

THE WIPHL WORD

August 2, 2007

The Director's Desk

by Richard L. Brown, MD, MPH

Summer greetings from the WIPHL central office in Research Park on the west side of Madison. In the past, I've done most of the writing for the WIPHL Word, while Joan Fischer, WIPHL's communication specialist, worked on other project needs. She recently completed initial work on our new website, www.wiphl.org, which I hope you've been enjoying. Now that Joan has more time, she has become editor-in-chief of the WIPHL Word, and I will now have the pleasure of writing this column and making occasional additional contributions for each issue.

In this month's column, I'd like to update you on a recent site visit. Usually when we speak of site visits, we're talking about WIPHL staff coming out to visit participating clinics. This time, on July 23 and July 24, our funder, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), sent two people out to visit *us*—Erich Kleinschmidt, our project officer, and John Higgins-Biddle, a SAMHSA consultant who previously worked on SBIRT projects at the University of Connecticut.

We spent lots of time preparing for the site visit and had our visitors scheduled from breakfast through dinner. Meetings occurred at our office, at DHFS headquarters downtown, and at two nearby clinics—UW Health Belleville and UW Health Wingra. Thanks very much to the administrators, staff, and providers at those clinics who joined us for those meetings!

Erich and John are in the process of preparing detailed reports on their impressions. We look forward to receiving their detailed feedback. However, in our last site visit session on July 24, they did let us know that they think very highly of our program. In fact, John stated that we have the most comprehensive and thoughtfully constructed program he has seen for a project that has been up and running for less than a year. We should all be very proud. Thanks to everyone for their dedication and hard work to make this happen.

Of course, the proverbial fat lady has yet to sing. The proof of the pudding will come in our ability to provide alcohol and drug screening, brief intervention,

referral, and treatment (SBIRT) services to large numbers of patients, and to have these services continue to be delivered long after our formal partnership with the federal government ends in 2011. It's great to know, though, that we're off to a solid start.

All of us here in the central office look forward to continuing to work with all of our partners around the state to improve the health and well-being of our patients, to make our communities safer and more vibrant, and to change the standard of care such that alcohol and drug screening, brief intervention, referral, and treatment services are administered as routinely in our health care settings as blood pressure checks.

Marshfield Clinic Minocqua Joins WIPHL

In our last newsletter we noted that Marshfield Clinic would soon join WIPHL—a significant development given that the Marshfield Clinic has more than 40 service locations throughout northern Wisconsin and their Security Health Plan serves more than 115,000 people. We can now announce that their WIPHL partner clinic—the first of many, we hope!—is Marshfield Clinic Minocqua Center. More than 50 physicians provide care there in a variety of specialties. The facility was recently expanded to more than 100,000 square feet in order to increase providers in primary care, surgery, and medical specialties.

Wave 4 Health Educator Training This Month

Training for our fourth group of health educators runs August 21 to August 31. In training will be our new health educators for UW Health Fox Valley, Aurora St. Luke's, and Marshfield Clinic Minocqua Center. This training session will be videotaped and made available on DVD and as a download from our website to serve both as a "refresher" for all our health educators and an additional training tool for health educators of the future. We will let you know when it is available.

Website Update

Our website is here to serve you. So please let us know—how do you like it? Any ideas about how www.wiphl.org could be better? Please send your comments to Joan Fischer, Joan.Fischer@fammed.wisc.edu, or call her

at (608) 263-0772. In case you're wondering about the sections that are still under construction, we hope to have them completed within the next few weeks.

What's Happening with Treatment?

The “big numbers” associated with WIPHL—the numbers of patients receiving brief screens—are growing more impressive by the day. Equally impressive, however, is what's happening with our smallest numbers—those pertaining to patients who are in need of treatment.

It's no surprise that this cost-intensive area poses some challenges. Thus far, patients referred to treatment have been almost exclusively people with very limited financial resources and/or no health insurance. Getting services and financial help in a system in which counties work independently can present challenges. This structure puts financial constraints on more intensive forms of treatment, for example, residential and day treatment outpatient programs. Outpatient services are easier to obtain. On the success side, through WIPHL people are learning about and accessing services that they didn't realize were available; we are seeing more coordinated effort and communication between counties; issues in the service continuum are being identified; and—an intangible but very important factor—patients are really expressing their appreciation.

As of this writing, 24 patients have been referred by our health educators to the WIPHL treatment liaison. Treatment programs have included ARC Center for Women and Children (Madison), Family and Children Center (Virocqua), All Area Counseling (Wautoma), Lutheran Social Services (Madison), Polk County Human Services (Balsam Lake), St. Clare (Baraboo), and Hazelden in Minnesota (covered by a patient's insurance), to name a few.

