



“Building Early Literacy into Clinical Life”

with Dr. Jackie Gerhart and Ashley Gibson

Dr. Dipesh Navsaria: [00:00:00] Reach Out and Read, where books build better brains. This is the Reach Out and Read Podcast. I'm your host, Dr. Dipesh Navsaria, a practicing pediatrician with degrees in public health and children's librarianship. I'm a clinical professor of human development and family studies at the School of Human Ecology and a professor of pediatrics at the School of Medicine and Public Health, both at the University of Wisconsin in Madison. At Reach Out and Read, we dream of a world in which every child is read to every day. Our show explores how children and families flourish and thrive through a combination of individual well-being, confident parents, supportive communities, strong public health, and good policy. Join us here for thought-provoking conversations on these issues with expert guests, authors, and leaders in the field of early childhood health and literacy. Research shows that reading physical books together brings the strongest benefits to children. That's why we're happy to have Boise Paper, a responsible paper manufacturer, as the founding sponsor of this podcast through their paper with Purpose Promise Boise paper looks for ways to make a difference in local communities. Thank you to Boise Paper for investing in our Reach Out and Read community. Today, we're doing one of our few live recordings in person at my office at the School of Human Ecology on the University of Wisconsin's campus. This is because I have two wonderful guests here for the day, and they kindly agreed to incorporate a podcast recording into their visit today. So, if you've been to a doctor's office recently, chances are that you and your clinician have come into contact with an Electronic Health Record (EHR). Epic Systems —headquartered just down the street in Verona, Wis. outside Madison —is the largest Electronic Health Record company in the United States. Epic has had a long-standing relationship with Reach Out and Read, and they've recently made some enhancements to their EHR to make it easy for clinicians to indicate when they've discussed the importance of reading, provided books, or offered literacy guidance during a well-child visit. They've also created tools within their system that show age-appropriate childhood literacy guidance, which clinicians might use in notes, patient instructions, after visit summary, or patient letters. So, today we're talking about how Epic supports programs like Reach Out and Read and why they choose to incorporate our work into theirs. Our guest today are Dr. Jackie Gerhart, a practicing family physician and chief

medical officer at Epic, and Ashley Gibson, the story coordinator at Epic, where she leads a team of writers who publish case studies and editorials on epicshare.org and in an annual magazine, the Epic Almanac, help health care providers learn how to use the software to improve patient outcomes. Jackie, Ashley, welcome to the show.

Ashley Gibson: [00:02:50] Thank you so much for having us, Dipesh.

Dr. Jackie Gerhart: [00:02:52] Yes, thank you.

Dr. Dipesh Navsaria: [00:02:54] So, Jackie — Jackie, I want to start off with. I've known you the longest and we did not meet because of Epic. We met because of just being fellow clinicians.

Dr. Jackie Gerhart: [00:03:05] Absolutely. So, we both have practiced at the University of Wisconsin in Madison for a while now, you in pediatrics and me in family medicine. And when I was in residency here, actually at a FQHC called Wingra Clinic, I was first introduced to Reach Out and Read. And then later, when I wanted to grow it at other clinics, I came across you and all of the work that you've done, and we became fast friends and trying to develop it across the state and all of the work that you've done across the nation.

Dr. Dipesh Navsaria: [00:03:33] Indeed. And you did it all when it came to family medicine practice. Right? I think the term “full spectrum” or —

Dr. Jackie Gerhart: [00:03:41] Yeah, the term is “full spectrum.” I went into family medicine because I really loved all of the different rotations I had in medical school, but — B — really wanted to focus on the relationship between prenatal care all the way to elderly care and how people interact with the environment and their families throughout that journey, because I was learning at the time how medicine isn't just found in the four walls of a clinic. And really what can we do to impact that from a family perspective? And that just rang true to me in my soul.

Dr. Dipesh Navsaria: [00:04:13] Indeed. And you touched on it ever so briefly, but can you dig a bit more into like, what is it about Reach Out and Read that really spoke to you?

Dr. Jackie Gerhart: [00:04:23] Yeah. So, when I was growing up, I was lucky enough to be able to sit on my mom's lap and she would read to me for hours. I would visit the public library. I would check out all of the books and, of course, read through them before I could even go and check out more. And so, I was constantly going back, and I just really enjoyed it quite a bit. And it made my life as an only child actually really explorative. And as a young kid, I

actually moved every two to four years as a child. And so, being only and also not having a specific school where I was there the whole time, having the ability to really have an activity that I could like engross myself in and actually find joy in was something that really followed me throughout my childhood. And it just was one of those things that I knew that a lot of the skills that I had from childhood and that I now have in practice was really because of the reading. And so, because of that passion, I first was introduced to it at Family Medicine Clinic here in Madison, and I really loved using the book as a tool to introduce the clinic visit, but even more so, I really loved being able to see the interactions here — the interactions and log what is going on with the patient that was in front of me.

