**Request for a new Neurosurgery Department**

**at the Michigan State University College of Human Medicine**

**Submitted October 7, 2022**

**Updated October 20, 2022**

**Updated November 22, 2022**

**Note: Process for requesting establishment of a new department at MSU:**

* Dean first seeks endorsement of the request from the CAC, then Dean takes proposal to the EVP/Provost.
* EVP/Provost will send the request to the Steering Committee to route through academic governance for consideration and a recommendation (e.g., University

Committee on Faculty Affairs; University Committee on Graduate Studies).

* EVP/Provost makes decision to support the request or not and confers with President.
* EVP/Provost takes request and recommendation for approval to Board of Trustees.
* Board of Trustees is required to approve the creation of any new department.

Rationale for a new Neurosurgery Department

**The College of Human Medicine seeks to create a state-wide MSU Department of Neurosurgery**. Neurosurgery is the discipline that focuses on the diagnosis and treatment of disorders of the brain, spinal cord and peripheral nerves and their supporting vasculature. It is a surgical discipline requiring a significant knowledge of neurology, critical care, trauma care and radiology. In addition, it is a discipline that focuses on a complete system rather than any specific region of the body, and a neurosurgeon may operate on patients of all ages with conditions involving the brain, spine or extremities. Conditions treated include congenital abnormalities, trauma, tumors, vascular anomalies, seizures, infections, and abnormalities of the aging, such as stroke, functional disorders or degenerative diseases of the spine. While treatments may include non-operative management of various conditions, the primary focus of the neurosurgeon is on surgical approaches for the treatment of their patients.

Strengths of the current faculty include technical areas of excellence, regional and national reputation, and quality of care, and elements that respond to MSU’s strategic plan particularly Sustainable Health, DEI, and Discovery pillars.

* Description of Faculty (see attachment 1)
* Publications of department faculty for the last three years (see attachment 2).
* Faculty Awards and Honorifics (see attachment 3)
* Grants (see attachment 4)

The faculty who form the basis of the department are best known for the management of patients with tumors involving the brain and spine. At HFH, this work is supported by the Hermelin Brain Tumor Center’s (HBTC) research engine, and both the clinical and research aspects serve as centers of excellence at Henry Ford Hospital. The Skull base, Pituitary and Endoscopy Center was developed in 2017 and is now a major clinical effort. Faculty in the cerebrovascular surgery programs, both

open and endovascular, have long served as centers of excellence. Faculty at HFH have a longstanding

reputation in the management of patients with complex arteriovenous malformations and cerebral aneurysms.

The college has an active Division of Neurosurgery in the dean’s office which includes faculty based at Ascension Providence Hospital – Southfield. These faculty are already productive in education, research, outreach, and clinical work. Divisions in the dean’s office can be created by the college and do not require academic governance action. This unit was created in 2019 and will become part of the proposed new department. It will be important for the new department to support the identity and activity of these successful faculty members and the existing partnership.

More recently, the treatment of patients with cerebral ischemic disorders has become a major part of the cerebrovascular work of faculty who will make up the department. The faculty of the department and the existing division based mostly out of Ascension Providence, engage in a large volume of spinal disorders with a very large registry of patient data available for scholarship activity.

The department is beginning to work closely with the HFH Diversity, Equity, Inclusion and Justice (DEIJ) Committee. Recent initial meetings have set the stage to establish a formal department committee which is anticipated this coming fall.

Alignment with MSU Strategic Plan

Currently the number of medical students at MSU entering neurosurgery is small. However, it is expected that this number will increase with the creation of this department and that the development of this department will advance student success for those with an interest in the field. Neurosurgery is highly competitive and without a department and chair, MSU students have been at a disadvantage compared to students at other Big 10 or R-1 related medical schools, which have neurosurgery departments.

MSU faculty across many colleges are engaged in discovery and scholarship related to neuroscience. At CHM, faculty across radiology, ethics and humanities, cancer, public health, traditional neuroscience, and clinical programs will benefit from collaborations with the faculty of a neurosurgery department. As these collaborations develop, research impact and productivity are expected to go in support of grant and honorific metrics.

Most neurosurgery is quaternary care, and neurosurgical assessment and consultation is an important part of sustainable health for communities across our state. Advancements in imaging, telehealth, and the engagement of MSU and HFH in this department are expected to advance patient and community access to these important services.

Goals of the Neurosurgery Department

(a) Research Mission

Research efforts of faculty currently involve brain tumors, trauma, the cerebrovascular system, spine, epilepsy, functional neurosurgery and pain. In the Hermelin Brain Tumor Center (HBTC) researchers focus on:

* developing fundamental chemical synthesis methods to create biomedical imaging agents (Meser Ali)
* understanding the changes in the brain blood vessel function using animal models of stroke and brain tumors (Tavarekere Nagaraja)
* developing a robust pre-clinical experimental therapeutic program for high-grade gliomas (Ana deCarvalho)
* developing novel integrative analysis tools and methods to understand the link between specific intergenic regions and gene regulation associated with somatic and germline risk elements in cancer (Houtan Noushmehr)
* surveying epigenetic tissue and liquid biopsy markers associated with aggressiveness or invasiveness of endocrine tumors (Ana Castro)
* developing the novel therapeutic treatments for TBI and investigating the molecular mechanisms underlying their therapeutic effects (Ye Xiong)
* investigating the mechanisms of neuronal regeneration after TBI and conducting studies using several novel treatments to improve functional recovery after TBI by promoting neurovascular remodeling in the injured brain (Yanlu Zhang).

The HBTC Biorepository includes ongoing collection of biospecimens clinically, record keeping, live biobank maintenance, and histology. This work is an extension of neurosurgery clinical activities and supports clinical care, clinical trials, and federal and philanthropy funded research projects in neurosurgery. The biobank currently has over 5,000 specimens collected. Collaborations with MSU faculty will support expanded research grant submissions, collaborations both internally and externally, and growth of publications.

Out neurosurgical faculty based at Ascension Providence – Southfield established a Neurosurgical Clinical Research Unit in 2012 to manage their spine surgery outcome registry, which tracks and captures every elective spine surgery patient’s postoperative quality of life and functional outcomes. Using Midas/BACS cloud-based data collection platform and MySQL metadata management system, these faculty have collected over 18,000 unique patients and close to 50,000 unique encounters. Aside from research, the registry supports the neurosurgical quality improvement initiatives. The unit currently employs seven full-time employees.

The Southfield-based faculty also started their first institutional investigator-initiated randomized controlled trial for neurosurgery in 2017, evaluating the effect of ketorolac on posterior minimally invasive transforaminal lumbar interbody fusion. The project won the 2019 Mayfield Clinical Science Award from the joint sections of the spine and peripheral nerves and the 2021 North American Spine Society outstanding paper award for clinical science.

