



UNIVERSITY OF KENTUCKY

**Dean and Vice President  
for Clinical Affairs**

*College of Medicine  
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August 21, 2006

Health Care Colleges Council Members:

I ask the consideration and endorsement of the Health Care Colleges Council for my proposal to create a Department of Neurosurgery within the College of Medicine.

This proposal has the unanimous endorsement of the Faculty Council (documentation enclosed), following consideration by the College's Curriculum Committee. This recommendation has also been carefully considered by the faculty and leadership of the current "parent" department for potential liabilities; plans for addressing any financial concerns are enclosed (see memorandum from Raleigh Jones, MD, Interim Chair, Department of Surgery).

This proposal received initial impetus from the Strategic Planning process initiated by Michael Karpf, EVPHA, in the year after his arrival. That process resulted in a recommendation that Neurosciences be a focus of clinical expansion and that the creation of a freestanding department of neurosurgery was material to that expansion. To confirm the wisdom of this recommendation from the vantage point of the College of Medicine, I convened a consultative committee to consider the matter. That committee was chaired by James F. Glenn, M.D., Professor and Chair Emeritus, Surgery, UKCOM; William Markesbery, M.D. Professor of Neurology and Pathology and Director Sanders-Brown Center on Aging, UKCOM; and Charles Wilson, M.D. Professor and Chair Emeritus, Department of Neurosurgery, UCSF and former faculty member, UKCOM. That committee recommended to me in January 2005 (report enclosed) that we in fact proceed with the internal process of creating a Department of Neurosurgery, taking cognizance of the impact on the Department of Surgery. I then moved forward working with our COM constituencies to implement this proposal, culminating in forwarding this proposal to you.

The Neurosurgery program currently consists of eleven faculty, ten residents and thirty-seven staff members. Sponsored research is robust (see attachment).

I ask your consideration of the following salient points: an independent department of neurosurgery within a medical school is currently the norm. When last surveyed over one year ago, fully 82 percent of U.S. allopathic medical schools had freestanding departments of neurosurgery. Given that this is the standard, the importance to the College of Medicine in joining these ranks centers largely around the ability to recruit academic neurosurgical faculty and leadership. Faculty and future chairs will have the

expectation in considering positions at the University of Kentucky that programming and priorities will be theirs to develop in conjunction with College and University leadership, rather than through the filter of a parent surgical department. Apart from any discussion of whether a neurosurgery division with a surgery department is materially fettered or not, this is the “market.” The College, UK HealthCare, and the University must be competitive in its structure when competing for the best neurosurgical faculty.

Moreover, the College is currently engaged in designing and developing an entity to be known as the Kentucky Neuroscience Institute. This effort signifies the recognition of the College and UK HealthCare that neurosciences are an immense academic and clinical strength. The distinct entities proposed to reside under this umbrella include the departments of neurology, anatomy and neurosciences, physical medicine and rehabilitation, and centers including SCoBIRC and Sanders Brown. The neurosurgery academic and clinical programs have taken a lead in developing the clinical programs within this forming Institute, and are expected to be a major presence in this proposed construct. Organizational parity among the entities requires conferring departmental status on Neurosurgery.

I enclose for your review letters of support for a proposed freestanding department of neurosurgery, gathered from local referral sources and neurosurgeons, and from leading institutions. I believe these letters provide further vetting for the implementation of this proposal. I particularly call your attention to the letters from Christopher Shields, chair of the Department of Neurological Surgery at the University of Louisville, and from Howard Eisenberg, Chair of the Department of Neurosurgery at University of Maryland. Dr. Shields clearly articulates in point-by-point fashion the need for a seat at the department-level “table” for this discipline. Dr. Eisenberg adds perspective by citing the clearly delineated difference in educating and training neurosurgeons (and other select surgical disciplines) which has emerged over the years compared with the surgical disciplines that remain the norm within departments of surgery.

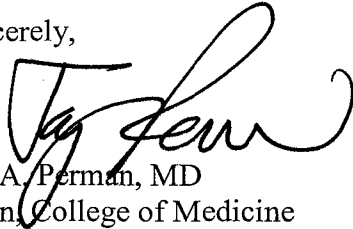
The Committee should also be informed that the College is currently engaged in a search for a Department of Surgery chair. The proposed creation of a Department of Neurosurgery out of a division of the current parent department should be viewed independently of that search process. As indicated in the foregoing paragraphs, independent departments of neurosurgery are the norm in the vast majority of medical schools from which the pool of surgery chair candidates is drawn. It is therefore not surprising that discussions with candidates to date have indicated that this proposed separation is not an issue; one candidate has described our current Department of Surgery constituency as a “throwback.” Believing therefore that creation of a department of neurosurgery is the prudent thing to do at this point, the status of our neurosurgery program is not and will not be a negotiating point between surgery candidates and the College.

Finally, I wish the Committee to be aware of a statement I made to a general faculty meeting of the Department of Surgery in June, 2005. I indicated to the faculty that with the separation of Orthopaedic Surgery into a freestanding department and with the

proposed creation of a department of neurosurgery, the College of Medicine would entertain no further separation of surgical specialties (for example, otolaryngology and urology) for a minimum of three years from that time. This remains my intention, permitting the Department of Surgery itself and its anticipated new leadership to initiate any further restructuring depending on what they think best for the Department, the College and the Institution.

