



January 6, 2022

To: Council on Academic Affairs

From: Tania (Tatiana) Oberyszyn, PhD
Vice Dean for Faculty Affairs

RE: Request for the formation of a Department of Dermatology

Attached are documents requesting the formation of a Department of Dermatology from the current Division of Dermatology in the Department of Internal Medicine. The College of Medicine's College Council unanimously approved the request on December 15, 2021.

Thank you for your consideration of this request.

Sincerely,

Tania (Tatiana) Oberyszyn, PhD
Vice Dean for Faculty Affairs, COM
Professor
Department of Pathology



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Office of the Chairman
Department of Internal Medicine

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February 5, 2022

Eric Bielefeld PhD
Office of Academic Affairs 203 Bricker Hall
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bielefeld.6@osu.edu

Re: Departmental Status Dermatology

Dr. Bielefeld,

I am writing to inform you that I fully support the transition of Dermatology from a division within Internal Medicine to a **Department of Dermatology**. The discipline of Dermatology encompasses a unique body of knowledge with a distinct residency program from Internal Medicine. Dermatology also has a distinct board certification and re-certification process. In addition to its association with Internal Medicine, Dermatology works closely with pediatrics, plastic surgery, and otolaryngology. Many of the contemporary areas of focus of Dermatology are fundamentally distinct from the practice of Internal Medicine, including dermatologic surgery for benign and malignant skin lesions, laser-based technologies, and aesthetic services. Over the last ten years, the Division of Dermatology has demonstrated robust growth in faculty and academic achievement. There has been a dramatic increase in peer reviewed publications, national scholarly presentations, and research. The clinical service has prominent signature programs that draw from a five-state region and has a nationally recognized inpatient consult service.

The Division of Dermatology has established a sound financial base and last year the wRVU performance was approximately 22,000 wRVUs over set benchmarks. The revenue from clinical services has shown significant growth over the past five years.

The establishment of a Department of Dermatology will not have a significant adverse effect on the Department of Medicine. Departmental status for Dermatology will help grow research and recruitment of nationally recognized faculty. In this regard, for this division to excel further to a top-10 program, a Departmental designation is critical to retain and recruit faculty and build on the superb operational success of this division. Indeed, most of the elite Dermatology programs in the US are separate Departments.

I fully support the creation of a Department of Dermatology.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rama K. Mallampalli', with a long horizontal stroke extending to the right.

Rama K. Mallampalli, MD
S. Robert Davis Chair of Medicine
Professor and Chair, Department of Internal Medicine
Director, Medical Scientist Training Program
The Ohio State University
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January 22, 2022

W. Randy Smith, PhD
Vice Provost
Ohio State University Council of Academic Affairs

Re: Departmental Status for Dermatology

Dear Dr. Smith,

As Chairman of Orthopedic Surgery, I write to provide my support for the transition of the Division of Dermatology of Internal Medicine to the Department of Dermatology. Dermatology at Ohio State has significantly advanced over the years with notable academic achievements and robust growth of faculty.

The discipline of Dermatology is distinct from Internal Medicine, encompassing a unique body of knowledge. There is a significant focus on surgery of skin cancers, cosmetic surgery, and lasers, which are clinically distinct services from Internal Medicine. As is the case with Orthopedics, there is an important pediatric component to the specialty. OSU Dermatology has a distinct ACGME certified residency program and unique certification by the American Board of Dermatology.

As a Department Chair, I appreciate the importance of departmental status in obtaining academic growth and expanding research. Departmental status will be an important criterion for recruiting nationally recognized clinicians and researchers for Dermatology. I would hope that departmental status would also help grow philanthropic support, especially from alumni. Orthopedics appreciates the contributions Dermatology has made at OSUMC. Dermatology has always been available for hospital consults and to work in patients with rashes. They have collaborated with our Sports Medicine program to provide needed services to our athletes.

I strongly support departmental status for Dermatology. This will be a critical step in growing the academic program, especially research. Their nationally recognized clinical signature programs deserve departmental recognition.

Respectfully,

Andrew H. Glassman, M.D., M.S.
Adult Reconstructive Surgery
Professor and Chairman
Frank J. Kloenne Chair in Orthopaedic Surgery
Department of Orthopaedic Surgery
The Ohio State University Wexner Medical Center



THE OHIO STATE UNIVERSITY

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January 5, 2022

Vice Provost W. Randy Smith
Council on academic Affairs
Office of Academic Affairs
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Dear Vice Provost Smith,

The Division of Dermatology of the Department of Internal Medicine of The Ohio State University College of Medicine requests transition to the Department of Dermatology. A case for establishing a Department of Dermatology is based upon unique and well performing clinical activities, research programs, and service endeavors. These activities are distinct from The Department of Internal Medicine, encompassing a unique body of knowledge. Departmental status is an important criterion for the recruitment of nationally recognized clinicians and researchers. Dermatology has a distinct residency program from Internal Medicine, which leads to board certification in Dermatology. This will also bring The Ohio State University into alignment with all other BIG-10 schools in which Dermatology is a unique department.

Sincerely,

Mark Bechtel MD

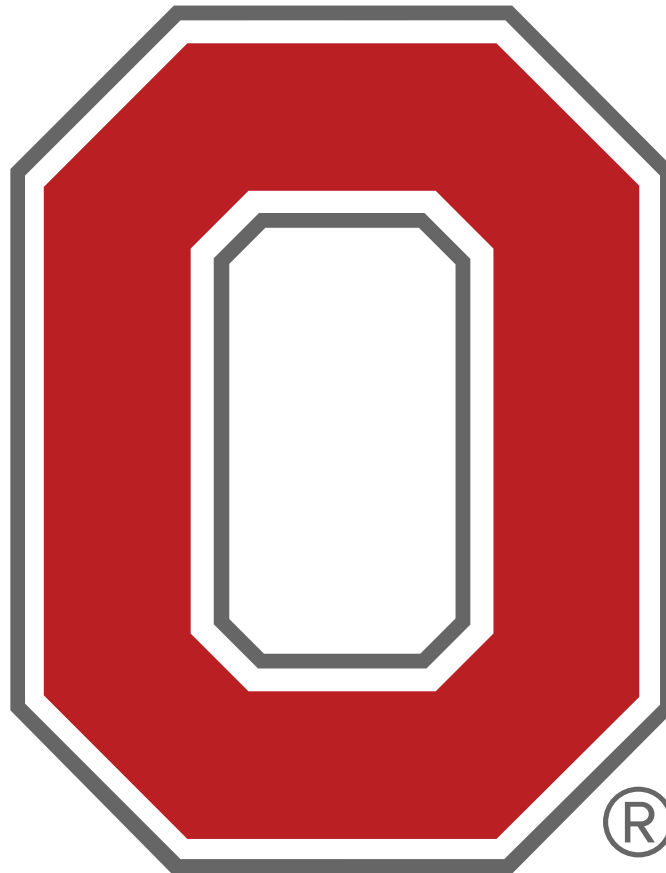
Mark Bechtel, MD
Professor Medicine – Clinical
Director Division of Dermatology
Ohio State University College of Medicine

CC:

Carol R. Bradford, MD, MS
Rama Mallampalli, MD
Tatiana Oberyszyn, PhD

Attachments:

Proposal Establishment of Department of Dermatology



Proposal

Establishment of The Ohio State University Medical Center Department of Dermatology

Included: Documentation enumerated in The Ohio State University Bylaws and Rules 3335-3-37 (Alteration of Units), in accordance with definitions laid out in 3335-3-34 (Schools, departments, divisions, and sections; defined and located)

Year of Production: 2020
Division Dossier Committee:
David R. Carr, MD MPH (Chair)
Mark Bechtel, MD
Jennifer Sopkovich, MD
Kelly Tyler, MD
Beth Kistler Olds, RN BSN
Valorie Winslow
Clinton Walsh

This document addresses the request for proposal outlined in The Ohio State University Bylaws and Rules 3335-3-37 (Section A-2):

-A proposal for alteration or abolition of a unit must include an analysis with the following elements. It shall be the responsibility of the party making the proposal to provide this analysis.

- A rationale for alteration or abolition of the unit which includes a history of the formation, activities and evaluation of the performance of the unit
- An enumeration of all faculty affected by the alteration or abolition of the unit.
- A person-by-person analysis of the proposed reassignment or other accommodation of the faculty identified in paragraph (b)(2)(b) of this rule, including a statement of the impact on promotion and tenure. No tenured faculty member shall be involuntarily terminated as a result of this process. However, faculty may be transferred to another unit in accordance with paragraph (C)(2) of rule 3335-6-06 of the Administrative Code and with regard to the teaching, research, and service expertise of the individual.
- An analysis of the academic courses now taught by the unit and provisions for their reassignment to other units, if relevant.
- An analysis of the students affected by the proposal, including majors, non-majors, professional and graduate students.
- Specific proposals regarding support for currently enrolled students until degree completion.
- An analysis of the budgetary consequences to all relevant units as a consequence of the proposal.
- An analysis of the services lost to the rest of the university as a consequence of the proposal.
- An analysis of impact on constituencies external to the university, including alumni.
- An analysis of the impact on governance at all relevant levels as a consequence of the proposal.
- An analysis of the impact upon diversity.
- An analysis of the impact on the academic freedom and responsibility of all affected faculty.

Table of Contents

1. RATIONALE FOR THE ALTERATION OF DERMATOLOGY FROM DIVISION TO DEPARTMENT AT THE OHIO STATE UNIVERSITY	9
1.1 HISTORY OF DERMATOLOGY AS A SPECIALTY IN THE US	13
1.2 HISTORY OF THE FORMATION OF THE OSU DIVISION OF DERMATOLOGY	14
1.3 CLINICAL ACTIVITIES IN THE OSU DIVISION OF DERMATOLOGY.....	15
1.3.1 <i>Medical Dermatology</i>	15
1.3.2 <i>Surgical Dermatology</i>	17
1.3.3 <i>Pediatric Dermatology</i>	19
1.3.4 <i>Cutaneous Oncology</i>	19
1.4 EVALUATION OF THE PERFORMANCE OF THE DIVISION OF DERMATOLOGY.....	21
1.4.1 <i>Clinical Performance</i>	21
1.4.2 <i>Educational Performance</i>	25
1.4.3 <i>Research Performance</i>	29
1.4.4 <i>Financial Performance</i>	35
2. ENUMERATION OF ALL FACULTY AFFECTED BY THE ALTERATION	38
4. AN ANALYSIS OF THE ACADEMIC COURSES NOW TAUGHT BY THE UNIT AND PROVISIONS FOR THEIR REASSIGNMENT TO OTHER UNITS, IF RELEVANT.	38
5. ANALYSIS OF STUDENTS AFFECTED BY THE PROPOSAL	38
6. SPECIFIC PROPOSALS REGARDING SUPPORT FOR CURRENTLY ENROLLED STUDENTS UNTIL DEGREE COMPLETION.	38
7. ANALYSIS OF BUDGETARY CONSEQUENCES TO ALL RELEVANT UNITS	38
8. AN ANALYSIS OF THE SERVICES LOST TO THE REST OF THE UNIVERSITY AS A CONSEQUENCE OF THE PROPOSAL.	39
9. AN ANALYSIS OF IMPACT ON CONSTITUENCIES EXTERNAL TO THE UNIVERSITY, INCLUDING ALUMNI	39
10. AN ANALYSIS OF THE IMPACT ON GOVERNANCE AT ALL RELEVANT LEVELS AS A CONSEQUENCE OF THE PROPOSAL	39
11. ANALYSIS OF THE IMPACT ON DIVERSITY	40
12. ANALYSIS OF THE IMPACT ON THE ACADEMIC FREEDOM AND RESPONSIBILITY OF ALL AFFECTED FACULTY	40
APPENDIX A: TOP 75 RESEARCH MEDICAL INSTITUTIONS AND DERMATOLOGY PROGRAM DEPARTMENT STATUS	40
APPENDIX B: DESCRIPTION OF SPECIALTY DERMATOLOGY CLINICS	43
APPENDIX C: DERMATOLOGY FACULTY	47
APPENDIX D: INVESTIGATOR-INITIATED TRIALS	53

List of Graphs, Tables, and Figures

Graph 1 (Pg 15): [Overview of OSU Dermatology Structure](#)

Table 1 (Pg 33): [Sample of Articles from Dermatology Faculty](#)

Table 2 (Pg 37): [Internally Funded Expansion Budgets, Division of Dermatology: 2010-2020](#)

Figure 1 (Pg 21): [Full-time Faculty per Fiscal Year in the Division of Dermatology](#)

Figure 2 (Pg 22): [wRVU Production](#)

Figure 3 (Pg 23): [Benchmark vs Actual wRVU Production](#)

Figure 4 (Pg 24): [Discreet Inpatient Dermatology Consults per Year](#)

Figure 5 (Pg 29): [Research grant funding in the Division of Dermatology from 2010-2020](#)

Figure 6 (Pg 30): [Dermatology Clinical Trial Invoicing](#)

Figure 7 (Pg 30): [Clinical Trial Numbers: Division of Dermatology Clinical Trials Unit](#)

Figure 8 (Pg 32): [Peer-reviewed Papers: Faculty of the Division of Dermatology](#)

Figure 9 (Pg 34): [Total Presentations: Faculty of the Division of Dermatology](#)

Figure 10 (Pg 35): [Total Charges and Payments by Fiscal Year](#)

Figure 11 (Pg 36): [COVID 19 Response](#)

1. Rationale for the Alteration of Dermatology from Division to Department at The Ohio State University

Dermatology at The Ohio State University has undergone a remarkable transformation in the past 15 years. The Division has met and exceeded its mission of providing excellent and comprehensive patient care, training future physicians, moving the field forward with research endeavors, and serving both the community and the OSU Medical Center. This document will:

1. Outline the rationale for the request to alter OSU Dermatology to department status.
2. Present the composition of the Division of Dermatology, focusing on advances made over the past ten years and presenting data-driven performance measures.
3. Provide additional documentation enumerated in The Ohio State University Bylaws and Rules 3335-3-37 (Alteration of Units), in accordance with definitions laid out in 3335-3-34 (Schools, departments, divisions, and sections; defined and located)

The case for establishing a Department of Dermatology is based upon unique and well-performing clinical activities, educational programs, research programs, and service endeavors. These activities are distinct from the Department of Internal Medicine. The change will reflect the strength of the medical center's ability to support an infrastructure that is comprehensive across all aspects of medicine and surgery and is competitive with the top echelon of medical schools. It will also bring The Ohio State University into alignment with other BIG-10 Schools, in which dermatology is a unique Department (refer to [Appendix A](#)).

