

**UIC COLLEGE OF MEDICINE  
-CHICAGO-  
ANNUAL REPORT  
2008-2009**

**COM Strategic Plan Update:**

EDUCATION

The academic mission of the College was recently bolstered through a renovation of the Dr. Allan L. and Mary L. Graham Clinical Performance Center (CPC). “Nikki,” a simulation model that can be programmed to respond the way patients respond, is quickly becoming an important tool for training of diagnostic and other skills. In the coming year, CPC plans to set up its simulation lab to mimic a patient room, emergency room, or operating room, encouraging interaction with many disciplines. The Distance Education programs have converted CPC’s analogue video recording system to one of the first all-digital systems in the country and assisted in CPC’s growing simulation projects. Distance Education has also played major roles in all DME online education programs (MHPE, Graduate Medical Education Core Curriculum), archival recording of seminars/lectures, the collaboration with the Department of Psychiatry Spirituality and Mental Health project and plans related to the UIC global learning outreach.

The Department of Medical Education (DME) has pursued other exciting collaborations in international educational programs. A group of College representatives visited several medical schools in Saudi Arabia to discuss programs of mutual benefit. The trip resulted in a new partnership with King Abdulaziz University (KAU) Medical College in Jeddah in which DME faculty provided online faculty development-training. Other partnerships are in discussion with other Saudi universities as well as possible collaborations in China.

The Hispanic Center for Excellence continues its outstanding contributions in recruiting minorities to the medical school with programs like its Medicina Scholars program. This past year, three groups of 30 students enrolled in 18 courses taught by community physicians and the College of Medicine’s Latino faculty.

To better serve the student population and preserve LCME compliance, the College Office of Student Affairs has spearheaded a plan to expand student learning space and technology access. A new medical student oasis has been commissioned for the 1<sup>st</sup> floor of the Clinical Science North building and will be operational in 2009. The oasis will offer wireless network access, a relaxed respite environment, and a coffee shop service for students. As part of the oasis project, the Office of Information Resources has surveyed the wireless access points throughout the west campus and will expand the wireless network in the College space inventory as needed for

greater student connectivity. In order to optimize the conference and study room resources, the College has established a new scheduling initiative for shared space. I-Card swipe terminals are being installed on all of the College of Medicine Research Building conference rooms as well as the College of Medicine Alumni Lounge to allow secure 24/7 on campus study areas for all medical students in addition to the space provided in the Edelstone Student Center. Based on feedback from the student council executive board and town hall meetings with the students, the Office of Student Affairs has been reorganized to expand the academic/career advising services and ensure quality assistance to students in other key areas.

Capital for much needed improvements in the existing educational facilities remains a top priority. The College continues to pursue expanded state support through Healthy Returns, the Illinois Bill of Health. UIC is requesting that the State of Illinois create a dedicated stream of state funding that supplements traditional higher education allocations, intended strictly for medical education and training and related patient care. This funding would provide the operating support and capital funds necessary to maintain the superior level of education at the Health Sciences Colleges and teaching facilities throughout the state, as well as outstanding care at the Medical Center and clinics statewide. The bill has gained considerable momentum over the last year. The Chancellor's Office has authored a Bill of Health action plan in addition to a resolution of support established at the March 26, 2009 Board of Trustees meeting.

#### RESEARCH

The College has made significant progress towards a unique and excellent brand name identity by leveraging the best in class resources in the areas of Cancer, Neuroscience, Women's Health, Cardiac and Pulmonary Diseases, and Transplant Medicine and Obesity to establish the Center for Clinical and Translational Science in partnership with all the health science colleges. Building upon the positive feedback from the initial grant application, the 10/21/08 CCTS resubmission received an elite score and NIH grant funding is pending. In advance of the federal award, the CCTS has diligently implemented the six service cores in biostatistics, clinical interface, biomedical informatics, research support, community engagement, and translational technology to nurture and promote multidisciplinary, novel clinical research on the College campuses in Chicago, Peoria, Rockford, and Urbana-Champaign. Renovations to house the new Clinical Research Center are in the final stages and the center is scheduled to admit a cohort of students into the MS CTS for the Fall 2009 matriculation. The founding of a fully functional statewide CCTS underscores the University's strategic sub-goal "to excel as an internationally recognized center for research and creativity by advancing and disseminating knowledge within and across boundaries and by translating discovery into application, practice and the marketplace."