I appreciate your careful consideration, and I ask your endorsement. I am of course happy to answer questions and provide clarifications.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Perman". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Jay A. Perman, MD  
Dean, College of Medicine  
Vice President for Clinical Affairs

Report of the Committee to Evaluate the  
NEUROSURGICAL SERVICE AT THE UNIVERSITY OF KENTUCKY MEDICAL CENTER

January 21, 2005

**Perspective:** Neurosurgery at UKMC was established with the inauguration of the medical college and has existed as a division of the Department of Surgery for over 50 years. The division has been very successful in every way: academically, financially, and in bringing prestige to the medical center.

**Charge:** Dean Jay Perman of the College of Medicine has established a committee to review the performance of the Division of Neurosurgery and investigate the issue that neurosurgery might be considered for departmental status. The committee consists of :

William Markesbery, M.D., Professor of Neurology and Pathology,  
University of Kentucky Medical Center, and Director, Sanders-  
Brown Center on Ageing

Charles Wilson, M.D., Professor and Chair Emeritus, Neurosurgery, University of  
California-San Francisco School of Medicine, and former member  
of the faculty, University of Kentucky College of Medicine

James Glenn, M.D., Professor and Chair Emeritus, Surgery, UKMC, and  
Former Chair, Urology, Duke; Dean, Emory School of Medicine; and  
President, Mount Sinai Medical Center, New York

**Composition:** The Division of Neurosurgery currently consists of seven (7) clinical faculty members, three (3) research faculty members and nine (9) residents in a three year program, an anomaly generated by the fact that The American Board of Neurosurgery approves acceptance of only one or two residents every other year. There are appropriate support personnel at every level, administrative and clinical, with special mention of the staff of the Neurosurgery Clinic, particularly Diana Shappley, R.N., head nurse.

**Academic Activity:** Neurosurgery is not a required course in the curriculum at UKMC, but there are electives at both the 3<sup>rd</sup> year and 4<sup>th</sup> year levels. During the academic year 2003, there were 14 third year students in the elective and 4 fourth year students in the senior elective. Faculty actively contributed to the literature with 77 publications in referred journals (note that one faculty member, Dr. Tobarek, accounted for 56 of these papers) and 5 book chapters.

**Clinical Activity:** The Division of Neurosurgery has a strong clinical presence at UKMC. The most active clinician is Phillip Tibbs, M.D., Professor of Surgery, who is responsible for about one-third of the total gross billings of the division. UKMC neurosurgery is the primary referral service for central and eastern Kentucky, enjoying the support of the UKMC helicopter service. Outpatient visits in the clinic are approximately 12,000 per year. OR utilization of allotted time is approximately 90%, comparing to other busy clinical services (Vascular Surgery 106% and Pediatric Surgery 100%).

**Support:** The Division of Neurosurgery has been very successful in attracting outside support of research programs, particularly the head injury research which is now funded by the Commonwealth of Kentucky. Grant support in the academic year 2003-2004 totaled \$1.5 million including \$1,100,000 in direct costs. Total project grants over years have been \$12 million with \$8,500,00 in direct costs.

**Leadership:** Byron Young, M.D., Professor and Chief of Neurosurgery for many years, also was chairman of the Department of Surgery during an era of unprecedented growth in clinical practice and research support. His strong presence has probably been responsible for the defection of a number of young, promising faculty who might have assumed leadership roles in neurosurgery. At the present time, there do not appear to be any members of the neurosurgery faculty who have a strong inclination to chair either a division or a department, though Dr. Tibbs has graciously stated that he would be willing to serve as interim chair, acknowledging that his primary interests are in clinical practice and patient care.

**Financial Data:** The Division is fiscally sound. For the years 2003 and 2004 respectively, gross billings were approximately \$18 million and \$21 million with cash collections of \$5.2 million and \$6.1 million in each of those years. Of these total receipts, Medicare accounted for about 20% and Medicaid approximately 10%. These gross billings and cash collections should be compared to other departments:

Range of departmental income (excluding Surgery)	\$520,000-\$14,000,000
Average departmental income (cash collections)	\$7,000,000

The division has a professional development fund of approximately \$200,000 and is holding a cash reserve against contingencies of about \$1.5 million.

**Impact:** A change of status for neurosurgery from division to department might have major effects. While the neurosurgical service - operating as an essentially autonomous entity - should not incur adverse consequences, the impact on the Department of Surgery as a result of the separation of neurosurgery would be significant. Recently, the orthopedic department was declared a separate entity in midyear, creating substantial budgeting problems for Surgery. Both orthopedics and neurosurgery have been substantial contributors to the income of the Department of Surgery, each producing just under 25% of departmental income. Thus, separation of both orthopedics and neurosurgery will result in loss of approximately half of department income. To be considered is the loss of 'collective bargaining power' that neurosurgery enjoys as a part of the department.

**Meeting:** Dr. Wilson arrived in Lexington on Wednesday afternoon, January 12, 2005 and Dr. Glenn had an opportunity to provide a preliminary briefing that evening. The committee met on Thursday morning, January 13, 2005. The agenda and the invited participants are displayed in the attached schedule. The committee wishes to express appreciation to these members of faculty and staff for their candor and enthusiastic cooperation. These interviews provided tremendous insight.

