH that that he intends to redefine the mission of UNSOM and center its locus in the Reno area. He described the recent negotiations underway with Renown Heath (https://www.renown.org/) and the opportunities this relationship provides to future medical student and resident education. It is notable that until just a few years ago, this relationship was apparently highly strained and contentious. However, with new leadership at Renown Health, the prospect for developing a more integrated and collaborative education and clinical care missions is promising. This turns out to be of enormous importance since the absence of such a Reno based clinical partner would seriously limit the opportunities of success for UNSOM. Dean Schwenk also commented that he was in advanced discussions with the Mountainview Hospital (http://mountainview-hospital.com/) in northern Las Vegas (an HCA hospital) to form an affiliation that will provide GME and also serve as a resource for providing clinical clerkships to UNSOM students. While it is certainly reasonable to contemplate ways by which UNSOM students can complement the more rural medical training they will receive in the greater Reno environs with selected urban rotations in Las Vegas, it is also possible that a decision by UNR/UNSOM to develop a formal hospital affiliations in Las Vegas (e.g., with Mountainview) could be a source of tension among these two institutions. A more preferable situation might be one in which UNR/UNSOM limits its formal affiliations to hospitals or clinical care systems based in the “north” rather than in Las Vegas, which would be the province of UNLV. However, selected bilateral clinical clerkships could be established whereby UNR/UNSOM students have clinical rotations at UNLV affiliated hospitals to provide them an urban medicine experience, and UNLV students have rural medicine clinical rotations in UNR-UNSOM affiliated programs. Such collaborations could be worked out over time and in a manner that provides synergies and offsets competition. This will require time and good will by the leaders at UNR/UNSOM and UNLVSOM but would be a very desirable outcome for the respective institutions, regional communities and the state of Nevada.
The AAC-MH is also cognizant that the establishment of the UNLV SOM could present a challenge to UNR/UNSOM in a number of ways. First, it is essential that UNR be clear about its mission and how it will be reshaped or even redefined with the establishment of UNLV SOM. While we appreciate that considerable discussion about mission and redefined goals needs to take place at UNR, the initial response from Dean Schwenk, was that UNSOM could become a “community based medical school” does not seem to us to offer distinction or differentiation. That UNR has prided itself on having a strong research mission also needs to be better calibrated into the future planning for UNR/UNSOM. For example, should the mission of UNR/UNSOM be aligned to research with the prospect for educating and training physician scholars among other options? If this became a priority, it is important to question what it would mean for the future medical education curriculum, student admissions policies, faculty profiles, funding sources, clinical alignments, facilities and related infrastructure supports among others. The AAC-MH strongly believes that UNR/UNSOM should define a unique and distinct mission for itself, and forge an alignment with Renown Health, in order that its the future vitality will increase, especially given the limited population and economic base of support in the Reno region. These issues deserve careful consideration by the leadership at UNR/UNSOM.

It is also important to note that Roseman University of the Health Sciences (http://www.roseman.edu/) is seeking LCME Accreditation concurrently with UNLV SOM to establish a new private medical school in Las Vegas. Beginning as the Nevada College of Pharmacy in 1999, the school grew and added a PharmD program and became the University of Southern Nevada in 2004 when an MBA program was added to the College of Pharmacy. A second campus was developed in southern Utah and colleges of nursing and dental medicine were added to establish the Roseman University for the Health Sciences. In December 2013 the Board of Trustees approved a plan to develop a college of medicine for a class of 60 students to be admitted in 2017 (the same year that UNLV SOM plans to admit its inaugural class) at its Las Vegas campus. As stated on the Roseman University webpage by Founding Dean Mark Penn, the mission of the new college of medicine is: “To improve the health of the communities in Southern Nevada and the Intermountain West by: educating competent, caring and ethical physicians from diverse backgrounds, with a focus on primary care and other needed specialties; conducting biomedical, translational, and clinical research that advances solutions to the health care needs of the communities that Roseman serves; and providing quality patient-centered care and service to our partner communities”. In addition to being contemporaneous, the mission and goals of Roseman are not vastly distinct from those of UNLV SOM other than one school is private and the second public. In this regard the AAC believes that it is extremely important for UNLV SOM to define its mission in very clear and distinct terms so as to optimize its ability to select the very best students, recruit outstanding faculty, develop robust clinical affiliations and excite the community to support its missions – in concept and philanthropically.