In conjunction with the CCTS, the College is committed to establishing an NCI designated Cancer Center within the next four years. The mission of the UIC Cancer Center is to reduce the burden of cancer on the people of Illinois and beyond through an integrated program of excellence in research and education on the causes, prevention, and treatment of cancer. With active projects underway at the Chicago, Peoria, Rockford, and Urbana campuses, research in the Cancer Center has been organized into four broad thematic programs focused on making

discoveries leading to improvements in cancer prevention, diagnosis, and treatment: Carcinogenesis and Chemoprevention; Experimental Therapeutics and Imaging; Tumor Cell Biology; Cancer Control and Population Science. The programs are linked to clinical research and treatment working groups in colon cancer, brain cancer, liver cancer, ovarian cancer and prostate cancer. A comprehensive portfolio of cancer relevant peer-reviewed funding was compiled over the last year. Eighty-nine UIC principle investigators had 135 grants with a total of \$25,698,225 in direct costs. The portfolio is a reference point for future program configuration.

Construction of a 20,000-square-foot cancer research facility on the College of Medicine campus in downtown Peoria is in negotiation. The cancer research expansion project is a collaboration between the University, Caterpillar Inc., OSF Saint Francis Medical Center, Methodist Medical Center, various federal, state, and local government entities, and private donors. The cancer research expansion project is part of the College vision to further develop state-of-the-art research facilities in Peoria. The research center will be dedicated to the study of molecular, cellular, and genetic characteristics involved in many cancers, with an emphasis on regulating invasion, migration, blood vessel formation, and tumor growth. Recent studies and projections suggest that the proposed cancer research center will generate approximately \$34 million for Peoria's economy, including at least 25 new positions at UICOMP.

#### CLINICAL SERVICE

In late 2008, the College and Medical Center contracted Huron Consulting Services LLC to evaluate the current organizational structure of the Outpatient Care Center (OCC) and identify strategic recommendations to optimize the OCC's financial and operational performance. The focus of the engagement was the clinical services provided by the College's eighteen clinical departments as well as on the outpatient ancillary services provided by the Medical Center. The primary objective of this project is to determine which organizational model for the OCC provides the better return on investment ("ROI"): the current provider-based model or a facility-based model. Huron's final report was recently presented to the executive leadership within the College and Medical Center and identified eight key areas where significant changes should occur to optimize performance:

1. Create focused leadership structure to address current ambiguity
2. Move away from realization rates to line item posting and accrual accounting to calculate and establish collection rates
3. Improve performance across the entire revenue cycle spectrum
4. Match practice performance with practice costs
5. Establish productivity and activity baseline performance metrics
6. Measure, track, and manage expected OCC performance with updates to existing scorecards that are regular, anticipated, and scheduled for monitoring
7. Emphasize and monitor patient satisfaction
8. Maintain the OCC as a provider based entity

To implement the proposed recommendations, the College has revised the ongoing search for an Associate Dean for Clinical Affairs with detailed responsibilities and reporting lines required to improve MSP performance and operational/financial operations of the OCC. The College is in discussions with several search firms to recruit a successful candidate to act as a joint conduit for the joint Medical Center/COM interests and coordinator of integrated clinical, financial, and strategic planning of the OCC.

The College membership in the University Health Consortium's Facility Practice Solution Center has been successfully integrated into the standard business practices of the clinical departments. The FPSC web interface represents the first time the College has had a single, consolidate source of financial information for all of the billing services operating under the physician practice plan. The portal provides a secure resource to assess key clinical metrics with national comparisons to all UHC FPSC members in areas ranging from physician productivity, insurance payer mix, charge lags, to the breadth of a departments clinical fingerprint. Departments are gradually incorporating the FPSC reports into the annual reviews with clinical faculty as well as to develop specific methods to improve clinical and operating efficiencies unique to individual medical subspecialties.

In a joint effort with the Medical Center, the College has advocated for state and federal support of a new University of Illinois hospital. This new facility is designed to be a groundbreaking hospital of the future delivering state of the art medicine through onsite intensive care units, high technology surgeries, and statewide treatment-diagnostic centers tied to the community through remote electronic communications.

On a parallel front, the College is in the construction stage of a new telemedicine program to optimize and expand leading edge clinical programs in robotic and transplant surgery, neurosurgery and stroke, high risk obstetrics and neonatology, and a premier program in early diagnosis of brain disease in children. The new Telemedicine hub located in the Benjamin Goldberg Research Building will act as a centralized headquarters for clinical programs providing remote consultations/treatment via video kiosks and remote robotics and other advanced technology. With the new infrastructure in place, the Medical Center is set to deliver higher levels of care to the underserved and rural areas of Illinois through critical access hospitals, rural community hospitals, and jail systems in Illinois. The program has the simultaneous benefit of marketing the University brand to far regions of the state without a heavy advertising investment.