(b) Education mission

The department’s core faculty from HFH, Spectrum, and Ascension Providence have long served as educational sites for medical students, welcoming 3rd and 4th year students for clinical rotations. Faculty in other communities will also be part of the department. In addition, many faculty and residents serve as mentors and research advisors to medical students in all stages of their education, particularly from HFH. The development of the department will solidify the HFH residency as a “home” residency for MSU students interested in a career in neurosurgery joining existing affiliated residencies at Spectrum

and Ascension. The creation of a department and the appointment of a chair will greatly assist these students.

CHM neurosurgery faculty based at Ascension Providence Southfield already train medical students from the Colleges of Human Medicine and Osteopathic Medicine. These students attend cadaveric labs, participate in sub-internship rotations, volunteer at in the clinical research unit, and seek mentorship with our faculty. These medical students also apply for our residency interview. In 2020-2022 AY, we have 18 students participating in these activities.

The neurosurgical residency program at HFH is a two-per-year program for a total complement of 14 residents. The neurosurgical residency program at Spectrum is one resident per year and already affiliated with CHM as is the residency program at Ascension Providence, which has two residents per year. The bulk of the HFH program requirements are fulfilled through rotations at the Henry Ford Hospital and Henry Ford West Bloomfield Hospital, supplemented by outside rotations for pediatric experience. The residents gain a wide breadth of experience across all subspecialties. All our recent graduates have pursued high-level subspecialty fellowships upon graduation. In addition, the department has two fellowship programs: Neuro-oncology and Neuro-endovascular.

(c) Service and outreach mission

The neurosurgery from Detroit faculty already have outreach through a center in Saginaw and, in a collaborative effort across HFH, expect to have additional outreach centers in Monroe, Port Huron, Grayling, Gaylord and Upper Peninsula regions in the coming years.

The Detroit neurosurgeons and neuro-oncologists are members of professional organizations including the Congress of Neurological Surgeons, Society of Neurological Surgeons, American Association of Neurological Surgeons, Michigan Association of Neurological Surgeons, North American Skull Base Society, American Society for Stereotactic Functional Neurosurgery, and Society of Neuro Oncology. These societal meetings provide our team members with platforms to collaborate with other physician-research-scientists and share their portfolio of research and innovation. In 2021, the Henry Ford Neurosurgery team members had 53 publications in peer -review journals plus numerous abstracts and posters at these national meetings. The team is on target in 2022 to increase this publication number with 27 papers in print to date and others accepted awaiting publication dates. Henry Ford Health is also the leading and coordinating center for the Michigan Spine Surgery Improvement Collaborative (MSSIC) allowing multiple healthcare systems in Michigan to partner to improve care outcomes, reduce costs and identify the best practices to improve quality and efficiency.

The faculty are highly involved in governmental policy efforts on a state and federal level. At HFH patients, caregivers and staff participate annually in the National Brain Tumor Society’s Head to the Hill event. This three-day event is focused on advocating with political leaders. Participants are encouraged to share their personal stories so these policy makers can understand the unmet needs of the brain tumor community while advocating for the availability of treatments and increased scientific research. The Detroit faculty have been successful advancing Brain Tumor Awareness Month in the state of Michigan and city of Detroit for several years. In 2020, the HFH faculty began recognizing Glioblastoma Awareness Day annually in July.

In 2021, the faculty advocated for the successful US Congressional approval of the Telehealth Modernization Act (H.R. 1332/S. 368), which made access to telehealth services permanent for our patients. Furthermore, the faculty have presented on a variety of topics at the annual American Brain Tumor Association National Conference for Patients and Caregivers which shares the latest advances in brain tumor research, treatment, and care with the national brain tumor community.

(d) Clinical mission

The Neuro -oncology Program at Henry Ford Health has approximately 350 patients with newly diagnosed or recurrent brain tumors which are operated on annually at Henry Ford. Patients with brain tumors are discussed at the weekly multidisciplinary tumor board, which includes members from neurosurgery, neuro-oncology, neuropathology, neuroradiology, radiation oncology, medical oncology, clinical trials and research. There is also a multidisciplinary skull-base center in which Neurosurgery, ENT, Ophthalmology, Radiation Oncology, Endocrinology and Neuroradiology collaborate to treat patients with skull-base pathology.

Patients with spinal tumors are reviewed at a spinal tumor board and treated in a multidisciplinary fashion in collaboration with Neurosurgery, Radiation Oncology, Orthopedic Surgery and Neuroradiology. Henry Ford Health was one of the original developers of spinal radiosurgery and continues to utilize the latest technologies to deliver focused and conformal doses of radiation to the spine for a variety of neoplastic conditions, including primary and metastatic tumors.

**Spinal Disorders**

The management of spinal disorders will be a major focus of the department across sites, which perform a full range of spine procedures, designed to address a myriad of spine disorders and pathologies ranging from simple to complex reconstructive technologies and involving anterior, lateral and posterior approaches. The Henry Ford spine program is la leader in the field in Minimally Invasive Spine Surgery (MISS), which applies a percutaneous approach to various pathologies of the cervical, thoracic, and lumbar spine for the treatment of trauma, tumors (separation surgery for metastatic spine diseases), and degenerative and spinal deformity etiologies.

**Michigan Spine Surgery Improvement Collaborative (MSSIC):**

Henry Ford Hospital serves as the coordinating center for MSSIC, a statewide quality improvement collaborative involving orthopedic surgeons and neurosurgeons with the aim of improving the quality of care of spine surgery. MSSIC is funded by Blue Cross Blue Shield of Michigan (BCBSM) as part of their Value Partnerships program. The registry, established in 2014, has grown to encompass nearly 50,000 cases including lumbar and cervical surgeries. Currently, we have 29 participating hospitals, including 185 orthopedic surgeons and neurosurgeons, 50 data abstractors and 26 quality administrative leads. In 2022, MSSIC continues its mission to develop Quality Improvement (QI) initiatives.

Our faculty at Ascension Providence Hospital are already a part of the MSSIC effort and account for approximately 36 percent of inpatient spine and brain patient encounters in the fiscal year 2021, with more than 2,000 neurosurgery procedures per year.

The department will have clinical excellence with nationally leading clinicians in neurosurgery for epilepsy, movement disorders, pain, cerebrovascular procedures, and neurosurgical trauma.

Benefits to Michigan State University

Overall, this new Department of Neurosurgery will strengthen and expand the academic environment of the college and MSU. Addition of this department will allow for curricular expansion of the College of Human Medicine and create additional academic homes for the expanding CHM faculty (both paid and no-pay faculty) across the state of Michigan. The growth of the program and the faculty will bring several opportunities for strengthening and enriching educational and research activities for CHM, including:

* The opportunity to develop new areas of curriculum and offer highly desirable student experiences in disciplines not currently represented in other CHM campuses (e.g., MSU medical student neurosurgery clerkships).
* The ability to establish additional required experiences and competencies that would not be possible without the addition of qualified faculty.
* Strengthened subspecialty research, and clinical programs that will provide the necessary platform for translational and population-based research, as well as support the supply of well-trained physicians and physician scientists to meet future recruitment needs in all our communities across the state of Michigan.