In addition to two new allopathic schools of medicine (UNLV SOM and Roseman), Touro University of Nevada, a branch campus of Touro University California, hosts a College of Osteopathic Medicine and a College of Health and Human Services.
The mission of Touro University is to: “to provide quality educational programs in the fields of health care and education in concert with the Judaic commitment to social justice, intellectual pursuit, and service to humanity... (for) Educating caring professionals to serve, to lead, to teach.” Presently, Touro College of Osteopathic Medicine enrolls 135 students each year in the DO program and 56 students in the Physician Assistants Program. While the model of education for doctors of osteopathy and medicine is different, they share a number of common features, including competition for Graduate Medical Education slots as well as clinical practice opportunities. Currently Touro has an affiliation with Valley Hospital Medical Center (http://www.valleyhospital.net/), which features a number of advanced medical programs – particularly cardiovascular and stroke.

In several years Touro College of Osteopathy will be joined by Roseman and UNLV SOM in providing graduates for primary and specialty care training. The impact of these DO and MD graduates on the health of Nevada depends on whether they enter GME programs in Nevada and/or whether they settle in the state, and Las Vegas in particular, to conduct their clinical work. Presently, relatively few of the hospital programs in Las Vegas have GME programs and those that do, are staffed largely by foreign medical graduates. Although there are some competitive GME programs (e.g., trauma care and emergency medicine at University Medical Center) most of the GME programs are not very competitive. The governor has recently committed $10 million for GME in Nevada that will be helpful. However, it is uncertain where the GME funds will go – with the major contenders being Touro, UNR/UNSOM and potentially, UNLVSOM.

Clearly the medical landscape in Las Vegas and Nevada is changing rapidly. In just the past two years two new medical schools have begun the journey for accreditation by the LCME. If successful each (UNLV and Roseman) is slated to begin with class sizes of 60 students. The Touro College of Osteopathy adds another 135 graduates per year, so that by 2021 the overall number of graduating physicians (MD or DO) eligible for GME training will be approximately 250 per year. The best way to assure that an outstanding clinical workforce develops in Las Vegas is have the best of these graduates to remain in or return to Las Vegas. Among the three undergraduates medical education schools in Las Vegas (i.e., UNLV, Roseman and Touro), the institution most like to achieve this level of excellence will be the UNLVSOM. This prospect is enhanced by the fact that UNLVSOM is a public institution affiliated with a university of rising excellence. The excellence of future UNLV students and graduates is further assured by the exceptional scholarship program that UNLVSOM will be able to offer its students – which should permit them to recruit exceptional medical students and also create paybacks to the community in lieu of tuition payment (see below). However the success of these students will depend upon the development of outstanding GME programs in Las Vegas – which, in turn, will require robust hospital and medical system affiliations, ideally with UNLVSOM.

The AAC-MH is very impressed with the progress that has been accomplished in a short time. The convergence of various leaders, institutions and communities working in concert to establish the new UNLVSOM has contributed to these accomplishments. At
the same time, many important challenges lie ahead and we will offer some reflections on these in the next sections of this report.

**Ongoing and Future Issues: What Needs to be Accomplished to Achieve Future Success**

- **Defining a Unique Mission:** A widely and appropriately held perspective by many of individuals who met with the AAC-MH is that UNLV SOM should not be “just another medical school”. There is an appropriate desire that it should develop in a unique fashion and become a model for the nation. The AAC-MH agrees with this point of view. Over the last decade there have been a number of new medical schools in the US, many unconnected to parent universities and/or limited in their scientific underpinnings. Few of these are likely to be transformative and many will be marginal in their contributions. While they are often founded with the goal of increasing the number of doctors to meet workforce needs, few seem to have truly considered the rapidly changing landscape of medicine that will unfold over the next decade as the nation moves from disease based fee-for-service care to models that focus on the health of communities and the preservation of wellness through the lifespan, coupled with attention to quality, service and cost. Because it is unfettered by traditional structures, commitments and constraints, UNLV SOM has the opportunity to break out of the traditional mold, and to develop unique programs that integrate education, research and patient care delivery in novel ways. From the perspective of the AAC-MH few new (or established) medical schools are doing this – although the new Dell Medical School at UT Austin appears to be developing a novel program that would be worth further examination by the UNLV SOM leaders.

Within that context, the AAC-MH does not believe that the stated mission of UNLV SOM: “To develop a world-class center for education, patient care, and research that prepares Nevada’s doctors with the most innovative and technologically advanced forms of medical training while servicing the health care needs of a diverse and urban population through community partnerships” is as bold and compelling as it could be. While the words used in the mission statement are relevant, the AAC-MH suggests that it should be more aspirational.

