WE ARE DRIVEN AND INSPIRED BY OUR MISSION, TO SERVE THE POPULATION THROUGH INTERPROFESSIONAL EDUCATION AND THE DISCOVERY OF KNOWLEDGE DEDICATED TO IMPROVING THE WELLNESS OF ITS PEOPLE.
MISSION to SERVE

2015/16 YEAR in REVIEW
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The transformation of American health care from fragmented, fee-for-service to a more thoughtful and effective system of coordinated, comprehensive, value-based care demands a transformation of the way we educate and train future health professionals.

Rosalind Franklin University, true to its history of openness and innovation, is at the forefront of this change. We are one of the first academic institutions in the country to commit to the interprofessional education of future physicians and healthcare professionals who learn to work together as members of the healthcare team. We’re also one of the first health sciences universities in the nation to add a program in population health, a powerful model that can help reduce health disparities.

We’re now seeing increased energy, an exciting synergy, as more healthcare organizations and academic medical and health sciences institutions take up the national challenge of quality improvement in health care as outlined by the Triple Aim: the simultaneous pursuit of improving the health of populations, the patient experience of care and reducing the per capita cost of care.

Growing recognition that the Triple Aim framework can and should guide priorities, like patient safety, data collection and controls on the spiralling growth in healthcare costs, must now translate to system-wide progress and implementation. For RFU and its peer institutions, that means educating future healthcare providers who are grounded in health promotion and disease prevention, teamwork, communication, evidence-based guidelines and management of the health of populations, in addition to excellent clinical knowledge.

RFU is up to the task. Our university’s very existence, our pioneering spirit and our bold leadership of the paradigm shift in the delivery of care, offers proof that we have never shied from a challenge.

From our founding, we have demonstrated the courage to lead, to make change, always with the goal of improved health. Our mission, to serve the population through the interprofessional education of health and biomedical professionals and the discovery of knowledge dedicated to improving the wellness of its people, serves as our own institutional framework for the pursuit of the Triple Aim.

We will continue to pursue academic and clinical partnerships that can help us accomplish our mission. We will continue to strive to improve our learning environment, build our research enterprise, strategically expand our programs, develop our faculty and support our students. We will also continue to prove that team-based care can better respond to the needs of patients and populations and the economic pressures and evolving demands faced by health systems in the U.S. and across the globe.

Rosalind Franklin University, guided by the signs of the times, will relentlessly envision the future and move toward it. We will not hesitate to disrupt outmoded, ineffective models, test new ideas and drive innovations that contribute to the achievement of the Triple Aim. We will send forth healthcare professionals who will contribute the power of their skill, diversity and compassion and work together across disciplines and institutions to break down every barrier to good health.
The Triple Aim is a bar set high, but Rosalind Franklin University is preparing healthcare professionals who will help meet and exceed the challenge.

Triple Aim thinking says this: If we deliver care that is coordinated, reliable and affordable, we can keep people healthy, avoid chronic illness, use less acute care and put those savings into building healthy communities.
A framework for improving health care in the United States and around the world, the Triple Aim is slowly but surely driving improvements based on its three closely linked goals: patient experience of care, including quality and satisfaction; health of populations; and reduction in the per capita cost of care.

Triple Aim-inspired strategies look like this: bundled payments to hospitals that link cardiac care and rehabilitation, incentivizing closer attention to discharge and post-acute care and closer relationships with patients and primary care providers; a partnership between a large health system, the American Medical Association and a health information technology firm to create digital health services to support patient efforts to prevent a Type 2 diabetes diagnosis; a pediatric hospital that works with neighborhood partners to develop community-based interventions to reduce childhood injuries.

Rosalind Franklin University championed the idea of coordinated care through interprofessional healthcare teams well ahead of the rollout of the Triple Aim in 2007 by researchers at the Institute for Healthcare Improvement (IHI). The agency’s call for a redesign of primary services and structures is validation of RFU’s interprofessional mission and our pioneering efforts in the health reform movement.

“RFU STUDENTS MUST BE TRIPLE AIM READY.”

The Triple Aim quickly became the national strategy to fix a fragmented system plagued by poor outcomes and skyrocketing costs. Health systems, hospitals and government health agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality, are using the Triple Aim to implement and measure the effectiveness of provisions of the Affordable Care Act, including value-based payments, accountable care organizations and integration of information technology.

At RFU, Triple Aim thinking abounds: educating students in diverse health professions to work together in clinical care teams; case-based simulation focused on quality and safety in patient care; training in decision-making strategies to improve collaboration around diagnosis; and the addition of an online program in population health geared to meet the needs of licensed providers.

“RFU students must be Triple Aim ready,” said RFU Provost Wendy Rheault, PT, PhD, who is using the Triple Aim as a prime benchmark for achieving university priorities. “They must be prepared to practice in environments that are changing and experimenting with new models to achieve the Triple Aim, which calls for more emphasis on prevention, primary care and evidence-based standards.”

James Carlson, PhD ’12, MS ’01, dean of the College of Health Professions, said the Triple Aim brings a new urgency to the science of delivery and implementation, a staple in the RFU curriculum.

“We’re doing a good job building clinicians who know what they’re supposed to do and the science behind it,” Dr. Carlson said. “But they also have to know how to work with people. There’s an art and a science of care. It’s about being a little more scientific about the art.”

Achieving the Triple Aim will depend in large part on the critical thinking and problem-solving skills of healthcare professionals and leaders across constituencies, including payers, social services, businesses and government. Dr. Rheault and Dr. Carlson agree that systematizing good communication practices is key to improving quality and reducing medical errors, more than 70 percent of which are attributable to breakdown in team dynamics, according to a 2014 study in Health Care Management Review.

Clear, respectful communication among members of the healthcare team is a core competency for interprofessional collaborative practice.

“In medicine, that means listening to other professionals and sharing responsibility,” Dr. Rheault said. “For physical therapy, or nursing or physician assisting, it’s speaking up and advocating for your position. That’s two different skill sets, but both lead to successful interprofessional practice and decrease error rates.”

“Can a leader invite dissenting opinion?” Dr. Carlson asked. “It’s about fostering a culture that tolerates that kind of challenge to the traditional hierarchy, that understands health care is an interprofessional team effort and that decisions can be made in a distributed model, using technology to facilitate information flow. Systems that do that will be more likely to achieve the Triple Aim.”
Awarded a Doctor of Humane Letters for her contributions to RFU and its students, Trustee Rosalind Franklin, CPC, ACC, facilitated the creation of the Franklin Fellowship. She is the keeper of a legacy that inspires and emboldens our university. “My aunt believed in mentorship, investing in the success of others, the pursuit of a common goal,” she said. “She didn’t always experience that in her own lab. But at RFU, those values harken back to her in a beautiful way.”
Transformative strategies like population health demand healthcare professionals who believe in the power of collaboration to achieve the Triple Aim — cost, quality and experience of care.
Rosalind Franklin University is creatively aligning with healthcare systems, communities and facilities that are the new “space” in which health care is being provided. It’s paving the way for interprofessional healthcare teams that promote population health and are better equipped to serve patients with complex, chronic conditions.