The research focus of the MSU Department of Neurosurgery will be broad in various areas of its core disciplines, and this will provide new and additional research training opportunities for undergraduate, graduate and medical students at MSU. Importantly, faculty who are in the Henry Ford Neurosurgery department are funded by external funding (including NIH) and are involved in 15 grant funded clinical research studies. Addition of the department to MSU will increase NIH funding (to MSU) via:

* Addition to existing NIH funding from these faculty to MSU grant portfolio;
* Increased collaborative research programs with existing MSU faculty leading to an increase in NIH and other external funding.

Together this will contribute to efforts to raise MSU ranking overall. In addition, it will help in achieving MSU’s strategic goal for reaching $ 1 billion in research expenditures by 2030. Faculty in the (future) Department of Neurosurgery have received several honors and awards, and this will also significantly increase MSU faculty honorifics (another strategic goal for MSU). Lastly, CHM has an active and on-going relationship with several community partners and philanthropists. The addition of MSU neurosurgery will provide expanded opportunities for new funding relationships. Overall, creation of the MSU Department of Neurosurgery to the College of Human Medicine will bring about several important benefits to the university and to the state of Michigan.

Programmatic, operational and financial considerations

Alignment with existing departments/units in CHM and MSU

Addition of this department will provide research and educational collaborative opportunities across the College of Human Medicine and multiple colleges of MSU. There are already existing funding opportunities for collaborative research and education through the Henry Ford-MSU partnership. Faculty from both existing MSU departments and Henry Ford departments will be able to apply for internal and external grant programs collaboratively that will strengthen the grant portfolio of MSU faculty and significantly increase research expenditure.

There are multiple units in the college, and in the university that have faculty and students who do research in the areas of cancer biology, neuroscience, immunity and inflammation, and drug discovery. Addition of this department creates new opportunities and potential collaborations for these faculty and students. There is nothing about the department that would limit the ability of other colleges or departments from hiring faculty in their respective departments and/or research programs.

Department structure

MSU Department of Neurosurgery will be led by a department chair. This may be the same person who is the chair of the Henry Ford Neurosurgery department or may be a different person depending on the outcome of the chair search. At the present time, faculty employed in the Henry Ford Department of Neurosurgery will become part of the MSU Department of Neurosurgery as will members of the existing CHM Division of Neurosurgery based out of Ascension Providence. Neurosurgeons and those in related fields in the college will also be able to join the department.

The addition of this department will be an opportunity for the state’s Medicaid uplift. We expect significant funding to be available through this program, and we have pledged to use this money to support research, education and scholarship in the MSU-Henry Ford collaborative efforts.

As an example for the future of this structure, the Henry Ford chair of neurosurgery will be the primary supervisor for these Henry Ford employed faculty for Henry Ford related issues. For MSU related issues, chair of the MSU Department of Neurosurgery will be the administrative leader. We would support these chairs at 5 -10% either as dually employed faculty or leased by CHM from Henry Ford or other employers. HFH is using the lease model to support the current position as chair (Dr. Rick Leach) for Ob/Gyn at Henry Ford Health. This chair funding by MSU is essentially facilitating partnership development and we would request access to the “mission-support” funding provided through the partnership Definitive Agreement. Depending on the strategic needs of the department, college and the university, the college may fund a few faculty positions in these departments as MSU employed faculty.

Faculty appointments

Faculty will be appointed in multiple ways. Faculty that are already in the Henry Ford neurosurgery department will be appointed as no-pay faculty in one of the following tracks depending on their role and contribution to the education and research missions of the college: Prefix, non-prefix and research tracks. For these various faculty tracks, we will follow the same process we currently follow in the college. This would be the same for neurosurgery department faculty employed outside of Henry Ford. When funding is available for new MSU-based faculty positions, these will be done using existing faculty hiring processes. In addition to clinical and non-prefixed faculty from Henry Ford Health, there will be clinical and non-prefixed faculty in the discipline joining from other communities, including Southeast

Michigan and Grand Rapids. Most of these faculty are engaged in elective clerkships for MS3 and MS4 students in our eight campuses across the state.

(New paragraph added in response to CAC request at their October 17, 2022 meeting). Upon establishment, new departments may initially not have voting-eligible, full- time faculty sufficient to participate as regular representatives to the CHM College Advisory Council (see CHM Bylaws Section 1.1.5.2.4. and 1.1.5.2.5. with referred definitions 1.1.1.). Departments with no eligible faculty with university level voting rights will send a CAC representative who will be granted voice but no vote, until such a time as they have eligible faculty to serve. It is expected that full -time MSU faculty will be added over time through enhanced Medicaid funding returned to MSU as well as new Henry Ford Health – MSU Health Science Center (HSC) funding. The college expects there will be 20-40 hires through these mechanisms. Priority will be given to addition and retention of at least two eligible faculty with university level voting rights (see CHM Bylaws Section 3.1.2.3.) within each department.

Chair selection

With the creation of the MSU Department of Neurosurgery, the dean will first appoint an interim chair. After initial establishment of the department with faculty appointments, the dean (or designate) will work with the faculty and the interim chair to develop departmental bylaws that will go through appropriate approvals at the college and university levels. Once the bylaws are in place, the dean will work with the department to formulate a search for a founding chair and subsequent chairs using existing university guidelines. Depending on the strategic needs of the department and the faculty some of these searches will be national and some may be internal.

Department operations, governance, bylaws and RPT criteria

The department will operate in a manner consistent with other departments in the College of Human Medicine and will adopt a shared governance model. Shared governance with the existing faculty, staff, and students will follow the MSU Academic Governance policies. The interim chair will work with the dean to appoint a bylaws committee. The bylaws committee will include five faculty members and one outside faculty member with expertise in reviewing bylaws. Bylaws will be voted on and approved by a majority of department faculty before ratification. A scaffolding of the bylaws and major sections have already been identified and minimally will include sections on organization; governance; committees; RPT; grievances and complaints; and faculty (e.g., composition, meetings, appointment, reappointment, promotion, tenure, responsibilities, etc.). Reappointment, promotion, and tenure criteria will align with the College of Human Medicine criteria which are written, well-specified, and available on the [CHM](https://humanmedicine.msu.edu/faculty-staff/faculty-affairs/promotion/index.html) [Faculty Affairs website .](https://humanmedicine.msu.edu/faculty-staff/faculty-affairs/promotion/index.html) An RPT committee will be established within the Department of Neurosurgery to work with the chair to manage the RPT processes.