For example, the Dell Medical School referred to above offers this vision: “Revolutionize how people get and stay healthy by: Educating leaders who transform health care; Evolving new models of person-centered, multidisciplinary care that reward value; Advancing innovation from discovery to outcomes; Improving health in our community as a model for the nation; and Redesigning the academic health environment to better serve society. While the UNLV SOM offers some similarity in its message, we believe it needs to be further distinguished from regional programs (Roseman, Touro and UNR/UNSOM). It also needs to help establish a national standard that captures the future, and excites the community locally and beyond. The AAC-MH also believes that the listed 10-year goals, while important, are tactical and might also have more transformative aspiration.
• **Curriculum Development:** The leadership team clearly understands the importance of the curriculum to the initial review by the LCME and has made excellent strides in developing a number of novel features of the working draft of the UNLVSOM curriculum. While we are impressed by some of the proposed unique experiences that will link students to the community (which is beneficial for the students as well as for the community embrace of UNLVSOM) there might be more emphasis on the prospects, opportunities and benefits for interprofessional learning, given the presence of other professional schools (the School of Allied Health Sciences, the School of Dental Medicine, the School of Nursing) and, in particular, the School of Community Health Sciences. Given the current healthcare status in Nevada and Las Vegas specifically, improvements will not take place through the work of doctors alone. The role of team based care models that include physicians, nurses (including advanced practice nurses), social workers, psychologists and mental health specialists, pharmacists, physical and occupational therapists and public health specialists are essential. Educating medical students for roles that will oversee population management may benefit from more clarity in the curriculum. The linkages of science to medicine are essential but for UNLVSOM the role of population sciences might be emphasized more strongly and uniquely – ideally in more formal and novel partnership with the School of Community Health Sciences. Considerations for joint degree programs might also be considered – especially with the Business School, the School of Community Heath Sciences and the Howard Hughes College of Engineering, and the William F. Harrah College of Hotel Administration.

• **Achieving Accreditation by the LCME:** It goes without saying that the most important immediate milestone facing the UNLVSOM is the LCME review – which is heightened by the accelerated pace of program development and student matriculation. The AAC-MH concurs that even though it is ambitious, it was important for the leadership to move forward with their proposed timeline as an “Applicant School”. On this schedule the School will submit its Self Study in August 2015 in anticipation of a Site Visit by the LCME in the first quarter of 2016 as a “Candidate School” based on the initial review of the Self Study submission. Based on this review, the LCME will determine if the school is ready to accept its first class – now projected for the fall of 2017. Assuming this occurs, the UNLVSOM will be granted a temporary accreditation. The subsequent steps in the accreditation process require meeting defined milestones and reviews and if successful, would result in full accreditation in 2021. Clearly this is a long and detailed process that requires meeting quite specific criteria – with relatively little room for error or negotiation. The AAC-MH is aware that Dean Atkinson will engage another consultant team to help review the intricacies and subtleties of the LCME review process and to critique the Self Study and other submissions. This is wise. While the AAC-MH has direct experience with LCME reviews, it recognizes that the rules and policies change frequently enough that consultants fully immersed in current LCME regulations would serve the school best. At the same time, the AAC-MH is willing to do a high-level review of the LCME documents to assess their connections to mission, goals and related benchmarks.
The progress made in constructing the curriculum is a major step toward the first phase of the LCME review. A second key issue is defining the space where instruction will take place for the inaugural class beginning in 2017. We are informed that ten acres of land in the Las Vegas medical district related to Shadow Lane Campus of UNLV has been reserved as the possible location for the medical school facilities. This is proximate to the UNLV School of Dental Medicine and the University Medical Center. While the medical school complex will not be able to be co-located with the university, its location with other professional schools, including Nursing and Community Health Sciences would be highly advantageous.

**Strategic Planning for Short and Long Term Development:** Given the depth and breadth of issues that the leadership has focused on over the past year, it is understandable that a detailed strategic plan has yet to be initiated, although a number of tactical benchmarks have been established. However, over the next year, the first phases of a detailed five year strategic plan should be developed, ideally constructed internally by the leadership team in the medical school and university. Among the key elements that should be considered are:

- **The organization and governance of the medical school in relation to the university and other professional schools.** In addition to the administrative leadership, careful consideration to the structure of basic and clinical science programs need resolution. Will they be departmentally based or constructed around institutes/centers and service lines? While some of this has been delineated in the current By-Laws that we have reviewed prior to our initial visit, it is important to reconsider some of the earlier assumptions in light of the evolving nature of the medical school, university and community. Before initiating recruitments for faculty leaders, the question of whether the school will be department based (which is the traditional approach) or Center/Institute based (which may offer some novel opportunities for innovation and integration) needs to be determined and communicated. We believe that these discussions will enable the leadership to be creative and forward looking.