Focused Reasons for Establishment of the Department of Dermatology

1. The discipline of Dermatology is distinct from Internal Medicine, encompassing a unique body of knowledge.
2. Departmental status is an important criterion for the recruitment of nationally recognized clinicians.
3. Departmental status is an important criterion for the recruitment of nationally recognized researchers.
4. Dermatology has a distinct residency program from Internal Medicine, which leads to board certification in Dermatology.
5. Dermatology complements many different specialties that are separate from Internal Medicine and are important in the core education of our residents and delivery of clinical and surgical services. These specialties include pediatrics,

pathology, plastic surgery, otolaryngology, and other components of cosmetic and aesthetic surgery.

6. Dermatology residency is highly competitive. Matching the most outstanding future candidates from top tier medical schools will be accelerated with department status. Top candidates will increase the reputation of both Dermatology and the OSU Medical Center.
7. Dermatology is a unique specialty, with close associations with multiple other specialties. These include: Internal Medicine, Pediatrics, Neurology, Plastic Surgery, Otolaryngology, and Pathology. Many of the contemporary areas of focus of dermatology are fundamentally different from the practice of Internal Medicine. This includes advances in dermatologic surgery for benign and malignant skin lesions; cutaneous reconstructive surgery; laser-based technologies, chemical peels, and other aesthetic services, including injections of botulinum toxins and filler agents; advances in phototherapy; and patch testing. The financing, support, and productivity of these procedures is distinct from Internal Medicine and requires an organizational structure that is tailored to, and adept at, supporting these distinct services.

Consistency with University Guidelines for conversion to Departmental Status

- 1. The discipline should represent an identifiable body of knowledge and academic concern that is not duplicated in other departments of the Institution.**

The components of this document clearly distinguish the unique nature of the discipline of Dermatology and demonstrate its recognition as an identifiable body of knowledge and academic concern. There is no other department at Ohio State that constitutes the well-defined and academic focus on disorders of skin, hair, nails, and mucous membranes. Dermatology is recognized by national organizations, a distinct ACGME certified residency program, dedicated journals, dedicated CME structure, and a unique certification of the American Board of Dermatology. All Big 10 institutions, except The Ohio State University, have departments of dermatology; illustrating the broad acceptance of dermatology as a unique specialty.

- 2. Potential academic programs at both graduate and undergraduate levels.**

The Division of Dermatology maintains academic programs within the medical school curriculum as well as an ACGME recognized dermatology residency program. Dermatology is taught as a unique discipline in the Med II medical school curriculum, as well as clinical rotations for third and fourth-year medical students. The dermatology residency program is a distinct, free-standing, three-year residency after graduation from medical school. Additionally, there is a Micrographic Surgery and Dermatologic Oncology Fellowship and a Clinical Research Fellowship.

- 3. A source of faculty members prepared to offer academic work in the academic area concerned.**

At the time of the preparation of this document, OSU Dermatology has nineteen full-time faculty members who are board certified in Dermatology. In addition, there are four full-time Pediatric Dermatologists at Nationwide Children's Hospital, funded by the Department of Pediatrics. As described in detail below, there is broad involvement in academic work in dermatology, including clinical trials, investigator-initiated trials and funded research.

- 4. An area of academic concern which offers research and/or public service opportunities in addition to formal classroom teaching and has the potential for developing national or international recognition as an academic discipline.**

As designated in future sections of this document, OSU Dermatology has conducted clinical activities, scholarship, and research, which has achieved national recognition. The OSU Dermatology faculty members have held important leadership positions in the American Academy of Dermatology, the Association of Professors of

Dermatology, the American College of Mohs Surgery, The Ohio Dermatological Association, and the American Contact Dermatitis Society. Faculty members have produced extensive publications in highly respected peer-reviewed national and international journals. The OSU Dermatology faculty and residents consider public service to be the core of our mission. As a group, we actively participate in local free clinics for indigent care, as well as international health care outreach initiatives.

5. An area of academic concern which either has or is in the process of developing a student clientele either for the purpose of major programs or as an important “service” discipline to other major programs.

This document demonstrates the active educational programs for OSU medical students; multiple ACGME certified programs, including a residency program in Dermatology, a fellowship in Micrographic Surgery and Dermatologic Oncology, a fellowship in Pediatric Dermatology, and participation in dermatologic training in the Dermatopathology fellowship; multiple research fellowship positions; and training of residents from other medical specialties. OSU Dermatology is also an important service discipline to multiple other major programs. Dermatology faculty actively participate in the dermatologic education for multiple specialties. Also, dermatology is a critical participant in the multidisciplinary management of many conditions, including numerous malignancies, wound healing, psoriasis, pediatric and adult medical disorders, and dermatopathology.

6. The ability to assume primary fiscal responsibility.

The Division of Dermatology has [established a very sound financial base](#) to transition to a Department. Over the last ten years, the Division of Dermatology revenue has increased from \$4.3 million to just under \$11 million. Faculty productivity increases every year; this is illustrated with increasing wRVU performance, hitting a high of approximately 20,000 wRVUs over set benchmarks in 2019. Additionally, there has been considerable internally funded procurement of numerous therapeutic devices and expansion of clinical space that has quintupled over the last 10 years, to over 23,693ft².

Consequently, Dermatology is in a strong position to assume primary fiscal responsibility.

1.1 History of Dermatology as a Specialty in the US

Dermatology is an independent academic discipline that deals with the structure, function, physiology and diseases of the skin, hair, and nails. A dermatologist is a physician trained in the science of the skin and the medical management of skin diseases involving children and adults, as well as the surgical management of benign and malignant neoplasms. Dermatologic training encompasses medical dermatology, pediatric dermatology, cutaneous surgery, laser technology, dermatopathology, immunodermatology, cutaneous infections, treatment of skin disorders with light therapy, and surgical and medical cosmetic therapies.

Dermatology has existed as a distinct medical discipline since the 1700's. Dermatology derives from the Greek genitive (derma) "skin" and (ology) "the study of". In 1801, the first prominent school of dermatology was established at the Hospital Saint-Louis in Paris. During this period, the first textbooks on dermatology were published (Willan's, Alibert's).

The first academic Department of Dermatology in the United States was established by the University of Pennsylvania in 1874 and in 1875 Dr. Louis Duhring was named the first Chief of Dermatology. In 1932, the American Board of Dermatology was founded and was one of the original four sponsoring organizations of the American Board of Medical Specialties, along with Ophthalmology, Otolaryngology, and Obstetrics and Gynecology. The American Academy of Dermatology was established in 1938.

1.2 History of the formation of the OSU Division of Dermatology

Dermatology education is a distinct discipline that formally began in Columbus, Ohio in 1879 at Starling Medical College (a predecessor to The Ohio State University College of Medicine) under the guidance of Dr. Howard Fox, who later became a prominent New York dermatologist. Over the next sixty years, dermatology was taught by part-time, prominent local dermatologists. Dr. Burton Barney from the University of Michigan became Director of OSU Division of Dermatology in 1940. Dr. Barney supervised both dermatology and syphilology, which were combined in one division. Dr. Eldred Heisel became division director in 1947 at Ohio State after practicing in New York with world respected dermatologist Dr. George Andrews. In 1960, Dr. Heisel became the first fulltime professor of dermatology at Ohio State. The dermatology residency program began July 1, 1963 with one resident and the appointment of Dr. Richard Carr as the second faculty member. In 1966, Dr. Carr became the director of dermatology at OSU and was eventually named Professor Emeritus in 1985. Dr. Edmund Lowney became professor and director of dermatology at Ohio State in 1969.

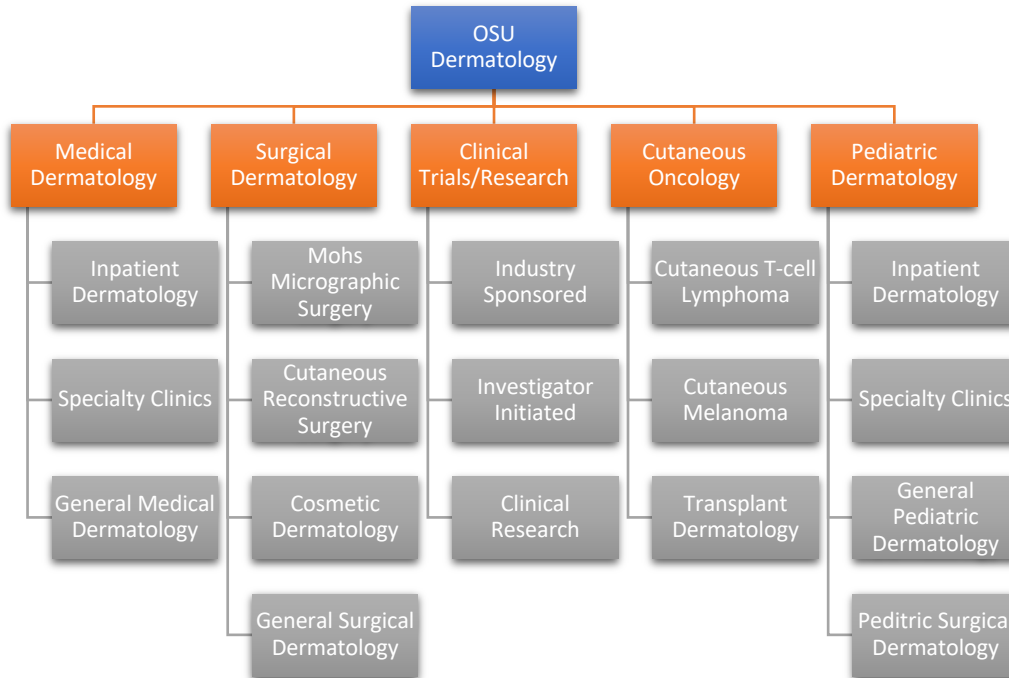
Dr. Lowney trained at the University of Pennsylvania and previously was on the faculty of the Medical College of Virginia and the University of Michigan. During Dr. Lowney's tenure, the residency program was expanded to include five residents. Dr. Lowney retired in 1985 as Professor Emeritus. Two of Dr. Lowney's dermatology residents pursued academic interests. Dr. Frank Flowers became director of dermatology at the University of Florida and Dr. Paul Krusinski became director of dermatology at the University of Vermont.

In 1984, Dr. Charles Camisa became Director of Dermatology at OSU after previously training at the New York University. Dr. Jonathan Wilkins became director of dermatology in 1988 and obtained international recognition as an expert in acne rosacea and flushing. Dr. Wilkins left OSU to become a high-ranking administrator in the US Federal Drug Administration. Dr. Arthur Pelligrini (7/1/97 – 12/31/2000) and Dr. Arthur Bertolino (8/20/2001 – 10/31/2002) served as Directors of the Division of Dermatology at Ohio State. This relative instability of the division of dermatology was largely due to the fact that by the mid-1990's, almost all major academic medical centers had independent departments of dermatology, making it extremely difficult for Ohio State Dermatology to successfully compete for top-tier faculty as a division.

Dr. Mark Bechtel became Director of the Division of Dermatology in 2005 and significantly expanded the dermatology faculty, supported growth in dermatologic research, and assisted in recruiting pediatric dermatologists to Nationwide Children's Hospital. Scholarship, in particular, has flourished under Dr. Bechtel, with the number and quality of peer reviewed publications increasing over 10-fold, extensive national and some international presentations by faculty and residents, and many national poster presentations. The current strength of the Division of Dermatology is best illustrated through the extensive review of the activities and performance measures detailed in the following 2 sections of this document.

1.3 Clinical Activities in the OSU Division of Dermatology

The scope of the discipline of dermatology at an academic medical center is extensive, unique, and does not overlap with other medical disciplines. Academic dermatologists at Ohio State collaborate extensively with other physicians in cutaneous oncology, bench research, cutaneous surgery, and management of pediatric and adult medical disorders. Following is an overview of the structure of activities at OSU Dermatology. Following the hierarchical graphic, each area is discussed in further detail.



1.3.1 Medical Dermatology

Medical dermatology forms the backbone of the practice of dermatology. The breadth of clinics offered make OSU Dermatology the most comprehensive dermatology center in central Ohio. Our practice offers all standard medical dermatology services. In addition, OSU Dermatology has become the primary referral center for complex patients due to the availability of specialty and high-risk clinics, staffed by providers who are well-trained in diagnostic dilemmas and complex disease management.

1. Inpatient Dermatology

During the past six years, the service has expanding dramatically from over 600 new consults per year to well over 1000 consults per year. Continuity of attending dermatologists on service has been very beneficial to ensuring quality control and enhancing the value of our consults. We have also dramatically increased the number of follow-up visits. Further, we have been able to publish our data to demonstrate a decreased rate of readmissions and hospital length of stay in patients who are admitted or discharged with a primary skin disease when

managed by dermatology consultants (Milani-Nejad, Zhang, Kaffenberger, JAMA Dermatol 2017). Our program has given multiple national and international educational sessions in hospital dermatology. In addition, despite little inpatient resources for research, we have been successful in creating a research mission through this service as well with funding from the Henry Jackson Foundation, Dermatology Foundation, and Patient Safety Advancement Grant Awards.

Number of Attendings: 3 primary (though all attendings cover night call)

Annual Patients: 1,167 unique patients (FY 2019)

Services provided: inpatient consultations, skin biopsies, allergy assessments, pre-operative clearances, excisions

Advances:

We continue to have numerous publications and system-based advances.

Regarding publications, we jointly have >20 publications regarding inpatient dermatologic care for this calendar year alone (Jan-July 2020). System based practices include the expansion and refinement of telemedicine in its application to inpatient consults.

2. Medical Dermatology – Specialty Clinics

The number of specialty clinics has dramatically expanded as the patient population we serve has increased. Specialty clinics have allowed our providers to focus on a clinical and research area of interest. As noted above, these clinics have also dramatically increased community referrals for complex cases.

Number of Specialty Clinics: **12** (Full descriptions of clinics can be found in [Appendix 2](#))

Complex Clinic

Psoriasis Clinic

Contact Dermatology/Patch Testing

Hidradenitis Suppurativa and Atypical Wound Clinic

Graft-versus-Host disease, Drug Rashes, Cancer Therapy Rashes, and Paraneoplastic syndromes

Oncodermatology

Hair Clinic

Vulvar Dermatology

HIV Dermatology

Transplant/Immunosuppressed Dermatology

Pigmented Lesions Clinic

Urgent Clinic

3. General Medical Dermatology

In addition to the high-level inpatient and specialty clinics offered, OSU Dermatology provides care for the entire spectrum of general dermatology. Our practice sees all ages, from newborns to our sage geriatric patients. We focus on comprehensive dermatologic care, including acne, birthmarks, burns, cutaneous

infections, alopecia, psoriasis, rashes, rosacea, scars, skin cancer, and many more.

