

## Destined to be an Informatician



I was born in Fort Myers, Florida. Yes, that's right...a native Floridian. I have spent a majority of my life in the South. I attended Emory University for my undergraduate

degree and then went on to the University of Florida where I completed my medical education and pediatric residency. Throughout these years, I felt confident that my career would involve medicine and technology, but I didn't know how to combine the two fields successfully. In fact, I had originally planned to enter into a pediatric cardiology fellowship in North Carolina, before I learned about the concept of medical informatics.

It's fun to reflect on my career path, because looking back on things; I seemed so predestined to be where I am now. I recently came across an "autograph book" from the 4th grade.

Even at that early age

I had written that I wanted to be a doctor when I grew up. Growing up, I always surrounded myself with experiences and opportunities that exposed me to working with people in health care environments. But in my spare time, I was the consummate computer geek! I loved

to take things apart, to see how they worked. I loved to build computers and write computer software. Those things always came pretty naturally to me.

During the second year of my pediatric residency, I came across a brochure that described a fellowship in medical informatics. It described how you could build a career by using technology to advance the practice of healthcare. This couldn't have been a better fit, so I decided to deviate from my previous plans.

This decision ultimately brought me here to Indianapolis, where I recently completed a fellowship at the Regenstrief Institute. I couldn't be happier with how this has worked out. I completed a master's degree in Health Services Research, and was exposed to a very practical and extremely talented group of informatics researchers. They showed me how to put ideas into action. There are so many places where I can see how technology can make my life as a pediatrician easier and improve the quality of care that I provide.

As a new faculty member, I am continuing the work I started as a fellow. My primary focus is the Child Health Improvement through Computer Automation (CHICA) system. It is a computer system which helps physicians provide quality preventative care to children through the use of computer-encoded "reminders". I have a laundry list of research questions that I would like to answer using this infrastructure. The CHICA team (including Drs. Steve Downs, Gil Liu, Marc Rosenman, Aaron Carroll and Vibha Anand) expects this system to be

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### In Short...

*Steve Downs has co-authored "Variations on risk attitude by race and gender" to be published in Medical Decision Making.*

*Aaron Carroll has co-authored "Pediatricians and Personal Digital Assistants: What type are they using?" which he will be presenting at AMIA in November.*

*Marc Rosenman will present a poster at AMIA entitled "Computerized reminders for syphilis screening in an urban emergency department."*

*Paul Biondich will present "Using adaptive turnaround documents to electronically acquire structured data in clinical settings" at AMIA in November.*

### Future WIPs

September 9 & 23  
October 14 & 28  
November 4 & 18  
December 2 & 16

*If you are interested in presenting at an upcoming session please contact Chris Bonner at 278-0552 or cmbonner@iupui.edu*

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## Oral Health and Low Income Children by Nancy L. Swigonski, MD, MPH

Dr. Swigonski, a faculty member of Children's Health Services Research has been working with a multi-site collaborative team which examined low-income children in six states to assess the degree to which dental care (proportion of children with a visit, mean number of visits and unmet need) varies: 1) from recommended guidelines; 2) by demographic characteristics of children and 3) to assess the use of dental care in relationship to the use of medical care.



Recent documents including the Surgeon General's Report on Oral Health, Bright Futures: Oral Health and the American Academy of Pediatrics' oral health policy statement highlight the need to integrate oral health into general health especially for low-income children. However, dental and medical care often work in separate systems with little collaboration beyond individual patient

referrals. From a public health perspective, it is unclear if the two systems generally serve the same population of children or whether medical and dental systems provide care for disparate groups of children such that children may be seen in one but not the other system.

This study is the product of collaboration among projects of the Child Health Insurance Research Initiative (CHIRI™), a national initiative to study public child health insurance programs and health care delivery systems, funded by the Agency for Healthcare Research and Quality, The David and Lucille Packard Foundation, and the Health Resources and Services Administration. Study participants were low-income children from six CHIRI™ states -- Alabama, Florida, Georgia, Indiana, Kansas and New York. Children's surveys queried respondents about dental and medical health care needs and use in the past 6-12 months. Researchers from four of the states participated in a collaborative process to identify core study questions that were asked across all sites using computer-assisted telephone interviews. The mail version of CAHPS 2.0 (from which many of the core questions were adopted) was administered to the other two states. To assess the association between demographic factors and dental care use, utilization rates for different age, race/ethnicity, income, residential and health status were tested for significant differences within groups using bivariate analysis (Chi-square and t-tests).