- **The strategic plan for education** needs development beyond the early phase of curriculum construction and will need to include the future of undergraduate medical education, graduate medical education, fellowship and postdoctoral training and their intersections with the university and community. Of particular importance will be defining how each of these programs will carry a unique UNLV brand. Given the goal of developing physicians and leaders who will reside in Las Vegas, some creative thinking about how to integrate the otherwise compartmentalized programs of UME/GME/Fellowship training might be addressed for students who would do all of their training at UNLV SOM. Indeed this might begin in undergraduate programs and combined in pathways that shorten the overall training period by seeking ways of blending unique programs into a single
point of entry and career development. This could be enhanced by the scholarship program, which could have, as a *quid pro quo*, an expectation that students will progress from UME to GME and subsequent practice in Las Vegas as a payback of their tuition deferment.

- **The strategic plan for research** needs careful debate and consideration. For the immediate future it would be unwise to strive to develop a basic science research program that is built around wet-laboratory based research. At the same time it will be important to have faculty based at the university or recruited to the medical school who are able to teach the principles of research and the analytic evidence based thinking that students at UNLVSOM should be imbued with from the beginning of the medical education. How research is organized will also be impacted by the resolution of the question of whether UNLVSOM will be organized around Departments or Centers and Institutes. The AAC-MH believes that the latter model offers greater flexibility and is more consistent with science and medicine for the 21st century.

The AAC-MH believes that UNLVSOM should invest in strong programs in population science that include epidemiology, biostatistics, informatics, health policy, healthcare delivery and clinical research. Here too a number of models are being developed across the country, but given the unique populations of Las Vegas that include ethnically diverse communities, a growing senior population, and a high level of national and international visitors, it seems feasible and appropriate to construct unique models that address health and wellness impacting diverse populations.

- **A strategic plan for clinical care** that will evolve over the next several years is imperative especially since UNLVSOM does not – and is unlikely in the future – to own its own hospital or healthcare system. Thus strategic alignments and affiliations are imperative in order to optimize and fulfill the tripartite missions of education, research and patient care. In addition to affiliations, careful consideration should be given to how faculty physicians are organized and how funds flows are configured. The absence of a defined clinical partner could limit clinical funds flow opportunities for academic program development – but some creative options might be feasible. At this time three major clinical affiliations with UNLVSOM seem feasible and each is uniquely different. These include:
  - The *University Medical Center (UMC)*, which is essentially a county hospital, and not likely a source of unrestricted or even programmatically defined funds flow to the medical school. However UMC offers exceptional training opportunities in trauma, burn management and emergency medicine. A close affiliation with UNLVSOM could result in transformation of major clinical departments – especially medicine, surgery, obstetrics-gynecology, pediatrics, and neuroscience among others. This could impact the GME programs from what are now largely ones populated by FMGs to
ones that attract the best and brightest of UNLVSOM graduates, who could serve as an anchor for attracting graduates from leading US allopathic medical schools – thus becoming an additional source of future physicians for the Las Vegas community. A strong affiliation with the County Hospital – UMC – does not preclude an equally strong affiliation with a private hospital system, which serves different communities and has different contractual arrangements with UNLVSOM. The AAC-MH was impressed with the leadership at UMC and their interest in developing a strong affiliation with UNLVSOM.

- An affiliation with the **Dignity Health Systems** should be considered for a major affiliation agreement with UNLVSOM. This affiliation could be beneficial to both entities for branding, physician recruitment, clinical program development and clinical research. The affiliation could be a valued resource for undergraduate medical education and an opportunity to develop excellent programs in graduate medical education. Affiliation agreements could also provide a financial source to UNLVSOM as an academic grant, and could also be a mechanism to develop an integrated physician practice organization. The AAC-MH was pleased by the interest of Brian Brannman, Senior VP for Nevada Dignity; in exploring a robust GME program with UNLVSOM as well as to being open to financial funds flow arrangements that might be mutually beneficial. He also seemed open to exploring mechanisms for integrating a faculty practice plan into the Dignity Health system, recognizing that this would require very careful structuring to protect the future academic interests of UNLV.

- The **Nevada State VA System** could be the third arm of a clinical care strategy with UNLV. It offers programs and opportunities that are distinct from a county hospital or private health system. Opportunities to develop strong undergraduate and graduate medical education programs as well as future research programs within the VA could be exceptional. While we were impressed by the commitment of Ramu Komanduri, Chief of Staff, we felt his efforts to further develop VA programs expeditiously could be advanced at the national level by coordinated activities with the UNLV Office of Government Affairs. We encouraged Luis Valera, JD, Interim Vice President of Diversity Initiatives and Government Affairs to reach out to Dr. Komanduri and to develop a strategic plan for GME positions and resources at the VA – especially based on a very favorable review that took place within the past several weeks.

- **Medical Tourism:** Given the number of individuals traveling to Las Vegas each year, the prospect for developing a destination medicine site (or a Mayo like model) is an important consideration. However
this must be built on proven excellence and at this juncture, the resources are too limited to give this serious attention. Furthermore the AAC-MH believes that a focus on destination medicine at this early stage of gestation of UNLVSOM could be a distraction and even deterrent to addressing more immediate concerns and issues.