“We want to create strategic partnerships built on trust, shared missions and goals that create more capabilities and better supported ecosystems between academia and health care,” said Sandra Larson, PhD, CRNA, APN, associate provost for clinical partnerships.

The university’s drive to partner bore fruit in 2015/2016 as the university formed innovative alliances with Billings Clinic, Montana’s largest healthcare organization, and Centegra Health System, the largest healthcare provider in McHenry County, IL.

A top priority for Billings’ partnership with RFU, according to Dr. Larson, is to increase provider supply in rural areas of Montana and to advance interprofessional models of care. The top priority for RFU is to ensure high-quality, sustainable, interprofessional clinical training opportunities for its students. Billings Clinic provides inpatient and outpatient care to people in 43 counties, over 127,801 square miles. It serves a four-state region, including northern Wyoming and the western Dakotas.

“We’re creating a ‘round-trip ticket,’ which accepts qualified applicants from Montana into our health professions programs and sends them back for clinical training to the Billings system, where they’re likely to stay,” Dr. Larson said.

Under a memorandum signed last spring, Billings will provide clinical training and RFU will discount tuition for Billings’ students and help it build Montana’s workforce, status and brand in the community. The partnership expands opportunities to young people in the Billings service area interested in an RFU education. RFU and Centegra recently opened an internal medicine residency at Centegra Hospital-McHenry, and office space and a simulation center are under construction at the new Centegra Hospital-Huntley. The two institutions also share a clinical affiliation for training RFU’s nurse anesthesia and physical therapy students, and are working to establish a branch campus for undergraduate medical education.

The partnership with Centegra Health System will also enable collaborative simulation-based interprofessional training and research opportunities, optimize the student learning environment for RFU students and residents training at Centegra, develop workforce pipelines and create a positive community impact. □
RFU is at the forefront of the trend in population health, training future health professionals who will use big data while never losing sight of individuals and their unique needs.

The emerging field of population health is embedded in our mission and it’s the backbone of the Triple Aim. Population health is big picture. It's prevention over intervention. It's anticipating and influencing the need for care through vigilant group management over reactive acute care responses to individual patients.

Population health, the coordination of healthcare delivery to a population to improve clinical outcomes at a lower total cost of care, looks beyond the patient who walks in the door to the social determinants — income, lifestyle, conditions in which they live and work — that dramatically influence their health. Rosalind Franklin University is making a strong investment in population health promotion through academic offerings and opportunities for continued education units.

Population health cannot move forward without physicians and other healthcare professionals committed to its success, and RFU is committed to the education and development of clinician leaders who can understand and collaborate to improve complex systems of care.

James Carlson, PhD ’12, MS ’01, dean of the College of Health Professions, said RFU anticipated the move from episodic care of disease to continuous health promotion, care coordination and risk management when it transformed its educational model to interprofessional, team-based care.

“Anyone who is a clinician needs to understand population health,” said Dr. Carlson, who also serves as associate vice president for clinical simulation. “That’s core to our curriculum. The changes happening in technology and implementation mean clinicians and administrators must invest in their skill sets to help their employers and systems grow into and develop new models of care. We’re educating professionals who will drive research to inform our conversation in meaningful implementation strategies unique to specific populations.”

Population health begins with the enrollment of a group or “population” — students within a school district, or patients with congestive heart failure seen at a cardiac practice, or all the people who live in a geographic area — and tracking their experience of care, per capita cost of care and health status.

RFU Provost Wendy Rheault, PT, PhD, cites health clinics in underserved high schools and a new opioid overdose prevention initiative as population health-inspired models of care in RFU’s home county of Lake. The university has partnered with the interprofessional Angel Network to combat a spike in the number of opioid-related deaths in the county, which reached 58 in 2015, 42 of them from heroin overdose. The effort also includes the Lake County Health Department and Community Health Center (LCHD), law enforcement, legislators, health systems and clinics.

“It’s a community-based effort,” Dr. Rheault said. “It’s about partnerships, communication and coordination. Health isn't just an issue for health professionals, it's about the whole community — families, schools, social services, police. When we don't have that involvement, we have sick care, not health care.”

RFU students will participate in research and evaluation for the initiative, gathering data on the population and identifying social determinants and specific problems faced by addicts. They will also study strategies, like the use of the opiate antidote Narcan by police, and outcomes.

“It’s research that’s crucial to the health of the community,” said Dr. Carlson. “Addiction is a real problem and every day we don’t have a strategy, people lose their lives.”
Population health moves the delivery of care to a new emphasis on understanding why people get sick versus “what to do with them once they get sick,” Dr. Carlson said.

Better data collection is needed to analyze resource allocation and offer evidence.

“If you prevent surgery, you’re spending less,” Dr. Carlson said. “Our current system emphasizes procedures, not prevention; that’s why our costs are so high.”

Population health promotes patient involvement in prevention strategies, which isn’t a new idea. But the widespread probing of populations to discover health problems is new. Resulting data is expected to lead to research of more effective methods of prevention and creative models for wellness.

Kimberly Elliott, assistant professor and chair for Health Services Administration, works with the LCHD on curriculum development for the university’s population health curriculum. Students of data analytics can study the department’s various projects and outcomes and work with its data.

“They’re helping us add a real-world perspective,” Dr. Elliott said. “We’re teaching the theoretical, and they’re sharing how the practice of population health actually works in the field. We’re developing some very innovative teaching methods.”

RFU students might be shocked to learn through an analysis of data available through the health initiative Live Well, Lake County, that 35 percent of adult residents have been diagnosed with hypertension, compared to 29 percent nationally, and that 48 percent are not controlling their blood pressure. They will see that the average annual medical cost for treating hypertension is $733 and even higher for African Americans at $981. They will confront the ultimate disparity: African Americans in Lake County, ages 45 to 74, are two times more likely than whites to die of heart disease.

Population health drills into those numbers, looks at access and continuity of care, studies the built environment — Is it walkable? Is healthy food available? Is there transportation? A population health strategy might be to employ a community health worker, someone trusted from within the community, to help at-risk patients navigate the health system, overcome any barriers and stick to their treatment protocols.

“It’s about understanding why,” Dr. Carlson said. “Population health is not a one-size-fits-all model. It’s really about understanding the population you serve and tailoring the care you’re delivering to their needs and challenges.”

