## Request for a new Department of Otolaryngology/Head & Neck Surgery at the Michigan State University College of Human Medicine

Submitted September 12, 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 Department of Otolaryngology/Head & Neck Surgery

Otolaryngoloy and Head & Neck Surgery provides medical and/or surgical therapy or prevention of diseases, allergies, neoplasms, deformities, disorders and/or injuries of the ears, nose, sinuses, throat, respiratory and upper alimentary systems, face, jaws and the other head and neck systems. Head and neck oncology, facial plastic and reconstructive surgery and the treatment of disorders of hearing and voice are fundamental areas of expertise.

The vast majority of faculty in the MSU Department of Otolaryngology/Head & Neck Surgery will be based out of the Henry Ford Health Department of Otolaryngology/Head & Neck Surgery which has 28 Otolaryngologists and 1 full time researcher. They are fellowship trained in Complex Pediatric Otolaryngology, Neurotology, Laryngology/Professional voice, Rhinology/Skullbase, Facial Plastic and Reconstructive, Head and Neck Surgical Oncology, Endocrine and Sleep Medicine. The HFH faculty provides tertiary and quaternary care in all areas of otolaryngology and continues to be on the forefront of surgical and medical treatment. All members of the HFH faculty are active in clinical practice, research, and teaching. Several members also hold significant administrative leadership roles within Henry Ford Health.

The new department will provide an academic home for CHM faculty otolaryngologists from around the state. We have educational opportunities for our students to work with otolaryngologists in each of our eight communities, although currently these are in clerkships labelled as surgery clerkships. These faculty would have their academic home in this new department. Currently, based on Wayne State appointment, there is one full Professor, 8 Associate Professors and 22 Assistant Professors.

#### **Demographics of Surgical Faculty**

White	11
Black	3
Asian	12
Middle Eastern	4
Hispanic	1
Male	19
Female	12

The Department of Otolaryngology/Head & Neck Surgery will strengthen and expand the academic environment of the college and MSU. The college's current educational efforts in the field are all within the surgery department. CHM students interested in ENT do not have a chair to provide a chair's letter and there is no affiliated ENT residency where students can get mentoring and access to otolaryngology professional networks. The creation of this department will expand curricular options for MSU medical students interested in the field of otolaryngology head and neck surgery. Through the creation of this department, the department will bring the first ENT related residencies and GME opportunities to MSU. Residencies are key supports for scholarly work and educational opportunities for students.

The new MSU department will be important in the university's effort to increase scholarship and NIH funding. The faculty publish well (about 45 publications in 2021 – See attachment 2). There will be collaborative opportunities for/with MSU faculty and students with these productive faculty. In this context, Head and neck cancer are important areas for research for the cancer center effort.

## Goals of the Otolaryngology/Head & Neck Surgery

## (a) Research Mission

The research foci of the proposed department will reflect the active research of current faculty in the HFH unit, which has a strong history of clinical research. Leveraging the integrated health care delivery system of Henry Ford Health, the HFH faculty have focused mainly on clinical outcomes, care path delivery, health equity, population health, quality, and epidemiological research. Over the past several years, the department has increased its participation in clinical trials for the treatment of head and neck cancer.

The HFH team has worked to create an environment to attract and nurture both physician and non-physician scientists with the goal of bridging basic, translational, clinical, and epidemiological research to improve the treatment of otolaryngology diseases. For example, in 2014, the otolaryngology unit became the first surgical department to have a physician receive the highly competitive Henry Ford

Health Physician Scientist Grant. Since 2014, the department has had two additional recipients of the physician scientist award.

The Henry Ford faculty have developed an expanding translational research portfolio focusing on keloid disease, wound healing, chronic sinusitis, head and neck cancer, subglottic stenosis, and fat grafting. The department has developed an extensive network of research collaborators which spans multiple departments such as dermatology, molecular genetics, neurology, neurosurgery, urology, public health science, and pathology. They have also developed competencies in state of that art technologies such as spatial genomics, DNA methylation, microRNA, exosomes, Cytometry by time of flight (CyTOF), Seahorse Real-Time Cell Metabolic Analysis, cell culture, RNA, miRNA and single cell sequencing. The department committed to leveraging its research networks, technologies, department scientists, and clinical infrastructure, in partnership with CHM, to sustain and grow its research portfolio.

## (b) Education Mission

The educational goals of the proposed MSU Department of Otolaryngology will focus on undergraduate medical education and graduate medical education. The Otolaryngology residency is a 3-2-3-2-3 complement and is successful in matching and graduating residents. About 50% of graduating residents enter fellowships. The department recently began accepting visiting students from Michigan State University's Colleges of Human Medicine and Osteopathic Medicine. The department also provides 3rd and 4th year rotations for Wayne State University School of Medicine and attracts visiting medical students nationally. In addition to medical students, the department frequently has high school, undergraduate, and graduate student rotators. During their clinical rotations, the students and residents are provided with a robust clinical experience and didactic curriculum. The department offers CME and faculty and resident development through weekly grand rounds and multiple conferences and symposiums.

The department has an approved Head and Neck Fellowship by the Advanced Training Council (ATC) within the division of Head and Neck Surgical Oncology which attracts national and international applicants.