**Conclusions:** A number of conclusions were reached by the committee, based upon the consensus of the interviewees and the observations of the committee members.

- o Neurosurgery has achieved departmental status in over 80% (82%) of United States medical schools
- o Those remaining divisions are the small services, while UKMC neurosurgery is midsize in clinical activity, academic productivity and faculty, though among the leading public institutions in research programs
- o UKMC neurosurgery has exhibited outstanding 'corporate citizenship' in supporting ancillary and parallel services, particularly in the neurosciences
- o Departmental status will enhance the academic mission of neurosurgery, i.e., teaching and research
- o As a department, neurosurgery will have administrative equality with its partners in the Neurosciences Institute ( the Departments of Neurology, Orthopedics, and Physical Medicine and Rehabilitation)
- o While neurosurgery is already well-poised for recruitment of residents (virtually all of whom are Alpha Omega Alpha), departmental stature will embellish recruitment of faculty at the national level
- o Neurosurgery can be expected to continue to grow - academic productivity, faculty and staff, and financial resources - at its current rate of 6-8% per year
- o Dr. Young has provided exemplary leadership, appreciated by his faculty and staff and recognized by his colleagues nationally and internationally
- o Nine out of ten interviewees enthusiastically endorsed a Department of Neurosurgery

**Recommendations:** The committee unanimously recommends to administration the following:

1. Neurosurgery be awarded Departmental status.
2. Separation from the Department of Surgery be deferred to the next fiscal year beginning July 1, 2005, lessening the budgetary impact on Surgery.
3. The university be encouraged to extend the administrative appointment of Dr. Young through the transition period, perhaps two years.

Respectfully submitted this 24<sup>th</sup> day of January, 2005, at Lexington, Kentucky to the Dean of the College of Medicine and the Executive Vice-President for Health Affairs, University of Kentucky on behalf of Dr. William Markesbery, Dr. Charles Wilson and myself.

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James F. Glenn, M.D., D.Sc., FACS, FRCS  
Professor of Surgery Emeritus

The committee expresses appreciation to Courtney Higdon, M.B.A., Chief of Staff to the Executive Vice President for Health Affairs, for her organizational and administrative support and skills.

# *A Proposal to Create the Department of Neurosurgery*

## **Background**

A strategic planning process was initiated as a result of the reorganization of the Chandler Medical Center. Executive Vice President for Health Affairs, Michael Karpf, engaged a number of on-campus committees along with various outside consultants to aid in this planning process. One aspect of the planning process has been the identification of targeted areas of strength that represent opportunity for further expansion and development in order to position the Medical Center more favorably as well as to increase needed medical services to Central and Eastern Kentucky. To date, four programs have been identified: Neurosciences, Oncology, Cardiovascular disease, and Musculoskeletal disease. The creation of a free-standing Department of Neurosurgery was viewed as a fundamental element of the strategic efforts to strengthen Neurosciences.

On October 14, 2004, Dr. Jay Perman, Dean of the College of Medicine, appointed an ad hoc committee to examine the status of the Division of Neurosurgery and recommend to him whether to create a new Department of Neurosurgery. The members of the committee were James F. Glenn, MD (chair), Charlie Wilson, MD and William Markesbery, MD. The Committee examined financial data and other information related to the current status of the Division of Neurosurgery. In addition, the committee reviewed information from our benchmark institutions regarding the role of neurosurgery in their organizations. On January 13, 2005, the committee interviewed key people in the Department of Surgery and other referring departments such as Emergency Medicine and Neurology to solicit their input regarding the question of whether the Division of Neurosurgery should be granted departmental status. *Appendix A* contains the documentation of the examination of the Division of Neurosurgery.

On January 21, 2005 the Committee submitted a report to Dean Perman.

## **Report Findings**

- Neurosurgery has achieved department status in 82% of United States medical schools
- Remaining divisions are small services, while UKMC Neurosurgery is mid-size in clinical activity, academic productivity and faculty, it is among the leading public institutions in research programs
- UKMC Neurosurgery has exhibited outstanding “corporate citizenship” in supporting ancillary and parallel services, particularly in the Neurosciences
- Departmental status will enhance the academic mission of Neurosurgery, i.e., teaching and research
- As a department, Neurosurgery will have administrative equality with its partners in the Neurosciences Institute (the Departments of Neurology, Orthopaedic, and Physical Medicine and Rehabilitation)



- While Neurosurgery is already well-poised for recruitment of residents (virtually all of whom are Alpha Omega Alpha), departmental stature will embellish recruitment of faculty at the national level
- Neurosurgery can be expected to continue to grow – academic productivity, faculty and staff, and financial resources – at its current rate of 6-8% per year
- Dr. Young has provided exemplary leadership, is appreciated by his faculty and staff and is recognized by his colleagues nationally and internationally
- Nine out of ten interviewees enthusiastically endorsed a Department of Neurosurgery

### **Report Recommendations**

The committee unanimously recommended the following:

- The Division of Neurosurgery be awarded Departmental status
- Separation from the Department of Surgery be deferred to the next fiscal year beginning July 1, 2005, lessening the budgetary impact on the Department of Surgery
- The university be encouraged to extend the administrative appointment to Dr. Young through the transition period, perhaps two years

### **Proposal**

In light of the Committee's recommendations and assuming appropriate approvals from various committees, Dean Perman and Executive Vice President for Health Affairs Karpf would like to proceed as follows:

- Create the Department of Neurosurgery by separating the current Division of Neurosurgery from the Department of Surgery as a stand-alone entity with control of its own clinical and research programs, faculty, staff and finances.
- Provide sufficient number of lines in Clinical Title Series to provide patient care in various subspecialties.
- Invest appropriate resources through the UK HealthCare Enterprise to provide the necessary infrastructure to expand capacity and provide quality care to patients, expanded education and training experiences, and new research opportunities.