The College continues to gain traction towards the goal of becoming a top three public academic medical center in the U.S. by 2020. Building upon significant philanthropic efforts, high profile clinical ventures, a rich tapestry of productive research programs, and the pioneering application of advanced technology, the College of Medicine remains a significant asset to the state and its citizens. A key objective of the near future is to leverage the joint resources of the Medical Center and College to transform the University brand of healthcare from the best kept secret in the state to a highly attractive and publicly recognized destination point for medicine.

**Undergraduate Program:** The Class of 2012 entered the UIC College of Medicine in August 2008. Three hundred and eight new students began their medical education at Chicago and Urbana-Champaign. The yield of matriculants to offers this year decreased slightly to 48% (308 of 645), largely due to the fact that we are competing for top candidates more than in years past. For the Class of 2012, the proportion of women in the entering class was 53.2% (nationally, 48.8%); underrepresented minority students constituted approximately 25%; and, 71% of the students were under 24 years of age with the range being from 19 to 38 years old. Out-of-state students comprised just over 29% of the class. Of the Illinois students, 52.1% were from Cook County and 47.9% were from rural areas throughout Illinois with 15 non-collar rural counties represented in this year's class. The college continues to maintain its leadership status in providing opportunities for students from throughout the state.

The Class of 2009 was successful in obtaining competitive residency positions in this year's national residency match. Students at UIC College of Medicine Chicago will be undertaking career specializations and training in virtually all medical specialties. Highlights are that 38% matched to programs in primary care, and 40% will stay in Illinois for their entire residency training with an additional 3% remaining in the state for only their first year of residency.

According to the AAMC 2007 Graduation Questionnaire (GQ), the public school debt for the class of 2008 was \$150,000 (median) and \$147,202 (mean). UIC COM Class of 2009 (all four sites) graduated with an average school debt of \$146,907. (The Class of 2008 average debt was \$136,640.)

In order to increase recognition of award recipients, the Chicago site revamped the annual Chicago awards event by distributing awards that were previously given during the event. For students receiving department awards, they were given at department activities, such as lectures, monthly meetings and grand rounds, to increase peer and professional recognition. Alpha Omega Alpha Honor Society continued to have its own induction dinner. The Gold Humanism Honor Society members were recognized at a spring reception. In addition, awards for graduating seniors were listed in the Commencement program for the first time. To signify the importance of teaching in the college, the Golden Apple teaching awards for all four site recipients were acknowledged and the Chicago awards given during the College Executive Meeting in June.

The College strongly supports research conducted by medical students, in a variety of settings. Stipend support was provided for 15 students to conduct research during the summer between M1 and M2 years, with funding coming from the Dr. C. M. Craig Fellowship program and from individual departments. In AY 2008-2009 there were 103 Chicago students completing M4 Research Electives. Finally, five MD-PhD students graduated, having completed intensive scientific as well as medical school training.

Under the auspices of the Chicago Medical Student Council (CMSC) and Office of Student Affairs, the Medical Student Leadership Lecture series continues to draw interest from students.

The program consists of a leadership retreat and training workshops hosted in the fall and spring semesters. This year, 24 students earned certificates.

The 4th annual Health Fair was co-hosted by CMSC and LaRaMA. Under supervision of two attending physicians and with the assistance of other health professions student organizations, approximately 50 students provided screening and educational services with Spanish translation for over 100 people in Pilsen, many of whom have little or no access to health care.

Students reported satisfaction with recent renovations at the Edelstone Student Center and continue to inquire about further improvements and expansion of student facilities.

The Class of 2009 and Alumni Council members were pleased that the tradition of the student composite has returned for the second year; thanks to the support of Dean Flaherty. This year's Commencement ceremony honored 200 students who graduated with MDs, Master's, and PhD degrees. The highlight of the event, aside from the conferral of degrees, was The Honorable Richard M. Daley, Mayor of Chicago, who served as this year's Commencement speaker. Over 1500 graduates, families, faculty, and staff attended the post-Commencement reception at the Student Services Building.

