

Reaching Out

to Madison's Underserved and Uninsured Patients



Joel Adler talked recently with a patient at Grace Clinic, the first MEDiC clinic created in 1990. The MEDiC program now consists of a total of six clinics throughout Madison, also including Salvation Army, ARC House, Michele Tracy, Safe Haven and Southside.

by Joel Thomas Adler, Med 1

We walk into the waiting room to the expectant gaze of the day's patients. I call the name of our patient and greet him as he joins us. We walk back, take the patient's height and weight and escort him to the exam room. "What brings you to clinic today?" I ask. He proceeds to tell us that his back hurts. My partner and I ask more questions and discover that he injured himself at work. We complete the exam and localize the pain to his shoulder. A rotator cuff tear, my colleague and I guess.

We report to the physician in charge and discuss our findings and preliminary

diagnosis. After this, we all head back to the patient's room. The physician, after interviewing the patient, confirms our initial diagnosis and recommends further evaluation. We're in luck—my colleague is rather knowledgeable about joint injuries. She gives him instructions for exercises to strengthen his arm. Better yet, the patient is referred to an orthopedic specialist to evaluate the shoulder more thoroughly. After discussing the necessary movement restrictions with the patient, we send him home with a bottle of ibuprofen and tell him to come back next week if he has gotten worse.

Sound familiar? This could be a typical day for a third- or fourth-year student involved in the clinical years

of medical school. But consider this: the students in this case are first- and second-year medical students, working alongside students from the UW nursing, pharmacy, physical therapy and physician assistant programs. My colleague above, in fact, is a physical therapy student.

Our patient works three jobs, all of which involve intense manual labor. He has four kids, speaks Spanish, understands very little English and simply cannot afford time away from his jobs. This actual scenario is taking place not in a normal clinic, but rather at one of the free MEDiC clinics staffed entirely by volunteers. And while the shoulder is an immediate concern, it doesn't begin

to address the core problem—that the patient has no health insurance and experiences completely inadequate access to healthcare.

Finding ways to address the health problems of the underserved and uninsured is the goal of MEDiC. Under the guidance and direction of Ted Goodfriend, MD, now a professor emeritus of pharmacology at UW School of Medicine and Public Health (SMPH), seven UW medical students founded this program in 1990 out of a desire to improve the health of underserved people in Madison.

They began with a medical information center (from which MEDiC derives its name) at a homeless men's shelter in Madison, which later was converted to the Grace Clinic. The founding of the Salvation Army Clinic by Murray Katcher, MD '75, PhD, SMPH professor of pediatrics, followed shortly thereafter. Since then, MEDiC has flourished to six clinics throughout Madison, now also including ARC House, Michele Tracy, Safe Haven and Southside.

Grace, Salvation Army and Southside operate weekly and treat mainly acute concerns. Grace is still at a homeless men's shelter, Salvation Army treats women and families and Southside serves an ethnically diverse population. The other three clinics are more specialized in their care. Michele Tracy, named in honor of the UW medical student who tragically passed away on an outreach trip to Africa in 2002, is a monthly clinic focused on prevention and education. ARC House works with women transitioning through the legal system and Safe Haven treats psychiatric illnesses.

Imagine the earlier clinical scene with a mix of additional problems—



Brian Hotujec (left), a Med 1, listened while Dr. Quinn Pack (right), a UW internal medicine resident who volunteers with the MEDiC program, attended to a patient in need. Students from the UW nursing, pharmacy, physical therapy and physician assistant programs also are deeply involved in the program, which stresses the importance of working on teams.

bronchitis, depression, rashes, headaches, fatigue and even tuberculosis once in a while—and you can begin to understand a typical shift at a MEDiC clinic. Normally, between six and 12 patients are seen. The clinics are staffed entirely by volunteers, including physicians, residents and an array of health professions students.

Expanding the variety of students in clinic has been immensely helpful in fulfilling MEDiC's mission—not only does working on a team improve the care offered to our patients, but it enriches the educational experience. This past spring semester, 135 medical students took advantage of this unique opportunity to gain valuable clinical experience while serving those who

would not otherwise have access to healthcare.

Although we can effectively treat many acute problems in clinic, some patients require long-term follow-up or medications. Providing care to our patients is of limited use if we cannot offer services beyond a clinic visit for acute needs. Many local individuals and medical offices generously donate services to MEDiC's patients—in primary and specialty care, ophthalmology, dentistry, medical imaging and laboratory testing. Over 200 referrals have been made this year. Through purchases, donations and agreements with local pharmacies, we are able to provide many medications at no cost to our patients.

