

Proposal to Create a Department of Orthopedics

July 12, 2004

Questions regarding this proposal should be addressed to:

**Jay A. Perman, M.D., Dean, College of Medicine
David Watt, Ph.D., Executive Dean, College of Medicine**

Proposal to Create a Department of Orthopedics

Table of Contents (as of July 12, 2004)

Title Page

Table of Contents

Academic Organization and Structure Committee Review and Consultation Summary Sheet

Memo from Jay A. Perman, M.D. to Faculty Council, July 12, 2004

Proposal to Create a Department of Orthopedics

Document #2: Final Report of the *Ad Hoc* Committee, D. Kay Clawson, M.D., Chair

Document #1: Agenda of May 17 Consultation Meetings of *Ad Hoc* Committee

Appendix A

- Charge and Membership of *Ad Hoc* Committee, Michael Karpf, M.D., EVPHA
- 1990 Assoc. of Orthopaedic Chairmen
- U.S. Medical School Dept/Div Status
- Dept of Surgery Chairman's Letter
- Number of Clinical Faculty
- Department Organization and Faculty
- Department Practice Plan
- Financial Data
- Awards
- Research – Department and Orthopaedics Division
- Student Research
- Students to Kentucky Orthopaedics
- Orthopaedics Residents
- Departmental Space and Operating Rooms
- Letters
- Strategic Planning Retreat 2004 – Division of Orthopaedics

**ACADEMIC ORGANIZATION AND STRUCTURE COMMITTEE REVIEW
AND CONSULTATION SUMMARY SHEET**

Proposal Title: Proposal to Create a Department of Orthopedics

Name/email/phone for proposal contact: Jay A. Perman, M.D. japerm2@uky.edu 323-6582
David Watt, Ph.D. [dwatt@email.uky.edu](mailto:d watt@email.uky.edu) 323-6589

Instruction: To facilitate the processing of this proposal, please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically; specifically approval, rejection, no decision, and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this approval.

Reviewed By (Chairs, Directors, Faculty Groups, Faculty Councils, Committees)	Contact Person Name (phone, e-mail)	Consequences of Review	Date of Proposal Review	Review Summary Attached
Dept. of Surgery Division of Otolaryngology-Head and Neck Surgery	Raleigh Jones, MD, FACS Division Chief 257-5098 rjone1@uky.edu	Do Not Support	02/12/2004	Yes
Dept. of Surgery Chairman	Robert M. Mentzer, Jr., MD Chairman 323-6013 mentzer@uky.edu	Do Not Support	04/05/2004	Yes
Dept. of Surgery Division of Orthopaedics	Herbert Kaufer Past Division Chief hkaufer@umich.edu	Support	04/11/04	Yes
Dept. of Surgery Division of Urology	Randall Rowland, MD, PhD Division Chief 323-6677 rrowlan@uky.edu	Do Not Support	04/13/04	Yes
Dept. of Surgery Division of Pediatric Surgery	Andrew R. Pulito, MD Division Chief 323-5625 arpuli@uky.edu	No Decision	04/15/2004	Yes

Reviewed By (Chairs, Directors, Faculty Groups, Faculty Councils, Committees)	Contact Person Name (phone, e-mail)	Consequences of Review	Date of Proposal Review	Review Summary Attached
Dept. of Surgery Division of General Surgery Division of Vascular Surgery	Eric D. Endean, MD Division Chief (both divisions) 323-6346 edende@uky.edu	No Decision	04/24/2004	Yes
Dept. of Surgery Division of Orthopaedics Faculty	Darren L. Johnson, MD Division Chief 323-5533 ext. 250 dljohns@uky.edu	Unanimous Support	05/12/2004	Yes
University Hospital	Joseph O. Claypool, FACHE Hospital Director 323-5445 jclay4@uky.edu	Support	05/14/2004	Yes
Ad Hoc Committee	D. Kay Clawson, MD Chair 396-8758 dkcjd@msn.com	Support	06/01/2004	Yes
College of Medicine Council of Chairs	Jay A. Perman, M.D. 323-6582 japerm2@uky.edu	Approval	07/13/2004	Voice Vote
College of Medicine Faculty Council	Thomas Kelly, PhD 323-5206 thkelly@uky.edu Steven Haist, MD, MS 323-0303 stevehaist@uky.edu		07/20/2004	
Medical Center Academic Council	David Watt, Ph.D. 323-6589 dwatt@uky.edu			