Number of Providers: 15

Annual General Dermatology Visits per year: 41,906 (FY2019)

1.3.2 Surgical Dermatology

Dermatology is considered a procedural specialty. Milestones for dermatologic residency training include cutaneous excisional surgery, cutaneous reconstructive surgery, laser and light-based procedures, neurotoxin and filler injection techniques, and nail surgery. Therefore, all of our providers are active in the practice of surgical dermatology, with several providers specializing in advanced techniques, as enumerated below.

1. Mohs Micrographic Surgery (MMS)

MMS is an advanced surgical technique for the removal of cutaneous neoplasms. Fellowship training is required, and beginning in 2021, there will be board certification for the specialty. The technique involves removal of the skin cancer and real-time histopathologic examination of 100% of the excisional margin. These procedures are carried out only on high-risk cutaneous neoplasms, primarily located on the head and neck. OSU Dermatology has become a referral center for high-risk, complex cutaneous neoplasms given our ability for multidisciplinary treatment and our familiarity with the treatment of complex tumors.

Number of Providers: 2

Annual MMS Procedures: ~2,000/year

Number of Histotechnologists: 3

Tumors Treated: Basal cell carcinoma, Cutaneous squamous cell carcinoma, Dermatofibrosarcoma protuberans, Extramammary Paget's disease, Sebaceous carcinoma, Microcystic adnexal carcinoma, Mucinous carcinoma, Atypical fibroxanthoma, Superficial cutaneous leiomyosarcoma, Melanoma in situ

Advances: The providers are in the final stages of validation of a MART-1 stain for used on frozen section pathology. This will enable OSU Dermatology to provide cutting edge MMS treatment for melanoma in situ. Additionally, Dr. Llana Pootrakul has initiated a program of Mohs surgery in formal operating rooms to extend the Mohs procedure to extremely complex cases that cannot be completed in an outpatient or ambulatory surgical center location.

2. Advanced Cutaneous Reconstruction

MMS surgeons are also extensively trained in cutaneous reconstruction. Both of our providers are nationally recognized for their advances in reconstructive surgery, giving numerous state and national talks and leading the national training session for MMS fellows-in-training.

Number of Providers: 2

Annual Advanced Reconstructive Procedures: ~800/year

Reconstructive Techniques: complex linear closures, advancement flaps, transposition flaps, rotational flaps, interpolation (multi-stage) flaps, full-thickness skin grafting, xenografting, and cartilage grafting.

3. Cosmetic Dermatology

Cosmetic dermatology is an area of dermatology that is quickly expanding. Within the past 10 years, OSU Dermatology has greatly expanded our cosmetic offerings. Additionally, one of our providers recently completed a one-year, American Society for Dermatologic Surgery Cosmetic Dermatology Fellowship in New York City. As there are very few ASDS approved cosmetic fellowships, this has allowed us to now provide cutting-edge aesthetic procedures to our patients, unique to OSU Dermatology in central Ohio.

Number of Providers: 5

Cosmetic procedures offered:

- Blepharoplasty
- Liposuction
- Toxin injection: Botox and Xeomin
- Filling agents: Permanent and Hyaluronic acid fillers
- Laser Devices: Pulsed-dye laser, Fractionated CO₂, Intense Pulsed Light, Laser Hair removal, Nd:Yag, q-switched Nd:Yag
- Picosure-tattoo removal
- Peeling Agents: Glycolic acid, Trichloroacetic acid, Salicylic acid, Jessner's
- Sclerotherapy
- Platelet-Rich Plasma injections
- Cosmetic removal of skin lesions
- Collagen Induction Therapy (Microneedling)

Advances: We have continued to increase our cosmetic offerings. One of our faculty, Dr. Desmond Shipp, has completed an ASDS cosmetic surgery fellowship. This is an advanced fellowship that provides in-depth, hands on training in the following 8 areas: wrinkles and fold, rejuvenation, resurfacing, veins, body contouring, lifting, hair treatments, and scar revision.

Specialty Clinic – Laser Surgery Clinic

Susan Massick MD, Alisha Plotner MD, Desmond Shipp MD, Jennifer Sopkovich MD

In our laser clinics we provide specialized treatment for a variety of cosmetic and medical concerns with several lasers, including pulsed dye laser, Alexandrite and Nd:YAG laser, and fractionated CO₂ laser. The pulsed dye laser targets vascular pathology and is often used to address facial redness from rosacea, congenital capillary malformation, small vascular growths, and also to treat warts and certain scars. The Alex and Nd:YAG lasers targets hair and skin pigment for laser hair removal and treatment of skin brown spots, respectively, and can also be used to treat small abnormal veins. The fractionated CO₂ is a resurfacing laser that can improve the signs of aging, acne scarring, and traumatic or surgical scars.

4. General Surgical Dermatology

All dermatology providers at OSU Dermatology are trained procedural dermatologists. Therefore, we are able to provide comprehensive dermatologic care for our patients.

Number of Providers: 19

Procedures Performed: Shave biopsy, punch biopsy, excisional surgery, linear cutaneous repair, electrodesiccation and curettage, cryosurgery, botulinum toxin for hyperhidrosis, salicylic acid peels for field cancerization, intralesional therapy (steroids, methotrexate, 5-fluorouracil, bleomycin)

1.3.3 Pediatric Dermatology

Based at Nationwide Children's Hospital, our team of experts includes board certified pediatric dermatologists who have completed advanced training for skin problems specific to children and adolescents. Services are provided in outpatient pediatric dermatology practices at different locations, as well as consultation for hospitalized patients. Nationwide Children's Hospital is consistently ranked among the best pediatric hospitals in the country by US News and World Report.

Number of Providers: 4 full time board certified pediatric dermatologists, 2 pediatric dermatology nurse practitioners.

Annual Dermatology Patients: ~12,000 visits/year

Services Provided: outpatient and inpatient consultation; surgical procedures in outpatient clinic setting and ambulatory surgery center for procedures under sedation; phototherapy (narrowband UVB and excimer laser); laser surgery; comprehensive pediatric patch testing

Subspecialty clinics: Pediatric Hair Disorders Clinic, Hemangioma and Vascular Anomalies Clinic

1.3.4 Cutaneous Oncology

Dermatology at OSU has become a referral center for cutaneous oncology cases. In addition to the general management of skin cancers, the Division offers the following specialized services for cutaneous oncology: Mohs Micrographic Surgery and Reconstruction, Pigmented Lesion Clinic, Multidisciplinary Cutaneous T-cell Lymphoma Clinic, Dermatologic Oncology Clinic (evaluates patients with dermatologic side effects of oncologic treatments), and Transplant and Immunocompromised Dermatology Clinic (evaluates patients with immunosuppression as the rates of skin cancer are increased in this cohort) (an expanded description of these clinics can be seen in Appendix 2).

1.3.6 Dermatopathology

OSU Dermatology has robust collaborations with dermatopathology. The current OSU dermatopathologists play an integral role in the education of our dermatology residents, giving weekly microscope lectures. Additionally, the clinical dermatology training required of the dermatopathology fellow is completed within the clinics of OSU Dermatology.

1.4 Evaluation of the Performance of the Division of Dermatology

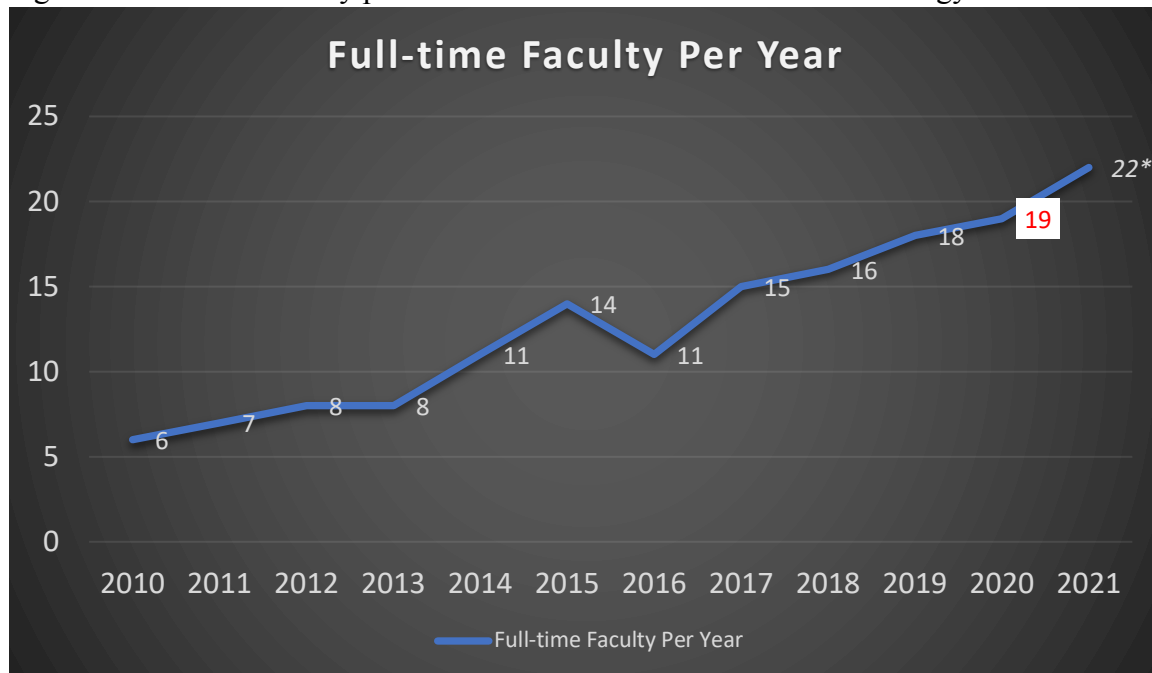
1.4.1 Clinical Performance

The clinical performance of the OSU Division of Dermatology has improved on all capturable metrics over the past 10 years. This consistent improvement in size and efficiency demonstrate the division's clinical strength and impact.

FACULTY

Dermatology has expanded from six full-time dermatologists in 2010 to nineteen full-time dermatologists in 2020 (Figure 1). The trajectory of the division over those 10 years has been a consistent rise in the number of providers. This consistency illustrates the strength of the division in the marketplace for dermatologists looking for career opportunities. It also demonstrates the positive work environment provided by the division and the opportunities available to our providers (enumerated in section 1.3).

Figure 1: Full-time Faculty per Fiscal Year in the Division of Dermatology

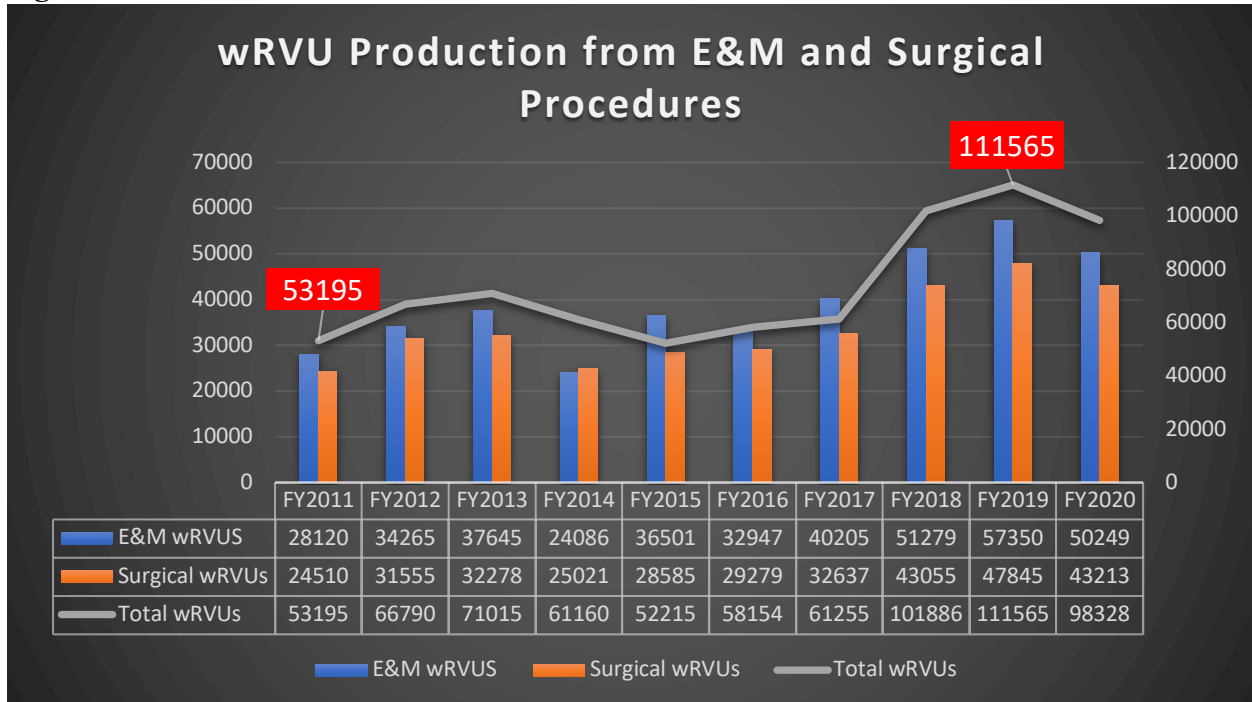


*Anticipated faculty number for 2021.

wRVU PRODUCTIVITY

Mirroring our increase in faculty, dermatology has consistently increased wRVU production. As shown in Figure 2, over the past 10 years there has been a consistent upward trend in wRVU production to a height of 111,565 wRVUs in 2019. This increase in productivity has been a result of expansion of both clinical/inpatient encounters and surgical procedures, captured as E&M and CPT codes respectively. Figure 2 illustrates a balanced growth in both E&M and CPT sectors of our billing portfolio.