The Committee's review and recommendations make clear that the Division of Neurosurgery is capable of the type of expansion and development envisioned during the strategic planning process. To further the growth and evolution of the Chandler Medical Center and medical services to our constituent areas, it is crucial that we move forward with the creation of the Department of Neurosurgery.

AcctNum	Sponsor	ProjBeg	ProjEnd	Fiscal Year Direct	Fiscal Year Total	Project Direct	Total
467228	DePuy Acromed	9/1/03	2/28/10	-	-	33,200.00	41,832.00
467793	Ortho Biotech	3/1/04	2/28/07	-	-	82,019.80	103,344.95
446928	National Institute of Neurological Disorders & Str	4/1/00	6/30/10	-	-	208,125.00	286,406.00
465070	National Institute of Mental Health	8/1/01	7/31/06	-	-	901,135.00	1,293,643.00
466519	Natl Institute of Health	9/10/02	8/31/06	-	-	300,000.00	441,000.00
468896	Natl Institute of Environmental Health Sciences	4/1/05	3/31/10	-	-	6,501,033.00	6,421,947.00
469201	Philip Morris Inc.	8/1/05	7/31/08	139,788.00	204,789.00	419,058.00	642,673.00
469392	National Institute of Mental Health	9/20/05	8/31/09	-	-	200,000.00	292,667.00
469633	KY Science and Technology Inc	1/6/06	12/31/07	-	-	45,500.00	50,000.00
472647	Natl Institute of Environmental Health Sciences	4/1/05	3/31/10	-	-	6,670,929.00	6,670,929.00
472934	National Institute of Environmental Health Science	4/1/06	3/31/07	-	-	0.00	0.00
472939	National Institute of Environmental Health Science	4/10/06	3/31/07	-	-	170,818.00	234,395.00
467753	Xenova Group	4/1/04	3/1/07	-	-	167,882.00	238,862.00
468515	Natl Institute of Neurological Diseases & Stroke	12/1/04	11/30/09	231,250.00	322,275.00	1,168,429.00	1,623,619.00
469895	Pennsylvania State Univeristy	3/15/06	1/31/11	-	-	25,000.00	36,625.00
467753	Xenova Group	4/1/04	3/1/07	-	-	167,882.00	238,862.00
				371,038.00	527,064.00	17,061,010.80	18,616,804.95



UNIVERSITY OF KENTUCKY


*File - Surgery*

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## MEMORANDUM

**DATE:** April 14, 2006

**TO:** Jay Perman, MD  
Dean, College of Medicine

**FROM:** Raleigh Jones, MD   
Interim Chairman, Department of Surgery

**SUBJECT:** Financial Impact of Neurosurgery Separation

At your request and with the involvement of Dr. Byron Young, Mr. Shuck and I have developed an arrangement that will minimize the negative financial impact of the proposed separation of Neurosurgery from the Department of Surgery. The plan involves the continued shared use of administrative, business, and some technical services by the Department of Neurosurgery and the sharing of the cost for the staff and resources involved in providing these services. This plan will enable the new Department of Neurosurgery to minimize the need to duplicate administrative resource staffing and will negate the need for any disruption in the Department of Surgery current staffing patterns.

The services that are proposed to be shared include accounting and payroll services, personnel administration (hiring and salary administration), purchasing activity support, budget development, information system support (to include desk top support for computer users and server support and maintenance), and staff support to insure continued integration of the Surgery clerkship courses and resident intern programs. These services will be provided by existing Department of Surgery staff, in cooperation with current Neurosurgery staff.

With this agreement in place, it is my firm belief that there will be no adverse financial impact to the Department of Surgery or its divisions in the upcoming fiscal year. It is important to note that contributing to this position of solvency was the departure of its chairman and a concomitant reduction of expenses. When a new chairperson is selected for the Department of Surgery, institutional support will be needed to sustain the department until clinical growth by the remaining divisions can again support the necessary departmental infrastructure.

Attached is the data and methodology used to develop the allocation of costs agreed to by Dr. Young and myself. If I can provide any additional information, please do not hesitate to contact me.

Xc: Byron Young, MD  
Peter Gilbert  
Timothy Shuck

**Gilbert, Peter N**

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**From:** Shuck, Timothy  
**Sent:** Tuesday, April 18, 2006 10:05 AM  
**To:** Gilbert, Peter N  
**Subject:** RE: Neurosurgery: financial impact statement

Yes. We discussed it at the Executive Council meeting last Friday when we discussed all the divisional budgets. Every year, the Executive Council (the membership is composed of all division chiefs) reviews all divisional budgets prior to the final budget presentation and votes to accept or reject/modify the budgets prepared by department management and each division chief. This issue was addressed as it relates to the department administrative budget.