Department Finance

Current funding status, allocation, and reserve funds

The college is proposing a series of new departments based on faculty joining MSU and CHM from Henry Ford Health that complement the work of the college and university and highlight unique strengths of the HFH faculty. The health system, college, and partnership will provide support for the faculty and administration of the department. Most support will be in the form of faculty salary, which will come from the medical group within the health system. The Office of Health Sciences has committed financial resources from the overall MSU-HFHS partnership effort to support creation of departments. Discretionary funding will be used to support a small part of the salary and an administrative increment for the chair’s MSU employment. As the department integrates into the college, the department will enter the Medicaid uplift program providing additional support for the department and funding additional MSU faculty in the department. The department will accrue reserves and start-up funds as all other departments in the college do. The college currently has a Division of Neurosurgery within the dean’s office but most years there is little or no funding provided to the division. The college expects the current division to become a part of the new department, the new department will be charged by the dean with supporting the faculty continuing this successful partnership.

Projected financial needs and how financial obligations of the department, including administrative costs will be met

Projected financial needs are centered around ongoing recruitment and retention of high-caliber faculty to support our education, research, and service missions. The college will direct Medicaid uplift derived from HFH to use in the departments based out of HFH to fund new positions and programs in the departments and college.

The current college allocation and reserve funds more than meet the projected financial needs and financial obligations of the proposed department, including administrative costs. The college and the department expect additional philanthropy as well.

Oversight of the curriculum

The department will participate in the college’s educational programs as all other departments do. Electives and rotations in the MD curriculum will be approved and supervised by the CHM MD Curriculum Committee. All other courses and educational programs will be reviewed by the college’s Graduate Studies Curriculum Committee. The department’s residency and fellowship programs operate with oversight from the departmental residency committees consistent with the ACGME accreditation of Henry Ford Health. The department will have a clerkship committee to oversee its medical student and any other educational programs not a part of the residency programs. For additional information on clerkships and residencies, see “Educational mission” under “Goals of the neurosurgery department”.

Evaluation of departmental effectiveness

The current faculty in neurosurgery at HFH has a robust series of effective measures. The department chairperson evaluates all faculty every six months (see Section 3, # 3 below). Additionally, The CEO of the Henry Ford Medical Group, evaluates all aspects of the department yearly. This meeting is attended by the department chairperson and administrator.

The department runs semi-annual reviews of the faculty. During these reviews, academic, operational and clinical productivity are evaluated. Years ago, a former chairman developed a detailed system allotting points to academic and operational activities and they use this system currently.

Academically, the system allots points for oral presentations, abstracts, book chapters,

and journal articles; more points are allotted for more prestigious journals, etc. Clinical trials, IRB, and grant involvement are also considered. On the operational wing, committees (local, national and international), new programs and night call activities are allotted points. This point system is combined with RVU productivity to determine overall performance. Consistently, the faculty perform at a high level both academically and clinically. Neurosurgery is recognized as one of the primary academic departments at HFH and has been so for many years.

The residency programs of the department are accredited and undergo formal continuous evaluation. The Henry Ford Hospital Program (# 1602511040) was originally accredited September 1, 1948, and currently holds a “Continued Accreditation” status without citation as of January 10, 2022.

The Neuro-oncology Fellowship holds a Non-Standard Training Designation. It is reviewed annually by the United Council for Neurologic Subspecialties (UCNS) and has remained in good standing with the Henry Ford Health GME since inception. The Neuro-endovascular fellowship also holds a Non-Standard Training Designation. It was established/approved in 2019. It is approved by the Committee on Advanced Subspecialty Training (CAST) under the direction of the Society of Neurological Surgeons. The CAST Fellowship Review Committee conducts an annual review. The program has remained in good standing since inception.

From a teaching perspective, the residents give the faculty members an annual review. Anonymized summary evaluations are then shared with faculty members. In addition, recognition in the form of the Outstanding Teaching Award is given annually by the residents for exceptional teaching by a faculty member during the prior academic year. The faculty are routinely lauded for their commitment to teaching, supporting each resident toward their individual goals, giving actionable and timely feedback, and nurturing graduated responsibilities.

Both faculty and residents constantly look for ways to improve the educational content and experience. To that end, the focus of the current academic year is on adding content regarding healthcare disparities and the business of medicine.

Assurances

For the university and college, the creation of the Department of Neurosurgery will help solidify and expand the scholarly opportunities for students and faculty across the institution. With the addition of the department to MSU, it is expected that the unit will grow, adding to NIH funding in support of AAU metrics and building on the reputation of the existing faculty and programming. The leadership of the college has discussed the creation of the department with related departments and units including meetings with leadership and faculty.

The addition of the Department of Neurosurgery does not limit the scholarly opportunities of others in the university, and this department will not change or limit the activity of faculty interested in the

above-mentioned research areas across the institution. In fact, the success and expansion of this department increases opportunities for all.

**Distribution of proposal for endorsement, assurances, or concerns:**

Distribution by email:

College of Osteopathic Medicine – Dean Andrea Amalfitano, October 7, 2022 See Attachment 5

Department of Neurology and Ophthalmology (CHM and COM) – Chair David Kaufman, October 7, 2022

Department of Surgery – Interim Chair Sri Kavuturu, October 7, 2022 – Support by Dr. Kavuturu October 10, 2022

**College Advisory Council Summary**

* Recommendation/endorsement

The CHM CAC unanimously endorsed the proposal for a new Department of Neurosurgery on November 21, 2022

**Attachment, Section 1 #2 - Description of Faculty**

1. Number of total faculty: 35
2. Number of research faculty: 9
3. Number of clinical faculty: 26
4. Distribution of rank at Henry Ford/WSU:

|  |  |  |
| --- | --- | --- |
| a. | Professor FTA: | 2 |
| b. | Associate Professor FTA: | 1 |
| c. | Clinical Professor: | 3 |

* 1. Clinical Associate Professor: 4
	2. Adjunct Assoc. Professor:1

v.Demographics:

* 1. Gender: Women: 11, Men: 24

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**Section 1 3a, Attachment 2**

**Neurosurgery Publications – 2019 - 2022**

**2019**

**Asmaro K**, **Abouelleil M**, **Haider S**, **Zakaria HM**, **Gradinaru C**, **Mukherjee A**, and **Lee I**. Malignant Transformation of a Filum Terminale Dermoid Tumor into Adenocarcinoma. *World Neurosurg* 2019; Epub ahead of print. PMID: 30872204. [Full Text](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:30872204)

**Asmaro K**, **Pawloski J**, and Skoch J. Giant Choroid Plexus Papilloma Resection Utilizing a Transcollation System. *Oper Neurosurg (Hagerstown)* 2019; Epub ahead of print. PMID: 31065711. [Request Article](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:31065711)