Reviewed By (Chairs, Directors, Faculty Groups, Faculty Councils, Committees	Contact Person Name (phone, e-mail)	Consequences of Review	Date of Proposal Review	Review Summary Attached

Reviewed By (Chairs, Directors, Faculty Groups, Faculty Councils, Committees	Contact Person Name (phone, e-mail)	Consequences of Review	Date of Proposal Review	Review Summary Attached

Reviewed By (Chairs, Directors, Faculty Groups, Faculty Councils, Committees)	Contact Person Name (phone, e-mail)	Consequences of Review	Date of Proposal Review	Review Summary Attached

Last updated :

A Proposal to Create the Department of Orthopedics (Last revised July 12, 2004)

Background

In support of the reorganization of the Chandler Medical Center, Executive Vice President Michael Karpf has initiated an extensive and on-going planning process involving a number of on-campus committees. This process has also included input from various outside consultants. One facet of this process has been identification of areas of current strength that represent targets for further expansion and development in order to position the Medical Center more favorably and to increase needed medical service to Central and Eastern Kentucky. To date, four programs have been identified: oncology, neurosciences, cardiovascular disease; and musculoskeletal disease.

On February 23, 2004, Dr. Karpf appointed an *ad hoc* committee to examine the status of the Division of Orthopedics and recommend to Dean Perman and the UK HealthCare Executive Committee whether to create a new Department of Orthopedics. The members of the committee were D. Kay Clawson (chair), Roger Bulger, Alfred Cohen, James Herndon, and Jacqueline Noonan. The Committee examined financial information and other information concerning the current status of the Division of Orthopedics, as well as information on the status of orthopedics in U.S. medical schools. In addition, the committee solicited information from our benchmark universities on the role of orthopedics in their organizations, from former faculty of the Division of Orthopedics concerning their reasons for leaving UK, and from current and past division heads and chairs of the Department of Surgery concerning the question of whether the Division of Orthopedics should now become a department. Appendix A contains documentation of this investigation and inquiry. On May 17, the committee interviewed a number of key people in the departments of Internal Medicine and Surgery (document #1).

On June 1, 2004, the Committee submitted its report to Dean Perman (document #2).

Report Findings

The Committee identified the following current strengths:

- Good progress in developing the Division of Orthopedics under the leadership of Drs. Johnson and Mentzer.
- The Division is in good financial condition.
- The Sports Medicine program in the Department of Family Practice and Community Medicine and the rehabilitation program in the Department of Physical Medicine and Rehabilitation are strong.

- The local Shriners' Hospital and its affiliation with the Division is an advantage.
- The designation of the UK Hospital as a Level 1 Trauma Center is an advantage for the Division of Orthopedics.
- The adjoining VA Hospital is another advantage for the Division of Orthopedics.
- The Division has attracted high quality residents.
- The basic sciences departments, particularly the developing program in muscle biology led by Michael Reid in the Department of Physiology, offer opportunities for collaborative research.
- Other colleges in the Medical Center, the MRISC and the Graduate Program in Biomedical Engineering offer other opportunities ofr collaborative research.
- The leadership of the UK HealthCare Enterprise is committed to developing market share and funding for musculoskeletal diseases.

The *ad hoc* committee identified the following current weaknesses:

- Faculty retention appears to be an issue.
- The Division of Orthopedics has strong clinicians but does not currently have senior, academic orthopedists with functional research programs.
- The Division lacks depth in certain areas (e.g., joint replacement, foot and ankle injuries, musculoskeletal oncology and trauma).
- The Department of Surgery charges and overhead to provide services, not all of which are of value to the Division of Orthopedics.
- Medical student education in the musculoskeletal system was limited by its inclusion as an elective in the "Surgery block". Little thought has been given to delivering a coordinated education experience linking rheumatology, rehabilitation medicine, primary care, and orthopedics.
- The limited clinical program in rheumatology.
- The minimal research currently underway in the Division of Orthopedics.
- The need to examine the infrastructure (e.g., OR time, MRI and X-ray facilities, etc.) that supports the Division.
- Apparent communication issues between the leadership and the Division.
- Limited involvement of orthopedic surgeons at the Shriners' Hospital with the Division.