Dr. Jackie Gerhart: [00:05:52] And it was so helpful because I did a lot of OB, and I did a lot of delivering of babies, and so I could talk about the program even before the woman gave birth. And then, afterwards, I would be able to see them from again, birth all the way through when they graduated from Reach Out and Read. And so, it really felt like my own. It felt like a relationship I was building with families. Sometimes, instead of putting a book outside the door, I actually had a cabinet and the kid —like the child and I —would go in and choose one ourselves and we'd just learn together. And it made my physical exam faster. It made my understanding of the family faster. And yeah, I just was in love.

Dr. Dipesh Navsaria: [00:06:36] It comes through. And I'm willing to bet that if you had stayed in full-time clinical practice, you probably would be doing Reach Out and Read all the way up and into retirement age people. Right? I would. Yeah, absolutely. There we go. “Congratulations on your retirement. Which one of these books would you like to read?” Pull out several big histories or something. Right? Yeah. Great. Before we turn over to Ashley, could you say a bit about the patients you worked with over time? And what was —you mentioned some of the things —but were there issues that you saw Reach Out and Read as a solution, or at least an approach, that you could incorporate?

Dr. Jackie Gerhart: [00:07:17] Yes. So, any time that you approach a family during a well-child check, there's a series of things that you need to go through, and it's pretty standardized. And while that is a lot of check boxes, it doesn't really get to the heart of what I actually want to know about the family and the dynamic. And I can really observe that piece specifically with the interaction that has had around the book within the room. And I do think, oftentimes, we in medicine will reduce things to something on a piece of paper or something in the electronic record that people either need to say “yes” or “no” to. And oftentimes, it's much more nuanced than that. And even just the micro gestures or the ability to really read the facial expressions of

people within the room helps me understand more deeply about their human connection and also about their abilities as they advance towards school.

Dr. Dipesh Navsaria: [00:08:10] Excellent. Great. So, Ashley, it's great to have someone with a title like chief storyteller on the podcast. Tell us a bit about what you do and also about your personal connection to reading and Reach Out and Read — and then, maybe a little about how we got connected.

Ashley Gibson: [00:08:29] Yeah, absolutely. I do think that I get to have the coolest job in that I get to spend my days just being really curious about how Epic software is used around the country and around the world and helping other health systems learn the capabilities and the possibilities with Epic software and how they can implement it at their systems. So, I first started thinking about the connection between our software and the Reach Out and Read program when our CEO, Judy Faulkner, spoke at one of our all-staff meetings about the importance of early childhood literacy. And I had heard through the grapevine that UW Health had providers documenting that they were giving out books and talking about the importance of literacy with families and they were they were documenting that in Epic. And so, I wanted to learn from UW Health how they were doing that. So, I turned to Jackie first, because I knew of her connection with UW Health and participating as a provider in the Reach Out and Read program and got connected to UW that way. That's when you and I started speaking and wrote up a case study about what UW is doing, produced a short video about it — which are now published on our website, freshair.org — for other health systems to learn from and follow in their footsteps.

Dr. Dipesh Navsaria: [00:09:54] Great. And you are not just a fan of shared literacy, but also a client, so to speak, in your life. Is that correct?

Ashley Gibson: [00:10:03] Yeah, absolutely. Just like Jackie mentioned, I grew up in a household where reading was really valued. My mom was an elementary school teacher for over 30 years. She just retired this year. Yes, and —

Dr. Dipesh Navsaria: [00:10:17] Jackie might have a book for her.

Ashley Gibson: [00:10:18] Yeah, Jackie might have a book for her. She's still an avid reader and now gets more time to do it in her retirement, but she was also a reading specialist later in her career. She had been a struggling reader as a child, and so that was something really important to her that her kids learned to read. So, we did and I was a bookworm from the beginning. And now that something I get to carry through to my children, Arthur and Walter,

who are three and five, and reading stories with them before bedtime is one of the highlights of my day every day.

Dr. Dipesh Navsaria: [00:10:50] Excellent. It's always fun to reflect on how shared reading kind of intersects with one's life in all these different ways and to recognize, right, that that's not the story for all children and all families. So, what can we do to make sure that it is so?

Ashley Gibson: [00:11:08] Absolutely.