The vote of the Executive Council was unanimous to accept all budgets as modified (one modification was proposed in the Urology budget).

Tim

**Timothy J. Shuck**  
**Administrative Director**  
**Dept of Surgery**

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**From:** Gilbert, Peter N  
**Sent:** Monday, April 17, 2006 6:32 PM  
**To:** Shuck, Timothy  
**Subject:** RE: Neurosurgery: financial impact statement

Tim,

One of the items that I think we said we were going to get was discussion that the divisions were ok with this too. Has this been discussed with them yet? Otherwise, I think the letter is fine.

Pete

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**From:** Shuck, Timothy  
**Sent:** Mon 4/17/2006 5:14 PM  
**To:** Gilbert, Peter N  
**Subject:** Neurosurgery: financial impact statement

Attached is a draft of the letter I am ready to send to Dean Perman regarding the financial impact of the separation of Neurosurgery from the Dept of Surgery. Dr Jones has seen this as has Dr Young and they both are comfortable with the content. I will send along the details in the form of the allocation spreadsheets with the letter.

Let me know if this letter is sufficient to meet the Dean's needs address the issues raised by the Faculty Senate.

Tim

**Timothy J. Shuck**  
**Administrative Director**  
**Department of Surgery**  
**University of Kentucky College of Medicine**

4/26/2006

## Allocation of Administrative Costs across more than one Department

KMSF Costs only (Excludes State funds currently assigned to Dept of Surgery)

### Allocation of HR functions and IT support based on Staffing levels in respective departments

HR functions include Hiring and Payroll.

IT functions include desktop support, server administration and server technical support.

Staffing	FTE	%FTE
Surgery Central Admin.	9	
Surgery	169	80.1%
Neurosurgery	42	19.9%
	<u>220</u>	<u>100.00%</u>

### Allocation of Financial Support functions based on budgeted expenses in respective departments.

Budget \$		
Central Admin.	\$ 576,430	
Surgery	\$ 21,771,570	71.2%
Neurosurgery	\$ 8,823,000	28.8%
	<u>\$ 31,171,000</u>	<u>100.00%</u>

### Medical Student Rotation (Education Office)

Based on number of students rotating on specific service.

Surgery Divisions	222	90.2%
Neurosurgery	24	9.8%
	<u>246</u>	<u>100.00%</u>

### To be allocated \$ 751,219 Shared Central Administration Costs

	Surgery	Neurosurgery	Total
Allocated Finance	36.6% \$ 195,389	\$ 79,182	\$ 274,572
Allocated Education	23.3% \$ 157,736	\$ 17,053	\$ 174,789
Allocated HR	24.9% \$ 149,667	\$ 37,195	\$ 186,862
Allocated IT	15.3% \$ 92,106	\$ 22,890	\$ 114,996
	<u>100% \$ 594,899</u>	<u>\$ 156,320</u>	<u>\$ 751,219</u>
	79.2%	20.8%	100%



UNIVERSITY OF KENTUCKY

Brian R. MacPherson, Ph.D.  
Holsinger Endowed Professor of Anatomy  
And Vice-Chair  
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May 17, 2006

Jay Perman, M.D.  
Dean  
College of Medicine  
0298

**Re: Creation of a Department of Neurosurgery**

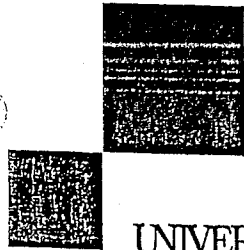
Dear Dean Perman:

I am pleased to be able to inform you that Faculty Council of the College of Medicine voted unanimously to endorse the proposal for creation of a Department of Neurosurgery in the UK College of Medicine at its May 16<sup>th</sup> meeting.

With best personal regards.

Sincerely yours,

Brian R. MacPherson, Ph.D.  
Chair  
Faculty Council COM



**UNIVERSITY of LOUISVILLE**  
*Health Sciences Center*

DEPARTMENT OF NEUROLOGICAL SURGERY

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**Christopher B. Shields, M.D., FRCS(C)**  
 Professor and Chairman  
 Norton Hospital Endowed Chair  
 Kentucky Spinal Cord Injury Research Center  
 Clinical Director

**George H. Raque, Jr., M.D.**  
 Associate Professor  
 Vice Chairman for Clinical Affairs

**Thomas M. Moriarty, M.D., Ph.D.**  
 Associate Professor  
 Director of Pediatric Neurosurgery

**John E. Harpring, M.D.**  
 Instructor

**Todd W. Vitaz, M.D.**  
 Assistant Professor  
 Director of Neurosurgical Oncology  
 Co-Director of Neurosciences Intensive Care

**Michael Han, M.D.**  
 Assistant Professor  
 Director of Cerebrovascular  
 and Neuroendovascular Surgery  
 Co-Director of Neurosciences Intensive Care

**Joseph M. Finizio, M.D.**  
 Assistant Professor

**Henry D. Garretson, M.D., Ph.D.**  
 Emeritus Professor

**Research Faculty:**

**Scott R. Whittemore, Ph.D.**  
 Professor  
 Vice Chairman for Research  
 Henry D. Garretson Endowed Chair  
 Kentucky Spinal Cord Injury Research Center  
 Scientific Director