Report Recommendations

Noting that the current Division of Orthopedics has departmental status in all but one of UK's 20 benchmark schools, the *ad hoc* Committee recommended the following:

1. the development of subspecialties in orthopedics would be a productive strategy to expand the clinical operation at UK and provide needed service to an aging population;
2. recruiting more faculty in orthopedics, ideally at the mid-level or senior level with national reputations in critical areas such as joint replacement is essential;
3. orthopedics at the University of Kentucky will best reach its potential if granted departmental status; and
4. this new department should be the cornerstone of development of a musculoskeletal center of excellence.

Proposal

In view of the Committee's recommendations and assuming appropriate approvals from various committees (see attached checklist), Dean Perman and Executive Vice President Karpf would like to proceed as follows:

1. Create the Department of Orthopedics by separating the current Division of Orthopedics from the Department of Surgery as a stand-alone entity with control of its own clinical and research programs, faculty, staff and finances.
2. Provide sufficient number of lines in Clinical Title Series to provide patient care in various subspecialties.
3. Appoint a Musculoskeletal Visiting Committee, including distinguished orthopedic surgeons from outside the University, to guide the development of the new Department and in particular its academic focus.
4. Invest appropriate resources through UK HealthCare Enterprise to provide the necessary infrastructure to expand capacity and provide quality care to patients.
5. With the appointment of Linda Crofford as the new Division Chief in Rheumatology, rebuild connections between the division and the new Department.

The Committee's extensive review and its recommendations make clear that this area 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 of medical services to our constituent areas, it is imperative that we move forward with creation of a Department of Orthopedics.

Document #2

June 1, 2004

MEMORANDUM

TO: Jay Perman, M.D.
Dean, College of Medicine

RE: Memorandum of February 23, 2004 to evaluate the strengths and weaknesses of the Orthopaedic program and recommend division versus departmental status

The committee members read in detail the database (appendix A) and on May 17, 2004 met at the Medical Center with concerned individuals (appendix B – Agenda). After a tour of the orthopaedic facilities, the committee met in executive session and was unanimous in support of the points made in this report.

Strengths of the current Orthopaedic program

1. The committee noted the progress that has been made in orthopaedics by the current leadership of Darren Johnson as head of the division and Robert Mentzer, Chairman of the Department of Surgery.
2. The program is on a solid financial footing with approximately \$1.5 million in reserves and the faculty has recently voted unanimously to contribute \$500,000 toward matching funds for the development of the research program. The present faculty is supportive of the direction of the program and the leadership of Dr. Johnson.
3. The Sports Medicine program is strong, not only in surgery but in prevention and rehabilitation.
4. The magnificent Shriners Hospital and its' affiliation is a distinct advantage for the Orthopaedic program.
5. The relationship with bioengineering and the Wenner-Gren Laboratory offers a solid base for research and training activities.
6. The designation of the UK Hospital as a Level 1 trauma center and the volume of trauma this brings in is a strength.
7. Having a Veterans Administration Hospital attached to the University provides another level of support, and it is felt that it could be utilized to develop support for research as well as clinical education.

8. The program is able to compete for outstanding residents and is in the process of seeking accreditation for four residents per year instead of the current three.
9. The basic science departments at the College of Medicine are strong and offer real potential for collaborative research.
10. The fact that the University has Colleges of Health Sciences, Pharmacy, Public Health, Dentistry, and Nursing offers other areas for collaboration.
11. The potential linkages to other University programs such as engineering and the imaging center could expand the academic opportunities for the program.
12. The medical center has had experience with the establishment and operation of centers of excellence such as Aging, Cancer, Women's Health, etc.
13. The leadership of the Medical Center is aware of the potential of Orthopaedics to improve market share and funding for the Medical Center.