Dr. Dipesh Navsaria: [00:11:09] Yeah. Great. So, when you both had reached out to say, “hey, we'd like to talk about Reach Out and Read and, you know, how can we promote this in different ways and all?” I said, “so, there's some ways that honestly, if we could incorporate some things into the EHR, it would make our lives a lot easier. And you may regret saying, ‘yes, tell us more, but we've been working on that now together for the last couple of years here.’” And I thought maybe we could spend a few moments talking about just in general, the big chunks of what has been built into what you folks call “the foundation system.”

Ashley Gibson: [00:11:52] Yeah. That's right. There's really three pieces that we've built into Epic's “foundation system” today to support the Reach Out and Read program. And just to define the foundation system briefly, this is the version of Epic that every organization using our software can get as they begin using our software the first time off the shelf. Yeah. Exactly. And then as they use it over the years, we continue to develop it, reflect best practices, add content —and they can easily download that rather than having every individual health care organization build it themselves. So, when it comes to Reach Out and Read, we build built three components. The first is provider documentation. The second is literacy guidance for parents and caregivers. In patient-facing materials. You might be familiar with MyChart. So, that's where they can read it. And the third thing is reporting —so, showing the data on Reach Out and Read participation for provider documentation. We just added three simple “yes” or “no” questions. “Was a book given during this visit?” “Did you talk about literacy guidance” and “did you discuss the importance of reading with the parent?” As far as the patient-facing guidance or the family-facing guidance, that's really simple language that was developed by the American Academy of Pediatrics Council on Early Childhood, guiding parents in a really brief manner. These are the things you can do with a child that is age-appropriate at home to support literacy and reading over time. On the reporting front, this helps health systems understand our patients across age groups, languages, insurance coverage, and race all being given books and talking about literacy and visits so they can see the success of their individual program. It also helps on a national level for Reach Out and Read to be able

to understand this is how effective our program is and how it's being implemented across the country.

Dr. Dipesh Navsaria: [00:13:51] Yeah. Many of our listeners that are working in clinics and health systems and all will know this, but for any listeners that aren't familiar, kind of the old way of doing this was having to individually go to your health system, ask them to code in or write things where you could do the documentation, or manually pull a lot of these things or design them countless times yourself. And this is exciting because now it's off the shelf, and figuratively flip a switch, and now these are available in a fairly standardized format.

Ashley Gibson: [00:14:25] That's absolutely right. There's a lot of power in doing it one time in a standardized way to make it that much easier for health systems to implement with a lot less work than if they had to each do it individually.

Dr. Dipesh Navsaria: [00:14:38] Within Reach Out and Read, we've all —you know, we try not to be a pain. Right? We want clinics to, you know, enjoy using the model, and the approach, and all that. But, you know, we do ask for data back again. Our clinic-based listeners know this —others may not, but we ask for some twice-a-year reporting. “How many books did you give out?” “How many well-child visits were there and so on?” And this is such a spectrum of ways this gets done. There's some folks who note it down electronically in some way, shape, or form. There's some folks who literally have a clipboard with a piece of paper and make a little hash mark and then add it up and that's fine. Low tech is okay, but what I really loved is that when we said, “hey, this is a pain point for our clinics to be able to do this reporting efficiently and quickly.” You've built in something which is basically a one click “generate report for this time period,” and it pulls all this and generates it without having to do much more intervention, which I don't know anyone that ever says they like doing paperwork. So, hopefully this actually reduced it.

Ashley Gibson: [00:15:47] Yeah.

Dr. Jackie Gerhart: [00:15:49] I remember back when I was starting using Reach Out and Read in my own practice once I graduated from residency. And that's exactly right —I was finding the burden of going through and figuring out how many overall in the clinic, how many well-child visits we had had, not only the ones that were scheduled, the ones that actually were attended. And that is somewhat easily done in Epic, but then the books part of it. I remember going out and being the one that was actually buying and ordering the books and trying to keep a tally of inventory, essentially. And as I realized, the work was pretty intense to be able to do this. And I'm sure many

of your listeners are also feeling that same thing of, “you know, it takes a while to actually get this good data.” And so, as I was going through that, I took on a key project for our boards —you might have the same for American Academy of Pediatrics, for American Academy of Family Physicians. We have to do a key project. And so, I —

Dr. Dipesh Navsaria: [00:16:43] Named “part four.” Yep.