## (c) Service and Outreach Mission

The goal of the MSU Department of Otolaryngology in the service and outreach mission is to respond to community requests or whenever possible, proactively identify and respond to community needs. The HFH faculty are involved in numerous community service and outreach initiatives as a whole and individually. For example, the department has volunteered at Crossroads of Michigan, a social service outreach agency for the city of Detroit, for the past 13-years raising money and preparing hot meals for those in need. In addition, the department organizes and supports free clinics, screenings, and community outreach. Members of the department also provide student mentoring and participate in pipeline programs to increase the number of underrepresented minorities in medicine.

The HFH Department of Otolaryngology/Head & Neck Surgery developed the first Head and Neck Cancer Patient and Caregiver Advisory Council. This innovative program engaged and cultivated the head and neck cancer patient community. This council has been successful in both community outreach and research. The work of the council has resulted in developing grant funded research on the patient perspective from the Patient-Centered Outcomes Research Institute (PCORI) and eventually

a National Cancer Institute (NCI) funded clinic trial. Through this council we also have been active in the dental community through running CME events and community events to raise awareness of head and neck cancer.

Key community event successes include the Michigan oral cancer awareness 5k and the annual oral cancer screening event. These events both raise awareness of the risk factors that lead to oral cancer among the general population and the symptoms that should prompt a visit with a specialist. The CME events have been invited lectures by the dental community to help understand how to diagnose and support head and neck cancer patients. This has been particularly timely because of new ADA guidelines that require dentists to screen for oral/oropharyngeal cancers and offer HPV vaccinations. The goal of these engagement programs is to improve the early detection of head and neck cancers.

## (d) Clinical Mission

For the present time, the clinical goal of the MSU Department of Otolaryngology will be accomplished by the work of the Henry Ford Health Department of Otolaryngology/Head & Neck Surgery and will not be part of the MSU Health Care Inc. Clinical collaborations between the institutions are possible but are not required for the success of the MSU department. In this way, the department is like the MSU Department of Emergency Medicine, which does its clinical work through clinical entities outside MSU.

The HFH faculty have a rich history of providing outstanding clinical care. Over the last decade, the HFH Department of Otolaryngology/Head & Neck Surgery has grown from 10 to 26 otolaryngologist comprised of Comprehensive Otolaryngology, Complex Pediatric Otolaryngology, Neurotology, Laryngology, Rhinology, Facial Plastic and Reconstructive Surgery, Head and Neck Surgical Oncology, Endocrine, and Sleep Medicine. The department provides tertiary and quaternary care in all areas of otolaryngology and because of a focus on patient centered care, innovation, and research, they are leaders of surgical and medical management of otolaryngology disease. The department has been a leader in developing multidisciplinary management of otolaryngology disease that is demonstrated through our head and neck cancer and thyroid tumor boards, skull base conferences, and cleft and craniofacial clinic.

## Benefits to Michigan State University

Overall, this new MSU Department of Otolaryngology/Head & Neck Surgery 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., elective experiences in otolaryngology/head and neck surgery for 3rd and 4th year students).

- The ability to establish additional required experiences and competencies (e.g.,) that would not be possible without the addition of qualified faculty.
- The enhancement of graduate medical education (i.e., fellowships) throughout our system by the addition of programs in Henry Ford that we cannot currently offer at MSU such as the HFH Head and Neck Fellowship accredited by the Advanced Training Council (ATC).
- 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 welltrained physicians and physician scientists to meet future recruitment needs in all of our
  communities across the state of Michigan.
- The specific research focus in the areas of clinical outcomes, care path delivery, health equity, population health, quality, and epidemiological research, provides new and additional research training opportunities for undergraduate, graduate, and medical students in various biomedical programs at MSU.

Importantly, the research program in this department is currently funded by grants from external funding (including NIH) totaling over \$3.7M. Addition of the department to MSU will increase NIH funding and potential funding (to MSU). The publications, grants, and national networks will improve MSU ranking overall. In addition, it will contribute to MSU's effort toward its strategic goal for reaching \$1 billion in research expenditures by 2030. Given the success of these faculty both in terms of the clinical and research missions, faculty in the new Department of Otolaryngology/Head & Neck Surgery have received several honors and awards and this will also significantly increase MSU faculty honorifics (another strategic goal for MSU). Overall, addition of the department 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 of the college and the university

Addition of this Department of Otolaryngology/Head & Neck Surgery 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 the university that have faculty and students who do research in the area of clinical outcomes, care path delivery, health equity, population health, quality, and epidemiological research. Addition of the Department of Otolaryngology/Head & Neck Surgery 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

The proposed department will be led by a department chair appointed by the dean following existing MSU processes. The addition of this clinical subspeciality department will also be an opportunity for the state's Medicaid uplift at Henry Ford Health. We expect significant funding to come to the college through this program, and we have pledged to use this money to support scholarship, research, and education in the MSU department's collaboration with Henry Ford. While the college could fund a few faculty in this department, the vast majority of the faculty will be employed by Henry Ford, and the Henry Ford Health chair will do the vast majority of their faculty supervision as a Henry Ford supervisor. There will be, however, some work to be done as an MSU supervisor and as an MSU leader. With that in mind, we would like to support these chairs at 5-10% either as a dually employed faculty or leased by CHM from Henry Ford. 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 facilitation for partnership development and we would request access to the "mission-support" funding provided through the partnership Definitive Agreement.