- **Ambulatory Program development**: As medical care shifts from hospital based to ambulatory care programs, it will be imperative for UNLVSOM to engage with a primary care network and multispecialty practice groups to create novel models of health care delivery that also serve as sites for education and training. Given the lack of an organized healthcare delivery system in Las Vegas, decisions about health access and delivery have been largely market driven. The current limitation in practitioners has also created a relative vacuum that is subject to the importation of medical services from outside medical providers. A number of well-known academic medical centers have tried to develop satellite or referral programs in Las Vegas including UCLA and Stanford (from California), the University of Utah and the Cleveland Clinic. The Cleveland Clinic developed the Lou Ruvo Center for Brain Health in Las Vegas (http://my.clevelandclinic.org/locations_directions/nevada_program) as well as the Cleveland Clinic Urology Center that has provided an anchor to the community. These programs have permitted Cleveland Clinic to access the philanthropic community in Las Vegas –which they apparently have done quite successfully. During our visit the AAC-MH learned that the Culinary Health Fund is developing an MOU with Cleveland Clinic for primary care services. While it is understandable that the lack of primary care physicians in Las Vegas would prompt community leaders to reach out to entities like the Cleveland Clinic, the establishment of UNLVSOM should change these arrangements. Going forward, the AAC-MH believes UNLVSOM should work to develop a primary care network that would fill community needs and displace further entre by the Cleveland Clinic or other outside providers. The AAC-MH conveyed this point of view to Kathy Silver in her capacity as the CEO of the Culinary Health Fund.

- **A strategic plan for faculty recruitment and retention**: The success of the UNLVSOM will depend largely on the excellence of its human capital – in faculty, students and staff. An immediate challenge for a new medical school is recruiting and appointing key faculty to teach the first years of the curriculum and to serve as educators for all subsequent clinical education – at the UME and GME levels. With UNR/UNSOM in transition, a number of physicians in the Las Vegas Physician’s Organization are likely to be released from their prior programmatic alignment with UNR (per Dean Schwenk) and could be assimilated into a new connection with UNLV. This is a very
difficult balancing act for both institutions and could result in an exodus of the best clinicians from both UNR and UNLV, potentially to other organizations (e.g., Roseman, Touro or one of the hospital systems). The question is how to retain the best physicians, but not be encumbered by the less stellar ones, especially in this very formative phase of development at UNLVSOM. To avoid loss of morale or the loss of key clinicians, a transition plan might be configured that offers a time-limited contract to all of the members of the UNR Physicians Organization for employment with UNLVSOM but with the understanding that over time (e.g., the next 1-2 years) it will conduct critical reviews before offering full-time faculty appointments to these individuals. Obviously it is important to find ways of retaining the highest caliber clinical leaders while being able to develop exit plans for individuals who do not achieve the highest benchmarks for future success. This is a challenging issue that needs to take into account the current and future faculty appointment process (some of this is covered in the By Laws) with input from legal council, so as to avoid grievances and adverse actions from the clinical faculty who might join UNLVSOM from UNR/UNSOM but who may not secure long term appointments.

Recruitments to the basic, clinical and population sciences should be projected on the basis of programmatic need and opportunities. Clearly this begins with the recruitment of organizational and academic leaders – which is closely aligned to the strategic question of whether UNLVSOM is department based or organized around institutes, centers (and service lines). It is important to plan for the needed faculty for teaching and research, and to carefully delineate how they will be funded and supported. For example, will teaching and research faculty receive support from the university in the form of funded faculty billets, or will they be supported from a common pool that is comprised of state funding, research and clinical income.

The opportunity to raise funds for medical scholarships has been an incredible success. Raising funds for endowed chairs and programmatic initiatives, both clinical and research, must be an important goal. Also, as a component of hospital affiliation agreements, determining what level of support will be provided to clinical recruitments, backstops and ongoing program support will be important. For example, if an affiliation agreement is developed with Dignity Health System, this could be factored into the funds flow agreement. Similarly, with UMC, this could be considered as part of state or county health support. The VA system has become more restrictive in how it uses its billets (so called 8ths) but this too can be factored into the forward planning process.

The AAC-MH encourages the construction of a multi-year faculty recruitment and development plan that can be linked annually to the budget process for the school and university. Determining what programs
will developed, how many faculty will be required, the timeline for recruiting and developing the program, the amounts and sources of funding needed, will be critical to balancing competing priorities between missions and clinical programs. It is assumed that a priority will be placed on clinical recruitments for both clinical delivery, the development of GME programs and for Undergraduate and Graduate Medical Education. It is also assumed that build out of a research faculty will begin slowly, focusing first on faculty required for teaching basic science to medical students and to the development of a populations science – community health research agenda that will foster interdisciplinary research across the university and which will link clinical care to translational, patient care outcomes as well as healthcare delivery research.