## **Educational Planning**

**Education Coordinating Committees (ECCs):** Working closely with the College Committee on Instruction and Appraisal (CCIA) and the Education Coordinating Committees (ECCs), the Office of Educational Planning continues to implement plans to insure the COM remains in full compliance with the LCME standards and is fully prepared for the LCME accreditation site visit that will occur November 15-19, 2009. The last of three college-wide LCME Retreats occurred June 24. Faculty from all sites reviewed the LCME standards and the Self-Study Group Reports as well as the Independent Medical Student Analysis and the corresponding sections of the database, and assessed the degree to which the database supports the conclusions reached in the Self-Study Reports and the level of compliance with LCME standards. Throughout the process, a broad and representative group of well over 200 faculty, students, administrators, and staff worked to identify notable strengths as well as areas needing improvement, and to devise strategies or solutions to address them before the actual survey.

The LCME Executive Committee has met twice monthly to help guide the process and meet key target dates. The COM must submit the Institutional Self-Study by early August, along with the updated database. The process presents an excellent opportunity for program improvement.

**CCSP:** CCSP reaffirmed the criteria for Graduation with Honors and granted that distinction to 24 students who satisfied all criteria. Because of severe budgetary constraints, the CCSP Annual Retreat was cancelled. Proposed policy changes were discussed as new business during regular monthly meetings as an alternative. A group was formed that includes the site student promotions chairs, the CCSP chair, the Senior Associate Deans of Students and Educational

Affairs, and the Associate Dean for Educational Planning who will consider proposals and make recommendations to the full CCSP membership for action.

**Information Resources:** The College of Medicine Informational Resources (COM-IR) has made strides in providing services to the COM through software development, technology infrastructure advances, expanded desktop support activities and planning, developing a coordinated web presence, and strategic planning.

The COM has become the subject of annual audits by both University Administration internal audits and State of Illinois Office of the Auditor General external audits. Both auditors are shifting their emphasis from financial applications and risks to Information Technology as a core business function, and are demanding attention to identifying, assessing, and mitigating information security risks.

In response to this external driver, and in collaboration with other Health Sciences Colleges at the University which share a similar environment and risks, COM-IR developed a master information security Program which the Health Sciences Colleges adopted along with a corresponding set of information security Policies for that Program. COM-IR in cooperation with the Health Sciences Colleges is now developing a set of Procedures to implement that Program.

As part of this effort, COM-IR desktop support was beneficial in helping COM units identify their information technology assets and high-risk data, as well as assisting COM units in their desktop migration to a common framework so we can not only demonstrate compliance but ease the administrative burden. This is an ongoing effort.

COM-IR contributions in a presentation to the Provost and Health Science Deans were instrumental in a call from the Provost to the ACCC and the Hospital IT to create a campus-level united security framework, an effort currently in the design phase. This would be a foundation for allowing researchers to securely access clinical data.

Through the efforts of the COM-IR development group, Faculty Advisors now have access to Basic Science course and exam results; Clerkship grades; and Core Clerkship Comments for their advisees - eliminating the need for paper reporting.

The multiple processes involved in the initial scheduling of M4 Catalog Electives and Specialties were replaced by a transparent and auditable, web based scheduling-lottery which allows students to select, rank and submit their own course choices. Students were also given online access to real time pre-lottery slot request distributions, and post-lottery slot availability.

Electronic processing of clinical course work will be extended to the M4 courses after 2010 M4 scheduling is complete.

Basic Science Course Directors now have access to Course and Exam results as well as score distributions for their courses. Similarly, Core Clerkship and Specialty Course Directors now have access to review late grade reporting situations involving their students.

M3 Clerkship final grade business rules were enhanced to allow consideration of multiple attempts when determining a final grade for the experience. M3 Students were given online access to M3 Clerkship Slot Availability and Core Clerkship comments.

For Admissions, the COM-IR development group created a web based Secondary Application submission and payment process was written and deployed. This eliminates the need for the paper process. A number of online analytical reports for applicant distributions were also made available.

In continuation of the IT collaboration with the AAMC, COM-IR successfully participated in an AMCAS pilot project to allow for electronic submission and access to applicant Letters of Recommendation for the 2009 admission cycle. Online access to applicant information for review by the Admissions Screeners will be made available during the 2010 application cycle. Up-time for internet access to the Oracle database environment was increased by 12% with the implementation of the Oracle RMAN database backup strategy.

COM-IR successfully collaborated with ACCC to allow for secure end-user authentication using the campus AD (NetID) structure.

We provisioned a new robust, environmentally controlled, physical environment in the Benjamin Goldberg Research Center for COM servers. This will allow these servers to host HIPAA and other high risk data and applications while reducing the risk of theft and physical damage.