Dr. Jackie Gerhart: [00:16:45] Yeah, exactly —for part four. And so, I decided that I was going to have this be my key project. And it evolved from being where I was putting nothing in the system and just using what well-child numbers came out of the system to putting something within a note, specifically those three things we talked about. That's what you all know well. “Was an age-appropriate book given?” “Was literacy guidance given?” “And did you discuss the importance of reading?” And that was important to me because again, I discussed that it's not just about giving a book. It's about really that interaction that I see. And so, having that kind of data in the system and then being able to report on it then locally —but then eventually, you know, at a state or national level —was really important. And scaling it became something that made a lot of sense. So, when I got the opportunity to go to Epic, it was one thing that was on my mind and Ashley's at the same time.

Dr. Dipesh Navsaria: [00:17:42] And I'll just say, is one of the people who goes running around, you know, finding funding —whether it's from state government, or foundations, or whoever. Right? Good data matters. It does. It does matter. Yeah.

Ashley Gibson: [00:17:55] I've had the opportunity throughout the summer to sit in conversations with over 20 program coordinators at clinics that participate in Reach Out and Read and have heard just the broad spectrum of ways that they're gathering that data. And like you said, Dipesh, many of them are on clipboards, and spreadsheets, and using paper slips. And that might work well for certain programs. And I think there's a real opportunity here to standardize the kind of information that we're getting to make that data that much more accessible and powerful. And a few people at Epic —I just give a quick shout out to Oliver Osenga, Tim Rebholz, and Greg Adler, who've developed and written about all of the content that's gone into the system to benefit organizations around the country.

Dr. Dipesh Navsaria: [00:18:41] Sure. We've appreciated being able to work with you to sort of beta test this in Wisconsin. Of course. And then, of course, some other clinics around the country. If you're listening, thank you and all, but we're getting pretty close now to being able to roll this out through the

network because the code is there in your very latest release, which of course will take a while to make it out to all your clients. Right?

Ashley Gibson: [00:19:08] Yeah. That's right. Everything I describe —the documentation, the guidance for parents and families in MyChart, and the reporting —has all been out and available in Epic for quite some time, the past couple of years. What's new is with the August 2026 release of Epic, we made that reporting piece even easier. Before, someone on your IT team would have had to do some configuration and a tool we call “SlicerDicer.” It's for self-service reporting to make everything I describe possible. But with that release, that report is available out of the box, so it's even easier to implement. Health systems typically upgrade their system to the latest Epic release within six to 12 months of the release coming out. So, we do expect more groups across the country to see that implemented and benefit from it.

Dr. Dipesh Navsaria: [00:20:01] Great. So next, if I ask you to put something into MyChart so that a clinician can read bedtime stories through MyChart, we'll just put that in. Right?

Dr. Jackie Gerhart: [00:20:12] I would love that. That sounds like a great enhancement request that we can give to our MyChart team, who many of them also are parents, as well. In fact, one of our lead developers just had a baby, so I'm sure they would be interested in that.

Dr. Dipesh Navsaria: [00:20:26] Sure. I feel like there's a bigger philosophy here, though. Right? Jackie, I've heard you talk sometimes about “how do we make this a smoother visit” in different ways —because one of the challenges, and I've talked to other guests about this, is the things that detract from the joy of practice. Right? And some of it is, you know, production and financial concerns and all, but some of it is just, you know, the sheer number of clicks and all. Can you say a little bit about how are you thinking about that?

Dr. Jackie Gerhart: [00:21:02] Absolutely. So, as I was doing residency and my practice full-time, I was managing about 2,400 patients in my practice. And like we said, doing inpatient/outpatient and OB. So, in Epic, those are different tools and learning all of them can take a little bit. And so, really trying to help with the training process and the learning process early on is one of the ways I think Epic has been very helpful to both residents and clinicians currently in practice. So, for example, you might actually see my face on a video at some point in Epic doing a “here's how” video that explains how you can do something with fewer clicks —how you can actually access the best way to do something, even if there's more than one way to do something. So, I think the training we have noticed is one very big component of EHR satisfaction and clinician satisfaction. In fact, there's an organization

called KLAS, which is kind of like the Consumer Reports of EHRs, and they studied to see what allows people, to clinicians specifically, to be most satisfied with their EHR, and even have put out a net promoter score, essentially around what are the different factors. And of course, what EHR you use is one of them, but the ones that you as an individual clinician can control —or around how you do your initial and your ongoing training, how you're actually helping your organization do governance. So, for example, for organizations that don't know about this program that we're talking about, to be able to actually use the software out of the box from foundation, you should talk to your IT department about it. Because that's something that if you're not championing the governance, then it may never come across the table.