Barthel FP, Johnson KC, Varn FS, Moskalik AD, Tanner G, Kocakavuk E, Anderson KJ, Abiola O, Aldape K, Alfaro KD, Alpar D, Amin SB, Ashley DM, Bandopadhayay P, Barnholtz-Sloan JS, Beroukhim R, Bock C, Brastianos PK, Brat DJ, Brodbelt AR, Bruns AF, Bulsara KR, Chakrabarty A, Chakravarti A, Chuang JH, Claus EB, Cochran EJ, Connelly J, Costello JF, Finocchiaro G, Fletcher MN, French PJ, Gan HK, Gilbert MR, Gould PV, Grimmer MR, Iavarone A, Ismail A, Jenkinson MD, Khasraw M, Kim H, Kouwenhoven MCM, LaViolette PS, Li M, Lichter P, Ligon KL, Lowman AK, **Malta TM**, Mazor T, McDonald KL, Molinaro AM, Nam DH, Nayyar N, Ng HK, Ngan CY, Niclou SP, Niers JM, Noushmehr H, Noorbakhsh J, Ormond DR, Park CK, **Poisson LM**, Rabadan R, Radlwimmer B, Rao G, Reifenberger G, Sa JK, Schuster M, Shaw BL, Short SC, Smitt PAS, Sloan AE, Smits M, Suzuki H, Tabatabai G, Van Meir EG, Watts C, Weller M, Wesseling P, Westerman BA, Widhalm G, Woehrer A, Yung WKA, Zadeh G, Huse JT, De Groot JF, Stead LF, and Verhaak RGW. Longitudinal molecular trajectories of diffuse glioma in adults. *Nature* 2019; Epub ahead of print. PMID: 31748746. [Full Text](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:31748746)

Brastianos PK, Galanis E, Butowski N, Chan JW, Dunn IF, Goldbrunner R, Herold-Mende C, Ippen FM, Mawrin C, McDermott MW, Sloan A, **Snyder J**, Tabatabai G, Tatagiba M, Tonn JC, Wen PY, Aldape K, Nassiri F, Zadeh G, Jenkinson MD, and Raleigh DR. Advances in multidisciplinary therapy for meningiomas. *Neuro Oncol* 2019; 21(Supplement\_1):i18-i31. PMID: 30649489. [Full Text](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:30649489)

Buckley MA, Woods NT, Tyrer JP, Mendoza-Fandino G, Lawrenson K, Hazelett DJ, Najafabadi HS, Gjyshi A, Carvalho RS, Lyra PC, Jr., Coetzee SG, Shen HC, Yang AW, Earp MA, Yoder SJ, Risch H, Chenevix-Trench G, Ramus SJ, Phelan CM, Coetzee GA, **Noushmehr H**, Hughes TR, Sellers TA, Goode EL, Pharoah PD, Gayther SA, and MonteiroANA. Functional Analysis and Fine Mapping of the 9p22.2 Ovarian Cancer Susceptibility Locus. *Cancer Res* 2019; 79(3):467-481. PMID: 30487138. [Full Text](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:30487138)

Caras A, Mugge L, Miller WK, **Mansour TR**, Schroeder J, and Medkour A. Utility and impact of intra-operative imaging for glioma resection on patient outcome and extent of resection: A systematic review and meta-analysis. *World Neurosurg* 2019; Epub ahead of print. PMID: 31639502. [Full Text](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:31639502)

Ding JY, Shang SL, Sun ZS, **Asmaro K**, Li WL, Yang Q, Ding YC, Ji XM, and Meng R. Remote ischemic conditioning for the treatment of ischemic moyamoya disease. *CNS Neurosci Ther* 2019; Epub ahead of print. PMID: 31814317. [Full Text](http://sfxhosted.exlibrisgroup.com/hfhs?sid=Entrez:PubMed&id=pmid:31814317)

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**Section 1 3b, Attachment 3**

**Faculty Awards and Honorifics**

**(State/Regional/Natl & International Awards, major offices and roles in national organizations)**

**Meser Ali, PhD**

Editorial Boards, *Journal of Nanomedicine and Nanotechnology*, *Frontiers in Pharmacology*, *Journal of Nanomedicine, Nanotechnology and Nanomaterials*, *Journal of Cancer Treatment and Research*

**Ellen L. Air, MD**

Director, Neurosurgery Residency Program

CNS Executive Committee Member-at-Large (2-yr term) Co-Chair, 2022 NANS 25th Annual Meeting, Scientific Program Co-Editor, *CNS Quarterly*

Chair, CNS Physician Leadership Institute

Safety Monitoring Committee, Registry for the Advancement of Deep Brain Stimulation (DBS) in Parkinson’s Disease (RAD-PD), Parkinson’s Study Group ASSFN Board of Directors 2018-2022

Chair, ASSFN 2022 Biennial Mtg Scientific Program Committee CNS Guidelines, Chair, Committee on Spinal Cord Stimulation Assoc. Ed., Evidence-Based Medicine, Pain, *Neurosurgery*

Editorial Board, Neuromodulatory Interventions (special section, *Frontiers in Pain Res*) Chair, Women in Neurosurgery Executive Committee AANS 2022 Annual Meeting Faculty

Epilepsy Foundation of Michigan, Professional Advisory Committee Parkinson Study Group Functional Neurosurgical Working Group

North American Neuromodulation Society: member of Education Committee, Conflict of Interest Committee, and Research Committee Co-Chair, Scientific Program for the 2023 NANS 26th Annual Meeting

**Dr. Karam Asmaro (resident)**

2020 CNS Resident Award. for the abstract titled, “The Pituitary Epigenetic Liquid Biopsy for the Peripheral Detection and Classification of Pituitary Adenomas,” (from collaborative research with the Neurosurgery Research OMICs team led by Drs. Ana Valeria Castro and Houtan Noushmehr.) Published, December 2020 issue of Clinical Neurosurgery. Presented by Dr. Asmaro, plenary session, CNS Annual Meeting, October 2021, Austin, Texas.

**Ana Castro, PhD**

Reviewer, *American Journal of the Medical Sciences*, *Cancer Investigation*, *Journal of Acta Neuropathologica Communications*, *Journal of Advances in Medicine and Medical Research*, *Journal of Translational Medicine*, *Laboratory Investigation*, *Medicina*

**Victor Chang, MD**

Associate Director, Executive Committee, Michigan Spine Surgery Improvement Collaborative (MSSIC)

Surgeon Champion Henry Ford West Bloomfield, MSSIC AANS/CNS DSPN – SPC Committee

Industry Relations Committee, Society of Minimally Invasive Spine Surgery (SMISS) Reviewer, *Global Spine Journal*, *Operative Neurosurgery*, *Neurosurgery*, *Neurosurgery Open*, *Spine Journal*, *World Neurosurgery*

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**Ana deCarvalho, PhD**

Reviewer, American Brain Tumor Association (ABTA) 2022 Discovery Grant

**Steven Kalkanis, MD**

Chair of Neurosurgery, Emeritus

Medical Director of the Henry Ford Cancer Institute

President of the Congress of Neurological Surgeons (CNS), fall 2019. (2020 presidential address was given at the 2021 CNS Annual Meeting, Vision for the Future.)