A new Virtualization environment was brought online. This lets us rapidly deploy and provide stable production servers with fault tolerance as well as maximize use of computer resources. It also bolsters our Disaster Recovery position and allows for centralized server management, allowing for a greater number of servers to be managed by a smaller number of system administrators.

Our new enterprise storage network, a high speed, scalable data store for multiple servers allows COM to reliably access data and add capacity when needed.

New Enterprise class firewalls now allow for better security and throughput to COM services.

COM-IR implemented an enterprise backup suite allowing minimal impact backup of many sever types with lower administrative costs and host down time.

COM-IR created a means to allow secure access to COM data file shares to Hospital and the Colleges Urbana users using their user's campus wide credentials.

COM-IR is in the process of implementing a lecture capture system for our large lecture halls. Students will have access to streaming and/or downloadable versions of the lectures presented earlier in the day. This was the result of collaboration with students on an AudioVisual committee chaired by Dr. Anne Gundersen.

COM-IR has made advances in the use of the College-wide web content management system. We have coordinated with our service providers to increase system stability, expand the number of servers that serve out the College of Medicine home page and COM unit pages, and resolve issues with overload and load balancing. COM-IR has also coordinated changes in templates and underlying technology to add features requested by COM units. COM-IR continues to function as a technical liaison for COM units, as well as a provider of training to this community. Works-in-progress include calendaring option, a student academic policies website for accreditation, and coordinating with various COM units for public relations strategies.

COM-IR continues technical efforts to increase both the security of our data and the ease of user access to that data in a cost effective manner. For example, COMIR switched its SSL certificate vendor from Verisign to ipsCA because server and wildcard SSL certificates are provided free of charge by ipsCA to educational institutions. This vendor change ended SSL certificate costs of approximately \$8000 per year and allows COMIR to build out its test and development environment with certificate authority generated SSL certificates.

**Graduate Medical Education:** Total enrollment in the Graduate Medical Education (GME) programs supervised by UIC was 813 in 2008-2009, distributed over 73 residency and fellowship programs. In addition, the College sponsors four residency programs under the administrative supervision of other organizations. The Accreditation Council for Graduate Medical Education accredits programs in 48 of the specialties and subspecialties represented in the College's supervised programs. The four residency programs sponsored by UIC are also ACGME-accredited. The College's GME programs offered 167 positions in the 2008-2009 NRMP and filled 99% of them. UIC graduates filled 24% of the available positions. Graduates of non-US schools matched in 22% of the total, while graduates of other LCME-accredited schools or schools accredited by the American Osteopathic Association accounted for the remaining 54% of the residencies.

During 2008-2009, the GME Office continued the implementation of the New Innovations resident tracking software. New Innovations is used to manage resident demographics, institutional evaluations for all resident rotations, and the UIMCC's on-call scheduling, to provide the data to produce the Medicare cost report, and to produce invoices to our affiliated hospitals.

The Resident Work Environment Committee is a subcommittee of the GME Committee that focuses on institutional and environmental issues that affect the residents. The Committee met in May 2009 to review the most recent compiled rotation evaluation results.

During AY2008 the GMEC enacted a policy regarding the relationship between GME and Industry. The policy has subsequently been adopted by Continuing Medical Education and Undergraduate Medical Education.

Duty hours are monitored on a regular basis through the internal review process, intermittent duty hours audits, and occasional surveys. Compliance has been very high.

As noted above, rotation evaluations are completed through the New Innovations system, and the results are reported regularly to the GMEC via the Resident Work Environment Committee.

In accordance with ACGME policy, each program conducts an annual assessment of the educational effectiveness of the program, and submits a report to the GMEC. We are actively looking at outcomes.

**Graduate Education in the Biomedical Sciences:** Over the last year, the graduate programs in the College of Medicine have successfully continued to provide excellent training to students in a wide array of biomedical disciplines. Dr. Karen Colley, Associate Dean for Graduate Research and Education led the review of all the College of Medicine Graduate Programs that was mandated by the Provost and the Illinois Board of Higher Education. The comments from this review and how these are being addressed are highlighted below.