We are continuously working to improve our referral-to-treatment protocol to provide a more efficient, patient-centered approach. All suggestions and comments are welcome. Please contact Holly Prince, treatment manager, at (608) 263-0249, Holly.Prince@fammed.wisc.edu.

Computer Tablet System Progress

The latest build (version) of the WIPHL Application is set to be released the week of August 13! This new build will add the Introduction, Consequence, GPRA C-G, Six Month Follow-up Tracking Interview, Decisional Balance, Recommendations, Change Plan and Motivational Map sections as well as the

consent forms with electronic signatures to the tablet. This is a huge advance as we move toward completion of computerizing the WIPHL protocol. Many thanks to the folks at Symphony. Next up: finalizing the discharge protocol. Our hope is to have this available in early September.

Cultural Competence Update

The Cultural Competence Committee (CCC) had a productive July 20 meeting to examine the mission, vision, and values of cultural competence within WIPHL. In particular, the group provided useful insight into reframing those key areas (mission, vision, and values) to be more accessible to patients. The group's feedback is being incorporated into a new draft due August 10, which will then move on to the WIPHL executive team and the Governor's Policy Steering Committee for final approval.

The Protocol subcommittee of the CCC has started meeting and systematically reviewing the protocol through the lens of cultural competency. Barbie Mallery of St. Croix Regional Medical Center, Robert Cherry of Aurora Sinai Family Care Center, Ruth Perez of Aurora Walker's Point Community Clinic, Mia Croyle of UW Health Belleville Family Medical Clinic, and Betzaida Silva-Rydz of Waukesha Family Practice Center are working with Harold Gates and Lilly Irvin-Vitela, co-chairs of the CCC, on this effort.

Also, Holly Prince, Laura Saunders, Harold Gates, and Lilly Irvin-Vitela continue to work together to clarify and implement a work plan for translating the WIPHL protocols and WIPHL materials into Spanish and Hmong.

If you have questions about cultural competency efforts, please feel free to contact Harold Gates (Harold.Gates@fammed.wisc.edu) or Lilly Irvin-Vitela (Lilly.Irvin-Vitela@fammed.wisc.edu).

WIPHL-UW HealthLink Integration

The University of Wisconsin Medical Foundation's Information Technology Committee earlier this summer agreed to plan an interface between WIPHL and UW Health's HealthLink. HealthLink uses EpicCare as its electronic medical record system. A workgroup will start meeting soon to begin the detailed planning on this interface. Anticipated features of the interface include: (1) recording of the last date on which WIPHL brief screening occurred,

(2) prompting of receptionists to give out written brief screens to eligible patients, excluding patients who have completed a brief screen in the prior year, (3) recording and convenient display of full screen results, (4) electronic conveyance of summary data on health educators' visits with patients, and (5) easy ability for clinicians to counter-sign records of health educators' visits with patients, as required for reimbursement. Please contact Rich (rlbrown@wisc.edu) if you have any suggestions or would like to serve on this workgroup.

National Scene

NIDA/SAMHSA SBIRT Research Forum—Rich Brown served as a discussant at a two-day research forum on drug screening, brief intervention, referral, and treatment (SBIRT) services in Bethesda, Maryland, on July 19 and July 20. The meeting was sponsored by the National Institute on Drug Abuse (part of the National Institutes of Health—NIH) and the Substance Abuse and Mental Health Services Administration, which funds WIPHL. NIDA was interested in pulling together this meeting because several evidence-based consensus organizations recommend widespread delivery of alcohol SBIRT services but remain silent on whether to provide such services for drugs. NIDA is interested in stimulating more research on SBIRT services for illicit drugs and for the non-medical use of potentially addictive prescription drugs.

The meeting featured leading researchers, who made presentations about research that has not yet been published. Several projects focused on SBIRT services for adolescents, a population segment on which research on SBIRT services has lagged. While the research was quite creative and interesting, it focused primarily on needs assessments and adolescents' preferences. Definitive outcome research on SBIRT services for adolescents is still lacking. It was nevertheless helpful to hear from experts, who strongly recommended implementing for adolescents the same motivational interviewing techniques that our WIPHL health educators are using with adults.

Usually within a year after meetings of this kind, NIH funding agencies release requests for applications, encouraging researchers to apply for grants to perform research projects that fill a knowledge gap. We are contemplating an idea on researching screening questions. Previous studies have assessed the accuracy of alcohol and drug screening questions under conditions of complete confidentiality, with no information released to subjects' health care professionals. We are considering whether to apply for funds to determine the

accuracy of the information generated by our brief screening questions and the ASSIST, as delivered in primary care settings. The criterion those screening questions would be compared against would be validated diagnostic questionnaires that are administered confidentially by a research assistant and not shared with health professionals. Nobody knows how much accuracy is lost because of patients' fears of giving this information to their health care providers. We'll be in touch with more information about this project. In the meantime, if anyone has some feedback on this research idea or suggestions for another one, please be in touch with Rich Brown.

