



Steven K. Rothschild, MD

The Roger C. Bone, MD, Presidential Professor

Advancement of Medicine

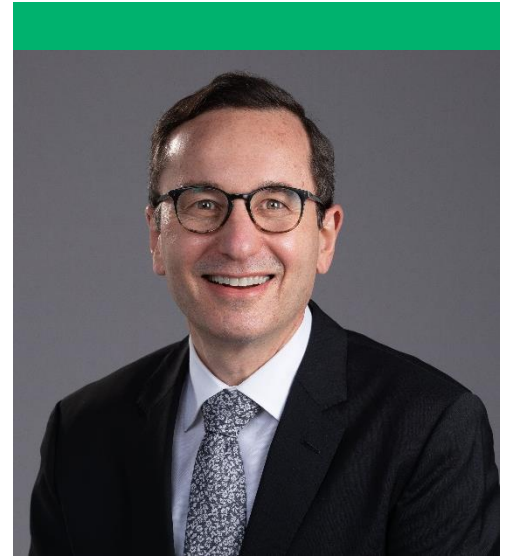
The Department of Family and Preventive Medicine provides comprehensive primary care to patients of all ages, including screening, prevention, acute medical services, supportive mental health services and the management of chronic illness. As department chairperson, I work to advance our vision of being a

nationally recognized leader in comprehensive person-centered clinical care, education and research that transforms the health and well-being of patients, families and the communities we serve. The Bone endowment supports scholarship by family physicians, PhD research faculty and trainees to improve patient care.

Pilot Projects

In 2025, the endowment supported investigator time, equipment and analysis for four pilot projects focused on maternal-child health, weight management and hypertension. Manuscripts and presentations will be completed in 2026.

- **Building an Administrative Birth Cohort to Evaluate Postpartum and Early-Life Healthcare Receipt:** For populations with Medicaid health insurance, more than 40% of birthing mothers do not receive post-partum care. Similarly, 40% of infants do not receive an adequate number of well-child visits. Improving these numbers is a health priority, but linking interventions to these outcomes can be complex and challenging. Assistant Professor **David Mallinson, PhD**, demonstrated the feasibility of linking mothers and infants to create an accurate registry of maternal-infant dyads using Rush's electronic health records from 2021 to 2023. This will allow investigators to better understand variations in post-partum care and well-child visits by patient demographics and services received. Dr. Mallinson will use this data to investigate the impact of Rush's Family Connects Chicago data on maternal and child outcomes. The pilot data gathered with your support led to additional funding through



Rush's Armour/Schweppes grant program. Dr. Mallinson also has a National Institutes of Health R21 grant application under review, which will build on his successful administrative birth cohort.

- **Uptake of a Behavioral Weight Management Program Among Treatment-Seeking Adults:** Assistant Professor **Melissa Crane, PhD**, and her colleagues conducted a pilot study of a no-cost, online, evidence-based weight management program for individuals with obesity who want to lose weight. A total of 745 individuals at Rush primary care clinics were invited to participate; 270 consented; and 103 attended at least one group treatment session. Those who attended were more likely to be non-Hispanic white than of other race or ethnic groups (45% versus 29%), had a lower baseline BMI, and were less likely to report having a chronic illness. This pilot intervention required less than three hours of staff time per week. Results suggest that a no-cost online weight-loss program could be implemented in primary care clinics to benefit patients who are classified as overweight or stage 1 obese.
- **Recruitment and Retention Challenges in the Self-Monitoring and Resource Training for Blood Pressure Management (SMART BP) Program:** Three medical students in Rush's Family Medicine Leadership Program — Kristina Olsen, Emily Weiser and Andrew King — worked with Assistant Professor **Max Pitlosh, MD**, on a project to improve adherence to ambulatory blood pressure monitoring in patients with social vulnerability who had Stage 2 (uncontrolled) hypertension. A total of 305 patients at three Rush Family Medicine clinics qualified for the study, and 86 were reached by phone and offered free assessments and blood pressure cuffs. Although surveys indicated high initial patient interest in the free SMART BP service, only 13% began the program. Retention of participants proved challenging due to low patient engagement. In addition to gaining an understanding of research methods, students posited that using an “opt out” model — rather than the “opt in” model used — may improve engagement in this intervention.
- **Enhancing Story Booth With Family Physician and Patient Conversations to Advance Patient and Primary Care Clinician Outcomes Research:** As seen in the SMART BP pilot study, patient understanding and experience of hypertension treatment can represent a barrier to effective blood pressure control. Assistant Professors **Sameer Panjwani, MD**, and **Santosh Basapur, PhD**, are working with the PaTH Clinical Data Network led by the



University of Pittsburgh to build a website and repository of audio interviews and transcripts with patients and family physicians (called Story Booth, www.storybooth.pitt.edu). By capturing the full range of stories over the course of a year regarding blood pressure control and chronic renal disease, Drs. Panjwani and Basapur hope to gain insight into strategies that can better tailor interventions in primary care settings.

The Year Ahead: 2026 and Beyond

In 2026, three projects have been funded. Associate Professor **Carl Lambert, MD**, will develop and evaluate a low-sensory, enhanced-visit model for autistic adults. This innovative clinic program will provide continued care for adults who have aged out of Rush's Autism Assessment, Research, Treatment and Services Program for children with autism. Assistant Professors **Stefani Beard, DO**, and **Eric Sullivan, MD**, are supporting clinics in implementing HPV self-swabs as an alternative to conventional PAP tests in women over age 30. They will evaluate the impact of this approach on increasing rates of cervical cancer screening. Assistant Professor **Lauren Anderson, PhD**, will continue her groundbreaking research on graduate medical education with a national study examining the role of non-family medicine supervising faculty in the teaching and assessment of family medicine residents.

With Gratitude

Dear Rosemary, Mary Catherine, and the entire Bone family,

This has been our first year working with the endowment you established to honor Roger. For my department, this investment has been a critical first step in building a culture of scholarship that advances research aimed at improving primary care delivery. Thanks to you, the faculty listed here are meeting monthly with research mentors, improving their projects, and advancing their careers as academic family physicians and behavioral scientists. Roger was a mentor to so many emerging scientists, and my hope is that these funds will continue his work in developing scholarship while also improving the preventive care that families receive at Rush and nationwide. I am truly grateful for this support.