

Item A

**A Proposal
to Create the
Pain and Palliative Care Institute
at the University of Kentucky**

Submitted by the College of Medicine
University of Kentucky

Last revised July 18, 2002

[1] Goals and Significance:

We propose to establish the Pain and Palliative Care Institute in the College of Medicine. The Institute will develop and manage teaching, research, and clinical programs focused on the management and treatment of acute and chronic pain. The principal focus of the Institute will initially be clinical service.

The Institute's goals are to:

- (1) provide teaching and clinical training for medical students, residents and the faculty in the management and treatment of pain
- (2) provide clinical services for patients; and
- (3) encourage the development of new technology for the treatment of pain and delivery of palliative care.

There is no major center for the treatment and study of pain and delivery of palliative care in the Commonwealth or this region of the country. The University should work to establish the Pain and Palliative Care Institute not only to fill a void in local and regional health care delivery but also to give the University the opportunity to take a leadership role in what promises to be one of the major areas of development in medicine. At any given time, some 50 million Americans are disabled by pain. It has been estimated that this number will increase by at least 18 percent over the next decade. Although it is unfortunate, the aging, "baby boomer" population will ensure a certain future market for this area of medicine.

[2] Justification:

It has been estimated that

- 90% of all diseases may be associated with pain
- 50 million Americans suffer painful disabilities at any given time and this number will increase by 18% over the next decade
- more than \$60 billion are spent annually on the treatment of pain
- fewer than 10% of all "pain practitioners are proficient in more than eight out of 130+ diagnostic or therapeutic treatments for pain
- 22% of work-related injuries involve back pain
- more than 1 million Americans are diagnosed with cancer each year and among this group, 75% will experience severe pain at some time in the course of the disease
- the chronic use of pain medications is a growing public health problem

It is an auspicious time for the University to launch a clinical and research program dedicated to the treatment of pain. A particular challenge to medicine is the improvement in palliative care. Huge strides have been made in prenatal medicine, resulting in comfortable and rewarding delivery and unprecedented advances in neonatal care. Medicine must now focus its efforts on the other end of life's journey. A multidisciplinary center devoted to pain and palliative care could stimulate faculty interactions and foster research collaborations in medicine and pharmacy.

New and evolving medical technologies, such as those listed below, will play a role in clinical care delivery:

- Breakthroughs in intrathecal pharmacology
- New applications for spinal cord stimulation in the treatment of angina pectoris and peripheral vascular disease
- Minimally invasive annuloplasty for disc disease
 - Spinal endoscopy opens several opportunities for minimally-invasive interventions in spinal stenosis, epidural hematoma, and epidural abscess

An Institute devoted to the study of pain and palliative care could potentially contribute to the development of still other such technological advances.

[3] Faculty Leadership:

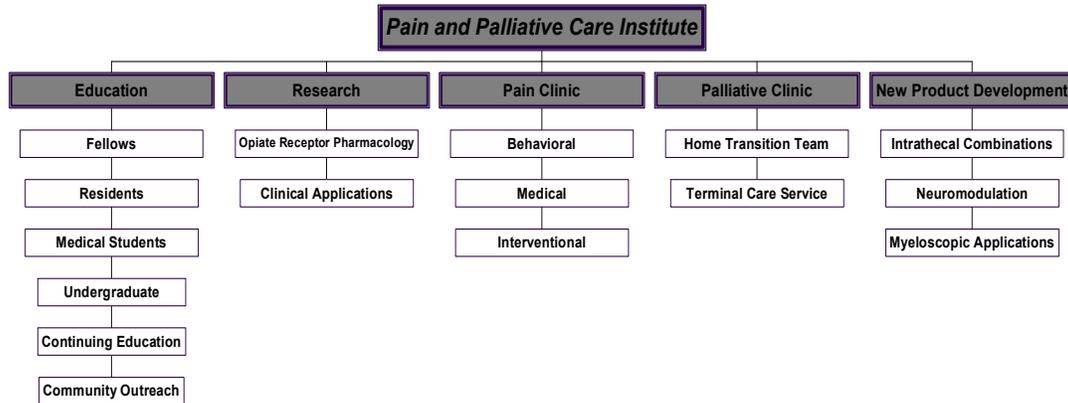
William Witt, M.D., will serve as the Director of the Pain and Palliative Care Institute. Dr. Witt is currently Professor of Anesthesiology and Neurosurgery, and former chair of the Department of Anesthesiology. Dr. Witt has had extensive experience in the treatment of pain and now manages a pain-treatment clinic at Good Samaritan Hospital.