“There is definitely a need to know more about our population,” said Mark Pfister, MSES, LCHD interim executive director and director of prevention, who participated in a recent RFU population health symposium panel on quality and analytics.

“We have graphs that demonstrate if you look at zip codes and plot median household incomes, lower income zip codes have greater levels of obesity,” Mr. Pfister said. “Your zip code is more important than your genetic code. Some say this is a racial or ethnic relationship but the bottom line is there’s variation. It comes down to income, education and housing. Those are three very important socioeconomic factors that are independent variables that drive health outcomes. Our lifespans can depend on those variables alone. That gets into health equity. We want to make sure everybody has what they need.”

Redefining health care as a coordinated, team effort on behalf of the lifelong health and well-being of people and their communities, while focusing on quality, cost and value, is no small task. It requires a new intensity of focus by healthcare professionals and a commitment to disruptive innovation among the institutions that train them. RFU is working to educate a healthcare workforce that will transform evolving systems of delivery through problem solving, communication and critical thinking.

Mr. Pfister points to the work of Mona Hanna-Attisha, MD, MPH, a pediatrician in Flint, MI, who in 2014 exposed lead poisoning in the city, as the type of practitioner leader who will take U.S. health care to the next level through a reckoning with the social determinants of health, community involvement and advocacy for system change.

“Physicians, nurses, physician assistants, any provider on the frontlines of care, need to think critically. They’re doing biosurveillance in their roles...”
Vanessa Rose was a long-term substitute teacher at a Waukegan High School campus in 2014 when she was handed a roster for a special gym class.

“Eighteen pregnant girls, walking the track,” recalls Vanessa, now a second-year medical student, who undertook a Franklin Fellowship project in which she and an interprofessional team of RFU students taught sexual education at the school, where health education was decimated by funding cuts.

“Adolescents have the lowest rates of doctor visits,” Vanessa said. “There’s a shame factor. They’re going through so many changes that they don’t want to discuss with someone they don’t know.”

To combat teen reticence, Vanessa created health vouchers, to be presented at health department clinics, on which they could check, rather than say out loud, the reason for their visit: STD, HIV or pregnancy testing, birth control, or simply “I need condoms.” Other aspects of her project included a question box, a “You Are the Doctor: Diagnose the STD” small group Google slide project, and a realistic approach.

“So many kids are already active,” she said. “We need to teach them self-care, protection and prevention.”

Vanessa spent the summer at the New York Blood Center on a fellowship in hematology, a field of particular interest because she carries the sickle cell trait. Sickle cell disease in the U.S. occurs in populations plagued by social determinants that contribute to poor outcomes.

“I definitely want to work in the underserved environment,” Vanessa said. “I need to be there. I want to listen and let my patients know I care. We have to listen, so they will listen to us.”
INTERPROFESSIONAL EDUCATION

By working together, we can better meet the needs of patients and populations. RFU is committed to the interprofessional education of future healthcare providers who will practice and champion team-based care.
President and CEO K. Michael Welch discovered the value of teamwork as an intern in the United Kingdom. "I learned to practice medicine from two very able nursing sisters," he said. "They taught me what I didn't know without making me feel small or incompetent, which they realized would have been to the detriment of their patients. I was wise enough to listen." RFU students, Dr. Welch proudly notes, are recognized in clinical rotations and residencies for their collegiality, skill and lack of arrogance.
GLOBAL HEALTH

When Chicago Medical School student Yao Ying “Jonathan” Tseng traveled in July to Linhai, a city in East China’s Zhejiang Province, he saw a health system, not unlike that in the United States, that struggles to offer high-quality care to all people.

At the aging Taizhou Hospital, where he completed a global health (GH) elective — including observations in emergency medicine — he was stunned to see one or two physicians per shift caring for 90 to 120 patients and to learn that they earned 12 yen per patient, less than the cost of a haircut. He was inspired by Dr. Ye, the director of the emergency department, who valiantly works to improve the science of emergency medicine at his hospital, partnering with physicians in Europe and Asia to think through its most vexing health system problems.

“Our imperative moving forward is that all GH education, research and service should involve interprofessional collaboration. That’s RFU’s brand and we’re committed to making it happen.”

Jonathan, CMS Class of 2019, returned stateside, both his medical Mandarin and insight sharpened. China, he notes, has universal coverage but cannot keep up with demand, and the very poor still go without care. Will the U.S. face the same situation as baby boomers flood into retirement?

“The future is not physicians solving individual patient cases,” Jonathan said. “It’s solving the issues with the system. How do we get the government to make changes that will benefit the patient and community?”

The university wants every global health student to enjoy a rich and deeply reflective learning experience. Global health education at RFU is being transformed to meet interprofessional competencies developed by the Consortium of Universities for Global Health. Learning objectives and assessments are being standardized across all RFU programs and there’s a renewed focus on ensuring the safety of students, patients and communities abroad, as well as institutions on both sides.

“These are not just clinical rotations sitting in another country,” said Cat Myser, PhD, professor and director of global health and ethics. “Our imperative moving forward is that all GH education, research and service should involve interprofessional collaboration. That’s RFU’s brand and we’re committed to making it happen.”

Dr. Myser is working with students across campus to develop their interprofessional GH competencies such as understanding the global burden of disease; globalization of health and health care; social and environmental determinants of health; ethics; health equity and social justice; and collaboration, partnering and communication.

The university is partnering with organizations in China, Mexico, St. Lucia, Uganda and Child Family Health International, which is respected for GH education programs at 31 sites in 10 countries that challenge rather than reinforce historical power imbalances.

April D. Newton, PT, DPT, assistant professor of physical therapy, lived and practiced in St. Lucia for a year before coming to RFU. She and Dr. Myser took a group of DPT students there last winter to St. Jude Hospital, housed in a sports stadium while its original building is undergoing renovation after a fire in 2009.

“We want students to identify gaps in their learning and knowledge while in country, and to see how different health systems operate,” said Dr. Newton, who is also director of interprofessional education and clinical practice. “We want them to reflect upon that. How can patient care be done differently or similarly in the U.S.?”

Laura Calgaro, DPT ’16, who educated children in St. Jude’s pediatric ward on the importance of physical activity, said she was struck by the hospital’s interprofessionalism.

“The doctors, instead of calling or paging, would walk across the stadium and talk directly with PT about patient care,” she said. “It was that way with everybody: caregivers, nurses, students. In the U.S. it’s rushed. Communication is lacking. It’s great to see that a low-income country like St. Lucia is a step ahead of us on interprofessionalism and healthcare team communications.”
RFU and DePaul have built a strong and mutually advantageous partnership that expands opportunities for future health professionals who will help achieve the Triple Aim.