Clinic Corner

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Belleville	422	167	40%	65	39%	18	28%
Eau Claire	947	253	27%	88	35%	35	40%
Northeast	235	189	80%	73	39%	45	62%
St. Joseph's	218	205	94%	49	24%	25	51%
Wingra	240	193	80%	74	38%	30	41%
Totals	2,062	1,007	49%	349	35%	153	44%
Wave 2							
Amery	N/A	16	N/A	6	38%	0	0%
FamHlt/LaCl.	120	118	98%	25	21%	12	48%
Menominee	509	392	77%	140	36%	53	38%
Polk County	N/A	44	N/A	26	59%	17	65%
St. Croix RMC	N/A	233	N/A	75	32%	9	12%
St. Croix Tribal	N/A	3	N/A	1	33%	0	0%
Totals	629	806		273	34%	91	33%
Wave 3							
Franciscan Skemp	226	172	76%	42	24%	3	7%
Mercy Clinic South	572	232	41%	86	37%	26	30%
Sinai Family Care Center	159	111	70%	41	37%	20	49%
Walker's Point/Clarke Square	438	329	75%	115	35%	22	19%
Waukesha	1234	350	28%	114	33%	29	25%
Totals	2629	1194	45%	398	33%	100	25%
Grand Totals	5,320	3,007		1,020	34%	344	34%

*Criteria for eligibility varies by clinic

If this month's numbers are any indication, clinics of all sizes can successfully and consistently implement WIPHL once they have established clear and effective processes. **Family Health La Clinica** has definitely continued to excel in their WIPHL efforts. For the second month in a row, they have met their targets for a clinic with a part-time health educator. They continue to help set the bar in terms of administering the brief screen at their front desk as a routine part of care. They have also made progress and continue to fine-tune the active hand-off from the Medical Assistant staff to Esperanza!

Similarly, **UW Northeast**, one of the largest WIPHL clinics, has made steady and continued gains in their ability to universally screen eligible patients, make active hand-offs to Christina, and deliver services to patients who screen positive on the brief screen. **Menominee, Wingra, and Waukesha** continue to move forward with growing WIPHL patient services and have made significant gains. **Wingra** has surpassed the baseline goal of delivering 25 full screens per month, and **Waukesha** and **Menominee** more than tripled their number of completed full screens from June to July! **Mercy Clinic South** is fully launched and has exceeded the goal of 25 full screens. For the third month in a row **Eau Claire** has met and exceeded their clinic goals on completed full screens.

Walker's Point and **Sinai Family Care Center** are advancing toward service delivery goals and have made great strides. The **St. Joseph's Elroy** and **Wonewoc** clinics continue to actively engage in their QI process and use it as a method of problem-solving and communication. Their successes in universally screening all eligible patients and maximizing warm hand-offs with their health educator serving multiple sites is a real testament to their teamwork and the buy-in of their site partners. There are great teams who are working hard at **Belleville** and **Franciscan Skemp Sparta**, and we have confidence that they will find systems that can work at their clinics to deliver WIPHL services.

Our team met with our partners in the Polk County Umbrella Organization at the end of July. In **Polk County**, their team is working hard and making progress toward implementing WIPHL in health department and human service settings. Their strategies to increase active hand-offs are working, and Mary Boe has been able to successfully connect with 65 percent of participants who screen positive on the brief screen to conduct a full screen and provide necessary services. Mary also continues to provide cross coverage at **Amery** and work as part of their team to successfully implement WIPHL.

The **St. Croix Regional Medical Center** and the **St. Croix Chippewa Tribal Health Clinic** teams also participated in site visits with us in July. At each site

partners engaged in active problem-solving to move efforts toward success. Scott Harvey continues to work with both the **St. Croix Regional Medical Center** and the **St. Croix Chippewa Tribal Health Clinic** and their clinic staff and providers to implement WIPHL.

Quality Improvement—What We All Need to Know!

Implementing WIPHL in a successful and sustainable way requires systems change. There is no doubt that this is hard work. This hard work is happening in settings where people are already working hard on multiple important patient care and organizational priorities. Clinic renovations, clinic moves, transitions to electronic medical records systems, staff transitions, other quality improvement efforts, and longstanding beliefs and attitudes about alcohol and drug use are all real and legitimate challenges to a new initiative like WIPHL. No doubt there are many barriers to implementation that clinics must address and respond to in order to improve patient care around risky alcohol and drug use behaviors.