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MEDiC clinics serve patients with a variety of problems, such as bronchitis, depression, rashes, headaches, fatigue and at times tuberculosis. Between six and 12 patients are seen on a typical shift.

Furthermore, MEDiC has partnered with the UW sports medicine department to offer free sports physicals to uninsured high school athletes each fall. Last year, 37 students took advantage of this program. In addition, faculty from dermatology and physical therapy hold monthly clinics for MEDiC patients, further expanding the services we can provide.

MEDiC also incorporates community outreach efforts. For example, volunteers participate in Reach Out and Read, a national literacy program that focuses on children between the ages of six months and five years. The program involves three important components.

In the first component, volunteers read with children in clinic waiting areas. In the second, parents are provided brief instruction on the importance of reading aloud to their children and are

given a special “prescription” advising them to read to their child 10 minutes each day. Finally, the child is given a brand-new, age-appropriate book—to keep—with the hope that introducing books into the home at an early age will improve early childhood literacy.

MEDiC’s community engagement work increases the program’s visibility and offers students a variety of opportunities to work with underserved populations. MEDiC representatives also attend health fairs throughout the area to promote our clinics and to discover other resources for our patients. Recently, MEDiC had a booth at the Healthy Babies Fair.

MEDiC also sponsors lunchtime seminars on current topics relating to the health of uninsured patients. We network with other free clinics, attending meetings

to discuss common problems and creative solutions.

Additional efforts of the student leaders who are on the MEDiC Council include a volunteer recognition program designed to highlight the gratitude we feel for our volunteer physicians, without whom MEDiC would not exist.

MEDiC Council members also write, produce and distribute a semiannual newsletter, which is sent to all volunteers, community partners and financial supporters. The goals of the newsletter are to keep our constituents apprised of MEDiC’s work, improve awareness of the program and provide a vehicle to increase our volunteer and donor pools.

The newsletter also serves as a forum to share some of the basic information we collect at our clinics, which helps us better identify and define our patient population, the illnesses we most frequently see and the medications we most frequently prescribe. The donation of a laptop computer from the SMPH Department of Anatomy has helped us implement this “data project,” the goal of which is to refine our services to better target our community’s needs.

In the end, MEDiC could not exist and function without the enormous

generosity and dedication of its volunteers and donors.

The combined efforts of many people who genuinely care about the health of the underserved and uninsured have resulted in an organization that will provide care to over 1,200 underinsured and underserved patients this year. Working with MEDiC is both rewarding and challenging. Because of this, many students identify their MEDiC experience as a highlight of their medical education.

Returning to our patient mentioned earlier, he was able to see a specialist and receive necessary follow-up care. Like many of our patients, he is without adequate access to healthcare. As students, we work relentlessly to help people such as him.

With thoughtful planning and consideration, MEDiC continues to expand and improve its services to fulfill its mission—to educate UW health professions students and, most importantly, to improve the health of the underserved.

For more information about the program, stop by the office, room 4236 in the Health Sciences Learning Center; call (608) 265-4972; e-mail MEDiC@rso.wisc.edu or go to <http://www.uwmedstudents.com/studentorgs/MEDiC/>.

PHOTO: MICHELLE STOCKER



Before graduation, Jackie Busse played with her cousins Ava Hipwell, 1, and Noah Hipwell, 4, in their backyard.

Doctor and Survivor Jacqueline Busse, MD '06

Editor's note: This story first appeared in the Capital Times on Saturday, May 13, 2006, the day after Jacqueline Busse graduated from UW School of Medicine and Public Health. Busse now is enmeshed in her pediatrics residency at Rush University Medical Center in Chicago.

by Susan Troller

Jackie Busse has lived within the valley of the shadow of death, and she believes her experience will make her a better doctor.

Busse, 27, is one of 17 Madison high school graduates who earned their medical degrees from the University of Wisconsin on Friday. In 2001, she was diagnosed with acute lymphoblastic leukemia just a week before she was

scheduled to begin medical school. With her cancer in remission and the rigor of four years of medical school behind her, she is planning to begin a residency in pediatrics at Rush University Medical Center in Chicago next month.

She can't wait, she said with a radiant smile in an interview this week.

Although her cancer diagnosis and treatment did not significantly alter her career plans—Busse

talked about becoming a pediatrician when she was in fourth grade—her life-threatening illness, not surprisingly, has changed her outlook.

“Having death shoved in your face at age 22 gets your attention,” Busse said. Furthermore, the way she was told she had leukemia provided a grim lesson in how not to deliver bad news to a patient.

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