

EX-USF DEAN SETS A NEW AND BOLD VISION TO TRANSFORM WOMEN'S HEALTHCARE AND CLINICAL RESEARCH IN FLORIDA – PART I

An Interview with [Abdul Sohail Rao, M.D., M.A., D.Phil.](#)
Chief Executive Officer and Chief Research Officer
[The Institute of Women's Health of North America](#)

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Lisa Murray is a free lance reporter. She writes for many syndicated media outlets and is presently working on a series for a national business magazine interviewing healthcare executives in the Greater Tampa Bay area. This interview is part of that series and highlights the work that is being done by the [Institute of Women's Health of North America](#); the largest healthcare provider for women in the state of Florida. This interview was conducted in two parts; Part I addresses the transformational changes that [Abdul Sohail Rao, M.D., M.A., D.Phil.](#), Chief Executive Officer and Chief Research Officer is making in the Institute. Part II addresses Dr. Rao's contributions to improving healthcare in the Greater Tampa Bay area as a senior leader at USF Health and the bike incident which had the potential to undermine his legacy in this region.

MURRAY: When did you join the Institute of Women's Health of North America?

RAO: I joined the [Institute](#) in March 2009 as its [Chief Executive Officer and Executive Director](#). In April 2009, the Board also requested that I assume the role of Chief Research Officer.

MURRAY: Tell us about the Institute?

RAO: The Institute was established in 1997 as a 501(c)(3) non-profit entity in the State of Florida. The main administrative office is in Orlando, Florida and it has six affiliated [campuses](#) geographically located in five major counties in the State. Its size and its expansive geographic influence makes it the largest health care provider for women in the State and among the largest in the U.S.

MURRAY: What is the vision of Institute?

RAO: The [vision](#) of this Institute is to improve women's health through outstanding clinical care, cutting-edge behavioral and translational clinical research, education and community outreach.

MURRAY: What is the mission of this Institute?

RAO: IWHNA's has four mutually inter-related [missions](#) which are best illustrated by four A's: Affordable preventative and therapeutic clinical care; Access to new drugs, devices, and diagnostic tools through cutting-edge behavioral and translational clinical research; Age-appropriate education and training; and, Adequate and effective community outreach programs.

MURRAY: When did you first become interested in this leadership position at IWHNA?

RAO: As most are aware, the nation-wide search for a new CEO was initiated by the IWHNA Board in July 2008. The Board was looking for a visionary leader who can successfully implement the mission and vision of the Institute and transform it from a regional to a national and international entity. The newly-constituted Board of IWHNA was also interested in enhancing the behavioral and translational clinical research capacity in the Institute and to continue to recruit and retain world-class physicians and scientist in the program. Given the unique opportunity, my candidacy was nominated by one of my mentors for this leadership position in August 2008. I went through a very rigorous and competitive selection process which came to fruition in February 2009 and I am extremely pleased that the members of the Board gave me the opportunity to bring the mission and vision of IWHNA to fruition.

MURRAY: Where are the affiliated campuses of the Institute located?

RAO: As I stated previously, the Institute has six affiliated [campuses](#) in five major counties in the State of Florida. We have affiliated campuses in the following locations: Daytona Beach (Volusia County); Ft. Lauderdale (Broward County), Greater Tampa Bay (Hillsborough County); Ocala (Marion County); Orlando – Downtown (Orange County) and Winter Park (Orange County). Each affiliated campus is a fully integrated state-of-the-art facility offering outstanding clinical care to women in the communities that we serve. Given our expansive geographical network, we touch lives of millions of women who are in need of quality and affordable health care in the region. We have developed and sustained over the past decade a substantial network of community outreach which has placed the Institute in a unique position to service its core missions.

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Rao, A.S.

MURRAY: It seems that most of its services are limited to the State of Florida yet the name of the Institute implies it nation-wide outreach. Please clarify?

RAO: When the Institute was first established in 1997, it had a vision limited to serving the citizens of Florida. However, its success in this state and the growing nation-wide need has prompted the Board to expand its services and influence in other areas of the U.S. In fact, in recent months, IWHNA’s mission has extended into international waters and in the very future our research, education and community outreach programs will be implemented in selected developing countries with very high incidence of communicable diseases (such as India, Pakistan, South Africa, etc.)

MURRAY: What are the areas of specialization for clinical care in the Institute?

RAO: The Institute and its affiliated campuses provide comprehensive clinical care to women of all ages. We have Board-certified physicians, highly qualified nurse practitioners and allied healthcare staff who are committed to provide outstanding clinical care to our patients. Our affiliated campuses are fully integrated state-of-the-art facilities that provide routine preventative and therapeutic clinical care, [pregnancy and family planning services](#), diagnosis and treatment of communicable diseases (such as [HIV/AIDS](#), [Sexually Transmitted Diseases](#) [STDs], etc.), [oncological care](#), pre-natal care of pregnant

women, [emergency contraception](#) and [birth control](#) services, [menopause and menstruation](#), etc. Health care providers in our affiliated campuses pride themselves in also providing much-needed clinical care to indigent women who are either uninsured or under-insured. With over 10% of people in Florida living without health insurance, this service is extremely valuable and desired and we are very fortunate to service the needs of Floridians in this regards.

MURRAY: In the past nine months as its CEO, what additional changes have you been able to make to continue to enhance the clinical mission of this Institute?