The graduate programs under review are those under the umbrella of the GEMS (Graduate Education in Medical Sciences) Program, directed by Drs. William Hendrickson. This is an interdepartmental/interdisciplinary program that provides the core curriculum for the biomedical sciences. Students in the program are able to choose their PhD thesis mentors from over 100 faculty in the basic science and affiliated clinical departments. The GEMS program has been in place for six years and it continues to attract high quality students to the UIC College of Medicine. The external panel visited in UIC COM in late October. They were generally pleased with the graduate programs and acknowledged that we have made substantial progress without substantial funding. The committee suggested a variety of oversight strategies that are now being implemented. A major concern of the committee and faculty is a substantial decrease in the numbers of students admitted to the program by departments. This is not the result of decreased numbers of applicants, but rather due to the downturn in the economy and severe funding constraints at the level of the departments and individual faculty members. Dean Flaherty in conjunction with Dean Hulse from the Graduate College commissioned a panel of faculty members led by Associate Dean Colley and Dr. Larry Tobacman, Senior Associate Dean for Research, to evaluate the best size, organization, and funding mechanisms for the GEMS graduate program. The committee has met several times and is now gathering input from individual faculty members.

The NIH funded Medical Scientist Training Program (MSTP), (Dr. Larry Tobacman, Director and Dr. Karen Colley, Associate Director), has also continued to draw excellent applicants from all over the country and this year graduated five impressive MD PhD physician scientists who are continuing their education in outstanding residency programs. The MSTP was cited as “one of the jewels of UIC” by the external reviewers.

The Bridge to the Doctorate Program, directed by Dr. William Walden, is a program established in conjunction with Chicago State University, and part of the Louis Stokes Alliance for Minority Participation. At UIC, this program continues to promote the inclusion and retention of

underserved minority students in PhD and MD PhD programs in the Colleges of Medicine, Engineering and Liberal Arts & Sciences. Since the implementation of this program in 2006, we have observed increases in underserved minority students applying and matriculating to our graduate programs. The program's robust and successful recruiting effort, led by Ms. Denise Yates, was acknowledged and praised by the external reviewers. This program, in conjunction with the GEMS program, will continue to provide a variety of enrichment activities, which in the next year will be offered to all students.

**Research:** The College's annual research funding exceeded \$145 million during the 2008-2009 year, reflecting and supporting high accomplishment during a period in which it was difficult to garner such financial backing. Research studies concern all aspects of biomedical science, from basic, to translational, to clinical, to community. The largest component of research funding remains the National Institutes of Health (NIH). The College of Medicine's NIH funding rose 3% to \$85.2 million in 2008, despite a decrease in the NIH nationwide funding to medical schools of 2%. More than 2/3 of the University of Illinois at Chicago's NIH funding is awarded to the College of Medicine. Four of the College's departments are in the top 20 in NIH funding. Looking forward, College investigators have pursued aggressively the new opportunities for financial support provided by the NIH component of the American Recovery and Reinvestment Act. Funding has begun to arrive in the form of supplemental support for already funded projects, and applications have been submitted for many new projects, for major equipment, for core facilities, and for laboratory renovation.

Multidisciplinary and multi-college research continues to grow in the College of Medicine and at UIC. Major cross-institutional efforts include the Cancer Center, led by Dr. Gary Kruh, and the Center for Clinical and Translational Science (CCTS), led by Dr. Theodore Mazzone. The CCTS supports institutional enhancement of faculty and infrastructure to facilitate bench to bedside research and research development. This relatively new Center has had a dramatic impact campus-wide, including training support for fellows and junior faculty, seed grants for promising research projects, and individualized services that advance investigators' work. The CCTS received a planning grant from the NIH, and has been funded very substantively by funds from the College of Medicine, the other UIC health science colleges, and UIC central administration. The Center's 2008 application for major NIH funding was reviewed very favorably, advantageously positioning the CCTS for anticipated receipt of sustained support when the NIH formally announces the funded institutions in July 2009. All the UIC health science colleges, enthusiastically led by the COM, have made a commitment to building interdisciplinary/intercollege clinical translational research at UIC.

**Major Administrative Appointments & Recruitments:** The College of Medicine at Chicago welcomed Anand Kumar, MD as the new Head of the Department of Psychiatry in January 2009. Dr. Kumar comes to UIC from the University of California at Los Angeles. Earlier in the academic year, David Schwartz, MD was appointed Head of the Department of Anesthesiology after serving as Interim Head from May 2007 to July 2008. Robert Folberg, MD left UIC to accept the position as Dean of the Oakland University William Beaumont School of Medicine, and Frederick Behm, MD, assumed the position of Interim Head of the Department of Pathology

in September 2008. Gary Strange, MD, Head of the Department of Emergency Medicine has announced his intention to retire, as has Leslie Sandlow, MD, Head of the Department of Medical Education. Searches for these positions will soon be underway.