## How faculty will be appointed

Faculty will be appointed in multiple ways. Faculty that are already in the department at Henry Ford 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. When funding is available for new MSU-based faculty positions, these will be filled 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 Lansing and Grand Rapids. The vast majority 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 creation of the Department of Otolaryngology/Head & Neck Surgery, 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 circumstances 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 <a href="CHM Faculty Affairs website">CHM Faculty Affairs website</a> under the 'Promotion and Tenure' tab. An RPT committee will be established within the Department of Otolaryngology/Head & Neck Surgery 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 MSU+HFH 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-HFH 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 into 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.

## 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.

## Evaluation of departmental effectiveness

The new department will enter the standardized process for assessing departmental effectiveness consistent with all departments at CHM. There will be the usual five-year department and chair review as well as annual chair reviews.

Overall department effectiveness will include measures of programs, faculty, students, staff, and community partners across all missions. Minimum measures will include:

- Faculty success time in rank, tenure, promotion, research grants/awards.
- Student success student evaluations from elective experiences, resident/fellow completion rate, program satisfaction.
- Staff success retention, performance evaluations, staff feedback.
- Education/Curriculum success continued growth, expansion, and impact.
- Financial performance based on college funding formulas, and reserve analysis.
- Outreach/engagement/service success percentage of funds deployed to community, annual feedback from community stakeholders, faculty, and staff engagement in service work.

The HFH Department already participates in a defined system for departmental effectiveness that will complement the CHM process. Internal reviews by Henry Ford Health and Hospital are performed through oversight from councils dedicated to quality, safety, clinical and operational excellence and efficiency. Each Council having representation from all business units. One of the key tasks for each

department is the oversight of maintaining privileges and upholding the bylaws set forth by the Henry Ford Medical Group Board of Governors and Henry Ford Hospital Medical Executive Committee.

Bi-annual reviews of the HFH Department of Otolaryngology/Head & Neck Surgery are conducted by the HFMG Chair and Chief Operating Officer. This review looks at operational effectiveness and performance of the department including finance, access, growth, patient and staff satisfaction/engagement, professional development, and programming. The outcomes of our most recent review were overall positive. Notable strengths included financial performance and growth with a noted 6% increase in patient visits and a 12% increase in OR cases across all HFH markets. Areas of opportunity included access for new patients and overall support staff engagement with scores in alignment with the current trend across health care systems nationally.

## Residency and other departmental accreditation description:

The Otolaryngology-Head and Neck Surgery program is accredited by the ACGME. It is a five-year program with a 3-2-3-2-3 complement of residents. Annual systematic updates are submitted to the ACGME Otolaryngology Review Committee and we receive evaluations through an annual letter of notification. We are subject to their Self-Study process and periodic site visits; however, these plans are under review by the ACGME currently.

Our residency program's Program Evaluation Committee convenes annually and reviews the entire program with guidance from the HF Hospital GME. This is then peer reviewed by other program directors at HF Hospital and evaluated in detail by the Henry Ford Hospital Designated Institutional Official and GME office. As part of this process, all faculty participate in Ongoing Professional Practice Evaluations (OPPE) which occur twice a year. This process specifically reviews medical knowledge, patient care, interpersonal, communication skills, professionalism, practice-based learning and improvement, and systems-based practice. These metrics are based on the ACGME Core Competencies. In addition, there are annual Human Resource Evaluations that review performance goals, resident/student teaching, involvement in Henry Ford Health committees and leadership roles, in governance activities, community involvement and charitable contributions. During the most recent evaluation period ENT obtained 94% compliance and completion.

There is also an area for text comments from the resident. These evaluations are shared with the faculty and the Chair of the Department. If there are areas of concern, resources and opportunities for improvement are offered to the faculty. Throughout the academic year, courses on adult learning are offered through institutions and are circulated to the faculty for them to enroll for additional learning. There is a weekly didactic session for residents and faculty. During this time, guest lecturers will give sessions on educational techniques on feedback, lecture preparation and setting goals for learning.

During the pandemic, much of the sessions were remote and we learned that the discussion is not as robust as it has been in the past. We are attempting to re-establishment our in person sessions to address this deficit. In contrast, we have been able to attract national and international experts, in our field, to deliver our Grand Rounds since they are virtual.

#### Assurances

For the university and college, the creation of this department 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.

Many people across the university do work related to clinical outcomes, care path delivery, health equity, population health, quality, and epidemiological research, just as many people across the university do work related to medicine. The existence of the College of Human Medicine 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 clinical outcomes, care path delivery, health equity, population health, quality, and epidemiological research across the institution. In fact, the success and expansion of this department increases opportunities for all.

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

(All communication by email unless otherwise indicated)

Dean Amalfitano (September 9, 2022) See Attachment 5

Chair Kavaturu (September 9, 2022) - Supports the proposal

## **College Advisory Council Summary**

Recommendation/endorsement

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

#### Attachment 1

#### **Description of Faculty**

#### **FACULTY:**

1. Kathleen Yaremchuk, MD MSA (1984) Chair



- a. University of Michigan Medical School
- b. University of Chicago Residency
- 2. Lamont Jones, MD, MBA, MS (2008) Executive Vice Chair



- a. University of Michigan Medical School
- b. University of Michigan, Residency Otolaryngology-HNS
- c. Sunny Up-State Medical University, Syracuse, NY, Fellowship, Facial Plastics and reconstructive Surgery
- 3. Steven Chang, MD (2013) Vice Chair