- **A strategic plan for finances and administration:** Given all the uncertainties and unknowns, it is hard to construct a five-year budget for the new UNLV SOM. That said, a full-build out (which could be 2024) budget has been developed which totals $250 million. The assumptions built into these budget forecasts are tenuous and untested and some appear highly ambitious, most notably a hospital services contribution of $50 million, practice plan contributions of $80 million, and research grants and contracts projected at $48 million. Also, state/government funding is projected at $45 million—which is considerably greater than it is today. The assumptions going into this budget need to be stress and sensitivity tested since it is unlikely that a number of the current projections will prove accurate. Given the challenges of making long term projections at this nascent stage of development, constructing and validating a one-to-two year budget is much more realistic (especially given the state funding cycle). However this requires a clear understanding of the timeline for program development, faculty recruitment, infrastructure support, education facilities, etc. The AAC-MH would be pleased to review the assumptions and budget projections when it is completed.

- **A strategic plan for communications, community development and public policy:** Given that UNLV SOM is a second state medical school and because of its history with UNR and the longstanding north-south divide in Nevada, with its political, social and economic consequences, it is important for UNLV SOM to develop strong ties and connections to the State Executive and Legislative Branches (based largely in Reno) as well as the NSHE and the Board of Regents. UNLV currently has an office of Diversity Initiatives and Government Affairs with an Interim VP. While this office in the University could provide public policy and government affairs for the medical school, serious consideration should be given to developing a satellite or discrete government affairs office in the medical school, given the range of issues that will need attention over the next several years.

Community relations will also require careful strategic planning given the plethora of public and private constituencies. The appointment of
Maureen Schafer as Chief of Staff offers an excellent resource but this too may require further amplification given the number of important issues at hand.

Effective communications are essential – within the university and to the local and statewide community. At this point there is widespread enthusiasm for the establishment of the new medical school at UNLV. Given the depth and breadth of health care challenges and needs, expectations will be high that these problems will soon be resolved. Of course this process will take many years – even decades to reach a successful conclusion – or even the approximation of one. Thus managing expectations is critical. Given the prominence of Dean Atkinson as the face of UNLV SOM, she is the ideal person to be the voice and link to the many constituencies that need to be kept abreast of key issues, events and accomplishments as they unfold. The AAC-MH would recommend that Dr. Atkinson establish a regular communication vehicle that offers reports and updates on a regular basis. Ideally this would be biweekly and no longer than monthly. Once established these communications should continue throughout the year so that they provide a source of information, a mode for receiving critical feedback and, when necessary, a bully pulpit to the community. This communication could be transmitted electronically in a push form – so that it gets to multiple constituencies. A significant portion of these communications should be in Dean Atkinson’s “voice”.

- **A strategic plan for philanthropy:** To its great credit, the leadership at UNLV SOM is off to an incredible start in philanthropy by raising over $13.5 million for 135 medical student scholarships. A significant portion of this gift - $10 million – comes from the Engelstad Family Foundation. This is more than six times what UNR/UNSOM raises per annum and reflects the exceptional potential for major gifts for UNLV SOM as programs develop in the years ahead. While a fully formed capital campaign is down the line, it is important for the leadership at UNLV and SOM to delineate some key fundraising needs and priorities even at this stage. In addition to financial aid, funds for professorships, program development (both clinical and research) and facilities should all be on the early agenda. Either partnering with the University’s development office – or establishing a satellite office within the medical school – requires careful consideration. Given the early success, it would seem that beginning this process sooner than later is wise and could prove enormously helpful in building community relations and continued success for the new medical school. Needless to say, the success of fundraising depends on having a compelling and clearly articulated vision and charismatic leaders who are able to convey and champion it.

- **Selecting the Inaugural Class of Medical Students and Thinking About Class Size:**
  The future excellence of UNLV SOM will be highly impacted by the quality and
excellence of the inaugural class that will matriculate in 2017. Without question the remarkable scholarship program that has been developed provides an incredible opportunity to select the very best students. While a priority should be given to residents of Nevada, there should be no compromise on excellence. Out of state students who commit to remaining in Nevada as a condition for receiving a scholarship for their medical school provides an opportunity to not only attract the every best students possible but to also leverage the investment in their education to help create a pathway for clinical excellence in Las Vegas and Nevada. While it is desirable for graduates of UNLVSOM to do their residency training in Las Vegas, it is even more important that they commit to to the community to build clinical excellence over the long term.