Dr. Witt will also be the Division Chief of Pain and Palliative Care in the Department of Anesthesiology. The Director will have a six-year term of appointment that is renewable at the pleasure of the Dean and the Chancellor of the Medical Center. The Division Chief shall have an initial six-year term of appointment and serve at the pleasure of the Chairman of the Department of Anesthesiology. In the future, the roles of the Director and Division Chief may be separated. The Director's role will not be a function of membership in any particular department.

[4] Reporting Relationships:

The Pain and Palliative Care Institute will be a center reporting to the Dean of the College of Medicine. The Institute will work with faculty principally from departments in the College of Medicine and occasionally from other units in the Medical Center or on campus.

A model administrative structure is depicted on the following page.



[5] Staff and Facilities Requirements:

The Pain Institute will be located in suitable space to be identified. The physical facilities will be dedicated to patient care. The research component of the Pain Institute will be conducted in current faculty laboratories and offices elsewhere in the College of Medicine.

The University has a number of current organizations and programs that are co-aligned with the interests of the Pain and Palliative Care Institute. Among these units are the Kentucky Bone Center, the Markey Cancer Center; the telemedicine program, and KTIC. Kentucky regrettably has population morbidity concentrated in cancer, osteoporosis, cardiovascular and peripheral vascular disease.

[6] Space and Equipment Needs:

Approximately 20,000 net square feet of clinical, teaching, and research space are needed. Considerably less space will be necessary if there are no accommodations for expansion. This space will be needed for the following functions:

- A four-bed recovery area and dressing room
- Pump refill room
- Waiting room and reception area
- Record room
- 15 examination rooms
- Administrative staff space
- Conference room/library
- Fellows' office
- Director's office

The following equipment is needed:

- A two-dimensional C-arm
- A second conventional C-arm

[7] Proposed Operating Costs:

The creation of this Institute will require some non-recurring investment in order to set up a space suitable for this program. The source of income to support the Institute will be derived, in part, from revenues generated through faculty clinical activity.

A separate budget and compensation package for physicians assigned to the Institute either full or part-time, will be negotiated between the Director and the individual faculty members. The Institute will have the ability to develop off-site satellite locations to serve as “feeders” for the implantation and vertebroplasty services, yet be financially successful for the off-site hospitals, ambulatory surgery centers and clinics wherein they reside.

This is an entrepreneurial initiative and creative relationships with private entities are anticipated. The Dean will approve these relationships to expedite such developments.

[8] Potential for Generating Extramural Funds:

We cite the following potential sources of income to support this Institute:

- Clinical revenue
- Grants
- Contracts for pharmaceutical drug development
- Industry support
- Private investment in the development of pharmaceutical companies to develop novel applications for administration (intranasal, transdermal, intrathecal, novel combinations)
- Tuition payments for CME
- The ability to develop franchises in cooperation with Pain Care Centers

[9] Other Benefits of the Center:

The Pain institute will provide opportunities for teams of social and behavioral scientists, physicians, nurses and other health care professionals, psychologists, and others from various areas of the University to work together to assist patients in need of palliative care and their families. The institute will also make available to students critical training opportunities in palliative care. Along with clinical care and education, those individuals associated with this unit will provide expertise to the Commonwealth in

dealing with contemporary issues such as the abuse of Oxycontin. We anticipate that grateful patients and their families will provide donations and bequests to the University.

Note: This proposal has been approved by the Senate's Committee on Academic Organization and Structure and the Senate Council and is recommended to the University Senate. If approved, it will be forwarded to the Provost for appropriate administrative action.