Figure 2: wRVU Production

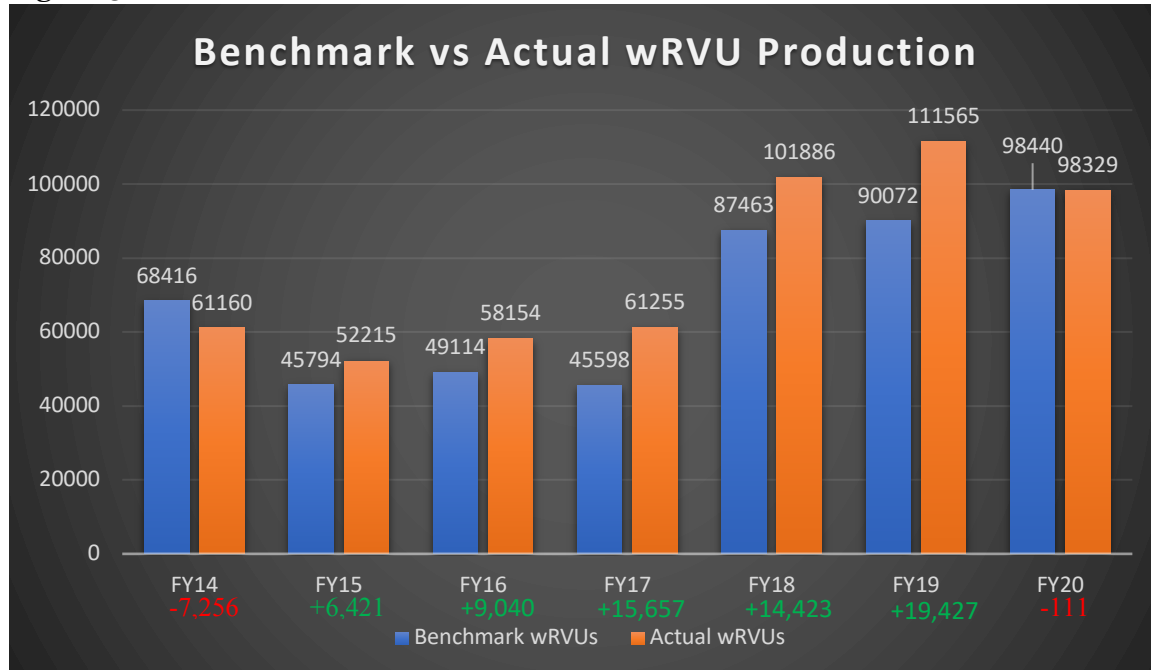


*"Total wRVUs" takes into account additional wRVUs not included in the categories of E&M and Surgery (for example, imputed wRVUs for cosmetic procedures and pathology/medication charges).

***FY2020 includes COVID impact period.

Data on benchmark performance is available from FY 2014 to present. As shown in Figure 3, the division has consistently been increasing our performance over the set benchmark, from a deficit of 7,256 wRVUs in FY 2014 to a surplus of 19,427 wRVUs in FY2019. This demonstrates not only an overall improvement in wRVU production by the division (Figure 3), but also an improvement in provider efficiency. Even with the impact of COVID-19 in FY 2020, the division nearly met the benchmark as productivity deficit was only 111 wRVUs (refer to the Division’s COVID-19 response below for further information).

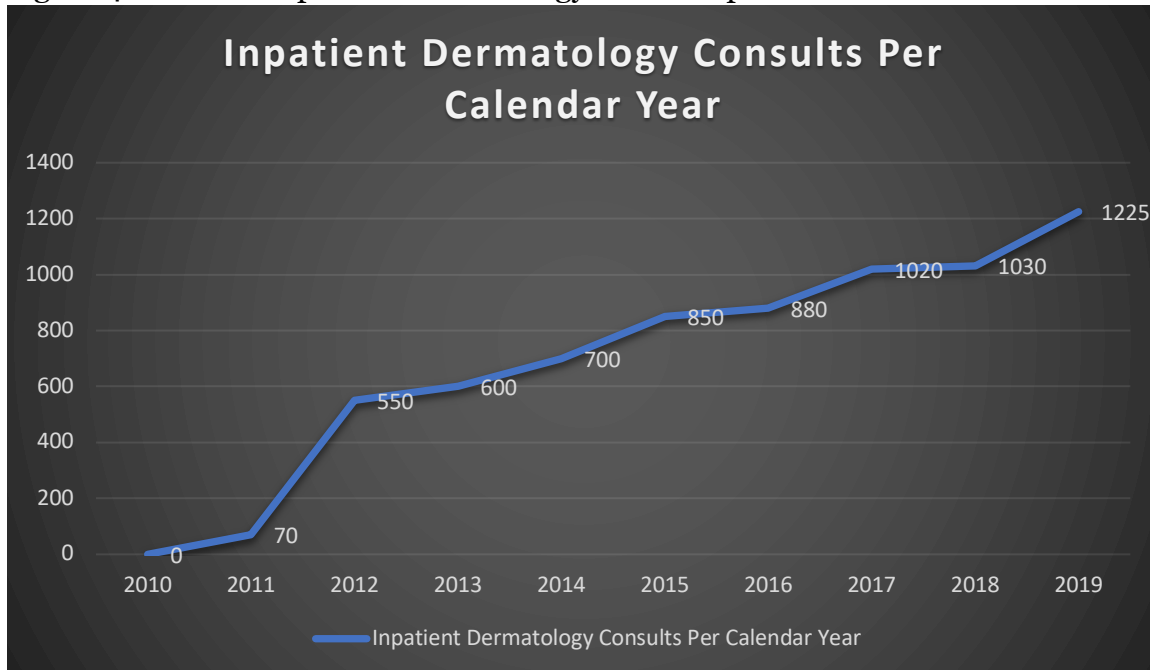
Figure 3: Benchmark vs Actual wRVU Production



*FY2020 includes COVID impact period.

Inpatient dermatology consults provide a more granular illustration of the growth of the Division. During the past six years, the service has expanding dramatically from over 600 new consults per year to well over 1000 consults per year. Continuity of attending dermatologists on service has been very beneficial to ensuring quality control and enhancing the value of our consults.

Figure 4: Discrete Inpatient Dermatology Consults per Year



1.4.2 Educational Performance

Providing high-level education is a core value of OSU Dermatology. The faculty plays an active role in educating medical students, residents, and fellows. The OSU Dermatology Residency is an ACGME approved program with 12 complement positions. There are fellowship positions in Micrographic Surgery and Dermatologic Oncology, Pediatric Dermatology, Dermatopathology, and Clinical Research. With respect to medical students, there are available rotations during their third and fourth years for students from OSU and other medical schools. The faculty provides 5-6 hours of lectures for the Med II curriculum and OSU dermatology faculty are routinely recognized by the OSU medical students for excellence as teachers. Finally, residents from plastic surgery, podiatry, family practice, pediatrics, internal medicine, and dermatopathology fellows rotate with the dermatology service.

Resident Education: Dermatology

Number of Residents: 10

Number of Faculty: 26

Number of Training sites: 3

- Ohio State University Wexner Medical Center, Veterans Affairs Medical Center, Nationwide Children's Hospital

Program Highlights:

1. Resident Education Initiatives

- **Didactic Program**
The residents have protected time for 4 hours each Wednesday afternoon for didactics sessions which include book review, faculty lectures, guest faculty lectures, dermatopathology sessions, and a surgical lecture series.
- **Journal Club Series**
Once monthly during didactics, a faculty member reviews with the residents key journal articles from one or more core journals including Journal of the American Academy of Dermatology, JAMA Dermatology, and Dermatologic Surgery. Four times per year, the residents have Pediatric Dermatology Journal Club at NCH.
- **Cosmetics Workshops**
Quarterly, our faculty who perform cosmetic procedures lead a 4-hour hands-on workshop on administering botulinum toxin, fillers, sclerotherapy, and operating a variety of lasers.
- **Grand Rounds**
Six times yearly, the residents present an average of 6 challenging patient cases with live patient viewing and invite either internal or external faculty to lecture on key topics in dermatology.
- **Faculty Exchange**
During COVID, a faculty exchange was established among multiple institutions whereby the Ohio State faculty would lecture virtually

to other residency programs in exchange for lectures to our residents. We hosted 5 faculty exchanges for our residents in 2020.

2. Expanded Resident Experiences

In addition to their core training, the residents have the opportunity to do elective rotations outside the medical center, and they can also set up selective clinics with Facial Plastic Surgery, Wound Clinic, Rheumatology, Scleroderma, and Lymphedema Clinic.

3. Breadth of Training

- Surgical Experience

The residents rotate the following surgery clinics to fulfill their ACGME surgical volume requirements:

- Resident Surgery Clinic
- Mohs Surgery at Gahanna and Martha Morehouse
- Veterans Administration Surgery Clinic
- Dermatology West Surgery Clinic
- NCH Pediatric Surgery Clinic

- Specialty Clinic Training

In addition to core training in continuity clinics, surgery, and medical dermatology, the residents rotate through the following specialty clinics in dermatology:

- Pediatric Dermatology
- HIV Dermatology
- Complex Medical Dermatology
- Psoriasis Clinic
- Laser clinic (KTP, Excimer laser, Nationwide Children's)
- Dermatologic Oncology
- Cutaneous Lymphoma Clinic
- TCA Peel Clinic
- Inpatient Dermatology Follow-up
- Contact Dermatitis/Patch Testing
- Vulvar Dermatology Clinic

- Inpatient Dermatology

The residents rotate through our inpatient dermatology service approximately 6 weeks each year where they manage complex dermatologic conditions on our consult service.

4. Match Rates

Match Rate: 100%

Fellow Education: Micrographic Surgery and Dermatologic Oncology (MSDO)

Number of Fellows: 1 per year

Board Pass Rate (last 5 years): n/a (the first year of the board examination is 2021)

Program Highlights:

1. Fellow Education Initiatives

Year-long Micrographic Surgery and Dermatologic Oncology Fellowship Didactic Program.

Due to its comprehensive nature, this original course has been adopted by other MSDO programs. Additionally, the program has gone through an extensive revision to meet the specific needs of preparing our fellows for the inaugural Micrographic Dermatologic Surgery Board Examination.

Dermatology Resident Surgical Journal Club Series

Journals within and outside of the Dermatology literature are reviewed on a monthly basis.

2. Expanded Fellow Experiences

Rotations with other specialties

With feedback from our fellows, we have increased the available experiences to now include time with Plastic Surgery, Radiation Oncology, Otolaryngology, and Oculoplastic Surgery.

3. Breadth of Training

Surgical Volumes

Average of approximately 1200 Mohs Micrographic Surgery Cases and 1500 reconstructions (with an average of 250 advanced reconstructive procedures including flaps and grafts).

4. Match Rates

Match Rate: 100%

Medical Student Education

1. Medical Student Rotations

Dermatology has worked in earnest to ensure a superior experience for medical students. The acting Director of Medical Student Education, Dr. Jessica Kaffenberger, has worked diligently to create a highly regarded dermatology rotation. The experience includes a broad set of exposures to general medical dermatology, surgical dermatology, pediatric dermatology, inpatient dermatology, and complex medical dermatology. Lectures specifically aimed at medical students are given weekly, in addition to attendance at resident didactics.

2. Medical Student Education

Faculty from the Division provide instruction to the medical students during their second year. Given many of the events of 2020, medical students requested a focus on issues of diversity during their education. In response, multiple dermatology faculty revised lectures to focus on all skin types.

3. Medical Student Research

Faculty are very involved with medical student research, both helping to expose students to dermatologic research and to make our applicants more competitive for the dermatology matching process. There are active medical and cutaneous oncology research groups within the division that work with medical students. Additionally, many of our faculty have participated in the College of Medicine Medical Student Research Scholarship Program (MDSR) Scholarship Program.

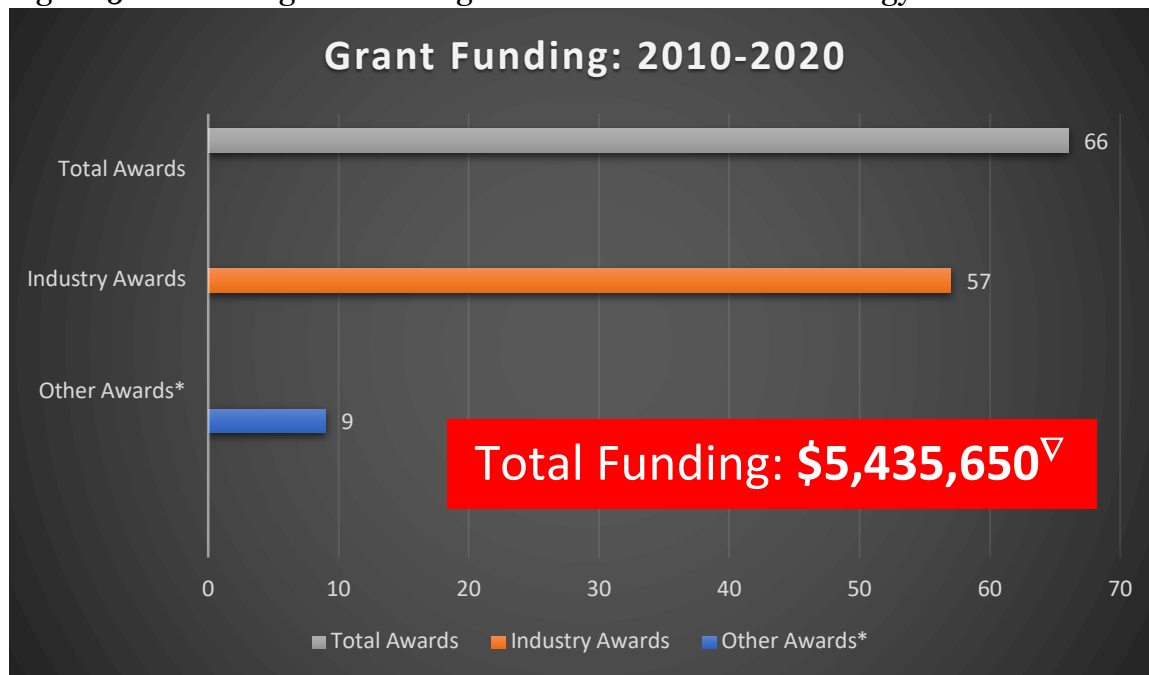
-Recent examples of MDSR Projects

- Mentee: Jessica Nash, Mentor: David Carr – Inter and Intra-rater reliability in the Grading of Differentiation in Cutaneous Squamous Cell Carcinoma (2020)
- Mentee: Lucy Rose, Mentor: Brittany Dulmage - Retrospective Review of Scalp Cooling for Hair Preservation in Breast Cancer Patients Undergoing Chemotherapy (2020)
- Mentee: Ty Gilkey, Mentor: Ben Kaffenberger - Evaluating the impact of Drug Eruptions in the hospital setting (2020)
- Mentee: Claire Kovalchkin, Mentor: Ben Kaffenberger - Examining hospital outcomes among patients with psoriasis (2020)
- Mentee: Michael Goldenberg, Mentor: Ben Kaffenberger - Comparing Cardiac MRI and Cardiac MR Elastography findings among inflammatory skin diseases such as psoriasis, rosacea, and atopic dermatitis (2019)
- Mentee: Abigail Hecht, Mentor: Jessica Kaffenberger - A retrospective review of treatment response of palmoplantar psoriasis (2019)
- Mentee: Amy Woo, Mentor: Jessica Kaffenberger - Investigating the effect of hormonal contraceptives on psoriasis in patients in a dermatology outpatient clinic (2018)
- Mentee: Paul Macklis, Mentor: Ben Kaffenberger - Oral Care and Hygiene and its Association with Psoriasis Development (2018)
- Mentee: Starling Tolliver, Mentor: Ben Kaffenberger - Female Hair Care Practices as they Relate to Health, Wellness, and Exercise Among African-American Woman (2017)
- Mentee: Rebecca Wang, Mentor: Jessica Kaffenberger - A retrospective review of new onset dermatitis in patients 60 years or older (2016)
- Mentee: Preeta Gupta, Mentor: Ben Kaffenberger - The use of Teledermatology to differentiate Cellulitis in an Academic Inpatient Ward (2016)
- Mentee: Alex Wells, Mentor: Ben Kaffenberger - The use of Teledermatology to differentiate Cellulitis in the Emergency Dept Setting (2015)
- Mentee: Matt Reynolds, Mentor: Ben Kaffenberger - Cardiac MRI as a non-ionizing assessment of heart disease in psoriasis patients (2015)

1.4.3 Research Performance

Research efforts in the OSU Division of Dermatology have exponentially grown over the past 10 years. The work performed within the Division of Dermatology has garnered national attention, has advanced the field, and offers our patients cutting edge therapeutics. In particular, there has been explosive growth of the clinical trials unit, a focus on investigator-initiated trials, and a plethora of peer-reviewed publications. The Dermatology Clinical Trials Unit (CTU) has the notable distinction of being one of the few financially productive clinical trials units in the medical center.