Results from the study show that a high proportion (1/3 - 2/3) of low-income children enrolling in Medicaid or SCHIP did not have a dental visit and 1/4 to 2/5 reported problems getting care or had unmet dental needs. Within this low-

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## Experience and Commitment are Blessings to Children's Health

Cathy Luthman is a true Buckeye fan even though she has lived in Indiana for many years. She studied special education at Ball State University before beginning her career at Indiana University. As a sibling of a special needs sister, Cathy is a passionate advocate for the rights of those with disabilities.

When Cathy arrived in Indianapolis she managed the reference section in Library Services and attended IUPUI, graduating with a degree in Psychology. A sociology class at IUPUI led to a research position with the IUPUI Sociology department and then eventually to a Project Manager's position in Adolescent Medicine with Dr. Donald Orr. Cathy credits Dr. Orr for much of her training and interest in research.

After ten years in Adolescent Medicine, Cathy moved to Colorado Springs and was Assistant Director of "Gateways: Through the Rockies" a Substance



Abuse and Domestic Violence Education program for offenders incarcerated at the El Paso County Sheriff's office. However, two years later, Cathy was once again "back home" in Indiana to take the Project Manager position for the Partnerships for Change - Dyson Initiative at IU School of Medicine. Cathy is delighted to be a part of the Initiative, which incorporates community partners and resources into the pediatric residency-training program. She is an important part of the education and training of future pediatricians.

Cathy enjoys spending time with her family and friends and is an avid traveler. She has two Boston Terriers, Dori and Annie, who often accompany her. Some of Cathy's other interests include golf, Indiana Fever basketball, hiking, camping and reading.

## The Julian Center - A Dyson Initiative Partner

The Julian Center is a not-for-profit agency that was founded in 1975 to provide support to women and children who are victims of violence. Throughout the years the mission of the Julian Center has grown to include programs, which offer secure shelter, counseling services and public education to the greater Indianapolis Community. One of the Julian Center's greatest resources is the collaboration with other local service providers. One such resource is the IU School of Medicine.



Several years ago, when Dr. Dianna Fox was an IU resident, she became interested in the Julian Center and conducted her own informal needs assessment of the Shelter. She talked with staff and clients of the agency. Out of her conversations and observations came the development of what Dr. Fox calls a "Patch Adams" style medical clinic

in which area healthcare professionals from a variety of disciplines can provide medical treatment to the women and children of the Julian Center Shelter. Since its inception, clinic services have steadily expanded. In November of 2001, the Shelter was relocated to a new state of the art facility that has an office dedicated to the clinic. There are hopes of expanding the clinic in the future with the help of our partners from the Dyson Initiative. Dr. Fox continues to work with the Julian Center by serving as the faculty liaison between the Center and the Initiative.

Over the last year The Julian Center and the Dyson Initiative have enjoyed a rewarding partnership linking staff and clients with the IU School of Medicine residency program. Currently, residents have opportunities to participate in the life of the Julian Center in a variety of ways. Residents are able to spend time in the Julian Center's clinic assisting Dr. Molly Matthews, who volunteers her time twice per month. Residents also have the opportunity to staff the clinic with nurse practitioner Jo Ann Morris of the Homeless Initiative Project. Additionally, residents participate in advocacy meetings in which they can exchange information with case managers and therapists, as well as, learn about the complex issues related to domestic violence. Quarterly, the IU School of Dentistry brings its mobile sealant program to the children of the Julian Center. Pediatric residents have an opportunity to partner with dental students and residents to participate in the sealant application process.

In their Community II rotation, residents have the opportunity to design and implement a project of their choosing. In September, three residents are planning

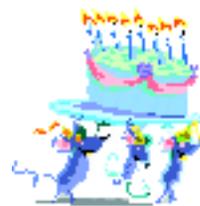
to begin a psycho-educational group for teens who reside in emergency and transitional housing at the Julian Center. The group will focus on a variety of topics that will assist the teens in establishing good self-care practices and goal-setting for their futures. The residents are hoping it will become a longitudinal program in which future residents will participate.