- a. John Hopkins School of Medicine
- b. John Hopkins Medical Institutions, Residency, Otolaryngology Head and Neck Surgery
- c. John Hopkins Medical Institutions, Research Fellowship, Otolaryngology Head and Neck Surgery
- d. MD Anderson Cancer Institute, Head and Neck Surgical Oncology Fellowship
- 4. Eric Adjei, PhD Health Services and Outcomes (2022)



- a. Saint Louis University, Saint Louis
- 5. Syed Ali, MD (2021)



- a. Ohio State University School of Medicine
- b. University of Michigan, Residency, Otolaryngology-HNS
- c. University Hospitals of Cleveland, fellowship, Head and Neck Oncology

#### 6. Kristen Angster, MD (2018)



- a. University of Maryland School of Medicine
- b. University of Maryland, Baltimore, MD, Residency Otolaryngology
- c. University of Michigan, Ann Arbor, MI, Neurotology Fellowship
- d. University of Maryland, Baltimore, MD, Residency Otolaryngology
- e. University of Michigan, Ann Arbor, MI, Neurotology Fellowship

#### 7. Benjamin Barbetta, DDS MD (2018)



- a. University of Maryland School of Medicine
- b. University of Florida School of Dentistry
- c. University of Maryland Oral & Maxillofacial Surgery Residency

#### 8. Laura Brainard, MD (2017)



- a. University of New Mexico School of Medicine
- b. University of New Mexico School of Medicine, Residency Otolaryngology
- c. Pittsburgh Ear Associates, Otology/Neurotology

#### 9. Benjamin Cornwall, DDS (2020)



a. University of Michigan School of Dentistry

#### 10. John Craig, MD (2015)



- a. Rosalind Franklin University of Medicine and Science
- b. State University of New York Upstate Medical Univ, Residency, Otolaryngology-HNS
- c. University of Pennsylvania, Fellowship Rhinology and Skull Base Surgery

#### 11. Ilaaf Darrat, MD (2005)



- a. Wayne State University School of Medicine
- b. Henry Ford Hospital, Residency Otolaryngology-HNS
- c. University of Michigan Health, Fellowship Pediatric Otolaryngology-HNS

#### 12. Robert Deeb, MD



- a. Wayne State University School of Medicine
- b. Henry Ford Hospital, Residency Otolaryngology-HNS
- c. Mount Sinai Hospital, NYC, Fellowship Facial Plastic and Reconstructive Surgery

#### 13. Karen Enright, MD, PhD (2014)



- a. University of California School of Medicine
- b. University of California, Residency Otolaryngology-HNS
- c. House Ear Clinic Fellowship, Neurotology

#### 14. Laura Garcia Rodriguez, MD (2012)



- a. Medical College of Wisconsin
- b. Henry Ford Hospital, Residency Otolaryngology-HNS
- c. Boston University Health, Fellowship, Facial Plastic Reconstructive

#### 15. Glendon Gardner, MD (1994)



- a. Wayne State University School of Medicine
- b. University of Rochester Residency Otolaryngology-HNS
- c. Vanderbilt University Fellowship Laryngology

#### 16. Vasudev Garlapaty, MD (2014)



- a. Gandhi Medical College
- b. Wayne State University School of Medicine Residency Otolaryngology

#### 17. Tamer Ghanem, MD, PhD (20018)



- a. University of Utah
- b. University of Virginia, Residency Otolaryngology-HNS
- c. Oregon Health Sciences University, Fellowship, Head and Neck Microvascular Surgery

#### 18. Alvin Ko, MD (2010)



- a. University of Pittsburgh School of Medicine
- b. Case Western Reserve University/University Hospitals Case Medical Center

#### 19. Shivangi Lohia, MD (2020)



- a. George Washington University School of Medicine
- b. Medical University of South Carolina, Residency Otolaryngology-HNS
- c. Memorial Sloan-Kettering Cancer Center, Fellowship Head and Neck Oncology

#### 20. Ross Mayerhoff, MD (2017)



- a. SUNY at Stony Brook, School of Medicine
- b. Wayne State University School of Medicine Residency Otolaryngology-HNS
- c. University of Washington, Fellowship, Laryngology

#### 21. Suhael Momin, MD (2017)



- a. Case Western Reserve University School of Medicine
- b. Cleveland Clinic Foundation, Residency Otolaryngology-HNS
- c. Medical University of South Carolina, Fellowship Head and Neck Surgical Oncology

#### 22. Christie Morgan, MD (2017)



- a. Boston University School of Medicine
- b. Boston University School of Medicine, Residency Otolaryngology-HNS

#### 23. Tanaya Porter, DDS (2022)



- a. Meharry Medical College School of Dentistry
- b. John D Dingell VA Medical Center General Practice Residency

#### 24. Amrita Ray, DO (2021)



- a. Michigan State University College of Osteopathic Medicine
- b. University of Mississippi Medical Center, Residency Otolaryngology-HNS
- c. New York Presbyterian- Cornell & Columbia, Fellowship Rhinology

#### 25. Pavan Reddy, MD (2014)



- a. Jefferson Medical College
- b. Wayne State University School of Medicine, Residency Otolaryngology-HNS

#### 26. Joshua Romero, MD (2020)



- a. University of Michigan School of Medicine
- b. SUNY Upstate Medical University, Residency Otolaryngology-HNS