A wise decision was made in setting the initial medical school class size at 60 students per year. However proposals have also been made to rapidly increase the class size to 150 or more. The AAC-MH believes that it is not wise to rapidly accelerate the class size or perhaps to ever increase above 100 students. Focusing on excellence should be the priority and until that excellence permeates the Las Vegas community with robust GME programs, increasing class size is best avoided. Providing the very best clinical education and training will be more achievable if class size remains small and distinguished.

• **Seeking Full Integration into the University of Nevada, Las Vegas**: A major goal for UNLVSOM is to be closely linked to the University of Nevada, Las Vegas. Established in 1957, the university is still young, but with established excellence in Humanities and Sciences, Engineering, Hotel Administration, Urban Affairs, Law, Health Sciences including Dental Medicine, Nursing, Allied Health Sciences and Community Health Sciences. Currently UNLV matriculates over 28,000 students including 6000 graduate and professional students. There are over 1000 fulltime faculty who contribute over $94 million in extramural funding, including $68 million in research. Importantly, UNLV is a university on the move and has a broad and ambitious Top Tier initiative that sets forth the strategies to achieve true preeminence over the next 10-20 years. Len Jessup, a dynamic new President began his tenure in January 2015 and he is committed to the development of the new school of medicine, not only because he recognizes its importance in improving the health and wellness of Las Vegas and Nevada, but also because it will synergize with the rest of the university in helping to achieve the Top Tier initiative. This provides a unique opportunity for the leaders of the medical school and university to work harmoniously and collaboratively for the good of the university and the community. This is a truly unique and transformational opportunity.

**Constituents and Stakeholders Who Can Impact Success or Present Challenges**

Then next several years will be a critical time for UNLVSOM, filled with great opportunity but also numerous vulnerabilities. Because an ambitious timeline has been established for the founding of the medical school, it is essential that milestones be successfully met so that the support from the numerous public and private stakeholders is
sustained and even enhanced. Although there are a large number of tasks and issues to be addressed and completed, the AAC-MH has considerable enthusiasm for the future success of this new medical school and views this as one of the most important new medical schools in the nation. This confidence begins with our belief that Dean Atkinson has already demonstrated remarkable skill in navigating a vast array of organizational, financial, human relations, and political challenges and, in doing so, has won the confidence and respect of virtually every constituency and stakeholder within the university and within the community of Las Vegas and Nevada. Presently Dr. Atkinson serves as the Planning Dean for UNLVSOM. The AAC-MH strongly recommends that she be appointed the Founding Dean and that she be given the support, responsibility, authority and accountability to lead the school’s development during the critical phase ahead. We envision this will be for at least a 3-5 year period.

The AAC-MH also recognizes that the future success of a new medical depends heavily on the support from the University leadership. Thankfully, Dr. Len Jessup, the new President of UNLV is highly supportive of this new venture, both because having a medical school will ultimately improve the health and wellbeing of Las Vegas but also because it will play an important role in helping UNLV to achieve its Top Tier Initiative. In addition to the support from the President, it was clear to the AAC-MH that every leader at the university was enthusiastic about the prospect of a new medical school and Dean Atkinson’s leadership. Thankfully this support is also evident from the State Legislative and Executive Branches (including the Governor), Board of Regents, as well as from business and community leaders in Las Vegas. The incredibly successful fundraising effort to create scholarships for the students who will enter the new medical school in 2017 is further evidence of this exceptional commitment.

There is broad recognition that the overall quality and excellence of healthcare in Las Vegas is less than desirable and there is widespread belief that the new medical school will, over time, improve health as well as the economic success of Las Vegas. That said, the needs are so significant that expectations for rapid results are almost certainly going to be unrealistic. Accordingly, it is imperative that expectations be thoughtfully and honestly managed with frequent communications from the leadership, and particularly Dr. Atkinson while she is dean, about the progress being made and the tasks remaining to be accomplished. While different communications will be needed for different constituencies and stakeholders, a shared message will be important.

While the major focus has been on the potential that exists in Las Vegas, it is also important to underscore the opportunities for transforming healthcare and wellness throughout Nevada. This likely requires a redefined school of medicine at UNR whose mission is unique and distinct from that in Las Vegas. It also requires collaboration and sharing between these schools in ways that puts the interests of the citizens of Nevada first and foremost. The AAC-MH appreciates that this will take time and that it requires transparency, trust and thoughtful consideration. The Statewide Steering Committee established through the NSHE Chancellor’s Office will be important in the first phase of this effort to assure frequent communications between the various constituents. However, as both schools evolve and mature, the Statewide Steering Committee should be
reformulated to provide a forum for shared communication. The AAC-MH believes this should happen within no more than 1-2 years.