Chief Executive Officer of the Henry Ford Medical Group

Chief Academic Officer and Senior Vice President of Henry Ford Health System

**Max Kole, MD**

MICHIGAN Stroke Treatment Improvement Collaborative (MISTIC)

2022 Hour Magazine, Top Doc

**Ian Lee, MD**

Reviewer, AANS Annual Meeting Abstract

Reviewer, SNO Annual Meeting Abstract

Section Editor, *Frontiers in Neurology*, *Neurosurgery* AANS/CNS Tumor Section Membership Sub-Committee

Society for Brain Mapping and Therapeutics Scientific Planning Committee 2022 Hour Magazine, Top Doc

**Chandan Mehta, MD**

2021 Neurocritical Care Society Annual Meeting Committee Delegate - Wayne County Medical Society of Southeast Michigan (WCMSSM) Member - Wayne County Medical Society of Southeast Michigan Board of Directors

**Tavarekere Nagaraja, PhD**

PhD Advisory Board, West Virginia University

Grand Peer Review Group BRAIN01, American Heart Association

**Houtan Noushmehr, PhD**

EANO/SNO 2019-2021, Scientific Committee

SNO 2020-2021, Scientific and education day, Chair and Coordinator International Meningioma Consortium, Project Development Glioma Longitudinal Analysis (GLASS), Project Development

Reviewer, *Acta Neuropathologica*, *Annals of Hematology*, *Bioinformatics*, *BMC Bioinformatics*, Cell, *Clinical Epigenetics*, Epigenetics, *Genes and Cancer*, *Genetics and Molecular Biology*, *Molecular Biology*, *PloS One*, *PloS Computational Biology*

**David Nerenz, PhD**

Co-Chair, National Quality Forum Scientific Methods Panel

Health Equity Action Team, CMS Health Care Payment Learning & Action Network Technical Expert Panel, CMS Hospital Star Rating

Population Health Work Group (Blue Cross Blue Shield of Michigan Collaborative Quality Initiatives Program)

National Quality Forum Disparities, Standing Committee America’s Essential Hospital (AEH), Education Committee

Editorial Boards, *Population Health Management*, *Medical Care Research and Review*, and *Health Services Research*

Board of Trustees, Northern Michigan University Foundation

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**Amad Riad Ramadan, MD**

Member, Neurocritical Care Committee, and Membership Committee of the Neurocritical Care Society

**Jack Rock, MD**

Interim Chair of the Department of Neurosurgery. Co-director, Surgical Neuro-oncology Clinic Co-director, Skull Base, Pituitary and Endoscopy Center

Board Member, Foundation for International Education in Neurological Surgery

**Norbert Roosen, MD**

Reviewer, *Spartan Medical Research Journal*

**Jason Schwalb, MD**

President, Michigan Parkinson’s Foundation

Chair, Professional Advisory Board, Michigan Parkinson’s Foundation President, Michigan Assoc. of Neurological Surgeons Chair, Clinical Advocacy Committee, ASSFN

Delegate from CNS to the AMA

Co-director, Michigan Spine Surgery Improvement Collaborative (MSSIC)

Chair, Conflict of Interest Committee, ASSFN

Vice Chair, Guidelines Committee, ASSFN

Board of Directors, ASSFN

Steering Committee, Registry for the Advancement of DBS on Parkinson’s Disease (RAD-PD) Chair, Scientific Review Committee, RAD-PD

ASSFN representative, Coding and Reimbursement Committee Professional Advisor, Epilepsy Foundation of Michigan Contributing Editor, *Epilepsy Currents*

Associate Editor, *Frontiers in Pain Research*, *Cancer Pain* Section Editor, *Pain*, *Neurosurgery*

Reviewer, *Neurosurgery, Operative Neurosurgery*, *The Spine Journal*

**James M. Snyder, DO**

Participant, Common Data Elements Working Group, Epigenetic Working Group, of the Glioma Longitudinal Analysis Consortium

Reviewer, *Frontiers in Oncology*, *Journal of Neuro-Oncology*, *Frontiers in Cell and Developmental Biology*

Abstract Review, Society of Neuro-Oncology Meeting

**Tobias Walbert, MD**

Chair, Guideline Committee, Society of Neuro-Oncology

Scientific Abstract Review, American Academy of Neurology 2021 Annual Meeting, Society of Neuro-Oncology 2021 Annual Meeting

Board member, Head for the Cure Foundation

Scientific Grant Review, The Dutch Cancer Society KWF (Kankerbestrijding)

**Ye Xiong, MD, PhD**

Reviewer, *Frontiers in Neuroscience*, *Neurodegeneration*

Scientific Review, Department of Defense Urgent Panel Scientific Review, French National Research Agency (ANR)

Scientific Review, Pennsylvania Department of Health (PADOH): Final performance reviews

for traumatic brain injury grants: PADOH HCI TBI, online meeting

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| **Section 1, #3 c, Attachment 4** |  |
| **Non - Federal** |  |  |
| **A10239** | Xiong,Ye | Treatment of Traumatic |
|  |  | Brain I |
| **A10267** | Ali,Meser M. | NPR Ali |
| **A10271** | Zhang,Yan Lu | NPR Yanlu Zhang |
| **A30935** | Noushmehr,Houtan | Noushmehr Start-Up |
| **A30981** | Ali,Meser M. | Proposal Development Ali |
| **A30982** | Castro,Anavaleria B | Proposal Development |
|  |  | Castro |
| **A20050** | Lee,Ian | Physician Scientist Lee |
| **A30988** | Lee,Ian | Proposal Development Lee |
| **A68011** | Kalkanis,Steven N | Royalty Payments - Bogler |
| **D30522** | De Carvalho,Ana Celia V. | Checkpoints in Glioma |
| **E06203** | Walbert,Tobias | DCVax-Brain |
| **E11234** | Walbert,Tobias | Tg 511-09-01 |
| **E13123** | Kalkanis,Steven N | Tg 511-13-01 |
| **E14195** | Chedid,Mokbel K. | cBMA Study |
| **E15191** | Walbert,Tobias | CA209-498-0006 |
| **E16074** | Walbert,Tobias | CA209-548-0035 |
| **E16099** | Walbert,Tobias | OT-15-001 |
| **E17023** | Schwalb,Jason | SLATE Study |
| **E17156** | Walbert,Tobias | H15-ONC-22 |
| **E17206** | Walbert,Tobias | BGB-290-104 |
| **E17214** | Walbert,Tobias | BBI-DSP7888-201G |
| **E18121** | Walbert,Tobias | Coping with Glioblastoma |
| **E18167** | Walbert,Tobias | GBM-001 |
| **E19006** | Walbert,Tobias | 2102-ONC-102 |
| **E19097** | Air,Ellen L | RAD-PD |
| **E19147** | Schwalb,Jason | QUEST Study |
| **E19179** | Walbert,Tobias | MEK-NF-201 |
| **E20008** | Walbert,Tobias | AG881-C-004 |
| **E20178** | Walbert,Tobias | OKN-007-IV-RMG-201 |
| **E20189** | Abdulhak,Muwaffak M. | Anterior Gen Plus Study |
| **E20281** | Snyder,James | BED-FLC-312 |
|  | 41 |  |

