

# The challenges and opportunities of working together

John J. Frey, III, MD, Medical Editor

This issue of *WMJ* contains a number of papers that describe how clinical care, research, and community health might benefit from new directions that bring people together for organizational or community interest. Collaboration is a concept more often touted than actually demonstrated. Terms such as mine shafts, silos, or tradition are used to justify what keeps real collaboration from happening.

Communities, even those with a long history of activism, often struggle with getting groups that may have a lot to learn from each other to actually sit down and plan projects of mutual benefit. Health is a community function as much as a medical one. The article by Ahmed and colleagues<sup>1</sup> describes the end result of a large number of rural initiatives. The most important measure of a community health improvement project is its sustainability, and longer-term evaluation of this large project is required to see what the long-term effects will be. But one immediate effect was getting two medical schools to put funds and faculty time into the effort, funded by the Blue Cross/Blue Shield of Wisconsin endowment located at the medical schools. This could have been akin to the Packers and the Vikings sharing coaching staffs, but in this case it worked.

The article by Serrano and Monden<sup>2</sup> describes how the integration of behavioral health professionals into primary care practice affects patient care and physician comfort with the burden of mental health issues. They show important effects on the process of care that include improving quality and decreasing costs for patients with depression. Primary care and mental health clinicians have been

locked into traditions that separate them from each other. The physical integration Serrano and Monden describe helps clinicians from both disciplines operationalize the biopsychosocial model described over 40 years ago.<sup>3</sup> Their work is a great step forward.

Yale and his colleagues describe an approach begun at the Marshfield Clinic to

Two case reports in this issue highlight unusual presentations of unusual tumors (Amin and Kong)<sup>6</sup> and an unusual allergy (Gimenez and Zacharisen).<sup>7</sup> The latter shows that flavoring food has its risks for children. Many of us are grateful to have avoided becoming allergic to spices as a child; otherwise we would be condemned to a lifelong

Communities, even those with a long history of activism, often struggle with getting groups that may have a lot to learn from each other to actually sit down and plan projects of mutual benefit. Health is a community function as much as a medical one.

use the talent and energy of emeritus faculty members as clinical-researchers.<sup>4</sup> The authors did an extensive study of emeritus roles in academic institutions and developed a plan that would meet the needs of senior faculty members who wanted to continue in a different role that would benefit their home institution. This model could be adapted by many academic health centers nationally to avoid losing talented people. It offers a career transition that many of us would welcome.

Austin and Wolfe<sup>5</sup> explore the effectiveness of a program designed to encourage patients with diabetes to get required lab tests. Written reminders with an offer of a small financial incentive were sent to a group of patients who had been out of compliance on at least 1 test for a year or more. Those who received the missing test were given a gift card worth \$6 at a local gas station.

diet of cheese curds.

Finally, in this issue we take a look back—100 years—at a case report first published in *WMJ* in 1911. It's an interesting and nostalgic glimpse at the history of medicine as well as *WMJ*, and an excellent reminder of how far we've come. Look for this to become a regular *WMJ* feature.

• • •

*(Editor disclaimer: I practice in a family medicine clinic affiliated with Access Community Health Center, which is the location of the study by Serrano and Monden, and, despite my mother's insistence that anything other than salt and pepper were unnecessary on food, I have a recurring bias toward New Mexico green chile to make it through Midwestern winters.)*

*continued on page 150*

## In This Issue

*continued from page 111*

---

### REFERENCES

1. Ahmed SM, Size T, Crouse B, et al. Strong rural communities initiative (SRCI) program: Challenges in promoting healthier lifestyles. *WMJ*. 2011;110(3):118-126.
2. Serrano N, Monden K. The effect of behavioral health consultation on the care of depression by primary care clinicians. *WMJ*. 2011;110(3):113-117.
3. Engel GL. The biopsychosocial model and the education of health professionals. *Ann N Y Acad Sci*. 1978;310:169-187.
4. Yale S, Jones M, Westbrook SD, Talsness S, Mazza JJ. The emeritus clinical-researcher program. *WMJ*. 2011;110(3):127-131.
5. Austin S, Wolfe BL. The effect of patient reminders and gas station gift cards on patient adherence to testing guidelines for diabetes. *WMJ*. 2011;110(3):132-137.
6. Amin AL, Kong AL. Metastatic neuroendocrine tumor found on screening mammogram. *WMJ*. 2011;110(3):140-143.
7. Gimenez L, Zacharisen M. Severe pepper allergy in a young child. *WMJ*. 2011;110(3):138-1390.

advancing the art & science of medicine in the midwest

**WMJ**

*WMJ* (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2011 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

**Visit [www.wmjonline.org](http://www.wmjonline.org) to learn more.**