Figure 5: Research grant funding in the Division of Dermatology from 2010-2020



* Other awards: National Cancer Institutes, American Academy of Dermatology, American Acne and Rosacea Society, Indiana University, National Rosacea Society, Dermatology Foundation, American Skin Association, Spatz (Martin & Dorothy) Charitable Foundation, Uniformed Services Univ Health Sci's

∇This total amount is spread over the lifetime of the award and represents a macro-level view of Dermatology's portfolio over the last ten years. Due to the nature of the awards, we cannot infer total funding at any specific point in time or any single fiscal year for overall funding. A per fiscal year overview of clinical trials awards is in Figure 6.

1. Clinical Trials

The Dermatology CTU has expanded to become one of the most robust dermatology CTU's in the Midwest. The unit has increased the number of trials from 10 per year, to approximately 40 per year over the past decade (Figure 7). Financial invoicing during this period has commensurately tripled in size to nearly \$1,000,000 per fiscal year (Figure 6). This expanded capacity allows for the maintenance of a full-time CTU staff and the funding of several research fellows; all while maintaining a positive net income. The trials have involved numerous diagnoses, offering therapies impacting cutaneous T-cell lymphoma, moderate to severe plaque psoriasis, hidradenitis suppurativa, and recalcitrant discoid lupus erythematosus (among many others).

Figure 6: Dermatology Clinical Trial Invoicing

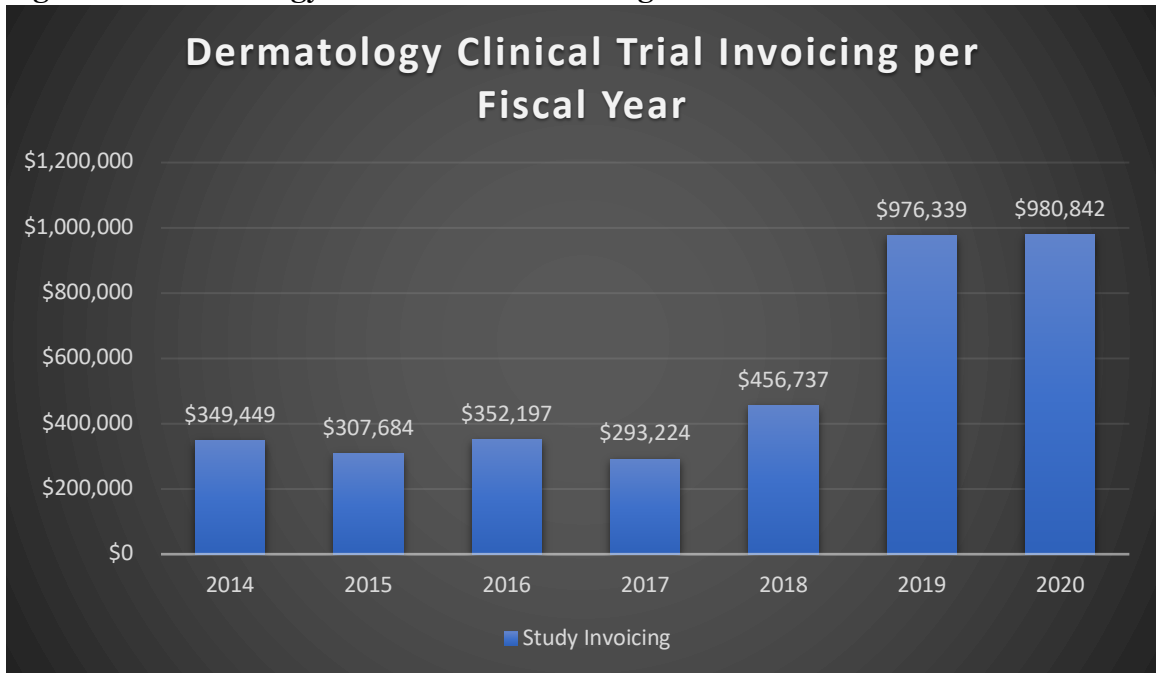
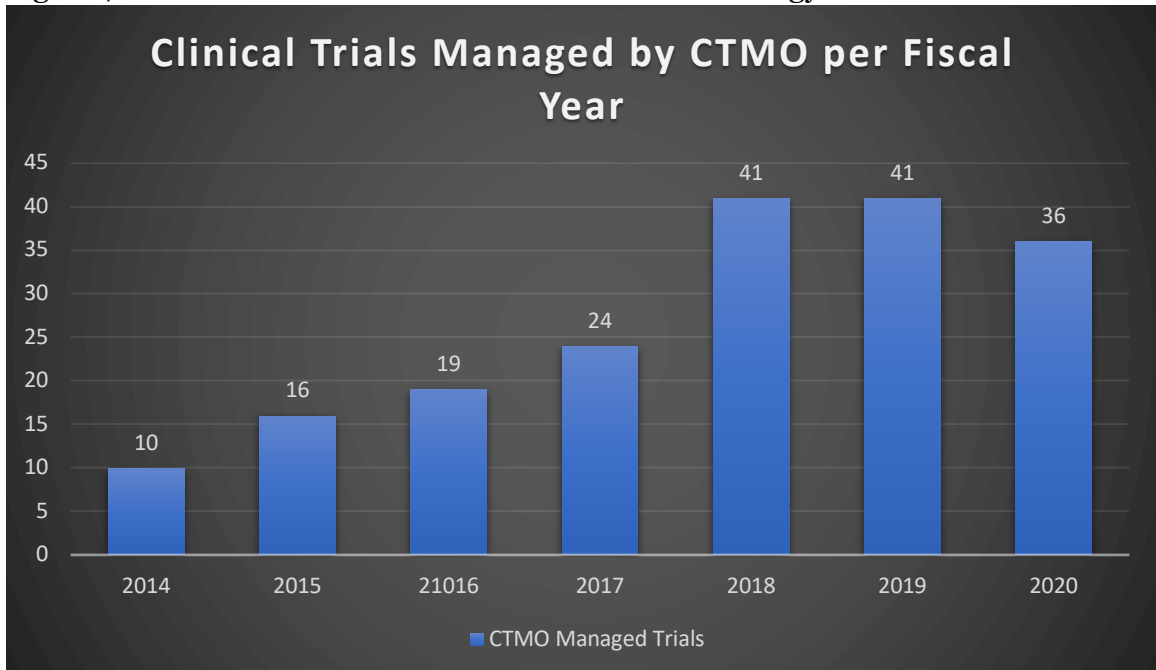


Figure 7: Clinical Trial Numbers: Division of Dermatology Clinical Trials Unit



2. Grant Funding

As demonstrated in Figure 5, the Division received 66 awards over the past 10 years, amounting to \$5.4 million. These awards were from two primary sources: industry awards (57) and extramural awards (9). The extramural award sources (noted in the footnote for Figure 5) include the National Cancer Institutes,

American Academy of Dermatology, Dermatology Foundation, and the Spatz Charitable Fund.

Following is a description of NIH and NCI funded projects in the division.

Dr. Benjamin Kaffenberger

RO1: (PI: Yang/Huang), NIH, \$2,932,517 Total Costs

07/01/2020-06/30/2025

Role of macrophage polarization in multi-organ fibrosis of chronic GVHD
Chronic graft versus host disease (cGVHD) is the leading cause of non-relapse mortality and morbidity after allogeneic hematopoietic stem cell transplantation, mainly due to systemic fibrosis; however, what drives the development of systemic fibrosis in cGVHD remains largely unknown. The proposed work will investigate mechanisms underlying fibrotic changes in cGVHD. The outcomes of this work will lead to the development of novel therapeutic strategies for treating systemic fibrosis in cGVHD.

Role: Co-Investigator, 2.40 calendar months

Dr. Henry Wong

R21: (PI: Wong), NIH-NCI grant (\$275,000 direct cost) (NIH-NCI R21 CA164911-01A1)

2012-2014

Focused on biomarkers in cutaneous T-cell lymphoma.

Role: Primary Investigator

Dr. Henry Wong

NIH-ARRA grant 3P30CA016058-3453 (Dr. Caligiuri – PI)

Supported the development of a multidisciplinary cutaneous lymphoma clinic at the OSU Comprehensive Cancer Center (\$500,000 direct cost).

Dr. David Lambert

NCI funded grant (Dr. Ronald Glaser – PI)

studying the impact of stress on the immune system and development of basal cell skin cancer (ROI NCI CA 100243).

Role: Co-investigator

3. Investigator-Initiated Trials

The Dermatology faculty are also extremely productive with investigator-initiated trials. Currently, faculty are involved in approximately 50 investigator-initiated trials. These trials are extremely impactful within dermatology. Following are several high-impact projects, please refer to [Appendix 4](#) for a complete list:

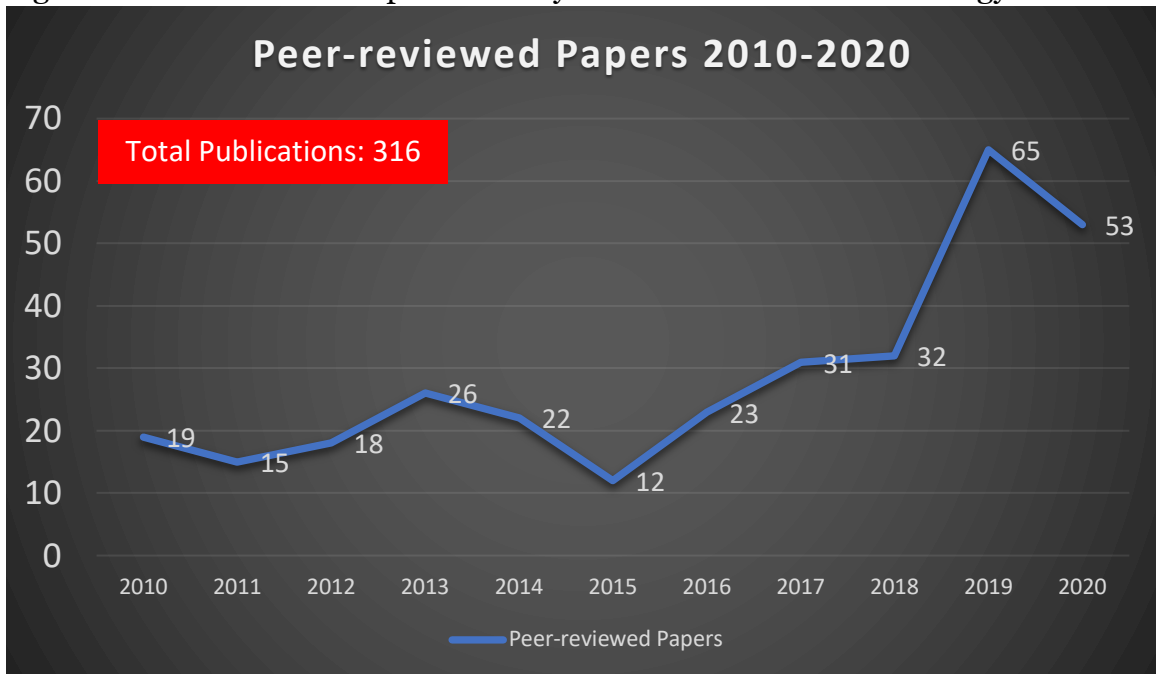
- A Retrospective Study of Clinical Outcomes in Patients with Cutaneous Squamous Cell Carcinoma Treated with Adjuvant Radiation at the Ohio State University.
- The Ohio State University Biorepository
- A Natural History Study of Eyebrow Loss in Breast Cancer Patients Receiving Chemotherapy and Subsequent Pilot Study of Topical Oxymetazoline for Eyebrow Preservation During Chemotherapy for Breast Cancer
- The Effect of Histopathologic Analysis and Tissue Cultures on Inpatient ---Management of Cellulitis and Pseudocellulitis
- Learning Experiences in LGBT Health in Dermatology Residency.
- Clinical Utilization and Practicality of Current Cutaneous Squamous Cell Carcinoma Staging System Criteria: A Nationwide Survey.

- Grading of Differentiation in Cutaneous Squamous Cell Carcinoma: Evaluation of Inter-rater and Intra-rater Reliability.
- Sun Safety Education in Elementary School Students and Impact on Knowledge and Behavior
- Investigating the effect of COVID-19 on patient perceptions of personal protective equipment in an outpatient dermatology clinic.
- COVID-19 Automated Fever Screening Using Wide-Angle Thermography and Artificial Intelligence

4. Peer-reviewed Publications

The number of publications continues to grow (Figure 8). The faculty publish on a variety of topics, including medical dermatology, diversity in dermatology, cutaneous oncology, pediatric dermatology, and surgical dermatology. A small sample of some of the high-impact articles produced by our faculty are in Table 1.