The Alliance for Health Sciences between Rosalind Franklin University and DePaul University is a powerful engine of opportunity for our institutions, the students we serve and the health of our nation.

The alliance streamlines entry into the health professions for qualified students, strengthens academic programming, fosters faculty collaboration and expands student research opportunities. It also allows DePaul and RFU to offer one of the widest arrays of health sciences programs in the Midwest.

“It’s a very important relationship for us and our goal is to strengthen it,” said Provost Wendy Rheault, PT, PhD, who cited a common mission of service and outreach, a shared vision of inclusion and strong commitment to improving the health of communities by producing highly trained, compassionate professionals prepared to meet the needs of diverse populations.

Initiated a year after Chicago-based DePaul established its College of Science and Health in 2011, the alliance builds on the university’s growing investment in undergraduate science and health and RFU’s excellent reputation in graduate interprofessional health education.

“The evidence of success is apparent when we look at what we set out to do,” said David Kalsbeek, PhD, DePaul senior vice president for enrollment management and marketing and an architect of the alliance. “We want to create academic pathways programs for our undergraduate students to streamline and facilitate their enrollment in the highly competitive professional health programs at RFU.”

The two universities share an overarching goal: ensuring diversity in the healthcare professions.

“DePaul is a very diverse university, and our partnership with them gives us access to that applicant pool,” said Patrick Knott, PhD, PA-C, a professor in the College of Health Professions who helped shepherd the alliance in its earliest years. “They have strong racial, ethnic and socioeconomic diversity, many first-generation college students and returning military veterans. These are groups that RFU wants to recruit.”

“We know that low-income, first-generation students aspire to healthcare careers,” Dr. Kalsbeek said. “But they often need help in understanding the full range of options. They get that from RFU.”

Working together, RFU and DePaul are shaping a healthcare workforce that will work interprofessionally to achieve the Triple Aim — simultaneous improvements in the quality and cost of care and the health of populations.

“We’re offering a great undergraduate preparation for healthcare careers in terms of a broad-based interdisciplinary program designed with the help of Rosalind Franklin faculty, guided by the interprofessional perspective that defines the Rosalind Franklin brand,” Dr. Kalsbeek said.

“We’re interested in college students who have had the right kind of undergraduate preparation for graduate school,” said Dr. Knott, who teaches Introduction to the Health Professions at DePaul. “When we take students from a multitude of universities across the country, we often do not know how appropriate that preparation has been. But when we can work with DePaul to help design undergraduate curriculum, help mentor undergraduate students, suggest places for good healthcare experience and provide shadowing opportunities, that input greatly increases the chances of students getting exactly the type of undergraduate preparation that will make them successful here.”

Health sciences educators are being challenged to teach core competencies aimed at producing well-rounded clinicians who understand the healthcare delivery system and their role in serving populations.

“It’s not enough to know how to practice your profession,” Dr. Rheault said. “It’s a different set of skills and a different knowledge base. We have to prepare professionals who are ready for the new healthcare environment.”

National reform efforts are also driving the emergence of new professions.
After his mother died in 2006 of frontotemporal dementia (FTD), Allen Wiemer declined testing to learn if he is among the 50 percent who inherit the genetic mutation that causes the disease. He opted instead to intentionally build new neural pathways to help stave off the progressive cognitive loss that characterizes FTD.

“I decided that a life worth living, a life of learning and trying to inspire and help others, is better than knowing how I’m going to die,” said Allen, who will earn a doctorate of nurse anesthesia practice in 2017.

His journey to advance practice nursing began when, caring for his mother, he took great interest in the work of hospice nurses, one of whom told him, “You know, you can do this. You can become a nurse.” He went back to college and earned a BSN in 2009.

“Every single day that I worked as a nurse and every day thereafter, I thought about her,” he said. “It’s how you make people feel, how you connect with them. That’s what it’s all about. Our lives are so busy, and life is happening; it goes by really fast, so it’s important to be mindful and live in the moment.”

Allen enjoyed connecting with youth for his Franklin Fellowship project, an anti-bullying campaign at the Boys and Girls Club of Lake County, in Waukegan, IL.

“Bullying is a public health and safety issue, but it is also personal,” he said. “When kids are bullied, it impacts their relationships with friends and siblings, affects their sleep/wake cycle and alters their ability to focus and study in school.”

“No one has the right to belittle you,” Allen told the kids he worked with last spring. It’s one of the first lessons his mother taught him.
“These new disciplines will help us understand healthcare infrastructure and create smart policy,” Dr. Rheault said. “We foresee curricular expansion in not only population health, but data science, safety science and quality science. DePaul brings that expertise to the table through their programs in business, law, computing and digital media.”

Under the alliance, RFU students have benefitted from interactions with nursing students since DePaul’s Master’s Entry to Nursing Practice (MENP) program expanded to the RFU campus in 2013. The program now includes six cohorts at RFU and a licensing board pass rate of 100 percent.

“It’s been so advantageous to the university and our students to add nursing to our interprofessional environment,” Dr. Rheault said. “That’s one member of the healthcare team we were missing.”

Many MENP students help out at the Interprofessional Community Clinic (ICC), where interprofessional teams of faculty and students offer free care to underserved patients.

“The ICC is an opportunity for our nursing students to learn side-by-side with podiatric, medical, pharmacy, psychology, physical therapy and students in other disciplines,” said Marjorie Kozlowski, MSN, RN, interim assistant director of MENP at RFU. “Each student brings their training and perspective to the care of the patient.”

Students learn in the classroom which medication to use, what dosage and potential side effects. But the ICC also offers insight into the inequities of the current healthcare system.

“A patient may need a colonoscopy or additional testing, but they don’t have transportation to get to Stroger Hospital or they don’t have money for the tests or medication,” Ms. Kozlowski said. “Interprofessional teams of students at the ICC learn how to troubleshoot that, to get the patient what they need and on the road to recovery and health. It’s the human side of health, conceptualizing a need for a population they serve and finding an answer.”

The alliance has increased the profile of both universities in the health education market and it has also strengthened research at both, with heavy faculty participation in the Pilot Grant initiative, which creates interprofessional, inter-institutional research teams of clinicians, basic scientists and other academics, and also expands research opportunities for students.

“We’ve been spurred to do research we probably wouldn’t have done otherwise because of the cross-pollination of ideas and different areas of expertise,” Dr. Rheault said. “It’s been a very positive thing for our researchers, for faculty development and faculty satisfaction and curricular innovation.”