Three major administrative appointments at the Campus level were announced this year. In September 2008, Lon Kaufman, PhD was named Vice Provost for Planning and Programs and Mo-Yin Tam, PhD was named Vice Provost for Faculty Affairs. In January 2009, Paula Allen-Meares, PhD, from the University of Michigan, joined UIC as Chancellor of the University of Illinois at Chicago.

**Medical Service Plan (MSP):** The MSP ended FY 2008 with an operating profit of just over \$7.3 million despite ongoing reductions in reimbursement from Medicaid. For the first time in its history, the Group's income exceeded \$125 million. The actual increase in income from FY 2007 was 12.6% or \$14 million. Of the total growth in income \$5.5 million was attributed to an increase in collections related to fee for service billing. The major contributors to the additional new income (\$8.5 million) were due to increases in the Patla dollars (\$2.7 million), contractual revenue (\$2.5 million), model clinics (\$1.8 million) and Hospital transfers (\$1.4 million). The MSP ended FY '07 with \$17.5 million "in the bank". The cash balance at the end of FY '08 was \$28.7 million.

During FY '07 the Self-Insurance Allocation Committee completed the initial phase of its work and recommended a new formula for the distribution of fees to the clinical departments. The recommendation was adopted by the MSP Board of Directors with the provision that the changes would be introduced during fiscal year 2008. The effect of the change was reviewed toward the end of the '08 fiscal year. The decision was to extend the FY '08 allocation matrix into FY '09.

The MSP continued the phased implementation of a fringe benefit relief plan through out FY '08. As a result the savings of \$7.7 million in benefits was applied to the reduction of the Self Insurance allocation. It was expected that the full implementation of this plan would take place early in FY '09. (Note: As of the date of this report, the full implementation has been accomplished with the annual result in a savings to the clinical departments being about \$9 million.)

At \$54.1 million, salaries continue to be the largest component of MSP expenses. During FY '08 MSP funds used for direct compensation to faculty reached \$35.6 million and incentive payments exceeded \$14.8 million. The compensation to staff was about \$3.7 million.

For the seventh consecutive year the individual external audits of the MSP, Campus Care, Managed Care and WWT were completed without negative findings.

During FY '08 the Compliance Office, within the MSP, has increased its efforts to work with university auditors to establish mechanisms that will pinpoint any deficiencies and take remedial actions to correct deficiencies in our medical records and/or the management of our billing activities.

As we move into the next fiscal year, the key initiatives will continue to be focused on improving service and increasing productivity.

**Advancement:** The College continues to participate in the University of Illinois' Brilliant Futures campaign to raise \$2.25 billion in support all colleges and campuses. As of the end of May, 2009, our medical enterprise has raised nearly \$178 million of its \$250 million goal (71%), including nearly \$24 million in FY09 alone. With the campaign 70% complete, the College remains slightly ahead of schedule in achieving its campaign goal. The College now has an endowment over \$71 million with projected endowment income of nearly \$4 million. In collaboration with College administration and department heads, a transition in the deployment of major gift officers to a donor-centered model focusing on the College's strategic themes is underway. The recruitment phase necessary for this transition continues, with one new hire in support of the cardiology/pulmonary area already made.

Individual Major Gifts: The college has received several transformational gifts and deferred commitments during this fiscal year, including a \$1.695 million unrestricted bequest commitment from a 1971 alumnus; a \$1.8 million unrestricted bequest from a 1968 alumnus; a \$500,000 gift commitment from Stephen Cullinan, MD '72, and Theresa Falcon-Cullinan, MD, to establish a named professorship in Psychiatry; and a \$300,000 gift from Mr. Bruno Pasquinelli to fund the establishment of the Robotics Laboratory in the Department of Surgery. The Cullinans, along with Mr. Pasquinelli, were honored for their philanthropy at the annual meeting of the University of Illinois Foundation on October 17, 2008.

In addition, a \$1.3 million gift was received through the Elmer C. Koch and Alice E. Roberts Koch Trust to provide scholarships for deserving medical students desiring to be general practitioners; a gift of \$170,000 was received from the Cless Family Foundation to continue support for retina research; a \$200,000 gift from the St. Baldricks Foundation was received to support pediatric oncology; a \$150,000 deferred gift commitment has been received from Mr. and Mrs. Thomas (Eileen) Killarney to support liver cancer research through the Department of Medicine and oncology research through the Department of Obstetrics/Gynecology; and a \$300,000 bequest commitment by Dr. Milford Wyman to support cardiology.