"Participating in the Dyson Initiative as a Community Based Faculty member has been an exciting and enriching experience," says Carleen Miller, Director of Mental Health, Advocacy and Crisis Services for the Julian Center Shelter. "We learn as much from the residents and Dyson faculty as they do from us." It is a powerful experience to be involved in training the next generation of physicians and to witness their sensitivity and knowledge become refined as they spend time with women and children who are struggling to put their lives back together in the aftermath of domestic violence. In turn, the residents and Dyson

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### Happy Birthday to you...



Sept 6.....	Mary Vance
Sept 24....	Vibha Anand
Oct 1.....	Aaron Carroll
Oct 25...	Sarah Stelzner
Oct 29.....	Steve Downs
Dec 10.....	Gil Liu

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### Oral Health - continued from page 2

income stratum of children, no subgroups had greater risk for lack of dental care. One-quarter to one-third of children who saw medical providers did not have a dental visit, and a small but substantial percentage (5-14%) of children who lacked medical visits saw dental providers. If all children who received a dental visit also received a medical visit and vice versa, over 90% of children would receive care.

Our findings indicate that primary care and dental care providers have a unique opportunity and responsibility to integrate oral health with overall health through the Medical Home and Dental Home, especially for low-income children who are at the highest risk for dental and medical problems. State public insurance programs can foster critical linkages between primary care providers and dentists through targeted service delivery enhancements that reach both types of providers. Educating providers about community resources, improving service delivery referral mechanisms, cross-training among provider disciplines, and educating families about the importance of regular dental care may help improve children's access to oral health services.



## Resident Spotlight-Jonathan Thackeray

My name is Jonathan Thackeray -- I am a fourth year resident and the current Chief Resident of the Medicine/Pediatrics program. I will be taking a special elective this fall to work with the Dyson Initiative, but my interest in community advocacy is rooted back in my medical school days when I worked with the Toledo Community Health Project.

The goal of the Community Health Project is to increase the resources available to meet the health care needs of under-served individuals in northwest Ohio, while providing medical students and residents with a deeper understanding of the socioeconomic, cultural and environmental factors that contribute to an individual's health. As Director of the Community Health Project, one of my main responsibilities was to recruit community health care sites to join our program. Participating sites included Planned Parenthood of Toledo, the Toledo Society for the Blind, Heartland Hospice, YWCA Battered Women's Shelter, the Family and Child Abuse Prevention Center, and the Farm Labor Organizing Committee. Working with these various groups made me an active part of the community-based organizations where they live and work.

This fall I hope to do a research project

in conjunction with the Julian Center. My hypothesis is that primary care providers are not making victims of abuse aware of the resources available to them. I plan to create a survey tool and interview Julian Center families to determine the following: 1. How did you get referred to the Julian Center? Did your primary care provider have anything to do with it? 2. Has your primary care provider ever brought up the issue of domestic violence with you? 3. Given the variety of possible ways to broach the subject of abuse with you, which specific way would have made you feel most comfortable?

Once this data has been collected, I hope to present it to primary care providers across the city. In conjunction with the project, I hope to prepare a brief handout on the educational value of screening tools and provide the reader with a list of literature references regarding surveys and other screening tools.

When not working on these projects, my wife Jackie and I continue to try and tame our new puppy Annie. (don't be fooled by the cute puppy photo - Annie has gained 30 pounds since!!) We will be preparing for our move to Cincinnati, OH in June, 2004 where I will be completing a one-year fellowship in child abuse and neglect at the University of Cincinnati Children's Hospital.



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### ***Destined - continued from page 1***

operational in the pediatric clinic at Wishard Hospital by November.

I also have ongoing projects which involve the use of computers to improve both immunization compliance rates and the process of physician order entry of both medications and laboratory testing.



My future work will likely involve building medical record systems for health care systems outside of a single hospital.

There is much effort being exerted in the community to build citywide and statewide data repositories. I look forward to contributing to

these efforts.

In my spare time, I play as hard as I work. I enjoy a variety of fitness-related activities such as running, working out, basketball, and golf. I've definitely enjoyed all of the great activities Indianapolis has to offer. I look forward to continuing in this wonderfully fostering, creative environment.

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### ***Julian Center - continued from page 3***

faculty are an invaluable resource in providing direct services as well as linking the Julian Center with a variety of services in the community. "Sometimes those of us on the front line feel alone in our work. Our Dyson friends are true partners who are working alongside us in our efforts to care for those who have been affected by violence."