Using rapid cycle quality improvement to set goals, measure progress, and make decisions that recognize and systematically address barriers is a proven way to make and sustain progress. Each clinic has dedicated QI staff time to support these efforts. Additionally, staff at the coordinating center is available to provide technical assistance in addressing implementation challenges.

QI Tips for Successful Implementation

Implementation teams that are the most successful are made up of both the people most directly responsible for the daily implementation and delivery of services *and* people who are able to champion changes.

John Higgins-Biddle, the SAMHSA consultant recently here on a site visit (see Director's Desk, page 1), recommended that clinics that are experiencing challenges in meeting goals might consider decreasing the length of Quality Improvement Cycles and increasing the frequency. If your QI team is meeting regularly on a monthly basis, try meeting weekly four times a month. Set a date and time when all team members are available and use that time to check in on the goals, outcomes, barriers, and strategies.

The meetings need not be long. Health educators are tracking data weekly. Use that data to measure how your planned WIPHL clinic flow is working and what isn't working. Spending 20-30 minutes once a week in a meeting with members of the implementation team can increase communication and expedite problem-

solving. Often small changes can yield big results—but even small changes require buy-in from multiple areas of a clinic.

In terms of brief screening, keep it simple. **Anyone who asks patients to fill out a brief screen should normalize the request as a routine part of clinic care.** Think about how you deal with other standard forms at your clinic and treat the WIPHL brief screen similarly. At Menominee and Family Health La Clinica, brief screening was incorporated into existing forms. Successful strategies for presenting the brief screen that clinics have shared with us include:

“Please fill out this form about health lifestyles while you wait and return it to the nurse when you go back to your room.”

“Please fill out this form about health habits and hand it back to me when you are done completing it.”

For more ideas about what is working well in clinics, please visit our website and the QI Tool Box Best Practices document at http://www.wiphl.com/uploads/media/WIPHL_Best_Practices_June_2007.pdf

WIPHL People

We express a fond farewell to treatment liaison Flo Hilliard, who is leaving WIPHL to work on adolescent treatment access and research projects (to include writing an NIH grant) in Wisconsin and with an agency in Tampa, Florida. We wish her the best of luck in these exciting new endeavors.

WIPHL Calendar

August 8, 12 p.m.—Health Educator’s Meeting
August 9, 2 p.m.—QI/Implementation Team Coordinator’s Meeting
August 10, 8:30 a.m.—Executive Team Meeting
August 15, 12 p.m.—Health Educator’s Meeting
August 17, 12 p.m.—Cultural Competency Committee
August 22, 12 p.m.—Health Educator’s Meeting
August 24, 8:30—Executive Team Meeting
August 29, 12 p.m.—Health Educator’s Meeting

Coming September 27-28

Statewide Biannual Meeting, Madison, Holiday Inn/American Center

Visit www.wiphl.org under Events (September) for agenda details.

The main goals of this meeting will be to share best practices in delivering SBIRT services, discuss feedback, disseminate additional knowledge, and honor and thank all statewide participants. Each clinic's implementation team leaders and health educators are expected to attend. Fun activities are planned, including games with prizes. Questions? Contact Jessica Wipperfurth, Jessica.Wipperfurth@fammed.wisc.edu, (608) 263-4573.

The Last Word

Consider these patient stories—as told by health educators—that have emerged from WIPHL in the few short months since the project's inception:

From Milwaukee:

"I had a client who screened positive on the brief screen. When I did her GPRA Assist, many things from her past came up to 'haunt' her. We talked about many of those issues and she seemed comforted that a program such as this existed. She didn't really want to talk about things at first, but then they slowly started coming out and hopefully, the process was a relief to her. At the end of the conversation, she seemed really impressed that a program such as WIPHL existed out of her primary care physician's office. I am planning on working with her some more and I hope she will be a 'success story' for WIPHL."

From Eau Claire:

"Physicians and nurses here report that patients not only are happy to complete the brief screen, they say how much this kind of service really is needed in the community. One patient who had been receiving significant help for alcohol relapse told me that the WIPHL screening process played a key role in getting her back on track."

These stories remind us of why we are here—to improve patients' lives. Your work, our work, can make a profound difference, and patient testimonials such as the ones above serve to confirm its value. Please keep your stories coming. It is our greatest pleasure to share them on these pages.

The WIPHL Word is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT project funded by project funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by the Wisconsin Department of Health and Family Services (DHFS) and coordinated by the University of Wisconsin School of Medicine and Public Health's Department of Family Medicine. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at Joan.Fischer@fammed.wisc.edu.