Weaknesses of the current Orthopaedic program

1. Faculty turnover has been a major problem. Young people have left for prestigious appointments at schools such as Harvard, University of Rochester, Ohio State, Cleveland Clinic and Palo Alto. It has also been common for faculty to enter private practice in Lexington and take their patients with them. Faculty turnover was blamed as the prime reason for the limited productivity of the joint venture with bioengineering and for a lack of a close working relationship with the Division of Rheumatology in which the current division head did not know the name of the head of Orthopaedics.
2. There is a lack of senior orthopaedists that are respected in the nation and the community.
3. There is lack of depth in special areas such as joint replacement, foot and ankle, musculoskeletal oncology and even in trauma.
4. The University's and the Department of Surgery's appointment and promotion process is cumbersome and at times unrealistic. It has resulted in both the loss of outstanding faculty and difficulty in recruiting new faculty.
5. The surgery departmental tax of 4.5% of the gross collections (approximately \$300,000 per year) provides an array of services, many of which are not utilized or of value to the Orthopaedic program.
6. Medical student education in the musculoskeletal system has been compromised by orthopaedics being only a selective or an elective as part of a surgery block. There appears to have been little effort or thought of teaching musculoskeletal diseases as a conjoint effort between rheumatology, rehabilitation medicine, primary care and orthopaedics.
7. The lack of a strong unit in rheumatology is a limiting factor on reconstructive surgery. It was noted by one of the consultants that almost half of the referrals to the orthopedists at the Brigham and Women's comes from rheumatology.

8. There is little collaborative basic research being conducted despite strong basic science departments.
9. There is limited clinical research activity.
10. The support system for orthopaedics is grossly inadequate for a competitive practice and teaching unit. X-ray facilities are not available in the orthopaedic outpatient area. It was estimated that up to 80% of the MRI examinations ordered by Orthopaedics are now done privately in order to get them in a timely manner. There is lack of operating room time, and perhaps most critical, a lack of a dedicated trauma room so that trauma cases that are not life-threatening do not get bumped to the end of the day schedule or so that trauma cases do not bump scheduled reconstructive cases.
11. Communication seems to be a problem whether it relates to the Dean, the Associate Deans, the Hospital Administration, or units such as rheumatology and rehabilitation medicine. The chair of surgery feels his role is to “advise, assist, broker and when the chief of the division and the division faculty members do not agree to attempt to broker solutions.” At the same time, he believes his role is that of demanding academic productivity. This relationship allows for questions as to who is truly in charge and making decisions regarding hirings and terminations and whether or not the specific goals and objectives as defined by the Deans and the Hospital are being transmitted and developed to their maximum.
12. There are five pediatric orthopaedic surgeons with Shriners appointments and faculty positions at the University of Kentucky but only three that participate in developing the Pediatric Orthopaedic program at the University. This seems to be a lost opportunity to develop a very strong pediatric orthopaedic presence in the UK Children’s Hospital.

Strategies to improve the program/division or departmental status

1. The committee believes that the recommendation of the outside consulting group on Medical Center/Clinical Enterprise investments of having Orthopaedics as one of the four areas along with Oncology, Neurosciences and Heart is in keeping with what is going on nationally with an aging population requiring more and more musculoskeletal healthcare services. We note that over the past 15 years there has been a 32% shift from generalist orthopaedists to specialty orthopaedics. It is now common to have multiple subspecialties within an orthopaedic program. These include joint reconstruction, hand or upper extremity surgery, foot and ankle, spine, trauma, sports medicine, oncology, and amputation/prosthetics. Because orthopaedics has not specialized in Lexington or eastern Kentucky as much as many other places in the country, we believe that development of the subspecialty programs would be a productive strategy in expanding the clinical operation at the University of Kentucky.
2. To accomplish this we believe the long term goal should be the development of a musculoskeletal center of excellence of which orthopaedics should be a major component.
3. We believe that it is essential to recruit more orthopaedic faculty and indeed mid-level and senior individuals with national reputations in critical areas such as joint replacement.