Figure 8: Peer-reviewed Papers: Faculty of the Division of Dermatology



*2020 Data only includes 01/2020 – 08/2020

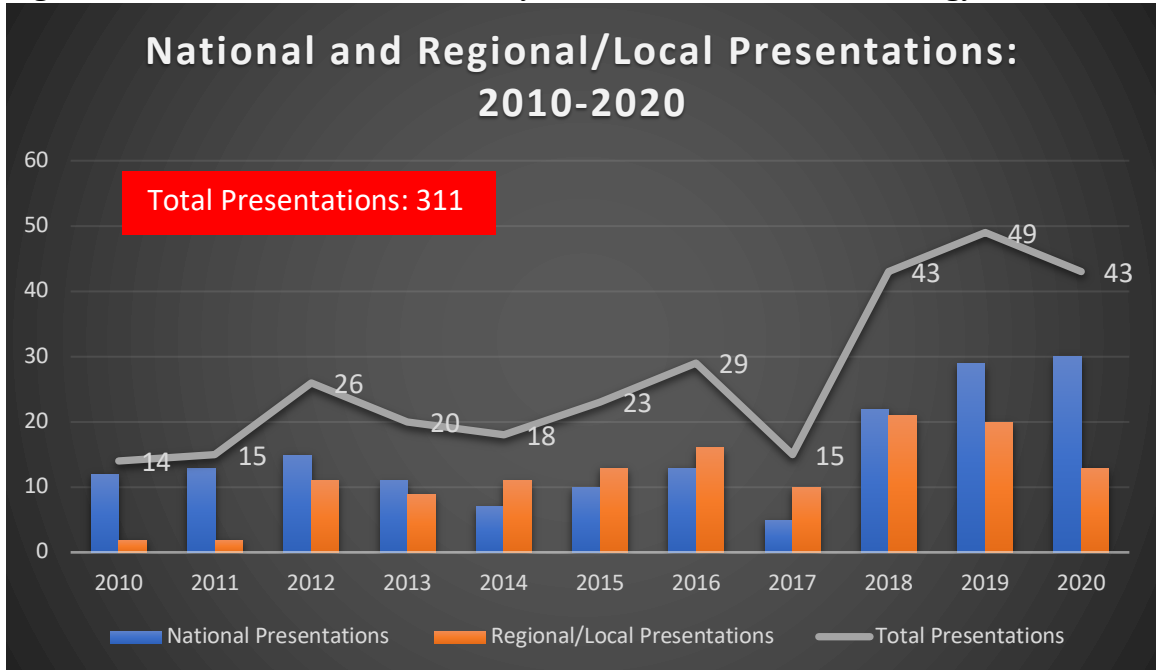
**Table 1: Sample of Articles from Dermatology Faculty
Article Reference**

	Impact Factor
Avila C.L., Massick S., Kaffenberger B., Kwatra S., Bechtel M. "The Role of Cannabinoids for Pruritus". <i>Journal of the American Academy of Dermatology</i> . May 2020.	8.277
Abidi NY, Wanner B, Brown M, Golda N, Hajar T, Rohani P, Yu S, Carr DR. Characterization of the 2019 Micrographic Surgery and Dermatologic Oncology Standardized Letter of Recommendation. <i>Dermatologic Surgery</i> . 2020	2.109
Hoffman KP, Chung C, Parikh S, Kwatra SG, Trinidad J, Kaffenberger BH. IgA Expression in Adult Cutaneous Leukocytoclastic Vasculitis and its Effect on Hospital Outcomes. <i>Journal of the American Academy of Dermatology</i> . 2020	8.277
Guzman AK, Zhang M, Kwatra SG, Kaffenberger BH. Predictors of 30-day readmission in Stevens-Johnson syndrome and toxic epidermal necrolysis: A cross-sectional database study. <i>Journal of the American Academy of Dermatology</i> . 2020.	8.277
Cartron A, Raiciulescu S, Trinidad J. (2020) Culturally competent care for LGBT patients in dermatology clinics. <i>Journal of Drugs in Dermatology</i> . 2020	1.464
Milani-Nejad N, Johnson AG, Chung CG. Pancreatic-type panniculitis: an incidental finding in individuals without pancreatic disease? <i>J Clin Aesthet Derm</i> (accepted April 2020).	1.430
Dunaway S, Tyler K, Kaffenberger J. Update on treatments for erosive vulvovaginal lichen planus. <i>International Journal of Dermatology</i> . 2020	1.794
Pettit C, Massick S, Bechtel M. Cannabinoid-Induced acute generalized exanthematous pustulosis. <i>Dermatitis</i> . 2018.	3.988
Carr DR, Pootrakul L, Chung C. Metastatic Calcification Associated with a Selective FGFR Inhibitor. <i>JAMA Dermatology</i> , 2018	8.1

5. National, Regional, and Local Presentations

The faculty of the Division of Dermatology have had increasing numbers of invited presentations at both the local and national levels (Figure 9). Conspicuously, the ratio of national presentations has been increasing, demonstrating the increased national impact of Division of Dermatology faculty.

Figure 9: Total Presentations: Faculty of the Division of Dermatology

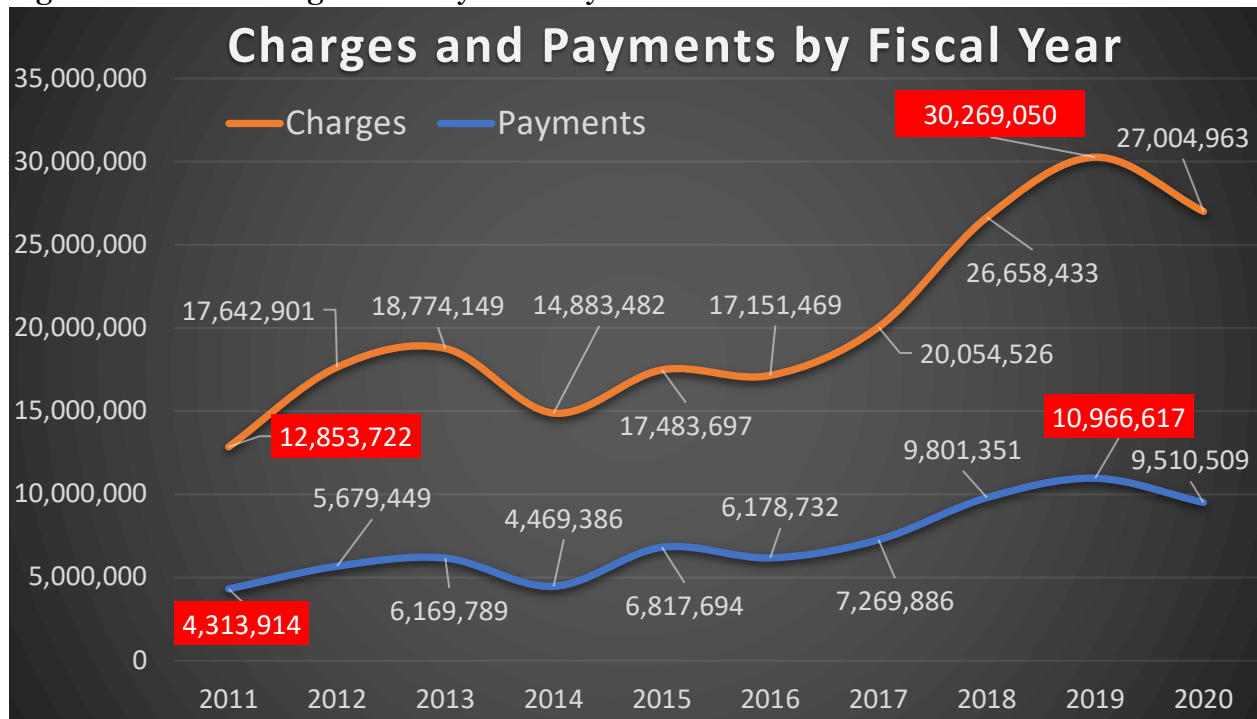


*2020 Data only includes 01/2020 – 08/2020

1.4.4 Financial Performance

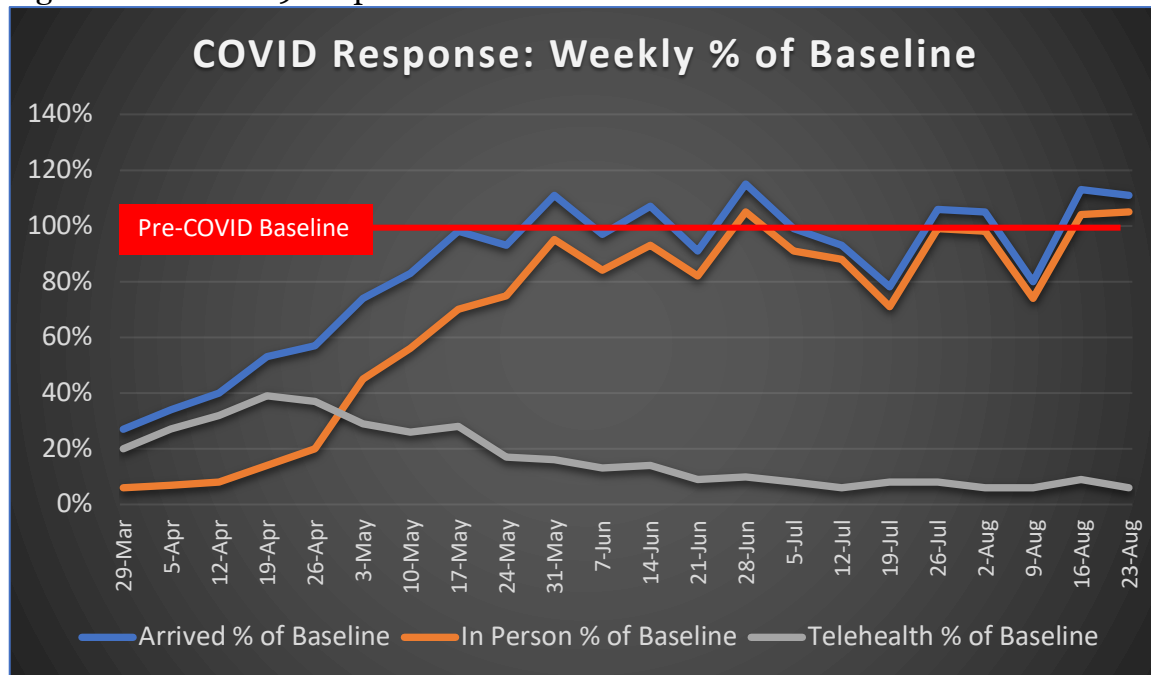
The Division of Dermatology is on solid financial ground. Over the past 10 years, the Division has increased payments by 254%, to a height of \$10,966,617 per year (Figure 10). As was the case for most divisions in the medical center, during the initial stages of the COVID pandemic, productivity was notably curtailed. However, upon resumption of clinical activity, the Division quickly returned to baseline activity, and at times surpassed that baseline (Figure 11). The post shutdown productivity was completed while strict distancing protocols and COVID testing of patients for certain procedures were in effect. This clearly illustrates the Division's capacity for adaptability and resilience.

Figure 10: Total Charges and Payments by Fiscal Year



*FY 2020 includes COVID-19 impact period.

Figure 11: COVID 19 Response



The Division of Dermatology has had a 10-year Growth Plan that is outlined in Table 2. The plan involves the targeted expansion of services and facilities to further our core missions of providing exceptional patient care, education, and research. The Division of Dermatology has been re-investing our funds in a focused manner to achieve these goals. Our physical footprint has expanded 496% (from 4776 ft² to 23,693 ft²) and we now offer services in 4 offices, in addition to providing services in the OSUWMC hospitals and the James Cancer Hospital and Solove Research Institute. Additionally, we have made significant financial contributions to dermatologic devices that expand the treatments offered, allowing us to provide the most technologically advanced treatments (pulsed-dye laser, platelet-rich plasma centrifuge, ultraviolet light therapy, and photodynamic therapy).

These strategic investments and expansion efforts have enabled the significant growth in the Division of Dermatology that is described in this dossier. They have also placed the Division in the position to continue its current trajectory, increasing our ability to expand our services to care for an increasing patient population, to further our educational efforts, and to continue to grow research efforts.

Table 2: Internally Funded Expansion Budgets, Division of Dermatology: 2010-2020

Project	Ft²: Addition	Ft²: Cumulative	Rooms: Addition	Rooms: Cumulative	Budget
<i>Start: 2010</i>	4,776 ft ²	4,776 ft ²	11	11	n/a
2011 Addition of Suite 220 at Officenter	1937 ft ²	6,713 ft ²	0	11	--
2013 Addition of Suite 205	1240 ft ²	7,953 ft ²	0	11	--
2014-2015 Officenter Expansion*	648 ft ²	8,601 ft ²	6	17	\$860,647.56
2017 Officenter Expansion	6,499 ft ²	15,100 ft ²	14	31	\$960,365.97
2018 Morse Road Expansion	2,629 ft ²	17,729 ft ²	6	37	\$428,331.44
2018 Dublin Road Expansion	5,964 ft ²	23,693 ft ²	15	52	\$943,431.29
Totals		23,693 ft²		52	\$3,192,776.26

*Remodel of suite 220 and 205 at Officenter, in addition to the purchase and remodel of suite 260.

2. Enumeration of All Faculty Affected by the Alteration

The creation of a Department of Dermatology is not anticipated to cause any direct alteration of faculty positions, other than an alteration to the overarching administrative structure of the newly formed Department. Faculty will continue to be hired by OSU Physicians and The OSU College of Medicine; reimbursement will continue through the OSU Medical Center Compensation Plan. Promotion and tenure proceeding will be through the respective committees at the medical center.

3. A person-by-person analysis of the proposed reassignment or other accommodation of the faculty identified in paragraph (b)(2)(b) of this rule.

As noted in section 2 above, there is no anticipated reassignment of faculty. Therefore, there is no anticipated impact on promotion and tenure, no tenured faculty would be terminated, and no faculty will be transferred to another unit.

4. An analysis of the academic courses now taught by the unit and provisions for their reassignment to other units, if relevant.

Described in [Section 1.4.2](#), the primary teaching in the Division of Dermatology is at the level of graduate medical education. There is no change anticipated for any educational effort at this level. Similarly, there will be no change in the teaching of the dermatology section of the Lead, Serve, Inspire curriculum of the School of Medicine.

5. Analysis of Students Affected by the Proposal

The creation of a Department of Dermatology is not anticipated to cause any direct alteration of student experiences. All currently offered programs will persist (including the Dermatology Residency Program, the Micrographic Surgery and Dermatologic Oncology Fellowship, Pediatric Dermatology Fellowship, Clinical Research Fellowships, Medical Student Rotations, and Medical Student LSI curriculum).

6. Specific proposals regarding support for currently enrolled students until degree completion.

There is no anticipated change regarding the ability of currently enrolled student to complete their respective residency or fellowship.

