Rachel is a sociologist whose career, both inside and outside academia, has been devoted to investigating patients’ experiences with health and health care, and to involving them in the discourse, policy processes, and institutional arrangements, which impact that care. During the first 15 years of her career, she focused on applied strategies for impact in those domains by working in public health, community development, and patient/health advocacy while at the same time completing a doctorate in sociology. Although her focus for the past decade has shifted towards academic research, she maintains a strong dual commitment to knowledge generation and to the use of that emerging knowledge to create concrete impact for consumers, families, and communities.

Her current multiple positions at the University of Wisconsin-Madison (Director of National Initiatives and Clinical Professor in the University’s Center for Patient Partnerships; Senior Scientist in the School of Medicine and Public Health’s Department of Family Medicine) embody this bridge-building capacity. From this platform, she has pursued a range of research opportunities, applied projects, and team-based endeavors. For example, she is currently the qualitative research lead for the award-winning, internationally-vetted Database of Individual Patient Experience (DIPEx) initiative here in the U.S. and an elected member of the DIPEx International Board of Trustees guiding patient experience work in 12 countries.  She serves as PI/co-PI/co-investigator developing some of the USA’s first web-based patient experience modules -- on depression in young adults, cancer and precision medicine, and pediatric cancer -- using these methods. She is also the qualitative research lead on federal grants aimed at pioneering methods to reliably elicit patient narratives about their health care encounters as part of large-scale patient experience surveys, and to use these data to inform quality improvement and consumer choice. Past work has focused on patients’ experiences with newborn screening, advocacy, low-value care, prenatal care, and other services, and on methods for using patient voices to enhance the performance of the health care system and inform the development of more effective health policy.