

Making Progress, but Still a Way to Go

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This issue of the *WMJ* has the usual interesting variety of studies and reports that bring together some of the challenges facing the practicing community.

Reducing premature death is one element of measuring progress, not only for health systems, but for the society in which those health systems function. The widely used County Health Rankings developed by the University of Wisconsin Public Health Institute,¹ have been a useful tool for communities to identify issues that should be addressed to improve health. Nonnweiler and colleagues² add another type of scorecard to use as a measure of how we are doing by looking at the changes in age-adjusted premature death rates by county. Much of the prematurity can be traced to preventable causes that lend themselves to improving both public health and clinical care for communities. Their paper describes the overall data—the *what*—and it is up to us to work to find the *why*. The best news is that the counties that started out being the farthest behind have made the greatest improvements.

2012 was a record summer for heat in the state—and the world—and we could expect that heat-related stresses might increase problems for at-risk patients. Christenson and colleagues,³ in their review of cases of heat-related deaths, show that older people on psychiatric medication who lived in houses or apartments without air conditioning are at much greater risk of dying during very hot periods. This confirms the work by Klinenberg from the 1995 Chicago heat wave.⁴ While at face value the data should not surprise us, these deaths should be preventable through a combination of neighborhood action and medical systems identifying populations that are more at risk. However, when I ask physicians if they can identify their patients who are elderly, living alone, and poor, their electronic health records (EHRs) don't usually contain that information.

EHRs need to be more about populations and less about billing if they are to meet their full potential.

Webb and colleagues⁵ report on a special child abuse consultation service that improves the quality of care in emergency departments (EDs) for the terrible reality of children and families involved in domestic violence, and is able to do it in a more systematic and organized way. Emergency and community clinicians have been taught to raise the issue of possible abuse, but the process of gathering the correct information could be expedited through consultation when necessary and through the dissemination of proper guidelines to all practices that might encounter potentially abused children. This study is from an ED, but most children who are potential victims of abuse are seen in offices of pediatricians and family doctors.

Three articles in this issue address education. The study by Brennan and colleagues⁶ nicely describes some of the issues for internal medicine residents in attempting to increase screening for HIV in their practices. Interviews with residents describe patient-related and physician-related barriers and offer some suggestions for increasing screening. While there may be a great deal of controversy about the recommendation to screen the entire population for HIV, increasing screening for those who are at risk is certainly in order. A combination of education and goal setting is the likely solution, along with faculty who are supportive and encouraging.

Giving pre-professional students a meaningful experience in clinical care is becoming increasingly more problematic, with HIPAA restrictions and more complicated institutional guidelines that often don't distinguish between inpatient and outpatient experiences. The article by Davis and colleagues⁷ about getting under-

graduates to work with clinicians and researchers through the UW Center for Tobacco Research and Intervention (CTRI) points out the value that students can add to ongoing projects while learning important communication skills and bringing help to persons addicted to tobacco. It's a very win-win program and something that could be reproduced in other schools in the United States since CTRI has made much of the material available on the Web.

Finally, Dempsey⁸ offers important and searching lessons from his own life and career to graduating medical students. One of the responsibilities that “elders” have is to coach and listen, to be sure, but telling stories, and the insight those experiences bring, is the true way that teaching moves ahead. The data are important; the stories are essential.

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