More than $3 million in Pilot Grant-funded research has helped drive projects including: a telehealth initiative with healthcare workers in Haiti to improve outcomes for diabetic foot ulcers; the creation of a prototype for an online tool that helps therapists choose the best motion-based video games for patients struggling with traumatic brain injuries (see story on page 29); and the study of chronic effects of repeat concussive impacts on brain injury and recovery.

“The research outcomes from the alliance have been outstanding and we have the metrics to prove it,” said Ronald Kaplan, PhD, RFU executive vice president for research. “Whether it’s papers, extramural presentations and new extramural grant applications, the alliance’s Pilot Grant program has catalyzed a significant level of collaborative new research both at DePaul and RFU.”

In so many ways, the alliance is helping to create better prepared, more well-rounded clinicians, researchers and future faculty and administrators who will find joy and satisfaction in highly responsive and proactive systems. Last spring, presidents of both RFU and DePaul reaffirmed the value of the partnership, now heading into its fifth year.

RFU also hopes to tap DePaul’s expertise to better integrate the humanities into its health professions curricula as a means to help students develop empathy for patients and the ability to come to grips with the limits of professional skills.

“Achievement of the Triple Aim and the practice of population health demand deep system knowledge, deep human knowledge and the balanced pursuit of competing priorities,” said K. Michael Welch, RFU president and CEO. “Learning the science is essential for healthcare professionals, but not sufficient.”

DePaul’s Dr. Kalsbeek agrees.

“A grounding in the kinds of academic learning that happens in the humanities, in the social sciences, is pivotal to achieving the Triple Aim,” he said. “The alliance is helping us broaden the sense of what it means to be a leader in health care.”
Dr. Stephanie Wu, professor of podiatric surgery and associate dean of research, was a new resident at Inova Fairfax Hospital in Virginia when word of the attack on the Twin Towers in New York City and then the Pentagon threw the Level I trauma center into disaster mode. She recalls volunteering her services, a line of blood donors that stretched around the block and self-discovery. "I knew at that moment I was ready to be a U.S. citizen, to truly be a part of this great country," she said.
Knowledge, generated through research, is the foundation for medical advancement and the understanding of disease. It is the cornerstone of innovation, the driver of improved patient care and a servant to the public good.
Rosalind Franklin University stands poised to advance its research enterprise with the proposed construction of an on-campus biopark.

The RFU Innovation and Research Park, the first of its kind in Lake County, IL, would be home to new state-of-the-art research labs, faculty and commercial startups as part of the SmartHealth Activator and small- to mid-size biotech firms. It would streamline discoveries by RFU scientists into diagnostics and therapeutics, thereby helping to diversify the university’s revenue stream and build sustainability.

“This project puts a stake in the ground, ensuring that RFU will continue to be a top regional research institution for the next 25 years,” said Ronald Kaplan, executive vice president for research and Chicago Medical School vice dean for research. “Not only will it provide our scientists with cutting-edge laboratories, which will enable us to continue to recruit and retain top talent, it will also aid our scientists in translating their basic science discoveries into diagnostics and therapeutics that help society.”

The plan, which calls for two phases of development, builds on the past 13 years of growth and success of the university’s research mission, which has established nationally recognized NIH-funded research programs in strategically targeted areas of basic science discovery. The university has also recently established policies facilitating faculty engagement with entrepreneurial and industrial collaborators to expedite their discoveries into marketable therapeutics.

“We’re right in the backyard of some of the largest Fortune 500 companies in the United States — many involved in pharma, medical technology and healthcare delivery,” said RFU Trustee Alan Weinstein, MBA. “That’s something we need to cultivate.”

Mr. Weinstein also points to potential opportunities for partnerships with companies in Wisconsin, 15 miles to the north, and in accessing venture capital.

“There are plenty of equity and venture capital firms in the greater Chicago area,” he said. “The park is another lever to relate to those firms and to help our faculty turn their research into real solutions for companies and the public at large.”

The success of the RFU biopark will be reflective of the science coming out of RFU, said Michael Rosen, of Skokie-based Rosen Bioscience Strategies, a consultant for the project, who notes that the university possesses all four ingredients sought after by industry for such ventures: NIH funding and grants, publications in peer-reviewed journals, invention disclosure and entrepreneurship, or new company formation.

“The biopark becomes a place for collaboration, where industry and academia interface happens on an almost bombarding basis,” Mr. Rosen said. “Industry wants that. It understands that knowledge of disease pathology and pathways comes from academia and the closer they can get to that knowledge, the better. Industry realizes that real innovation is happening at universities.”

The first phase of the development calls for the construction, under a public/private partnership, of a four-story addition on the campus’s north side consisting of labs, offices, meeting rooms for small and large groups, and common areas on the first floor. Long-term plans call for the possible addition of two more buildings.

The proposal, which has been endorsed by local, state and county elected officials, is expected to stimulate the local economy and bring sustained economic growth to the region, including the recruitment of high-tech companies and high-quality, high-paying research jobs that come with them, in addition to shorter-term jobs in construction. It also calls for the creation of more internships for area undergraduate and high school students that could lead to careers in the sciences.

If the long-term vision is fully implemented, the biopark could add more than 4,000 jobs and create an estimated annual economic impact of $278 million within Lake County. It will also help RFU compete with Chicago’s five other medical schools, all of which have expanded their research facilities in recent years, according to Dr. Kaplan.
HIGHLY COLLABORATIVE RESEARCH EFFORTS, SPURRED BY PILOT GRANT FUNDING UNDER THE ALLIANCE FOR HEALTH SCIENCES, ARE FUELING ADVANCES IN CLINICAL PRACTICE.

Captain James A. Lovell Federal Health Care Center (FHCC) kinesiotherapist Kelly Gunderson, RKT, is using motion-based gaming to help motivate her patients, veterans with mild traumatic brain injury (TBI), to keep them engaged in their therapy.

After 30 minutes of traditional therapy, it’s off to the gaming console for either Wii Fit Table Tilt or Xbox 360 Kinect Super Saver, both of which are designed to help build balance and coordination.

“The benefit of video games is mixing it up,” Ms. Gunderson said. “You’re using therapy techniques in a game, which helps distract from the repetitiveness. In Super Saver, you’re the goalie, blocking your opponent’s shots; in physical therapy, you’re bending, stretching and reaching.”

Ms. Gunderson and her patients are taking part in the “Choose a Game” study, a team effort between RFU and DePaul University under the Alliance for Health Sciences and RFU clinical partners. Funded under the alliance’s Pilot Grant research program, the study developed and tested a prototype tool to help with selection of appropriate commercial off-the-shelf (COTS) games based on therapeutic effectiveness and a patient’s needs and abilities.