#### 27. Michael Singer, MD (2012)



- a. New York University School of Medicine
- b. Suny Health Science Center at Brooklyn, Residency Otolaryngology-HNS
- c. Georgia Health Sciences University, Endocrine Surgery

#### 28. Brad Stach, PhD Division Head, Audiology (2003)



a. Baylor College

#### 29. Samantha Tam, MD (2019)



- a. Queen's University Postgraduate Medical Education
- b. University of Western Ontario Faculty of Medicine, Residency Otolaryngology-HNS
- c. University of Texas MD Anderson Cancer Center, Fellowship, Surgical Head and Neck Oncology

#### 30. Vivian Wu, MD (2017)



- a. Howard University College of Medicine
- b. Oregon Health Sciences University, Residency Otolaryngology-HNS
- c. University of Michigan, Fellowship Surgical Head and Neck Oncology

## \*Year faculty joined Department

#### **Other Clinical Staff:**

Advanced Practice Practitioners (Nurse Practitioners and Physician Assistants)- 10

#### Wayne State University School of Medicine Distribution of rank

Full Professor 1

Associate Professor 8
Assistant Professor 22

## **Demographics of Surgical Faculty**

White 11
Black 3
Asian 12
Middle Eastern 4
Hispanic 1
Male 19
Female 12

## Attachment 2 Publications

#### **Submissions from 2022**

- Pediatric intraoperative nerve monitoring during thyroid surgery: A review from the American Head and Neck Society Endocrine Surgery Section and the International Neural Monitoring Study Group,
   Gillian R. Diercks, Jeff C. Rastatter, Ken Kazahaya, Dipti Kamani, Lourdes Quintanilla-Dieck, Maisie L. Shindo, Christopher Hartnick, Jennifer J. Shin, Michael C. Singer, Brendan C. Stack, Amy Y. Chen, Maie A. St. John, Joseph Scharpf, Nishant Agrawal, Asith D. L. Jayawardena, Ayaka J. Iwata, Okenwa Okose, Bo Wang, Dioan McIlroy, Anthony Cheung, Che Wei Wu, Feng Yu Chiang, Gianlorenzo Dionigi, Marcin Barczynski, Katrin Brauckhoff, Kerstin Lorenz, Dana Hartl, Neil Tolley, Jennifer A. Brooks, Rick Schneider, Henning Dralle, Amr H. Abdelhamid Ahmed, and Gregory W. Randolph
- Sudden Onset and Unremitting Vertigo in a Middle-aged Woman, Anthony DiPonio, Eric Sargent, and Katie McClain
- Head and neck cancer survivorship consensus statement from the American Head and Neck Society,
  Neerav Goyal, Andrew Day, Joel Epstein, Joseph Goodman, Evan Graboyes, Scharukh Jalisi, Ana P
  Kiess, Jamie A Ku, Matthew C Miller, Aru Panwar, Vijay A Patel, Assuntina Sacco, Vlad Sandulache,
  Amy M. Williams, Daniel Deschler, D. Gregory Farwell, Cherie-Ann Nathan, Carole Fakhry, and
  Nishant Agrawal
- 4. <u>Prolactinoma: Medical and Surgical Considerations</u>, Sameah A. Haider, Shiri Levy, Jack P. Rock, and John R. Craig
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- Surgical impact of a dedicated endocrine surgeon on an academic otolaryngology department,
   Ayaka J. Iwata, Steven S. Chang, Tamer Ghanem, and Michael C. Singer
- 17. A flexible model for patient engagement: Achieving quality outcomes and building a research agenda for head and neck cancer, Ayaka J. Iwata, Heather A. Olden, Karen E. Kippen, Warren C. Swegal, Christine C. Johnson, and Steven S. Chang
- 18. <u>A faster parathyroidectomy: Techniques to shorten non-surgical operating room time</u>, Ayaka J. Iwata, Anna S. Wertz, Spandana Alluri, and Michael C. Singer
- Comparison of psychosocial factors over time among HPV+ oropharyngeal cancer and tobaccorelated oral cavity cancer patients, Tyler A. Janz, Suhael R. Momin, Katherine R. Sterba, Masanari G. Kato, Kent E. Armeson, and Terry A. Day
- Postoperative epistaxis and sphenoid sinus ostial stenosis after posterior septal branch injury during sphenoidotomy, Joanna Kam, Abid Ahmad, Amy M. Williams, Edward L. Peterson, and John R. Craig
- 21. <u>Analysis of patient factors associated with 30-day mortality after tracheostomy</u>, Khaled Kashlan, Amy M. Williams, Steven S. Chang, Kathleen Yaremchuk, and Ross Mayerhoff
- 22. <u>Audiology Private Practice: What Students Should Consider</u>, Mary Kassa
- 23. <u>Subcutaneous Prosthetic Breast Reconstructions following Skin Reduction Mastectomy</u>, Ewa Komorowska-Timek, Brittany Merrifield, Zaahir Turfe, and Alan T. Davis
- 24. <u>Approximate Weight of 1:1000 Topical Epinephrine on Wrung-Out Epinephrine-Soaked</u>

  <u>Pledgets</u>, Hannah N. Kuhar, Xiaoxia Han, Donald Penning, and John R. Craig
- Ketorolac usage in tonsillectomy and uvulopalatopharyngoplasty patients, Kathleen McClain,
   Amy M. Williams, and Kathleen Yaremchuk

- 26. Perforator-based propeller flap for fibula free flap donor site repair: A novel surgical technique, Patrick F. Morgan, Joshua D. Hornig, Suhael R. Momin, William G. Albergotti, Robert M. Brody, and Evan M. Graboyes
- 27. <u>Complications Are Rare From Middle Turbinate Resection: A Prospective Case Series</u>, Steven Pinther, Robert Deeb, Edward L. Peterson, Robert T. Standring, and John R. Craig
- 28. Symptom Burden in Long-Term Survivors of Head and Neck Cancer: Patient-Reported Versus

  Clinical Data, Gaia Pocobelli, Rebecca Ziebell, Monica Fujii, Katherine A. Hutcheson, Steven S.