**Summary Comments and Recommendations**

We begin this summary by underscoring our affirmation of the importance and incredible potential of the UNLV School of Medicine. As we have noted above, a number of historical and current forces and events have converged to make what was once a dream for some, now a reality for all. Although it may take a decade for the impact of this new medical school to be more fully realized, the progress now taking place at this still nascent juncture is rapid and impressive. A critical element of this progress is the work of Dean Atkinson and the team that she has assembled coupled with the impressive support she is receiving from the University and Board of Regent leadership, Nevada Executive and Legislative Branches, and the community of Las Vegas. The partnership that is emerging is productive and highly competent. However, many milestones and challenges lie ahead that require vision, leadership and tenacity. While timelines are important – and the current time is ambitious – it is essential that alacrity not supplant excellence and quality as the most important outcomes. What will distinguish UNLV SOM is the course it charts and the leaders (including first and foremost, outstanding faculty, students and staff) who will steward and guide future progress. The AAC-MH fully recognizes that expectations for progress are enormously high and these need to be managed thoughtfully. While some of this progress comes in the form of a sprint – meeting the milestones for Accreditation by the LCME, the long term impact is really an ultramarathon and requires endurance, pacing and resilience coupled with a long distance view and vision to assure that UNLV SOM becomes a landmark and exemplar of excellence in American Medicine.

Some of the short and longer-term challenges and opportunities deserve highlighting:

- **It is imperative to define a unique mission for the UNLV School of Medicine that sets it apart from more traditional medical schools, whether new or established. It is a special opportunity to be able to establish a new medical school and every effort should be made to consider how and why it will create learning, academic and clinical care environment, which reflect the distinctive characteristics of Las Vegas and UNLV, and that becomes a model for the 21st Century.**

- **The organization, structure and governance of the UNLV SOM should be carefully considered before leadership and faculty recruitment commences. Although some traditional departments may be necessary, there is an opportunity to be innovative in terms of interdisciplinary programs, service line organizations and special research and education programs the fuse missions in education, research and patient care in new interdisciplinary entities that might include institutes and centers.**

- **Given the rapid changes unfolding in medicine and the opportunities emerging from interprofessional education and interdisciplinary research, it will be**
important to capitalize on the strengths of the other colleges at UNLV, including: Community Health Sciences, Nursing, Allied Health, Dental Medicine, Business, Engineering, Hospitality, Law and to create new synergies. Opportunities for joint education programs and degrees should be explored and aligned to the vision and goals of the medical school.

- In tandem with developing undergraduate medical education, attention should be given to graduate medical education and to creating new and novel programs that foster integration across the learning pathway and that leads to developing the healthcare workforce that will transform health and wellness in Las Vegas and Nevada.

- There are unique opportunities to develop innovative affiliations with public and private hospitals and ambulatory programs that address health and disease across the age spectrum. Among the potential partners are the Dignity Health System, the University Medical Center, the State of Nevada VA as well as entities like the Culinary Health Fund as well as payers and the broader physician and healthcare community.

- Strategic planning across all missions is essential – some examples of which have been delineated in our report. When it is mature, it will be the excellence of the faculty, students and staff that determine the future of UNLVSOM. Accordingly, a strategic plan to develop the size and composition of the future faculty and a timeline constructed for their recruitment. Connecting recruitment to budget and resources is essential. Throughout there must be a focus on excellence as an inviolate requirement, even though this may initially be challenging.

- Beyond the immediate funding successes from the State Legislature and philanthropy, it is imperative that a detailed budget and financial plan is constructed that accurately reflects and adjusts funding sources and expenses with precision and sensitivity. Financial sources and resources must be carefully linked to the tripartite mission of education, research and patient care. Because UNLVSOM does not have a hospital system now defined to help support its academic missions, new and additional funding sources must be defined. Particularly important is the role of philanthropy although this will take time to steward and develop.

- A critical link to the multifaceted constituencies that are critical to the future success of UNLVSOM is a robust communication strategy to inform the school’s stakeholders and the community a regular basis of the progress being made as well as the challenges to be overcome. The Office of the Dean should play a lead role in this communication strategy.

- A Development Office (which could be closely connected to that of the University) should be established to help raise funds to support critical
programs in the School of Medicine. The success in raising funds for medical school scholarships bodes well for future success – but this will also depend on developing a compelling vision along with exciting goals that capture the imagination and support of the Las Vegas and greater Nevada communities.

The AAC-MH is honored to have had opportunity to participate in this review. We would be pleased to help address additional critical issues that emerge in the months and years ahead. We would also be pleased to serve as an external advisory group that periodically reviews the progress and challenges that will unfold in the months and years ahead. In conjunction with Merritt Hawkins the AAC would also be pleased to assist with leadership and related recruitments for the UNLV School of Medicine.