**Theo Hagg, M.D., Ph.D.**  
 Professor  
 Neurosurgery Endowed Chair

**Xiao-Ming Xu, M.D., Ph.D.**  
 Associate Professor  
 James R. Petersdorf Endowed Chair

**David S. Magnuson, Ph.D.**  
 Associate Professor

**Stephen M. Onifer, Ph.D.**  
 Assistant Professor

**Al Hetman, M.D., Ph.D.**  
 Assistant Professor

**Qi-Lin Cao, M.D., Ph.D.**  
 Assistant Professor

**Yi Ping Zhang, M.D.**  
 Director of Translational Research

August 23, 2005

University of Kentucky  
 Jay Perryman, M.D.  
 Dean, College of Medicine  
 800 Rose Street, MN 150  
 Lexington, KY 40536

Re: Departmental Status for Neurosurgery

Dear Dr. Perryman,

It is my pleasure to write a letter in support of the creation of a Department of Neurological Surgery at the University of Kentucky. For many years there has been an increasing number of Neurosurgical Divisions becoming Departments of Neurological Surgery in the US. In fact, approximately 75% are free standing departments at this time. There are many reasons for this including 1) control of financial affairs, 2) growth of faculty without limitation by another administrative barrier, 3) direct access to the Dean of the Medical School for issues that are important to the Department, and 4) creation a level playing field with other departments that neurosurgery interact with (neurology, basic neuroscience, anatomical sciences, orthopedic surgery, etc).

There is an excellent infrastructure currently in place at the University of Kentucky to create a department. Dr. Byron Young has created an outstanding faculty at UK over the many years he has been Division chairman. Not only has he been an outstanding clinician-scientist, but he has recruited and maintained other faculty members that have represented the Division of Neurosurgery very well at national and international neurosurgical meetings. The Neurosurgical service has been successful in having excellent representation in oncology, spinal disorders, gamma knife program, pediatrics, and vascular surgery. The neurosurgical service has interacted with several departments at UK in a collaborative fashion and has been successful in creating a strong research presence.

With the direction of creation of Departments of Neurosurgery as well as the strong base that currently exists at UK, I believe that the creation of a department there would create a rich environment of further growth both clinically and in research that would enable UK to become one of the strongest departments of Neurosurgery in the US. I would who heartedly support such a move and would encourage the administration to look favorably on this. Please contact me if I can provide any further information.

Sincerely,

Christopher B. Shields, M.D.  
 Norton Hospital Chair and Professor  
 Department of Neurological Surgery  
 University of Louisville





# Lexington Clinic

September 12, 2005

J PERMAN MD  
C/O MS JENNIFER COLLINS  
UNIVERSITY OF KENTUCKY  
COLLEGE OF MEDICINE, DEANS OFFICE  
MN150 CHANDLER MEDICAL CENTER  
LEXINGTON KY 40536-0298

Dear Dr. Perman:

This letter is written to support the creation of the Department Of Neurosurgery at the University Of Kentucky College Of Medicine.

Creation of a separate Department Of Neurosurgery would allow neurosurgery to maintain its resources and funding within the department. This would take down a layer of control and could allow the department to more wisely channel these resources for patient care, teaching, recruitment of staff, research, and communication with the surrounding community.

Hopefully this could be done without weakening other divisions of the Department Of Surgery.

Yours very sincerely,

Leon J. Ravvin, M.D., C.M., F.R.C.S. (C)  
Chief, Division Of Neurosurgery  
Lexington Clinic

LJR/bm/mt  
09/12/2005/09/13/2005 09:53:30

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## NEUROSURGERY

Deborah A. Blades, M.D.  
Alexis Norelle, M.D.  
Leon J. Ravvin, M.D., C.M., F.R.C.S.(C)  
Henry P. Tutt, M.D.  
Yoshihiro Yamamoto, M.D..

## LOCATION

St. Joseph Office Park  
1401 Harrodsburg Road STE A 540  
Lexington, KY 40504

Office: 859-258-4000  
FAX: 859-258-6512



Lexington Clinic

31 October 2005

DEAN J PERMAN  
MN150  
UNIVERSITY OF KENTUCKY  
COLLEGE OF MEDICINE  
UKMC - ROSE STREET  
LEXINGTON KY 40536

Dear Dean Perman:

I want to express my support for the acquisition of departmental status for the University Of Kentucky Neurosurgery Section. I believe this will help the Department Of Neurosurgery achieve its full potential as an academic department, allow it to compete with adjacent state programs, who have departmental status, enhance its ability to acquire topnotch neurosurgical trainees, and achieve a greater degree of academic excellence. I would hope that as part of that development, the Department Of Neurosurgery would achieve a greater communication and interaction with community neurosurgeons.

I am aware of the achievements and academic success of the Section Of Neurosurgery. I would hope that acquisition of departmental status would not create a financial vacuum for other less developed and less successful departments or sections in the College Of Medicine.

Cordially and sincerely,

Henry P. Tutt, M.D.