  Chang, Jennifer B. McClure, and Jessica Chubak
- 29. <u>Impact of Stimulus Polarity on oVEMP Response Using the Belly-Tendon Electrode Montage</u>,
  Daniel J. Romero, Blythe H. Kitner, Matthew J. Wilson, and Kaylee J. Smith
- 30. The Effect of Recording Montage and Tone Burst Duration on Cervical and Ocular Vestibular Evoked

  Myogenic Potential Latency and Amplitude, Kaylee J. Smith, Devin L. McCaslin, Gary P. Jacobson,
  and Robert Burkard
- 31. <u>Developing a patient driven head and neck cancer care pathway</u>, Warren C. Swegal, Ayaka J. Iwata, and Steven S. Chang
- 32. The Role of Cognitive Evaluation in Predicting Successful Audiometric Testing among Children,
  Taylor B. Teplitzky, Kristen Angster, Lauren E. Rosso, Anne R. Ferruggiaro, Amal Isaiah, and Kevin
  D. Pereira
- 33. Odontogenic sinusitis is a common cause of unilateral sinus disease with maxillary sinus opacification, Zaahir Turfe, Abid Ahmad, Edward L. Peterson, and John R. Craig
- Psychologists' Practices, Stressors, and Wellness in Academic Health Centers, Amy M. Williams,
   Bonney Reed, Mariella M. Self, William N. Robiner, and Wendy L. Ward
- 35. <u>Hearing loss and verbal memory assessment among older adults</u>, Christina G. Wong, Lisa J. Rapport, Brooke A. Billings, Virginia Ramachandran, and Brad A. Stach
- 36. <u>Factors associated with gastrostomy tube dependence following salvage total laryngectomy with microvascular free tissue transfer</u>, Mitchell L. Worley, Evan M. Graboyes, Julie Blair, Suhael R. Momin, Terry A. Day, Joshua D. Hornig, Judith Skoner, and Andrew T. Huang

- 37. <u>Peak sinus pressures during sneezing in healthy controls and post-skull base surgery patients</u>,
  Zhenxing Wu, John R. Craig, Guillermo Maza, Chengyu Li, Bradley A. Otto, Alexander A. Farag,
  Ricardo L. Carrau, and Kai Zhao
- 38. American Head and Neck Society Endocrine Surgery Section update on parathyroid imaging for surgical candidates with primary hyperparathyroidism, Mark Zafereo, Justin Yu, Peter Angelos, Kevin Brumund, Hubert H. Chuang, David Goldenberg, Miriam Lango, Nancy Perrier, Gregory Randolph, Maisie L. Shindo, Michael C. Singer, Russell Smith, Brendan C. Stack, David Steward, David J. Terris, Thinh Vu, Mike Yao, and Ralph P. Tufano

- 1. Asymptomatic Septal Mass, Richard L. Arden, Zachary H. Griggs, and Elizabeth A. Wey
- Nanophase bone substitute for craniofacial load bearing application: Pilot study in the rodent,
   Jonathan Z. Baskin, Yohannes Soenjaya, James McMasters, Alvin B. Ko, Amit Vasanji, Nathan Morris,
   and Steven J. Eppell
- 3. <u>Facial Plastic Surgery Controversies: Keloids</u>, Kofi Boahene, Anthony E. Brissett, and Lamont R. Jones
- 4. <u>Minor Review: An Overview of a Synthetic Nanophase Bone Substitute</u>, Steven J. Eppell, Weidong Tong, James McMasters, Yohannes Soenjaya, Anca M. Barbu, Alvin B. Ko, and Jonathan Z. Baskin
- 5. <u>AHNS Series: Do you know your guidelines? Guideline recommendations for head and neck cancer</u> of unknown primary site, Antoine Eskander, Tamer Ghanem, and Amit Agrawal
- 6. <u>Computed tomography image navigation patient tracker on the cheek during osteoplastic flaps,</u>
  Laura Garcia-Rodriguez and John R. Craig
- 7. <u>In response to CT image navigation patient tracker on the cheek during osteoplastic flaps</u>, Laura Garcia-Rodriguez and John R. Craig
- 8. <u>Ear bolster button</u>, Laura Garcia-Rodriguez and Lamont R. Jones
- 9. Melasma in a transgender woman, Laura Garcia-Rodriguez and Jeffrey H. Spiegel
- Surgery for fibro-adherent inflammatory thyroid disease, David Goldenberg, Warren C. Swegal,
   Micah L. Dunkleberger, and Phillip Pellitteri
- 11. Acoustic Neuroma (Vestibular Schwannoma), Joshua B. Greene and Mohammed A. Al-Dhahir
- 12. Incidental thyroid nodules: race/ethnicity disparities and outcomes, Ayaka J. Iwata, Arti Bhan,