Dr. Jackie Gerhart: [00:22:48] Sure. And then, third: personalization. So, it's very important that the system —just like if your iPhone or your smartphone doesn't have the apps that you want, or it's not configured in the way that you want —it's going to be harder to get through the system. So, I would say if you haven't figured out a way to create a template for your typical well-child visits, or if you're a health care organization hasn't, that would be the very first thing. And then, lastly, we have new tools with technology that I think go even above and beyond. The examples I just gave, one that I love using is ambient technology. Our product from Epic is called “Chart with Art” and I've used it in my urgent care with my patients and their families, and kids actually like it. It's kind of fun. Every once in a while, I'll turn the screen and show it to them and they'll be like, “whoa —I said that, and it's on the screen.” It's so cool. So, you would think that maybe there would be some kind of an interesting dynamic between having multiple people in the room while doing a recording of a visit, but it's actually been quite delightful. And we've seen that specific type of technology reduce the cognitive burden that clinicians have, and also the after-hours work that they have.

Dr. Dipesh Navsaria: [00:23:58] Yeah, I remember years ago how much it landed when someone said, “gosh —when did clinicians get reduced to data entry clerks?” Right? And there is so much of that manual entry of things. So, trying to smooth, to kind of “grease,” that in whatever way possible is pretty critical. There's also, you know —Epic is a large organization and does many things. And there's other kind of really associated things, like especially the Roots & Wings Foundation. Do you want to say a little bit about it?

Dr. Jackie Gerhart: [00:24:33] Yes, I'd love to. This is one of the surprises I had when I started at Epic. I don't think a lot of people know that Judy Faulkner and her husband started this organization called Roots & Wings.

Dr. Dipesh Navsaria: [00:24:44] And I'll just say, Gordon Faulkner is a pediatrician.

Dr. Jackie Gerhart: [00:24:46] Exactly. Yes. And so, even more thrilling that this organization is focused on early childhood brain development, specifically prenatal through two. And that matches up extraordinarily well with a lot of what Reach Out and Read does. And so, for a long time, Roots & Wings has been a funder of Reach Out and Read because it is a program that so deeply impacts that mission and is impacted by that mission. Did I ever tell you the story of how it got called Roots & Wings in the first place?

Dr. Dipesh Navsaria: [00:25:22] I don't know if I've heard that.

Dr. Jackie Gerhart: [00:25:25] So, Judy, when her kids were young, she had two of them in the back seat and she was driving and she said, "what do you guys need to be successful in life?" And they thought for a while and they said, "food and money."

Dr. Dipesh Navsaria: [00:25:43] Okay.

Dr. Jackie Gerhart: [00:25:44] And she said, "no —roots and wings. You need to be able to have where you've come from, where you've grown, and really be set up for success. And then, you need to be somewhere where you can fly. And she is inspirational to me and others within that. And I think it's very infrequently told that she plans to give 99% of her wealth to two causes, like Roots & Wings actually provides for. So, it's not only a personal passion, but also it's great to work at an organization that actually is being so thoughtful with where their money is going for the future of children.

Dr. Dipesh Navsaria: [00:26:28] Although in a different world where she had taken her kids' advice, she might have named it "Food & Money." Yes?

Dr. Jackie Gerhart: [00:26:33] It's fair.

Dr. Dipesh Navsaria: [00:26:34] And there you go. So, yeah. I will say that we've been very grateful. Roots & Wings has been a steadfast funder of the Wisconsin Affiliate, and I believe also the Washington state Affiliate —so, very grateful for that. So, Ashley, if folks want to learn more or see all the details, where should they go?

Ashley Gibson: [00:26:58] Great question. Organizations that are using Epic can use their logins to get into the user web where we post all of the documentation for how to implement this at your health system. If you search "early childhood literacy" on Galaxy, you will find it. If you don't have a user

web login or aren't familiar with Galaxy, you can send an email to info@share.org.

Dr. Dipesh Navsaria: [00:27:25] I want to thank you both for spending some time this afternoon to really talk through this whole story. It's not just about, you know, a piece of technology. Right? But frankly, it's about a relationship. Right? From the get-go, I mean — Jackie, again, as we said — right, we've known each other for a long time, but really building and growing that you listened when we said, “hey, here's some needs that we have and we worked through it” and getting this out the door to hopefully make, you know, the important work of connecting the exam room with families around shared reading that much easier. So, thank you.

Ashley Gibson: [00:28:05] Thank you for having us. It's been really meaningful work, and we're happy to get to support the Reach Out and Read program.

Dr. Jackie Gerhart: [00:28:11] Yes. Thank you so much. We're really grateful to have this partnership.