“We knew from exploratory work that it’s common for therapists to use COTS as part of patient therapy,” said Cynthia Putnam, associate professor in DePaul’s College of Computing and Digital Media and an expert in human-computer interaction. “They have specific needs and goals and the interests of the patient in mind. The Choose a Game tool combines all that.

“Think of Yelp for therapists,” she said. “It’s a way to share information about the games, including ratings on clinical effectiveness.”

Dr. Putnam was the primary investigator on phase one of the study, which created and evaluated the prototype recommender system with help from 29 therapists at Chicago-area Schwab and Marianjoy rehabilitation hospitals. While phase one was a qualitative study — feedback from more than 700 therapy cases has been collected in a digital diary — phase two looks at objective measures on the two games in use by Ms. Gunderson and other FHCC therapists.

Fang “Amanda” Lin, DSc, RFU primary investigator for phase two, is the director of the Human Performance Laboratory at Scholl College’s Center for Lower Extremity Ambulatory Research (CLEAR), which is leading the collection of objective measures for the study, including assessments and measurements on balance, postural stability, gait and daily physical activity level.

“When a patient randomizes into the therapy group, they need to do a gaming session on top of the therapy session,” Dr. Lin said. “Through measures of tension and enjoyment, we can see they’re a little bit nervous. But after one week they’re enjoying it a lot and they keep enjoying it, compared to standard therapy where they get bored and don’t enjoy it much, particularly toward the end.”

Clinicians have documented difficulty in motivating TBI patients to engage in rehabilitative therapy. The second phase of the study also includes motivation assessment, measuring how much or whether patients enjoy the gaming therapy and if they feel any stress or tension during the twice-weekly, four-weeks-long study participation.
TBI is often called a signature injury for veterans returning from Iraq and Afghanistan, according to Bharathi Swaminathan, MD, head of Physical Medicine and Rehab Services at the FHCC and a PI on the study.

“Most of our patients are mild TBI,” she said. “If you look at them, you don’t find anything wrong, but talk to them and give them tasks, you see it. They have headaches, memory problems, dizziness, imbalance, sleep, cognitive and behavioral problems. With a brain injury, there’s so much going on. Research has shown when you do motion-based gaming you improve executive function. But there’s no research specific to gaming and the TBI population, which can have challenges in thinking flexibly, switching responses, self-regulating and self-monitoring.”

Patients in the study, most in their early to mid-30s, are appreciative and enthusiastic, said Dr. Swaminathan, who also serves as associate professor and site director for RFU’s physical medicine and rehab residency program at the FHCC. “They have an attitude of giving back,” she said. “They want to help future veterans.”

Ms. Gunderson has seen confidence levels improve among veterans in the study group.

“It’s amazing how their competitiveness comes out,” she said. “They want to play and beat their last score. They stand on a balance table and have to move their body to get the ball in the hole. It’s the idea that they didn’t realize they could do it. We see a lot of self-limiting. But with some encouragement, they can go for a hike, negotiate a train, grab a Frisbee and take the dog for a walk.”

“WORKING AS A TEAM, EVERYONE BRINGS SOMETHING TO THE TABLE. THAT’S ESPECIALLY CRUCIAL WITH TBI.”

“Gaming gives people a sense of achievement,” Dr. Lin said. “When you see your gaming score increase and you successfully roll that small ball into that hole, you feel like you’ve achieved something.”

Based on phase two data, Dr. Lin’s team has submitted a proposal for a nearly $600,000, three-year, federal disability rehabilitation grant to extend the study to home-based rehab.

“We want to see if we can keep improving physical function using gaming therapy at home, but emphasizing one additional aspect — community participation,” Dr. Lin said. “Veterans with TBI have many other problems that make it difficult to re-integrate into the community. Many are unemployed because they can’t perform tasks required by many jobs. We’re not focused on rehab to make them into marathon runners, but to enjoy community activity and to contribute to society in a more positive way.”

The prototype drew interest at CHI 2016, the nation’s top conference for human-computer interaction, held last spring in San Jose, CA. “Choose a Game: Creation and Evaluation of a Prototype Tool to Support Therapists in Brain Injury Rehabilitation” appeared in proceedings of the conference. Authors on the paper, in addition to Dr. Lin and Dr. Putnam, include Sai Yalla, PhD and Stephanie Wu, DPM, MSc, both of CLEAR; and Jinghui Cheng, MS, a PhD student in Dr. Putnam’s lab.

A forthcoming paper on the second phase has been accepted for the American Congress of Rehabilitation Medicine in Chicago and publication is planned for the Archives of Physical Medicine and Rehabilitation.

Dr. Swaminathan praises the collaborative team approach in both clinical care and research. At the FHCC, an interdisciplinary team including a physiatrist, neuropsychologist, memory specialist, social worker, mental health pharmacist, neurologist and psychiatrist work together to treat up to 50 patients per month. Under a 2007 congressional mandate, the VA reaches out to every veteran returning from a conflict, screens them for possible brain injury and connects them to resources.

“Instead of waiting for them to call us, we call them,” said Dr. Swaminathan, who notes that treatment has been provided to more than 1,800 veterans through the FHCC’s TBI clinic.

“Working as a team, everyone brings something to the table,” Dr. Swaminathan said. “That’s especially crucial with TBI. No two brain injuries are alike. We need to customize our treatment plans. We also need to involve family early on, especially if the patient isn’t making progress. We want to use all the tools and resources available and provide excellent care.”

Dr. Swaminathan hopes for more funding — DoD, VA, RFU and Pilot Grant — to spur more collaborations like “Choose a Game.”

“Research will help us come up with evidence-based practice to better understand how to treat our patients,” she said. “We need clinical research tied directly to patient care. Fifty years ago, a hip fracture patient stayed in bed for two weeks. Now, with technology, they get up and walk the next day. Clinical research has changed the face of medicine.”
Cancer researcher Kalpit Shah is driven by curiosity, empathy and the need to communicate complex science in understandable terms.

“I’ve seen a lot of suffering, especially from cancer,” he said. “My grandmother died of lung cancer in northwest India, probably caused by pollution. But who hasn’t lost someone to cancer?”

Dr. Shah, who graduated from the School of Graduate and Postdoctoral Studies in June and now works as a postdoctoral fellow at the National Cancer Institute in Rockville, MD, carries a central problem, a burning question, in his mind.

“Cancer cells will do anything to survive,” he said. “Even if you block one or another of their pathways, they just find new ways. Why? There are different ways to approach that. That’s the idea part. If you focus on the problem first, the ideas will come.”

Dr. Shah used his Franklin Fellowship to design a laboratory course to teach basic science concepts — standard genetics, cell biology and techniques common to a molecular biology lab — to veterans of the U.S. military. Doctoral, medical and biomedical sciences students helped design course materials and presented to veterans, discussing why research is crucial to the future of health care.