4. To accomplish this we believe there must be assurances that each of the subspecialty areas have more than one individual and those such as trauma have a nucleus of at least 3, preferably 5 individuals. In addition, because of the enterprise implications of such an initiative, we believe the recruitment effort should not be left just to the orthopaedic division/department but that the Dean, Hospital Administrator, and the EVPHA should take an active role in assisting in the recruitment effort.
5. The committee noted the difficulty in recruiting a nationally known leader in orthopaedics to chair the unit after the last two vacancies. We also note that all but one of the 20 benchmark schools (Texas A & M) has **departmental status** and few of the 24 schools that currently have orthopaedics as a division are schools that are similar to the University of Kentucky. Many major universities with orthopaedics as divisions were only able to recruit new quality leadership and grow their programs after restructuring into departmental status. In an address he gave in 1990, Dr. Robert Petersdorf, then President of the Association of American Medical Colleges, noted the direction that surgical specialties were taking starting with the movement of ophthalmology out of the departments of surgery and referred to the rapid movement of orthopaedics from a division of surgery to a departmental status.
6. We believe that it can only reach its potential if it is granted departmental status with direct reporting relations to the Dean, the Hospital Administrator, and other senior administrators in keeping with the responsibilities of a clinical chair. This will allow recruitment and leadership positions at the Division level for the many orthopaedic subspecialists required in a robust musculoskeletal center of excellence.
7. If such a direction is taken we would recommend that a musculoskeletal visiting committee be appointed to review the program on a yearly basis. The members of the visiting committee should be both medical and lay and both orthopedists and non-orthopedists with national stature whether from the local area or elsewhere in the nation.
8. To meet these goals will require additional infrastructure and capacity resources including operating rooms, easily accessible x-ray facilities, readily available MRI, increased patient beds, office and laboratory space, and a strategic marketing plan. Dedicated trauma operating facilities and imaging appear to be the highest priorities.
9. Lastly, we recommend a major recruitment initiative into Rheumatology, another essential element in a musculoskeletal center.

Respectfully submitted,

D. Kay Clawson, M.D.
Roger Bulger, M.D.
Alfred Cohen, M.D.
James Herndon, M.D.
Jacqueline Noonan, M.D.

cc: Michael Karpf, M.D.



UNIVERSITY OF KENTUCKY


**Dean and Vice President
for Clinical Affairs**

*College of Medicine
MN 150 Chandler Medical Center
800 Rose Street
Lexington, KY 40536-0298
(859) 323-6582
Fax: (859) 323-2039
www.uky.edu*

July 12, 2004

TO: Thomas Kelly, Ph.D.
Chair, Faculty Council

Steve Haist, M.D.
Chair-Elect, Faculty Council

FROM: Jay Perman, M.D. 
Dean

RE: Creation of a Department of Orthopedics

I would appreciate your considering the attached proposal for the creation of the Department of Orthopedics. This new department would emerge from the Division of Orthopedics in the Department of Surgery and would support our efforts to develop an academic and clinical focus in musculoskeletal diseases.

I have attached a memorandum prepared by an *ad hoc* committee, appointed by Michael Karpf and me, to examine this issue. The committee was chaired by Dean Emeritus Kay Clawson and you should feel free to interview Dr. Clawson as part of your process in considering this issue.

I would appreciate your considered but prompt review of this proposal.

attachment

cc: Jane Harrison
David Watt
Michael Karpf

Appendix A

Charge and Membership of *Ad Hoc* Committee, Michael Karpf, M.D., EVPHA
1990 Assoc. of Orthopaedic Chairmen
U.S. Medical School Dept/Div Status
Dept of Surgery Chairman's Letter
Number of Clinical Faculty
Department Organization and Faculty
Department Practice Plan
Financial Data
Awards
Research – Department and Orthopaedics Division
Student Research
Students to Kentucky Orthopaedics
Orthopaedics Residents
Departmental Space and Operating Rooms
Letters
Strategic Planning Retreat 2004 – Division of Orthopaedics