- Sharon Lahiri, Amy M Williams, Charlotte Burmeister, Steven S. Chang, and Michael C. Singer
- Comparison of incidental versus palpable thyroid nodules presenting for fine-needle aspiration biopsy, Ayaka J. Iwata, Arti Bhan, Sharon Lahiri, Amy M. Williams, Andrew R. Taylor, Steven S. Chang, and Michael C. Singer
- In response to Socioeconomic disparities and comorbidities, not race, affect salivary gland malignancy survival outcomes, Ayaka J. Iwata, Amy M. Williams, Steven S. Chang, and Andrew R. Taylor
- 15. <u>Dimensions of the medial wall of the prelacrimal recess</u>, Khaled Kashlan and John R. Craig
- Grit: A predictor of medical student performance, Lisa R. Miller-Matero, Sarah Martinez, Lisa MacLean, Kathleen Yaremchuk, and Alvin B. Ko
- Co-culture of adipose-derived stem cells and chondrocytes on three-dimensionally printed bioscaffolds for craniofacial cartilage engineering, Robert J. Morrison, Hassan Nasser, Khaled Kashlan, David A. Zopf, Derek J. Milner, Colleen L. Flanangan, Matthew B. Wheeler, Glenn E. Green, and Scott J. Hollister
- Internal auditory canal exostosis: A technical case report, Lynn Mubita, Michael Seidman, and Jack Rock
- 19. <u>Ecchymotic Nodule on the Scalp: Challenge</u>, Jasmine Saleh, David M. Ozog, Dhananjay A. Chitale, and Ben J. Friedman
- 20. International neural monitoring study group guideline 2018 part I: Staging bilateral thyroid surgery with monitoring loss of signal, Rick Schneider, Gregory W. Randolph, Gianlorenzo Dionigi, Che-Wei Wu, Marcin Barczynski, Feng-Yu Chiang, Zaid Al-Quaryshi, Peter Angelos, Katrin Brauckhoff, Claudio R. Cernea, John Chaplin, Jonathan Cheetham, Louise Davies, Peter E. Goretzki, Dana Hartl, Dipti Kamani, Emad Kandil, Natalia Kyriazidis, Whitney Liddy, Lisa Orloff, Joseph Scharpf, Jonathan Serpell, Jennifer J. Shin, Catherine F. Sinclair, Michael C. Singer, Samuel K. Snyder, Neil S. Tolley, Sam Van Slycke, Erivelto Volpi, Ian Witterick, Richard J. Wong, Gayle Woodson, Mark Zafereo, and Henning Dralle
- 21. A Home for Endocrine Surgery Research, Michael C. Singer
- 22. Safety and feasibility of a novel recurrent laryngeal nerve monitoring technique, Michael C.

- 23. <u>Methylation markers differentiate thyroid cancer from benign nodules</u>, J K. Stephen, K M. Chen, J Merritt, Dhananjay A. Chitale, George Divine, and Maria Worsham
- 24. Multicenter Assessment of Antibiotic Prophylaxis Spectrum on Surgical Infections in Head and Neck Cancer Microvascular Reconstruction, Michael P. Veve, Joshua B. Greene, Amy M. Williams, Susan L. Davis, Nina Lu, Yelizaveta Shnayder, David X. Li, Salem I. Noureldine, Jeremy Richmon, Lawrence O. Lin, Matthew M. Hanasono, Patrik Pipkorn, Ryan S. Jackson, Joshua D. Hornig, Tyler Light, Mark K. Wax, Yin Yiu, James Bekeny, Matthew Old, David Hernandez, Urjeet A. Patel, and Tamer Ghanem
- Swallowing Outcomes in Elderly Patients following Microvascular Reconstruction of the Head and Neck, Mitchell L. Worley, Evan M. Graboyes, Julie Blair, Suhael R. Momin, Kent E. Armeson, Terry A. Day, and Andrew T. Huang
- 26. <u>ALDH1A1 positive cells are a unique component of the tonsillar crypt niche and are lost along with NGFR positive stem cells during tumourigenesis</u>, Vivian Wu, Megan Auchman, Peter A. Mollica, Patrick C. Sachs, and Robert D. Bruno
- 27. Sleep Disorders in the Elderly, Kathleen Yaremchuk
- 28. <u>Introduction to the Special Issue: Invited Papers from the 2017 APAHC Conference</u>, John A. Yozwiak, Amy M. Williams, and Elizabeth D. Cash
- 29. <u>Beta-2 transferrin is detectable for 14 days whether refrigerated or stored at room temperature,</u>
  Thomas M. Zervos, Mohamed Macki, Bernard Cook, Lonni Schultz, Jack Rock, and John R. Craig

#### Attachment 3

## **Faculty Awards and Honors**

#### Kathleen Yaremchuk, MD MSA

- President Elect, AAO-HNS 2022
- Senior examiner, American Board of Otolaryngology 2018-2020
- Helen F. Krause, MD Trailblazer Award, Women in Otolaryngology 2020
- Treasurer, International Surgical Sleep Society 2017- present
- President, Women in Otolaryngology, American Academy of Otolaryngology Head and Neck Surgery 2015-2016
- Vice President Middle Section Triological Society 2014
- Michigan Oto-Laryngological Society, President 1998
- American Academy of Otolaryngology-Head and Neck Surgery Foundation Jerome C. Goldstein Public Service Award 2011
- Top Doc, HOUR Magazine, 2005-2021