“I wanted to spark scientific curiosity among our veterans and expose them to the field of bioscience,” Dr. Shah said. “The project was my way of giving back to people who so selflessly devote their lives to protecting us.”

Publicized at the nearby Naval Station Great Lakes and the Captain James A. Lovell Federal Health Care Center, the project also helped Dr. Shah gain an understanding of the many challenges veterans face.
DEDICATION
to IMPROVING
WELLNESS

A culture of wellness demands providers who seek to understand people and communities in all their complexity and who use that understanding to involve patients in their own care, promote good health practices and prevent disease.
President of the student group that runs the Interprofessional Community Clinic, Justin Krautbauer, CMS ’19, recalls a walk-in patient who had been diagnosed with pancreatic cancer before losing his job and health insurance. “He was under tremendous stress, worried about his wife and two daughters,” recalled Justin, who formerly worked in consulting. “Learning about healthcare disparities completely changed the trajectory of my life. It will be my duty as a physician to help people with limited access lead healthy, productive lives.”
LEADING the FUTURE of CARE

Tomorrow’s healthcare leaders will drive achievement of the Triple Aim toward a new culture of health. Here, College of Pharmacy Dean Marc S. Abel, PhD; College of Health Professions Dean James Carlson, PhD ’12, MS ’01; Dr. William M. Scholl College of Podiatric Medicine Dean Nancy L. Parsley, DPM ’93, MHPE; and Chicago Medical School Dean James Record, MD, JD, sit down to discuss how Rosalind Franklin University is helping to lead that transformation.

Dr. Carlson: It’s a challenging time, but I’m excited by the opportunity to rethink both education and practice as they evolve and change and to lead in those areas. We’re advancing our Quadruple Aim for Higher Education: improvements in the profile of entering students, student achievement, student experience and reduced costs. It’s a great time to really innovate and pivot and change our professions for the better.

Dr. Abel: We’re making our students aware of the Triple Aim and changing our educational model in a way that prepares them to help improve outcomes related to patient satisfaction, quality, safety and cost of care. It’s clear that practicing in a team-based approach yields better outcomes and decreases costs. The educational experience we provide our students prepares them for the future when they will be in positions of leadership in healthcare systems. If they come to those positions with knowledge and understanding of the Triple Aim, they will be more effective leaders and help to effect change in a more comprehensive way.

Dr. Record: A great example of that is our new simulation center in Huntley, which is nested within the clinical environment, proximately linking both physically and philosophically the academic education and clinical environments. It is a nexus of the patient-oriented safety movement, clinical training and maintenance, and academic education models. Students learn through simulation in an interprofessional, team-based approach beside actual clinicians with whom they will be participating in care. That is a powerful statement on how education and the clinical environment are unifying a focus toward achieving the Triple Aim.

Dr. Parsley: It really is. We’re at a transition point in how health care is delivered and viewed. It is no longer enough to focus solely on providing quality care to patients. We need to prepare our students to provide high-level care that leads to measurable outcomes, increased patient satisfaction and lower costs. We recognize and respect that those we’re training now will change the future of health care, so we have to get it right.

Dr. Record: Well said. One of our concerns is that while we can do a very good job in an academic setting of training our people to be interprofessional, evidence-based practitioners, the reality of practice is still a fee-based system. The Triple Aim helps us to be culturally aligned as more clinical settings adopt new models of integrated care delivery.

Dr. Abel: Another thing that’s happening in pharmacy and medicine is the definition and implementation of entrustable professional activities, EPAs, which are competencies, knowledge, skills and attitudes our graduates should know and be able to execute. This is a guide for what the profession should be producing at a minimum. Outcomes should improve under the Triple Aim because our students are graduating practice- and team-ready.

EVOLVING CLINICAL EDUCATION

Dr. Parsley: RFU is focusing on developing interprofessional clinical rotations that will prepare our students for interprofessional collaborative practice (IPCP). The evidence shows that IPCP has the potential to not only improve the quality of care and improve patient outcomes, but to also increase access to care, improve efficiency and increase job satisfaction. We also know that some of the benefits of IPCP are decreased lengths of hospitalization, staff turnover, hospital admissions and medical errors. Training our students for team-based and patient-centered clinical rotations that ultimately prepare them for IPCP in the healthcare environments of the future is a key part of our current strategy for interprofessional education.
Dr. Abel: In an ideal world there would be an alignment between the educational process and actual care so that clinical experiences would be set up to accept the interprofessional attitudes our students bring with them.

Dr. Parsley: To rephrase that, it’s the evolution of clinical education and training to match the evolving healthcare environment.

Dr. Carlson: Exactly. The science of delivery of health care is now taking a greater role in our curriculum in terms of quality, safety and cost because it is so important to successful practice. It’s saying you need to know all these physiologic mechanisms, but you also need to know how to help patients navigate through the system.

Dr. Parsley: It is critical that we support students in developing two identities from the time they begin their education. They clearly must develop a profession-centric identity, as they are expected to be the experts in their chosen healthcare profession, but through their education at RFU, students also develop an interprofessional identity. They develop an appreciation for what other health professions can contribute to the overall care of a patient and will hopefully be willing in future practice to engage other health professions with the end goal of improving patient care and outcomes.

PATIENTS DRIVING CHANGE

Dr. Carlson: Healthcare providers are facing a very rapid shift in the ownership of knowledge. They have traditionally held the skills and knowledge to care for patients. But technology and system changes are helping patients become so much more informed about their conditions. There are many places to go to seek out that knowledge and patients are savvy about where to get care — at retail pharmacy clinics and through telehealth options. If we want to be competitive and meaningful in regard to the marketplace, we have to be thinking about that.

Dr. Record: I agree. If you extend that further to artificial intelligence, what we know is basic decision-making, particularly non-emergent but in some cases even emergent, may be actually better done by non-humans. The future clinician skill set demands a knowledge base, but it also requires the processing of other knowledge bases that may in fact be provided by others. We have to prepare providers with leadership and integration skills for team-based care.

Dr. Abel: In terms of improved patient experience, there’s been an increased emphasis on communication and the humanities in education of all healthcare fields. These provide for skills that allow clinicians to interact with patients as people. Patients will feel more cared for, more involved in decisions, in part because they know more, but also because their clinician really listens and interacts with them in a more thoughtful way.

THE POWER OF TEAMS

Dr. Carlson: Pursuit of the Triple Aim recognizes the power of the team model of care. It really values the diversified expertise across the team and allows team members to fulfill their roles. It’s a shift toward a team that is guided by the patient’s needs at the time as opposed to any single provider’s hierarchy. It’s about accountability. You need to know what you know and do it really well.

