During my 2009 summer fellowship, I had the opportunity to work with Andrew Petroll, MD, MS, Assistant Professor of Medicine in the Division of Infectious Diseases and of Psychiatry at the Center for AIDS Intervention Research at the Medical College of Wisconsin, and John Fangman, MD, Assistant Professor of Medicine in the Division of Infectious Disease at the Medical College of Wisconsin and Medical Director of the AIDS Resource Center of Wisconsin (ARCW).

Our original intent was to use the Wisconsin Health Information Exchange (WHIE) to work with Emergency Departments (EDs) to improve the quality of care for their HIV-positive patients by connecting these patients to primary care physicians. The WHIE is a Regional Health Information Organization (RHIO) and was structured to allow participating health care organizations to deliver secure, timely, and accurate electronic health information to authorized users across institutional boundaries. We hoped to use this exchange to identify HIV patients seen in Milwaukee EDs and then survey them about potential barriers to care they may have experienced. Unfortunately, the WHIE’s organizational and legal agreements precluded the use of information obtained through the WHIE for anything other than patient care.

In response to this setback, we amended our project to instead monitor ARCW’s current means of archiving and documenting ED visits compared to post-WHIE connection. After narrowing our focus to include only those patients who receive care at ARCW, we decided to analyze documentation of ED visits in ARCW’s electronic health record, LabTracker. While this quality improvement activity served to highlight deficiencies in ARCW’s existing practices, we also conducted this audit hoping to compare the data to the definitive roster of all ED visits contained within the WHIE for the purpose of improving the continuity of care for ARCW patients with ED visits. At the end of my fellowship, that effort was still underway.

Much of my time during my fellowship consisted of preliminary data analysis, meeting with individuals to garner support for the project, and spending time in the ARCW clinic and Froedtert Hospital to become more familiar with this patient population. While there may not be many results on paper from my summer fellowship, this experience was extremely rewarding. The various meetings I had with members of the institutional review board, the Director of Quality Assurance at ARCW, and the WHIE leaders were all eye-opening. I plan to continue working on this project throughout my medical school tenure because I believe that it will reveal the importance of RHIOs in improving patient care and reducing the unnecessary health care costs caused by poor outcomes linked to inadequate follow-up and communication.

The time I spent at ARCW’s clinic and Froedtert Hospital allowed me to gain exposure to the underserved population I hope to serve as a physician. I now have a much better understanding of the difficulties surrounding HIV patients related to their illness, social background, and risk for poor outcomes with missed information sharing. Furthermore, my experience with this project has provided me with valuable insight into how to initiate and gather support for a new initiative to improve patient care. I believe that before long we will be able to demonstrate the value of Regional Health Information Organizations via this project.

The goal of the Wisconsin Medical Society Foundation’s Summer Fellowship in Government and Community Service Program is to provide medical students a public health research opportunity within a Wisconsin community. The experience exists to educate students about ways in which the medical profession can work to improve health through connections to both community organizations and government. Each student receives a $3500 stipend. The fellowships require the support of donors to make the experience possible and physician mentors who help guide and foster students’ projects. In 2009, the Foundation provided 6 fellowships. For more program information and sponsorship opportunities, please contact Foundation Executive Director, Rebecca Thompson, CPA, at rebecca.thompson@wismed.org.
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