RAO: Being in existence for over a decade, the affiliated campuses of the Institute already had a very comprehensive [clinical care](#) program in place. Its strong commitment to providing affordable and

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quality clinical care has served as a beacon of hope for many uninsured and under-insured women in the state. However, working collaboratively with the leadership of the Institute and its affiliated campuses, we have started some new initiatives in the recent past that will preserve and predictably enhance the quality and the diversity of services offered to our patients. In particular, to expand delivery of our clinical services to a more diverse population, we have initiated the process of re-credentialing all our providers by

Medicare, Medicaid, Blue Cross Blue Shield, Aetna, United, and other third-party insurers. Recognizing the importance of information technology in the delivery of quality health care, we have also initiated the process of upgrading the existing Electronic Medical Record systems in our affiliated campuses. It is our collective goal to create a common electronic platform that not only integrates the clinical activities in various campuses but also allow us to centralize billing and collections, minimize inadvertent coding errors, offer ePrescription, interface with various diagnostic laboratories, etc. We have also started very productive conversations with numerous regional community hospitals to create a network of service providers for continuity of clinical care. This will also serve as the genesis for initiating an ACGME-accredited clinical fellowship program and clinical rotations of medical and professional students in the Institute.

MURRAY: It appears that since you have assumed the role of the CEO, the Institute is making a renewed push for prevention of HIV. Can you comment on this observation?

RAO: Yes, this observation is accurate and it is a fact that we have made early detection and prevention of not just HIV but all communicable diseases a high priority for the Institute and its affiliated campuses. We are well into the third decade of HIV epidemic and yet, with all the effort and resources expended, the rate of HIV infection remains high particularly in the minority population. As of December 2007, 1,051,875 AIDS cases were reported in the U.S; 114,057 were in the State of Florida. Florida ranked third in the nation in the number of AIDS cases and third in the rate per 100,000. An estimated 125,000 people or approximately 11.7% of the national estimates of 1,185,000 are currently thought to be HIV-infected in Florida. As the largest women’s health care provider in the state, we are obligated to lead a change in our practices to hopefully bring an end to this fatal disease.

MURRAY: Can you provide us with some specific examples of changes that you have made in this particular area?

RAO: In the past six months, I have worked diligently with the Florida Department of Health and the various county health departments to create a mutually productive [partnerships](#) with these agencies. We now have signed Memorandum of Understanding with all county health departments in which we have affiliated campuses in Florida. This is an extremely important accomplishment since early detection and prevention of these diseases can only be effectively accomplished by working productively with the county health departments. ALL of our campuses are now certified by the [Bureau of HIV/AIDS, Florida Department of Health](#)

“ALL of our affiliated campuses are now State-certified to provide free and confidential counseling, testing, and referral services for HIV/AIDS”.

Rao, A.S.

to offer free HIV testing, counseling and referral services. Serving as its Medical Director, we now have over 10 staff members who are certified by the State to serve as counselors for this program. This program offers free services at our affiliated campuses and we also organize and participate in events to enhance its community outreach. This service is offered to both men and women in the community.

MURRAY: During my conversation with of one your physicians, I learned that you have recently submitted a rather large grant application to the Center for Disease Control and Prevention for funding the HIV prevention program in the Institute. Can you elaborate?

RAO: Yes, as a Principal Investigator, I have submitted a >\$2.4 million grant application to the CDC for funding. If funded, this would allow us to focus our prevention efforts to a very discrete high risk population identified as heterosexual black women between the ages of 18 and 24 yrs who have an unknown HIV status. This grant would also allow us to empower women with more knowledge about AIDS and other communicable diseases through an intervention program entitled: Sister Informing Sisters on Topics of AIDS. I have also submitted another grant application to the National AIDS Fund to obtain additional funding to partially offset the cost of this rather expensive program which is presently offered on pro bono basis to all patients. As a Principal Investigator, I plan to submit six additional grant applications in the next 2-3 months to Federal, State and local agencies and to pharmaceutical companies.

MURRAY: As a CEO, what have you done in the area of raising donor awareness and philanthropy?

RAO: The Institute (like many other non-profit organizations) is faced with a serious conundrum at the present time. The global economic downturn has eroded the ability of many benevolent donors to contribute to worthy causes and charities. By same token, most of our much-needed outreach and health care activities are dependent on donations from our community partners. In June 2009, the Institute initiated a campaign to raise \$1 million in fiscal year 2009-10. Entitled [“BRIDGING THE DISPARITY IN WOMEN’S HEALTHCARE”](#), all funds raised through this initiative will be invested back into programs that provide clinical care to indigent women in the region. It is my sincere

“To continue to provide quality clinical care to indigent women, we need donations which are tax-deductible”.

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request to your readers that if you have not already donated, please visit the Institute's website [DONATE](#) and donate generously to this worth cause. Our programs are dependent on your generosity and benevolence.

MURRAY: As I was preparing for this interview, I spoke with many of your physicians and staff and I thank you for providing unabridged access to them. There was a unanimous consensus that your leadership played a critical role in bringing to fruition some of these transformational changes that we discussed. To what do you attribute your success as a CEO of this Institute? Your hard work or sheer luck?

RAO: Neither. As you are aware, making changes of such colossal proportions which have significant downstream effects requires concerted and persistent effort of a team of dedicated professionals who individually and collectively believe in your mission and vision. We have such a team of highly dedicated professionals in the Institute and thank them for their hard work and unmitigated commitment to our vision and mission.