#### Lamont Jones, MD

- American Academy of Otolaryngology Head and Neck Surgery Honor Award Recipient (2022)
- Michigan Chronicle Men of Excellence (2019)
- Triological Society Middle Section George Adams, MD Young Faculty Award (2018)
- Richard D Nichols Henry Ford Department of Otolaryngology Outstanding Teacher Award (2017)
- Triological Society Thesis Honorable Mention- Basic Science (2016)
- Physician Scientist Research Award- Henry Ford Health System (2014 2016)
- American Academy of Facial Plastic and Reconstructive Surgery Research Scholar (2015)
- Crain's Detroit Business 40 Under 40 (2014)
- Xavier University of Louisiana Alumni 40 Under 40 (2014)

#### Steven Chang, MD

- Outreach Champion Award for Excellence in Outreach, Henry Ford Health System, 2021
- Top Doc, HOUR Magazine, 2015-2021
- Executive Board Member American Radium Society, 2021-2022
- Member, NRG oncology Head and Neck Core Committee
- Liaison to Health Disparities Committee and NRG Surgical Oncology Committee
- NCI Rare Tumors Task Force, Head & Neck Cancer Steering Committee
- Board Member, Mucosal Section, American Head and Neck Society
- Research Committee, Mucosal Section, American Head and Neck Society
- Steering Committee Annual Meeting, Patient-Centered Outcomes Research Institute, 2019
- Program Committee for the 11th International Conference on Head & Neck Cancer, 2022-2023
- 10<sup>th</sup> International Conference Planning Committee, American Head and Neck Society, 2020-2021
- Scientific Review Committee, 10th International Conference on Head and Neck Cancer American Head and Neck Society, 2020-2021
- Head and Neck Cancer Appropriate Use Criteria Committee, American Radium Society, 2019present

#### John Craig, MD

- Richard Nichols Outstanding Teacher Award 2020
- Triological Society Thesis 2019
- Richard Nichols Outstanding Teacher Award 2018
- Hour Magazine's "Top Docs" in Michigan 2017-present

#### Laura Garcia-Rodriguez, MD

• American Journal of Otolaryngology Editorial Board

#### Christie Morgan, MD

- Vice Chair of EPCOM for ABMS.
- Alternate Delegate to the AMA HOD for MSMS

#### Dr. Amrita Ray, DO

• QI committee for ARS

#### Michael Singer, MD

- American Thyroid Association · Surgical Affairs Committee (Chair 2020 2021)
- Endocrine Surgery Section of AHNS, Co-Chair (2021 )
- Michigan Association of Clinical Endocrinologists, Board of Directors (2020 )
- Associate Editor Otolaryngology Head and Neck Surgery, 2017- 2021

#### Attachment 4

#### Grants

#### **Current Federal Grants:**

 NIH/NIGMS Characterization of Keloid Specific Exosomes and Determination of Exosomal Critical Signaling Pathways in the Keloid Microenvironment

K08 GM128156-01 2018 – 2023

- Trans-America Consortium for the Health Care System Research Network (All of Us)
   OT2OD026550 2018-2023
- Randomized Phase II/III Trial of Radiotherapy with Concurrent MEDI4736 (Durvalumab) vs.
   Radiotherapy with Concurrent Cetuximab in Patients with Locoregionally Advanced Head and Neck Cancer with a Contraindication to Cisplatin
- Comparing Sentinel Lymph Node (SLN) Biopsy With Standard Neck Dissection for Patients
   With Early-Stage Oral Cavity Cancer
   2020-2031
- A Randomized Controlled Trial to Evaluate a Novel Treatment Strategy for Body Image
   Related Distress Among Head and Neck Cancer Survivors
   2022-2027

#### **Current Non-Federal Grants:**

- HFHS-MSU CRRWHL Grant: Strengthening Provider Strategies through Education, Clinical and System Resources
   2022 2023
- Conserved Immune Responses Underlying Racial Differences in the Incidence of Keloids and Cancer 2021 –
- Physician mentored grant: Effect of Treatment Fragmentation on the Quality and Outcomes of Cancer Care
   2021 –
   2023
- HFH-MSU Pilot Grant: Increasing Equity in Implementation of Electronic Patient Reported Outcome Measures Platform to Improve Delivery of Cancer Care 2022 -2023
- HFH-MSU Pilot Grant: Predictive validity of patient reported outcomes for unscheduled health services use
   2022 2023
- Genentech: Identifying Opportunities to Pursue Equity when Implementing Virtual Visits in Oncology Care
   2021 -
- 7. Predictive validity of patient report outcomes for unscheduled health services use 2022-2023

- Comparing the effectiveness of PROphylACTic swallow InterVEntion for patients receiving radiotherapy for head and neck cancer 2020-2023
- A pilot study of Immunotherapy as consolidation therapy for patients with recurrent head and neck cancer high risk pathologic features following surgical salvage and are not eligible for post- operative radiation therapy
   2018-2023
- Impact of porcine extracellular matrix nerve wrap on spinal accessory nerve in patients undergoing neck dissection for head and neck cancer
   2020-

#### 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."]

- [3] 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?
- [5] 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.

[6] Is there a mechanism or plan for clinically active HF faculty to also be appointed through the MSU HCI?

[7] 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.