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| --- | --- | --- |
| **E20288** | Robin,Adam M. | NXDC-MEN-301 |
| **E21016** | Walbert,Tobias | DB102-01 |
| **E21036** | Chedid,Mokbel K. | The PROOF Study |
| **E21053** | Schwalb,Jason | The RESET-RA Study |
| **E21167** | Lee,Ian | NIP-GBMFTP-01 |
| **E21181** | Lee,Ian | 14379-201 |
| **E22028** | Walbert,Tobias | FCN-159-002 |
| **E22095** | Snyder,James | ERAS-801-01 |
| **E22105** | Robin,Adam M. | STaRT |
| **E70033** | Kalkanis,Steven N | DF/HCC 06-377 |
| **E70046** | Kalkanis,Steven N | NHFHS 09-08 |
| **E70057** | Walbert,Tobias | BTTC11-01 |
| **E70078** | Snyder,James | FORWARD |
| **F11026** | Nerenz,David R. | MSSIC |
| **F11122** | Nagaraja,Tavarekere N. | Tumor Vascular |
|  |  | Normalization |
| **F11145** | Nerenz,David R. | CHSR\_340B Health |
| **F20515** | Malik,Ghaus M. | Cerebrovascular Surg |
|  |  | Research |
| **F60666** | Noushmehr,Houtan | HBTC Liquid Biopsy |
|  |  | Initiative |
| **H10021** | Kalkanis,Steven N | Neurosurgery Res,ED, Gen |
|  |  | Fund |
| **H10060** | Kalkanis,Steven N | The David Hermelin Brain |
|  |  | Tumor |
| **H10145** | Kalkanis,Steven N | JFCC Cancer Fund |
| **H10157** | Yacobucci,Karen D. | JFCC Outreach |
| **H10175** | Kalkanis,Steven N | Harris Neuro Clinical Trials |
| **H10177** | Kalkanis,Steven N | Neuro Innovation Fund |
| **H10178** | Kalkanis,Steven N | Neuro Rehab Fund |
| **H10180** | Kalkanis,Steven N | Neuro Infrastructure Fund |
| **H10181** | Kalkanis,Steven N | Berman Fund for |
|  |  | Neuroscience |
| **H10207** | Kalkanis,Steven N | GOC patient & research |
|  |  | fund |
| **H10212** | Kalkanis,Steven N | Rosenblum Neurosciences |
|  |  | Research |
| **H10221** | Rock,Jack P. | Myanmar Neuroscience |
|  |  | Project |
| **H10224** | Kalkanis,Steven N | Jeffries Precision Medicine |
|  |  | Fund |
| **H10242** | Walbert,Tobias | Head for the Cure |
| **H10251** | Ali,Meser M. | BIRDS MRI |
| **H10302** | Walbert,Tobias | Virus therapy for |
|  |  | Astrocytomas |
| **H10316** | Scarpace,Lisa M. | GOC - HBTC Patient |
|  |  | Assistance |

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| **H10331** | De Carvalho,Ana Celia V. | Demchik Fund for Avatar |
|  |  | Models |
| **H10335** | Air,Ellen L | Walters MD Resident |
|  |  | Award |
| **H10345** | Castro,Anavaleria B | Epigenomic profiling |
|  |  | diseases |
| **H10346** | Noushmehr,Houtan | Epigenetic landscape of |
|  |  | CNS |
| **H10348** | Kalkanis,Steven N | Jeffries Center Precision |
|  |  | Med |
| **H10349** | Rock,Jack P. | Skull-Base & Pituitary Fund |
| **H10357** | Ali,Meser M. | DDS to overcome BBB&res |
|  |  | in GBM |
| **H60097** | Bissell,Christopher B. | WB Canc Ctr Resource |
|  |  | Library |
| **H60098** | Nelson,Danielle E | Josephine Ford Operating |
|  |  | Fund |
| **H60158** | Malik,Ghaus M. | Malik - Education Fund |
| **H60168** | Abdulhak,Muwaffak M. | Neuroscience Spine |
|  |  | Research |
| **J80002** | Nagaraja,Tavarekere N. | Anesthesiology |
|  |  | Development |
| **J90034** | Kalkanis,Steven N | Vlasic Chair-Neurosurgery |
| **J90057** | Kalkanis,Steven N | Dept of Neuro Surg |
| **J90072** | Seyfried,Donald M | John G. Piccinini Endow |
|  |  | Fund |
| **J90077** | Munkarah,Adnan R | Josephine Ford Chair in |
|  |  | Cancer |
| **J90092** | Malik,Ghaus M. | The John R. Davis Chair for |
|  |  | Ne |
| **J90121** | Kalkanis,Steven N | Rosenblum Endow Chair in |
|  |  | Neuro |
| **J90125** | Kalkanis,Steven N | HBTC Endowment |
| **J90130** | Kalkanis,Steven N | Brigitte Harris Hope |
|  |  | Endowment |
| **J90133** | Kalkanis,Steven N | Precision Medicine |
|  |  | Endowment |
| **J90134** | Kalkanis,Steven N | Harris Legacy Endow for |
|  |  | Neuros |
| **J90135** | Kwon,David | Harris Pancreatic Cancer |
|  |  | Endow |
| **J90141** | Abdulhak,Muwaffak M. | Chair Surg Spine Innov - |
|  |  | Endow |
| **J90143** | Van Tassel,Madelyn | Pancreatic Admin Dir |
|  | Verlin | Endowment |
| **J90144** | Kwon,David | Pancreatic Directors |
|  |  | Endowment |
| **J90206** | Munkarah,Adnan R | Josephine Ford Cancer |
|  |  | Endowmen |

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| **J90210** | Kalkanis,Steven N | Herrick Scentific Fund |
| **J90216** | Chedid,Mokbel K. | HFWBH Berger Spine |
|  |  |  | Endowment |
| **M10121** | Kalkanis,Steven N | JFCC - D Capital Bldg Fund |
| **M60224** | Kalkanis,Steven N | Pierson Oncology Fund |
| **M70046** | Kalkanis,Steven N | JFCC Capital & Equipment |
|  |  |  | Fund |
| **Federal** |  |  |  |
| **B11162** | Xiong,Ye | Therapeutics in TBI |
| **B11197** | Zhang,Yan Lu | TBI Vepoloxamer |
|  |  |  | Extracell pH mapping in |
| **B40724** | Ali,Meser M. | GBM |
|  |  |  | Amplification in |
| **B70111** | De Carvalho,Ana Celia V. | Glioblastoma |
|  |  |  | Therapeutic Use of |
| **B40750** | Nagaraja,Tavarekere N. | Bryostatin1 |
| **B40795** | Seyfried,Donald M | Calpastatin Peptide-Based |
|  |  |  | Adult Brain Tumor |
| **B45166** | Walbert,Tobias | Consortium |
| **B45243** | Walbert,Tobias | BMX-MBM-001 |
| **B45268** | Walbert,Tobias | TOPS |

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Attachment 5

CHM Assurances in Response to Dean Amalfitano’s Concerns

Submitted to CAC October 17, 2022

On Friday, October 14, Dean Amalfitano sent the email copied below in response to the CHM submissions for Departments of Neurosurgery and Urology. To help clarify our response to the questions, we have inserted bold numbers before the questions. Our responses follow the email.