HPT/bm/mt/bm  
10/31/2005/11/01/2005 04:44:28

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**NEUROSURGERY**

Deborah A. Blades, M.D.  
Alexis Norelle, M.D.  
Leon J. Ravvin, M.D., C.M., F.R.C.S.(C)  
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UNIVERSITY OF MARYLAND  
SCHOOL OF MEDICINE

November 1, 2005

Jay Perman, M.D.  
College of Medicine  
Dean's Office  
800 Rose Street  
MN-Chandler Medical Center  
Lexington, KY 40536-0298  
[japerm2@email.uky.edu](mailto:japerm2@email.uky.edu)

Dear Jay:

I am writing to you in response to your recent email message regarding departmental status for divisions of Neurosurgery. I am sure you know there are now by far more departments than divisions. I would guess that there are less than ten Neurosurgical units of the approximately 95 total with training programs that are still divisions. In one or two of these, the chair of surgery is also a neurosurgeon.

There are several reasons to consider departmental status for those units, still divisions. Particularly, greater financial autonomy and "a seat at the table", which provides incentives and methods for program development and advancement. I firmly believe that the clinical neurosciences will continue to progress through research, new technology, new procedures and increase patient volumes. I think that almost all educators and neuroscience investigators see neuroscience as an area where there is enormous potential. There is also the issue of recruitment of new leadership. When this is a consideration, the possibilities are more limited when there is only a divisional status.

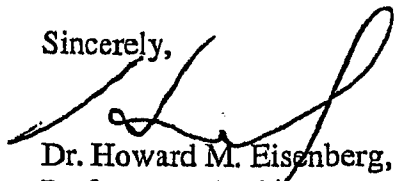
These are important and practical considerations, but the most important reason I think is that Neurosurgery is no longer academically aligned with General Surgery as it may have been even up to the 1980's. To emphasize this point consider that there are two kinds of surgery sub-specialties, those that require years of training in general surgery first including vascular, pediatric, cardiothoracic, oncologic and maybe plastic surgery and those that don't neurosurgery, ophthalmology, orthopedics and otolaryngology. Currently the only training required in general surgery by the American Board of Neurological Surgeons is six months in PGY1 and many program directors consider even this excessive.



In the last two decades, both neurosurgery and general surgery have progressed in their own directions and the academic rationale to keep neurosurgery in general surgery is no longer relevant.

Best Regards.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Eisenberg', written over the printed name.

Dr. Howard M. Eisenberg, M.D.  
Professor & Chairman



Julian E. Bailes Jr., MD  
Professor and Chairman

November 7, 2005

Ms. Jennifer Collins  
Special Assistant to the Dean and Vice President for Clinical Affairs  
University of Kentucky School of Medicine  
Room MN 150 UKMC, 800 Rose Street  
Lexington, KY 40536-0298

Fax (859) 323-2039

Dear Ms. Collins:

This letter is in support of the University of Kentucky's Division of Neurosurgery changing its status to departmental level. In my opinion, the persistent status of neurological surgery as a division is now antiquated. As you likely know, over 80% of neurosurgery services in the United States medical schools are departments. There are numerous reasons why this evolution has occurred and continues to be the most viable arrangement.

With increasing specialization, the development and defining of areas of neurological surgery such as brain tumors, cerebrovascular disease, epilepsy, pediatrics, spinal care, trauma services, and others, there is a great deal of interaction between neurological surgery subspecialists and colleagues in other fields. That interaction is all facilitated by departmental status. In addition, the high technology and interoperative techniques, equipment, monitoring expertise and personnel, are all improved by focusing a department and its subspecialists in their particular areas.

At West Virginia University, we have been departmental status for three decades. We have seen continual growth in our department with now ten neurosurgeons and will perform over 2,000 operations this year. In my review, it appears that all academic neurosurgery programs in this part of the country are departmental status, and I would consider the University of Kentucky to be at a competitive disadvantage, both regionally and nationally, in recruitment and retention of faculty, in competition for regional and national research awards, and in program development without departmental status. In summary, I whole-heartedly support this move and emphasize that it is necessary for continued growth of neurosurgery at the University of Kentucky College of Medicine. Please contact me if you wish to discuss this further. With kindest regards,

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Julian Bailes', written over a printed name and title.

Julian E. Bailes, MD  
Professor and Chairman

JEB/bk

Phone: 304-293-5041  
Fax: 304-293-4819  
Appt: 304-898-4880

Department of Neurosurgery  
Robert C. Byrd Health Sciences Center North  
PO Box 9183  
Morgantown, WV 26506-9183

Equal Opportunity/Affirmative Action Institution

# Medical Center

In the tradition of the Medical College of Virginia

November 15, 2005

Ms. Jennifer Collins  
 Special Assistant to the Dean and Vice President for Clinical Affairs  
 University of Kentucky College of Medicine  
 Room MN150 UKMC, 800 Rose Street  
 Lexington, KY 40536-0298

Dear Ms. Collins:

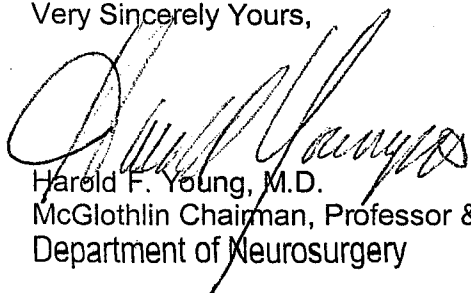
I am forwarding this letter to strongly support the request of the Division of Neurological Surgery at the University Of Kentucky College Of Medicine to receive departmental status at the University of Kentucky.