7. Analysis of Budgetary Consequences to All Relevant Units

The Division of Dermatology has established a very sound financial base to transition to a Department ([Section 1.4.4](#)). Over the last ten years, the Division of Dermatology has increased payments from \$4.3 million to just under \$11 million. Faculty productivity

increases every year; this is illustrated with increasing wRVU performance, hitting a high of approximately 20,000 wRVUs over set benchmarks in 2019. Additionally, there has been considerable internally funded procurement of numerous therapeutic devices and expansion of clinical space that has quintupled over the last 10 years, to over 23,693ft².

Dermatology is in a strong position to assume primary fiscal responsibility.

Additionally, the fiscal year 2021 budget for Internal Medicine is \$286 million. Of this, Dermatology represents approximately \$14 million, representing less than 5% of the overall budget. The anticipated financial impact of the proposed change on Internal Medicine is limited.

8. An analysis of the services lost to the rest of the university as a consequence of the proposal.

There is no anticipated loss to any service to the rest of the university as a consequence of the proposal.

9. An analysis of impact on constituencies external to the university, including alumni

There is no anticipated impact on constituencies external to the university, including alumni.

10. An analysis of the impact on governance at all relevant levels as a consequence of the proposal

There is no anticipated impact on governance for Internal Medicine or the College of Medicine.

The newly founded Department of Dermatology will adopt a governance structure as specified in The Ohio State University Bylaws and Rules Section 3335-3-35. This will include:

The establishment of a Department Chair

- Dual function as administrative head and representative of the faculty of the department in dealing with university administration
- Procedures of nomination, appointment, review, removal, and duties as outlined in 3335-3-35. Following is a brief overview of the duties:
 - General administrative responsibility of the program
 - Develop, with faculty, a pattern of administration
 - Prepare, with faculty, criteria and procedures concerning appointments, dismissals, salary adjustments, promotions, reappointment, and tenure
 - Operate the business of the department with efficiency and dispatch
 - Plan, with faculty, a progressive program

- Evaluate and improve instructional and administrative processes
- Evaluate faculty members
- Recommend to the dean of the college appointments, promotions, dismissals and matters affecting reappointment and tenure
- Encourage research and education
- Lead in maintaining a high level of morale
- See that adequate supervision and training to faculty and staff is given
- Prepare annual budget recommendations
- Promote improvement of instruction given by faculty

11. Analysis of the impact on Diversity

The Division of Dermatology has prioritized diversity as one of our core values. We have a Director of Diversity (Dr. Desmond Shipp) who oversees Dermatology's efforts to increase diversity of our staff, residents, and faculty; to provide culturally competent care to our patients; and to increase dermatologic research in the field of diversity.

Additionally, the directors for both the residency and MSDO fellowship programs have attended multiple diversity training sessions, and have made diversity a key factor in the selection of residents and fellows.

Finally, Department status is likely to improve Dermatology's ability recruit high-level, diverse applicants. In the current environment, diverse applicants are in demand, and view Divisions as less attractive than Departments of Dermatology.

12. Analysis of the impact on the academic freedom and responsibility of all affected faculty

There is no anticipated impact on the academic freedom or responsibility of affected faculty.

Appendix A: Top 75 Research Medical Institutions and Dermatology Program Department Status

Dept	1	Harvard University	Dept	44	Univ California-Irvine
Dept	2	Johns Hopkins	Dept	44	University of Cincinnati
Dept	3	University of Pennsylvania	Dept	47	Indiana University
Dept	4	New York University	Dept*	47	University of Massachusetts
Dept	4	Stanford University	Dept	47	University So. Florida
Dept	5	Columbia University	Dept*	50	Dartmouth Medical School
Dept	6	Mayo Medical School	Dept	50	University of Miami
Div	6	Univ California-LA (Geffen)	Dept	52	Wake Forest University
Dept	6	UCSF	Dept*	53	Tufts University
Div	6	Washington University	Dept	53	University Connecticut
Dept	11	Cornell University	Dept	55	University of Illinois
Dept	12	Duke University	Div	55	Univ of TX-San Antonio
Div	13	University of Washington	Dept	57	Thomas Jefferson Univ
Dept	14	University of Pittsburgh	Dept	58	George Washington University
Dept*	15	Univ Michigan-Ann Arbor	Dept	58	Medical College So. Carolina
Dept*	15	Yale University	Dept	58	Rush University
Sec	17	University of Chicago	Dept	58	Stony Brook Univ-SUNY
Dept	18	Northwestern University	Div	62	University Arizona
Dept	18	Vanderbilt University	Div	62	University of Kansas
Dept	20	Mount Sinai Sch of Med	Dept	62	University of Nebraska
Dept	21	Univ California-San Diego	Dept	66	Temple University
Dept	22	Baylor University	Div	66	University of Vermont
Dept	23	University of North Carolina	Dept	68	University of Kentucky
Dept	24	Case Western Reserve	Dept	68	Virginia Commonwealth
Dept	24	Emory University	Dept	70	Hofstra University
Dept	26	U of Texas Southwestern MC	Dept	70	Rutgers New Jersey Med
Dept	27	University of Wisconsin	Dept	70	University of Oklahoma
Dept	28	Oregon Health & Science U	Dept*	70	Wayne State University
Dept	29	Boston University	Dept	74	Rutgers Rob Wood Johnson
Dept	29	University of Virginia	Dept	74	St. Louis University
Dept	31	Univ Alabama-Birmingham	Dept	74	Texas A&M
Dept	31	University of Colorado	Dept	74	University of Tennessee
Dept*	31	Univ of Southern California	Dept	*	Pennsylvania State University
Div	34	Ohio State University	Dept	**	Wright State University
Dept	34	University of Iowa			
Dept	34	University of Maryland			
Dept	34	University of Rochester			
Dept	38	Brown University			
Dept	38	University of Utah			
Div	40	Albert Einstein COM			
Dept	40	Univ California-Davis			
Dept*	40	University of Florida			
Dept	40	University of Minnesota			
Div	44	Georgetown University			

(#) Number = 2021 U.S. News and World Report Ranking (Research ranking)

*Added to include all Big Ten Schools

**Added due to proximity to Columbus

Yellow shaded entries = Big Ten Schools
(status verified 8/11/2020)

Appendix B: Description of Specialty Dermatology Clinics

Complex Clinic

Jessica Kaffenberger MD

Complex clinic is specifically designed to help care for patients with severe skin diseases that require immunosuppressive medications, patients with rare skin diseases, or patients who are diagnostic dilemmas. This clinic has a large referral base extending throughout Ohio and into neighboring states. Patient care is optimized by our familiarity with utilizing immunosuppressive medications, by having a team of physicians treat the patient (including both residents and an attending), and by working closely with other specialties to ensure patients receive coordinated care. Additionally, by having a large referral base of many diseases, complex clinic has drawn numerous clinical trials to OSU, allowing OSU dermatology to be at the cutting edge of available medical therapies.

Psoriasis Clinic

Jessica Kaffenberger MD

Psoriasis is a life-long condition that is associated with many co-morbidities including arthritis, heart disease, depression, liver disease, obesity among many others. Development of the psoriasis clinic has allowed OSU dermatology to increase capture of patients with psoriasis and to provide comprehensive care for these patients focusing on both their psoriasis and their co-morbidities. We have also developed a multi-disciplinary psoriasis/psoriatic arthritis clinic with rheumatology where patient care is coordinated. Additionally, the psoriasis clinic has served as a catalyst for developing a robust clinical trial program for psoriasis where we have been a site for many of the newly approved psoriasis medications for both adults and pediatrics.

Contact Dermatology/Patch Testing

Kelly Tyler MD

Allergic contact dermatitis significantly decreases quality of life for those affected due to persistent dermatitis and pruritus, and many patients have occupational dermatitis due to chemical and other exposures at work. At the Ohio State Contact Dermatitis Clinic, we perform comprehensive skin patch testing using the American Contact Dermatitis Series and other expanded and specialty series. This clinic has allowed dermatology to: expand our referral base by providing a service not typically available at community dermatology clinics, increase resident education through a dedicated resident patch test clinic, provide valuable patient education to assist with allergen avoidance, and assist employers around Ohio with diagnosing cases of occupational dermatitis.

Hidradenitis Suppurativa and Atypical Wound Clinic:

Benjamin Kaffenberger MD

This is a clinic for patients with non-diabetic, vascular, or pressure wounds. Dermatology has a diverse perspective on the diagnosis of wounds often diagnosing the autoimmune and autoinflammatory wounds, the chronic vasculitis patients, and those that are associated with hypercoagulable conditions. There is a substantial unmet need for dermatologists to apply medical principles to diagnose and treat autoimmune and atypical ulcerations such as hidradenitis suppurativa, pyoderma gangrenosum, calciphylaxis, livedoid vasculopathy, and many others. This clinic works in close collaboration with the OSU Wound Care clinics although is located within dermatology space. The intent of the clinic is to be the single medical home for complex wound care patients to achieve medical and laboratory diagnostics, surgical and debridement needs, wound dressing supplies, and pain control as needed. This clinic has achieved funding the SPARC Awards, three funded investigator-initiated trials, and has an RO1 submission undergoing review.

Graft-versus-Host disease, Drug Rashes, Cancer Therapy Rashes, and Paraneoplastic syndromes

Benjamin Kaffenberger MD

The goal of this clinic is to palliate patients with painful cutaneous toxicities to their chemotherapy like hand-foot syndrome, papulopustular eruptions, or malignant intertrigo, and diseases such as graft-versus-host disease. The goal is to use skin-targeted treatments to palliate treatments and allow them to continue therapies deemed necessary by their primary hematologist or oncologist. This clinic has been involved in describing novel forms of graft-versus-host disease, such as the angiomatosis phenomenon (Kaffenberger BH, Zuo RC, Gru A, et al. Graft-versus-host disease-associated angiomatosis: a clinicopathologically distinct entity. *J Am Acad Dermatol*. 2014;71(4):745-753. doi:10.1016/j.jaad.2014.05.034), as well as novel forms of chronic graft-versus-host disease including psoriasiform, pemphigoid, and blaschkoid. It also has described multiple manifestations and treatments of cutaneous toxicities to therapies such as nivolumab, adotrastuzumab emtansine, erdafitinib, pazopanib, among others. This clinic currently has funding through industry for clinical trials, the Dermatology Foundation for drug reactions, and an RO1 in Graft-versus-Host Disease (PI: Yiping Yang, CoI Kaffenberger, Vasu).

Oncodermatology

Brittaney Dulmage MD

For patients with systemic cancer, side effects of their oncology treatment plan that affect their skin, hair, and nails can have a drastic impact on their quality of life and limit their ability to complete life-sustaining therapies. In the oncodermatology clinic, patients with cutaneous side effects from chemotherapy, immunotherapy, and radiation therapy to diagnosis and manage reactions are seen. Additionally, there are patients with paraneoplastic syndromes, cutaneous metastases, and complications from bone marrow transplant.

Hair Clinic

Brittany Dulmage MD

In this clinic, we diagnose and treat hair disorders including alopecia areata, scarring alopecias, telogen effluvium, and androgenetic alopecia. We perform diagnostic scalp biopsies and additional laboratory work-up and develop tailored treatment plans including medical and procedural management.

Vulvar Dermatology

Kelly Tyler MD (Dual boarded in OB/Gyn and Dermatology)

Education in female genital skin disease is lacking in Obstetrics/Gynecology residencies and Dermatology residencies throughout the United States, so pruritic and painful inflammatory dermatoses of the female genital skin are often underdiagnosed, misdiagnosed, and patient education is inadequate. At the Ohio State Multidisciplinary Vulvar Disease Clinic, gynecologists and dermatologists collaborate to provide comprehensive treatment for this patient population. This clinic has allowed dermatology to: increase collaboration with the Department of Obstetrics and Gynecology, provide a comprehensive center for both medical and surgical treatment of vulvar disease, attract regional, national, and international patient referrals, provide increased patient education about rare vulvar skin diseases, and increase education for both Ob/Gyn and Dermatology residents regarding vulvar disease diagnosis and management.

HIV Dermatology

John Trinidad MD MPH

The HIV/Infectious Disease Dermatology Clinic is in conjunction with the Division of Infectious Disease. During that clinic, one dermatology resident and an infectious disease fellow are present to care for patient living with HIV disease and concomitant dermatologic disease. Patients living with HIV disease are higher risk for cutaneous malignancies, as well as HIV specific dermatoses such as Kaposi sarcoma, opportunistic infections, and immune reconstitution syndrome. This

clinic currently cares for 178 patients living with HIV disease. This clinic is approaching 3 years of service, now with a referral pattern of all Ryan White patients and Equitas patients.

Transplant/Immunosuppressed Dermatology

Jennifer Sopkovich MD and David Carr MD MPH

Immunosuppressed patients are at a high risk of cutaneous neoplasms and numerous skin conditions. This clinic has allowed dermatology to: increase capture of patients prior to transplant, increase use of systemic chemoprophylactic medications, initiate aggressive field cancerization therapies, prioritize neoplasm treatment, and intensively educate patients specific to their transplant and immunosuppressed status.

Pigmented Lesions Clinic

Natalie Spacarelli MD

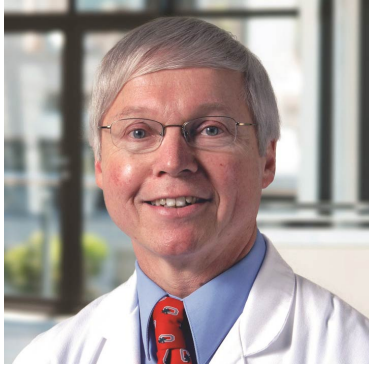
This clinic provides dermatologic surveillance (regular skin exams) for patients with a personal history of melanoma or dysplastic (atypical) moles and/or a family history of melanoma. We always utilize dermoscopy and often use full body cutaneous photography in our evaluations of these high-risk patients.

Urgent Clinic

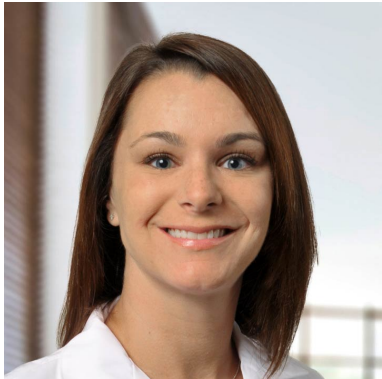
Natalie Spacarelli MD

This clinic at the Grandview location aims to get both new and return patients in for timely evaluation of rashes and skin lesions. The resident assigned to this clinic uses dermoscopy to evaluate skin lesions and receives focused teaching in this area from the attending.