Grateful Patient Program: FY09 marked the launch of the Grateful Patient Program. The Office of Medical Advancement, in collaboration with the Medical Center and under the direction of Dr. Michael Bailie, has implemented a screening program to identify both inpatients and outpatients who may have major gift capacity. Identified individuals are contacted via mail solicitation or personal phone call to assess their experience while a patient in the Medical Center and gauge interest in their willingness to learn about and support the UIC medical enterprise.

Corporate and Foundation Major Gifts: Through May, 2009, the College has received gifts from corporations and foundations totaling more than \$10.8 million in FY09. In addition to the gifts specified above, the Best Family Foundation offered a multi-year pledge in support of the

Colbeth Clinic and Microsoft, with the help of the Walter Payton Family Foundation, donated goods and services to establish the Pediatric Patient Education Center at the University of Illinois Medical Center.

The Chicago Diabetes Project continued to receive financial support from the corporate and foundation community, including a third commitment from the Christopher Family Foundation of \$500,000, bringing its total support to \$2.5 million. A \$250,000 gift was received from the Dr. Scholl Foundation and the Efroymsen Family Fund made a \$225,000, 3-year commitment. The Wrigley Company is providing major sponsorship for the Chicago Diabetes Project Marathon Running team – Cellmates on the Run – to help raise funds for the global diabetes research team. At least 51 runners will participate in the Bank of America Chicago Marathon in October, 2009.

Regional Sites: The College's sites in Peoria and Rockford also received significant financial support. Rockford received an additional \$275,000 in commitments for its new building project with construction underway and ahead of schedule to meet its February, 2010 deadline. The Peoria site received an anonymous lead gift of \$200,000 to launch its student learning enhancement renovation project as well as a \$3 million corporate commitment and community match to fund the establishment of a program in health systems research.

Annual Fund: Highly customized Annual Fund solicitations for College alumni and friends continued with increased opportunities for scholarship support. In addition, the direct mail solicitations for the Grateful Patient Program were integrated into the annual giving process, with patient screening, data coding, and solicitation development all coordinated to ensure the successful launch of this campaign.

The Medical Alumni Council continued its focus to increase student loyalty and improve the student experience by participating in key student events such as M1 Orientation Week, M2 Exam Week, Match Day, and Commencement. The council also encouraged increased alumni volunteerism and contribution by participating in Alumni Reunion, the African-American Alumni Scholarship Fund reception, and the Young Alumni Networking event. To encourage renewed giving, the council chairman began sending personal thank you letters to all annual scholarship donors. The Alumni Council also worked with College students and alumni to encourage their involvement in the University of Illinois Alumni Association's Illinois Connection program.

Special Events: Nurturing our relationships with alumni and other friends of the College remains a key part of the advancement office's work. The 2008 reunion weekend brought 220 of the college's graduates back to campus.

Dr. Jorge Cavero was honored for his continued advocacy and philanthropic support of the Hispanic Center of Excellence at the Evening with UIC event held in April, 2009.

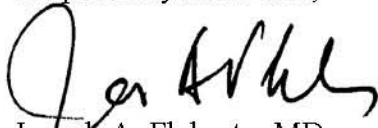
The fifth annual Colbeth Gala was held in April, 2009 and raised nearly \$200,000 to support patient care at the Colbeth Clinic.

The UIC Best Docs Reception was held in June, 2009 to acknowledge the doctors at UIC that are recognized by their peers as outstanding in their specialties. The annual breakfast in conjunction with this reception was again held to acknowledge the staff and nurses who help these physicians achieve excellence in patient care.

Several investiture events were held this year, including the investiture of Dr. Philip Gorelick in the John S. Garvin Endowed Chair in Neurology, the investiture of Dr. Lawrence Chan in the Dr. Orville J. Stone Professorship in Dermatology, the investiture of Dr. Sarah Kilpatrick in the Dr. Theresa S. Falcon-Cullinan Professorship in Obstetrics and Gynecology, and the investiture of Dr. Mark Gonzalez in the Riad Barmada MD Professorship.

Communications/Marketing: To acknowledge the College's donors and better communicate the extent of philanthropic support for the entire medical enterprise, the first stand-alone Contributors' Report and Honor Roll was published, complete with several donor highlight features. The College is also using a section of its website to showcase intriguing donor stories. The Best Docs Resource Guide was again published in conjunction with the June Best Docs events to acknowledge the quality of care and service provide by UIC physicians. New marketing materials have been developed in accordance with new campus and Medical Center guidelines in order to effectively brand the College in upcoming communication and solicitation efforts.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Joe Flaherty", written in a cursive style.

Joseph A. Flaherty, MD  
Dean, College of Medicine