“Afternoon Aron, Nara, Carol, and members of the CHM CAC. I have also cc’ed Dr. David Kaufman, Asst.VP of Clinical Affairs in the Office of Health Sciences, as there are clinical implications related to the new department request(s) , as noted below.

We again appreciate the opportunity to participate in the “assurances” portion of your processes. We have had several questions and suggestions generally arise in regard to the proposed departments, which I’ve again pasted below for your team’s consideration.

**[1]**Questions as to adding these departments (some of which are clearly duplicative of existing depts/divisions-with vague plans as to how to reconcile these duplications in the future) will create confusion as to which departments are East Lansing based, vs Providence based, vs HF based, and where faculty will be residing primarily, in particular when initially responding to job postings etc. **[2]** This also touches on referral pattern confusion, for example if we have Neurosurgeons/Spine Surgeons in the COM Osteopathic Surgical and Orthopedic Specialties depts at MSU-HCI in East Lansing, yet there is another “Neurosurg” dept, practicing in South East Michigan, and another at Providence Hospital as well.

[Variation for the urology proposal also emailed on October 14, “This also touches on referral pattern confusion, for example if we have Urologists in the COM Osteopathic Surgical Specialties dept at MSU-HCI in East Lansing, yet there is another Urology dept, practicing in South East Michigan.”]

[Variation for the Dermatology proposal emailed by Dean Amalfitano on September 19, 2022, “Morning Aron, and members of the CHM CAC.

We appreciate the opportunity to participate in the “assurances” portion of your processes. We have had several questions and suggestions generally arise in regard to the proposed 4 new departments, which I’ve basically pasted below for your team’s consideration. Thank you. AA

This also touches on referral pattern confusion, for example if we have ENT’s at MSU-HCI in East Lansing, yet there is another ENT dept, practicing in South East Michigan.”]

1. Will any research done by the no-cost faculty becoming part of these depts., be attributed to MSU generally, MSU CHM or strictly to the jointly funded Health Sciences Center at Henry Ford?. **[4]** Will future investments in research faculty be shared across colleges, should they reside in a HF located dept?
2. In line with the above, a general theme is questioning why these departments, and the faculty assigned to them, could not be shared between the medical schools, just as several other departments already are. We note that in the creation of the most recent dept on the MSU East Lansing campus., the Dept. of Orthopedics, this premise was highly desired by both colleges, and indeed the current Dept of Orthopedics is shared between COM and CHM.

1. Is there a mechanism or plan for clinically active HF faculty to also be appointed through the

MSU HCI?

1. We are concerned with the lack of acknowledgement of COM education or role in some of these proposed new departments. For example, it is critical that the new Urology dept. chair recognize two completely different educational approaches in CHM and COM and joint appointments might be considered to recognize these dichotomies, especially as both COM and CHM students are being trained currently at Henry Ford System hospitals.

Thank you for your thoughtful consideration of these comments and questions.

AA”

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The College of Human Medicine responds:

As to [1]

It is true that we have some existing divisions (e.g., Neurosurgery *division which is* not a *department*). Divisions are constructs of the dean’s office and are not recognized by the university. Our proposal here is to create statewide departments, as all CHM departments are. In general, if there are existing divisions, structurally these will be incorporated into the appropriate departments either as a sub-entity or as a merger (depending on faculty needs and wishes). It is true that some departments have more faculty based in East Lansing (e.g., Medicine) or Grand Rapids (e.g., Pediatrics and Emergency Medicine), but that does not define the department, and faculty from all over the state can be in the department. It is also true that the collaborations in each department can be complex, but all departments in the university that engage with the community deal with complexity at some level. The college does not specify where faculty have to live as long as they can fulfill their role. Also note, we are purposely not creating duplicative departments.

As to [2]

Inclusion in MSU HealthCare, Inc. practices (and referrals to MSU physicians) is a separate issue than membership in a department. In this sense, these new departments will be the same as existing departments that include non-HCI faculty, including non-prefix faculty, from Flint, Grand Rapids, Detroit, the Upper Peninsula, or other communities across Michigan. Clinical integration partnerships between MSU and hospital systems, including joint ventures in radiology, or non-clinical relationships, including a statewide residency consortium, create more areas for confusion than these departments will. As a particular example, the neurosurgeons based at Ascension Providence are faculty for both CHM and COM, yet both colleges have decided that any confusion clinically is tolerable given the benefits to students.

As to [3]

The creation of this department will not change the eventual attribution of research funding. As a matter separate from the creation of these departments, we believe MSU, the Health Science Center, applicable college and department will all have attribution, but that system has not been implemented.

As to [4]

Investments from the college to departments will continue as they have for all departments, whether they are joint or in a single college. The attribution and indirect costs follow the appointments and investments as they do now, regardless of the geographical location of the department. For example, for departments located in Grand Rapids and Flint and invested in by CHM- research attribution and indirect costs will flow through CHM. Similarly, for departments located in East Lansing and jointly invested by COM- research attribution and indirect costs flow through the respective college in which the faculty is appointed. CHM has no interest in overturning the current system.

As to [5]

Neither the College of Human Medicine nor the collaborating physicians at Henry Ford Health envision these as joint departments. Some joint departments have been successful, but they are more difficult to administer. The orthopedics department is an interesting example, because administration of that unit has been a challenge and not an experience to be replicated. As in all of our departments, we will welcome faculty from other departments and colleges who are interested in secondary appointments in the new departments.

As to [6]

As of October 16, 2022, there is no pathway for Henry Ford Medical Group faculty to be appointed in MSU HeathCare, Inc., and any decisions to create such a pathway are separate from the department decisions. This is analogous to the CHM Emergency Medicine department created a decade ago; faculty employed by ECS are not “appointed” or credentialed in MSU HCI.

As to [7]

We expect the new department will only increase options available to COM students. The college and the new department are open to cross-listing classes as happens now across the university, and we will ensure the courses of the new department will be available to medical students regardless of college. Finally, there is nothing in the creation of the department that disturbs the existing curricular courses used by COM students. In fact, these additional departments enhance research, educational and clinical opportunities for COM students.