Appendix C: Dermatology Faculty (as of 8/2020)



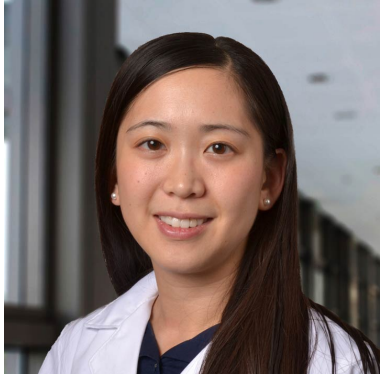
Mark Bechtel, MD
Director, Division of Dermatology
Medical Dermatology
Professor



Jennifer Sopkovich, MD
Director of Clinical Operations
Medical Dermatology
Assistant Professor



David Carr, MD MPH
Director, MSDO Fellowship
Surgical Dermatology
Associate Professor



Catherine Chung, MD
Dermatopathology and Medical Dermatology
Assistant Professor



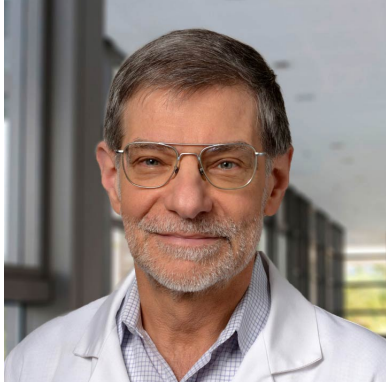
Brittany Dulmage, MD
Medical Dermatology
Assistant Professor



Benjamin Kaffenberger, MD
Medical Dermatology
Associate Professor



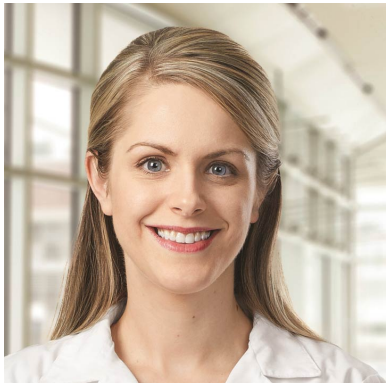
Jessica Kaffenberger, MD
Medical Dermatology
Associate Professor



David Lambert, MD
Surgical Dermatology
Associate Professor



Susan Massick, MD
Medical Dermatology
Associate Professor



Alisha Plotner, MD
Medical Dermatology
Associate Professor



Llana Pootrakul, MD PhD
Surgical Dermatology
Assistant Professor



Desmond Shipp, MD
Cosmetic and Medical Dermatology
Assistant Professor



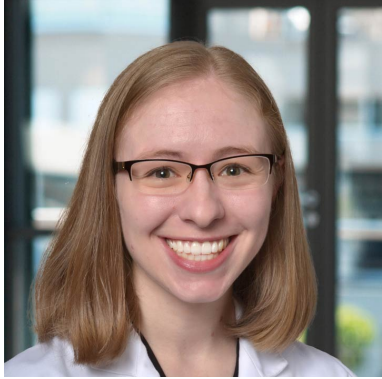
Natalie Spaccarelli, MD
Medical Derm and Cutaneous Oncology
Assistant Professor



John Trinidad, MD MPH
Medical Dermatology
Assistant Professor



Kelly Tyler, MD
Medical Dermatology
Assistant Professor



Catherine Ulman, MD
Medical Dermatology
Assistant Professor



Patricia Malerich, MD
Medical Dermatology
Assistant Professor



Kelly Zyniewicz, MD
Medical Dermatology
Assistant Professor

**Not pictured: Jeffrey Wargo, MD

Appendix D: Investigator-Initiated Trials

1. **PI: Dulmage, Co-I: Spaccarelli, B. Kaffenberger, Saed** A Natural History Study of Eyebrow Loss in Breast Cancer Patients Receiving Chemotherapy and Subsequent Pilot Study of Topical Oxymetazoline for Eyebrow Preservation During Chemotherapy for Breast Cancer PI: Dulmage, Co-I: Spaccarelli, B. Kaffenberger, Saed Presented to Breast Cancer Research Group and editing submission prior to submitting to IRB
2. **PI: Dulmage, Co-I: Spaccarelli, B. Kaffenberger** A Pilot Trial of Topical vs Oral Minoxidil for Treatment of Endocrine Therapy-Induced Alopecia in Breast Cancer Patients Submitted to IRB, awaiting approval
3. **PI: Dulmage** Endocrine Therapy-Induced Alopecia Natural History Evaluation Presenting this week to the Breast Cancer Research Group and then submitting to IRB
4. **Korman A.** Co-Investigator. The Effect of Histopathologic Analysis and Tissue Cultures on Inpatient Management of Cellulitis and Pseudocellulitis
5. **Korman A.** Principal Investigator. A prospective randomized controlled study on impact of providing a dermatologic roadmap on knowledge and satisfaction of students during a 4-week dermatology rotation
6. **Carr DR.** Principal Investigator. (NEW-46802) **Investigator Initiated Trial.** Tumor Budding in Cutaneous Squamous Cell Carcinoma. IRB Protocol in submission.
7. **Carr DR.** Principal Investigator. (OSU-2020E0994) **Investigator Initiated Trial.** Learning Experiences in LGBT Health in Dermatology Residency. Current stage: Data collection.
8. **Carr DR.** Principal Investigator. (OSU-2020C0160) A Retrospective Analysis of Atypical Fibroxanthoma and Pleomorphic Dermal Sarcoma Outcomes at The Ohio State University. Undergoing IRB Review.
9. **Carr DR.** Principal Investigator. (IRB exempt) LGBT issues in Peer-Reviewed, Dermatology Literature from 1980-2020. Data Collection.
10. **Carr DR.** Principal Investigator. (OSU-2020C0091) A Retrospective Study of Clinical Outcomes in Patients with Cutaneous Squamous Cell Carcinoma Treated with Adjuvant Radiation at the Ohio State University. Current stage: Data collection.
11. **Carr DR.** Principal Investigator. **Investigator Initiated Trial.** Clinical Utilization and Practicality of Current Cutaneous Squamous Cell Carcinoma Staging System Criteria: A Nationwide Survey. Submitted to IRB.
12. **Carr DR.** Principal Investigator. Risk Factors, Trends in Outcomes, and Treatment in Porocarcinoma: A SEER Database Study. Current stage: Data analysis.
13. **Carr DR.** Principal Investigator. (OSU-2019C0204) **Investigator Initiated Trial.** Grading of Differentiation in Cutaneous Squamous Cell Carcinoma: Evaluation of Inter-rater and Intra-rater Reliability. Data Collection.
14. Blakaj D (Principal Investigator). **CARR DR** (Co-investigator). OSU-2016C0003) A Retrospective Study Analyzing the Molecular Analysis of Head and Neck Tissue from Patients with Recurrent of Persistent Malignancy: A Study of Radiation Resistance.
15. **Carr DR.** Principal Investigator. (IRB exempt) Ceruminous Neoplasms of the External Auditory Canal: A SEER database study. Completed. Manuscript in peer review process.
16. **Carr DR, Schmults CA.** **Investigator Initiated Trial.** Characterization of AJCC8 T2 and T3 Tumors. Data analysis in process. Utilizing the Brigham and Women's Hospital Cutaneous SCC Database.
17. **Carr DR, Schmults CA.** **Investigator Initiated Trial.** Depth of Invasion Measurement in Cutaneous Squamous Cell Carcinoma. Utilizing the Brigham and Women's Hospital Cutaneous SCC Database.
18. **Carr, DR.** Principal Investigator. (OSU-2019X0046). **Investigator Initiated Trial.** Valuation and Willingness to Pay for Mohs Micrographic Surgery. IRB approved. Accrual Complete. Current: data analysis. Multicenter study with University Hospitals/Case Western Reserve Medical School.
19. **Carr, DR.** Principal Investigator. (OSU-2019H0378). **Investigator Initiated Trial.** Antibiotic Adherence Practices in Dermatologic Surgery: A Multicenter Prospective Cohort Study. IRB approved. Patient accrual in process. Multicenter study with the University of Pennsylvania.
20. **Carr, DR.** Principal Investigator. (OSU-2019E0973). **Investigator Initiated Trial.** Patient Perspectives on Prophylactic Antibiotic Use in Dermatologic Surgery: A Multicenter Prospective Cohort Study. IRB approved. Patient accrual in process. Multicenter study with the University of Pennsylvania.
21. **Carr, DR.** Principal Investigator. (OSU-2018E0761). **Investigator Initiated Trial.** Patient characteristics influencing upstaging of cutaneous squamous cell carcinoma between biopsy and Mohs micrographic surgery. IRB approved. Manuscript submitted and in peer review process.
22. **Carr, DR.** Principal Investigator. (OSU-2019H0241). **Investigator Initiated Trial.** Characterization of the 2018-2019 Micrographic Surgery and Dermatologic Oncology Standardized Letter of Recommendation. Complete. Manuscript accepted.
23. **Carr DR.** Principal Investigator; Scarbrough C, Co-investigator (2018H0217). **Investigator Initiated, Single Site Trial.** Validation of a facial scar scale incorporating animation. Preliminary scale developed. IRB approved, currently accruing.
24. **Kaffenberger J.** PI - Sun Safety Education in Elementary School Students and Impact on Knowledge and Behavior
25. **Kaffenberger J.** PI - A retrospective review of treatment response of palmoplantar psoriasis
26. **Kaffenberger J.** PI – Investigating the Impact of Mental Health and Quality of Life Screening in an Outpatient Dermatology Clinic.

27. **Kaffenberger J.** PI Speaker Introductions at 2019 American Academy of Dermatology Meeting: A Look at Unconscious Bias Regarding Speaker Introductions
28. **Kaffenberger J.** PI – Investigating the effect of COVID-19 on patient perceptions of personal protective equipment in an outpatient dermatology clinic.
29. **Kaffenberger J.** Co-I w Penn group – Real world study of pustular psoriasis in the US.
30. **Kaffenberger B.** PI. THE OHIO STATE UNIVERSITY DERMATOLOGY BIOREPOSITORY
31. **Kaffenberger B.** PI. The effect of teledermatology on length of hospital admission, length of stay, 30-day readmission rate, and antibiotic use in patients presenting with cellulitis vs pseudocellulitis in an academic emergency department setting.
32. **Kaffenberger B.** PI. The effect of dermatology and teledermatology consultations on length of hospital admission, 30-day readmission rate, and antibiotic use in patients presenting with cellulitis vs pseudocellulitis in an academic inpatient setting
33. **Kaffenberger B.** PI. An Open-Label, Proof-of-Concept Study of Ixekizumab in the Treatment of Pyoderma Gangrenosum
34. **Kaffenberger B.** PI. THE OHIO STATE UNIVERSITY Dermatology Image repository
35. **Kaffenberger B.** PI. PROs - Patient Reported Outcomes and Survey Instruments in Dermatology
36. **Kaffenberger B.** PI. The Effect of Histopathologic Analysis and Tissue Cultures on Inpatient Management of Cellulitis and Pseudocellulitis
37. **Kaffenberger B.** PI. Differentiating palmoplantar psoriasis from hyperkeratotic eczema in relation to Th17 pathway expression and abrogation (SunPharma)
38. **Kaffenberger B.** PI. COVID-19 Automated Fever Screening Using Wide-Angle Thermography and Artificial Intelligence
39. **Massick S.** PI. The Effectiveness of Digital Pathology Slides in Comparison to Glass Slides for Dermatopathology Training in Dermatology and Pathology Residences, Principal Investigator
40. **Massick S.** Co-I. 747-304: A Phase 3, Double-Blind, Randomized, Placebo-Controlled, Multicenter Study to Evaluate the Efficacy and Safety of Obeticholic Acid in Subjects with Compensated Cirrhosis due to Nonalcoholic Steatohepatitis (The REVERSE Study)
41. **Massick S.** Co-I. CAPI015A2201J: A randomized, double-blind, placebo-controlled, two cohort parallel group study to evaluate the efficacy of CAD106 and CNP520 in participants at risk for the onset of clinical symptoms of Alzheimer's disease.
42. **Massick S.** Co-I. Obesity and the Role of Adipose Tissue Inflammation in Influencing Rheumatoid Arthritis Disease Activity (Obesity in RA).
43. **Trinidad J.** PI. Skin Color in Dermatology: Minority Representation in Academic Journals
44. **Trinidad J.** PI. Learning Experiences in LGBT Health in Dermatology Residency
45. **Trinidad J.** PI. A Retrospective Analysis of COVID-19 Outcomes for Patients with Inflammatory Diseases Receiving Biologic Therapy
46. **Trinidad J.** PI. Concordance and correlation of diagnostic studies in the diagnosis of skin and soft tissue infections: a retrospective review
47. **Trinidad J.** PI. Inpatient Teledermatology During the COVID-19 Pandemic: A Resource Utilization Study Research Protocol
48. **Trinidad J.** PI. Culturally Competent Care for LGBT Patients in Dermatology



January 3, 2022

W. Randy Smith, PhD
Vice Provost for Academic Programs
Ohio State University Council of Academic Affairs

Dear Dr. Smith,

As Chair of Dermatology at Penn State University, I strongly support the transition of Dermatology from a Division of Internal Medicine to a Department of Dermatology.

I feel qualified to write this letter based on our experience with a similar transition at Penn State University in 2002. Becoming a Department of Dermatology at Penn State University has enabled us to recruit nationally recognized faculty and advance scholarship in clinical care, education, and research that is nationally and internationally recognized.

After reviewing the dossier for departmental status, the current Division of Dermatology meets criteria to join the nationwide peer group (including all the Big 10 institutions) of Dermatology Departments:

- Patient Care – Provides highly specialized patient care based on expertise of faculty (e.g. Mohs surgery, pediatric dermatology, and cutaneous oncology).
- Education – Solid foundation of resident and Mohs fellowship training programs and prioritization of medical student education and research
- Research – Robust clinical trial program that enables research on cutting edge medications and technologies and growing portfolio of federally funded and investigator initiated studies

Approval of Departmental status will benefit Ohio State University in the following ways:

- Recruit and retain nationally recognized clinical and research faculty
- Recruit and train the best residents and fellows
- Enable the Department to meet the needs of the Ohio State University
- Continue to provide the highest level of specialty care in your region

It is exciting to see the growth of 2 dermatologists in 2005 to 22 dermatologists at OSUMC and 4 pediatric dermatologists at Nationwide Children's.

This team, led by Dr. Mark Bechtel, will make OSU proud as an innovative and committed Department of Dermatology. This is an investment that will lead to rewards in years to come.

Please reach out to me with questions.

Sincerely,

Jeffrey J. Miller, MD, MBA
Chair & Professor
Department of Dermatology