Dr. Record: It’s really about creating and using the best evidence-based medicine and health care.

Dr. Parsley: This is only the beginning. As access to healthcare information continues to expand and patients become more knowledgeable about their health, they expect their healthcare provider to engage them differently in decision-making and treatment. In essence, it becomes a partnership between the provider and the patient, and patients expect that coordinated, collaborative care will be part of the experience.

Dr. Record: There are multiple, shifting levels of control within the team structure beyond the patient. Inherent in the Triple Aim is a de-emphasizing of the traditional physician role and empowerment of other members on the team who historically have not been empowered. That, most definitely, is a shift.

Dr. Carlson: In terms of education, many institutions are thinking about recruitment — our pipeline of students. While scientific knowledge is important, it’s also important that they can critically think and reason and have exposure in other areas that make them better able to deal with humanity in general. We want students who understand where patients are coming from and will meet those patients where they are.

Dr. Abel: Our various accrediting agencies, the groups that empower our healthcare educational programs, are talking to each other more effectively. The increased interprofessional communication at that level should have a positive effect on outcomes and address the Triple Aim.
Erynn Schuh, a doctor of physical therapy student, discovered a very basic problem in health care when she focused her Franklin Fellowship project on vision screenings at two elementary schools in North Chicago.

“Kids are falling through the cracks, especially in poor communities,” she said.

State mandates for vision screenings for preschool and school-aged children often fall short.

According to North Chicago Community Partners, during a four-month period in 2014, only 19 of 80 students who failed a vision screening actually received follow-up care and/or eyeglasses.

“Teachers are upset,” Erynn said. “They know kids are struggling to see. They were bringing in students who they knew had failed initial screenings.”

A volunteer optometrist furnished a handheld infrared digital photoscreener for the project and produced and donated glasses for the 20 students found in need of vision correction among the 87 screened by RFU.

Erynn encountered resistance among some optometrists on the use of photoscreening in schools over issues of regulation, reimbursement and scope of practice. She’s learning more real-life lessons in healthcare economics as her clinical training progresses.

“How do you keep hands-on quality for every patient when you’re seeing a patient every 15 to 30 minutes?” she wonders. “How do we put more focus on prevention? Health care costs so much. Reimbursements are low. Providers are trying to keep costs down.”

She thinks back to watching children put on their first pair of glasses.

“Seeing the awe in their faces because all of a sudden they could see clearly was such a heartfelt moment,” she said. “If we can keep the patient at the center, set aside the ego, really work to communicate, it will be okay.”
Rosalind Franklin University Health Clinics (RFUHC) present an opportunity to model the interprofessional, population-based model of health care that will help tomorrow’s health professionals achieve the Triple Aim — improved patient satisfaction, improved health of populations and lower per capita cost of care.

A multispecialty medical practice offering a variety of services including primary care, immunizations, podiatry, behavioral health, reproductive medicine and travel medicine, the clinics operate in service to a three-part mission: excellent care for RFU students; the expansion of education and training opportunities for RFU students through direct patient interaction; and excellence in care to surrounding communities.

RFUHC in North Chicago is a longtime rotation site for podiatry students, and for medical students who train in psychiatry and reproductive health at the clinic site in Vernon Hills. Podiatry students are assigned to a staff podiatric physician for eight-week clinics. RFUHC in North Chicago is also home to the student-driven Interprofessional Community Clinic, which provides care to populations of underserved men, women and children, while offering early clinical skills training to students in numerous disciplines who work in teams under faculty supervision.

“We want to position ourselves and our students to compete in an ever-changing healthcare environment,” said Martin Yorath, DPM ’94, RFUHC medical director. “The future of health care is about population management. How does a clinic or system take care of a given type of patient or patients? What services does it provide to keep those patients healthy and what data does it collect to support them in that job? That’s our goal: to be able to provide patient care in a cost-effective way in the evolving healthcare market.

“It’s about knowing the population you’re treating, what diseases exist in that population and how you can cost-effectively manage them,” he said. “Health care in this country could move to a type of single payer system. We need to be prepared as we educate our students about what it might look like if you’re merging with bigger organizations and what data you need to support your care of patients.”

RFU students and RFUHC faculty hold pre-clinical huddles to discuss the importance of charting quality metrics for the patients they are about to treat.

“What things do we need to capture in terms of data?” Dr. Yorath asked. “Blood pressure, for example. For podiatry, has the patient had their annual, comprehensive diabetic foot exam? For primary care and psychiatric care, we might need a depression screening. For family medicine, maybe a diabetes monitoring program to look at kidney function, hemoglobin A1c.”

Other types of data that healthcare teams need to collect and analyze include last mammogram, first colon cancer screening and smoking cessation. Metrics are captured through Athena, RFUHC’s electronic health record, which gives a baseline and shows how the clinics are performing compared to similar-sized practices. The data is also reviewed in monthly meetings of a quality assurance team.

“If we’re not making progress in an area, we have to ask why,” Dr. Yorath said. “What’s going on and what do we need to do differently to address that particular metric for the patient population we serve? We stress to our students that this is the environment they will practice in: Data. Capturing it, thinking about it. Already, that process is taking place.”

“Data collection and analysis is probably one of the most important parts of their clinical education,” said Lisa Cowhey, MBA, RFUHC chief operating officer. “That’s essential for any doctor out there practicing. Students learn that screening is necessary and required.”
Your gifts to the university are accompanied by the knowledge that every donation counts and is invested where it matters most.

Together, we make Rosalind Franklin University of Medicine and Science a national leader in interprofessional education and a premier environment for the training of tomorrow’s healthcare professionals. Gifts raised through the university’s Annual Fund allow us to continue providing the level of excellence in education and research for which we are known in the healthcare field.

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FISCAL YEAR ENDED JUNE 30, 2016

FINANCIAL REPORT

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OPERATING EXPENSES

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Excess over expenses          | $0.7   |            |

$ in millions

Excludes nonoperating revenues and expenses, including realized and unrealized gains and losses on investments.
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STUDENT ENROLLMENT

* Authorized awards as of Sept. 30, 2016. As of that date, total per capita research award dollars: $316,689.

2015/16 Year in Review
Rosalind Franklin University of Medicine and Science proudly shares this year’s accomplishments with our many dedicated supporters. We rely on the collective strength, talent and commitment of so many people, including our trustees, students, faculty, alumni, staff, elected officials and volunteers.

Together, we are building on the progress of preceding generations who believed and invested in our institution and pursued excellence in biomedical and health professions education.

Sustained by your generosity and trust, we will continue to lead, adapt and discover in the pursuit of good health.
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2015/16 YEAR IN REVIEW

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