It certainly is time to do this for the Division of Neurological Surgery at the University of Kentucky as most neurosurgery divisions throughout the country have now achieved departmental status. The Division of Neurological Surgery at the University of Kentucky is certainly not on a level academic playing field with the stature of departments at the major universities in America. Departmental status for neurosurgery at the University of Kentucky will be beneficial to the university, the hospital, and particularly to neurosurgery. The Division, under the strong leadership of Dr. Byron Young, has achieved an excellent reputation in the way of accomplishments and certainly has great promise for the future as a Department academically, financially, research-wise, and in the delivery of patient care. Great strides can be expected of a Department of Neurological Surgery at the University of Kentucky. Dr. Byron Young has elevated the division to a national prominence in research of traumatic brain injury and is making very important strides in brain protection as he researches this major neurological problem.

The national and international prestige that departmental status would bring to the University of Kentucky would give the university itself greater renown throughout the USA and the world.

Therefore I wholeheartedly, without any reservation whatsoever, recommend that the Division of Neurological Surgery at the University of Kentucky receive departmental status.

Very Sincerely Yours,



Harold F. Young, M.D.  
 McGlothlin Chairman, Professor & Director  
 Department of Neurosurgery

HFY/th

## Harold F. Young Neurosurgical Center

**Department of Neurosurgery**  
 Ambulatory Care Center  
 417 North 11th Street, 6th Floor  
 P.O. Box 980631  
 Richmond, Virginia 23298-0631

804 828-9185  
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 TDD: 1-800-828-1120

**Harold F. Young, MD**  
 McGlothlin Chairman  
 Professor & Director

**John D. Ward, MD**  
 Hirschler Professor, Co-Director,  
 & Executive Vice-Chairman/  
 Chief, Pediatric Neurosurgery

**William C. Broaddus, MD, PhD**  
 Hord Associate Professor

**M.R. Ross Bullock, MD, PhD**  
 Reynolds Professor

**R. Scott Graham, MD**  
 Associate Professor

**Kathryn Holloway, MD**  
 Associate Professor

**Bruce E. Mathern, MD**  
 Assistant Professor

**Gary W. Tye, MD**  
 Assistant Professor

**Julia Green, PAC**  
 Physician Assistant

**Anne Hall, MS, ANP**  
 Nurse Practitioner

**Melissa O'Brien, NP**  
 Nurse Practitioner

**Corey Rominger, PAC**  
 Physician Assistant

**Ronald Stevens, PAC**  
 Physician Assistant

**PHYSICIAN NURSES**  
 Charlotte B. Gilman, RN, BSN  
 Amanda Hillyer, RN  
 Miriam Hirsch, MS, RN  
 Patricia Leach, RN  
 JoAnn Tillett, RN  
 Sharon Wolber, RN, BSN, CNRN

**RESEARCH FACULTY**  
**Anthony Marmarou, PhD**  
 Nemuth Professor &  
 Vice Chairman for Research

Zhi-Jian Chen, PhD  
 George Gilles, PhD  
 Martin Graf, PhD  
 Helen Fillmore, PhD  
 Randall Merchant, PhD  
 Dong Sun, PhD

*Charles F. Arnett, M.D.*

*Archer Clinic*

*400 University Drive*

*Prestonsburg, Ky. 41653*

*Ph. 606-886-8187*

*Fax. 606-886-8500*

Dr. Jay Perman  
c/o Jennifer Collins  
University of Kentucky  
college of Medicine, Dean's Office  
MN150 Chandler Medical Center  
Lexington, Ky 40536-0298

Dr. Perman,

This letter is in support of the creation of the Dept. of Neurosurgery. As a physician for 30 plus years in eastern Kentucky, neurosurgery has been the most vital and useful area of our referrals to the medical center. The Neurosurgery section has been the very acceptable of our patients at any time, especially, in emergency situations. The creation of the Dept. of Neurosurgery should improve this care with improved liaison with eastern Kentucky physicians and I strongly support the creation of a Dept. of Neurosurgery.

Sincerely,



Charles F. Arnett, M.D.

08/24/2005

RE Proposal vote\_edited.txt

From: mnewman@uky.edu  
Sent: Thursday, December 21, 2006 4:41 PM  
To: Brothers, Sheila C  
Subject: RE: Proposal vote

-----Original Message-----

From: mnewman@uky.edu [mailto:mnewman@uky.edu]  
Sent: Thursday, December 21, 2006 12:15 PM  
To: Newman, Melissa; Garrity, Thomas F; Jasper, Samuel J; Yates, J W;  
Stump, Gregory T; Hertog, Brittney; Hertog, James K; Frost, Chris;  
Houtz, Robert L; fox@uky.edu; Moliterno, David J; Brothers, Sheila C  
Subject: Proposal vote

Hello Senators,

The e-mail vote concerning the new Department of Neurosurgery was unanimously in favour of approval with a positive recommendation;.

Have a Merry Christmas and Thank you for your help getting this issue addresses before break!

Melissa  
Melissa C. Newman, Ph.D  
Associate Professor/Food Microbiology  
University of Kentucky  
859-257-5881  
Please note e-mail change mnewman@uky.edu