# The WIPHL Word

## Wisconsin Initiative to Promote Healthy Lifestyles

December 2007 Volume 1 No. 7


*The Director's Desk*

# WIPHL While You Work

***By Richard Brown, MD, MPH***
***Clinical Director***

While many WIPHL health educators and clinic staff are busy delivering services every day, WIPHL central staff are focusing on sustainability. What we can do to ensure that alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services will continue to be delivered in primary care settings long after our grant funding has expired? What can we do to expand delivery of SBIRT services so that every patient in Wisconsin receives these services?

One part of the answer involves major healthcare payers, such as employers who purchase healthcare for their employees. Part of WIPHL's drive toward sustainability is to educate employers about the benefits of having SBIRT services provided to their employees in primary care settings.

Some employers believe that, for the most part, their employees don't have alcohol or drug problems. Maybe the occasional employee has to go off to treatment from time to time. But many employers are reassured that their employees don't look like alcoholics and addicts. In some settings, their employees even passed a drug test before hiring.

In reality, most individuals with alcohol and drug problems don't fit the stereotypes. In fact, national data shows that the proportion of employees who engage in heavy drinking is slightly above the proportion of the general population who engage in heavy drinking. Interestingly, 64.3% of adults, 67.3% of adult heavy drinkers, and 57.5% of adult drug users are employed full-time.

Among employees, problem drinkers spend four times as many days in the hospital as the national average. Alcohol use is involved in 20% to 30% of all emergency room visits and nearly half of emergency room visits for trauma and injury. In a typical company of 200 employees, those employees or their family members make 40 alcohol-related emergency room visits and 120 alcohol-related clinic visits per year. Drinking is the leading cause of disability for men.

Employees' substance use affects the workplace more directly. Heavy drinkers have higher rates of absence due to injuries and illness, unexcused absences, and job turnover. Nationally, one in five employees say that a co-worker's drinking has caused them to fear injury, work harder, redo work, or cover for the drinker. Interestingly, alcoholic employees account for only 40% of alcohol-related absences, tardiness, and performance problems. Employees with more subtle alcohol problems account for most of these difficulties, and their drinking problems rarely come to the attention of management or employee assistance programs.

In summary, employers pay dearly for their employees' unrecognized and untreated risky and problem drinking and drug use. They pay through higher healthcare premiums, higher workers compensation costs, absenteeism, tardiness, employee turnover, and low productivity. And the national statistics I cited above underestimate the problem in Wisconsin, where we are average with regard to illicit drug use but lead the nation in several measures of risky and problem drinking.

For WIPHL to succeed, employers around Wisconsin will need to let their health insurers, managed care organizations, and healthcare providers know that they want their employees to receive SBIRT services as part of their usual primary care benefits. Please pass this information on to employers in your area. Refer them to www.ensuringsolutions.org and to the "For Employers" section of the WIPHL website (www.wiphl.org) for more information. And I'd be glad to speak with employers who would like to know more about how SBIRT services can reduce their costs, bolster their productivity, and give them an edge over their competition.

*Health Educator Update*

# Patients Like WIPHL, Too!

"The program seems like a very good starting point for a life change."
*WIPHL patient quote*

***By Laura A. Saunders***

Last month, we featured anecdotes illustrating the value of our services to patients from the HE perspective. This month, we have overwhelmingly positive data collected directly from patients who received WIPHL services. All patients who receive a recommendation from the health educator are eligible to complete the short Patient Alliance Questionnaire (also known as the Helping Alliance Questionnaire)1. The 12 items are intended to measure the patient's affective relationship to the therapist, the patient's capacity to work purposefully in therapy, the therapist's empathic understanding and involvement, and the patient-therapist agreement about goals and tasks of therapy. A positive relationship between good alliance and a successful therapy outcome is well documented across many therapies. Collecting satisfaction data in this way provides patients with an anonymous mechanism for evaluating our services. It also provides health educators with valuable feedback about their interactions with patients.

Below is a sample of responses from the "Additional comments" section. The analysis of the Likert-scaled items also appears to be very positive but data analysis is not complete at this time.

"I think this is a great way to learn more about yourself. For example, I learned that I am more active than I thought."

"I am just starting to work with [my health educator] and have a long way to go but I know she is really going to help me with my treatment. I truly appreciate having someone to call when I need help or have questions. Thank you."

"She is doing a great job helping me to help myself get better."

"I would like to thank everyone involved. I tried unsuccessfully to receive help for problems I had been encountering and this was the first one that not only didn't turn me away, but offered to assist me in a manner that fit my schedule. Thank you. Thank you. Thank you."

"Thank you, GREAT job and helpful!"

"She was a great person and I plan to keep in contact with her."

"I feel that my work with [my health educator] has saved me from some serious health issues in my future. Without her, I never could have changed my unhealthy habit. Working together with her has improved the quality of my life and my family's life."

Such statements as these prove we are doing our jobs well. Congratulations, WIPHL health educators. Your services are enhancing the health and well-being of our state's citizens, which is exactly what WIPHL set out to do.

1. Gaston, L. (1990) The concept of the alliance and its role in psychotherapy: theoretical and empirical considerations. Psychotherapy 27, 143-153.

## Sign Up Now for Dec. 12 Talk About Billing Codes!

***Providers now have four different billing codes that can be used for screening and brief intervention.***
The publication *Alcoholism and Drug Abuse Weekly* calls this "a victory for the addiction field." But what do they mean for practitioners and patients, how do we use them, and what will they mean for WIPHL? **Sign up now** for a free teleconference called **"Billing Codes and What They Mean,"** featuring presenters Rich Brown, MD, MPH, and Jim Berg, MBA, CPA, of the UW Department of Family Medicine.
**When:** Wed. Dec. 12, noon to 1 p.m.
**Where:** At your desk! (Teleconference, with PowerPoint slides and other materials to be made available beforehand.)
**How to register:** Go to Wisline registration: http://www.uwex.edu/ics/wlreg/wlwelcome.cfm. If you do not already have an account, you will be guided through steps to create one. If you have any registration questions or problems, please contact Wisline at 608/262-0753 or e-mail wislineaudio@ics.uwex.edu. For any other questions, please e-mail info@wiphl.org.

*Cultural Competence Update*

# The Latest on CC and Policy

***By Harold Gates and Lilly Irvin-Vitela***

The Cultural Competency Committee meets again on December 14 from noon to 1 p.m. Please feel free to join us and share any updates/concerns you might have. We will be sending out minutes and conference call information next week. We will update attendees on recent developments on a number of topics that relate to the committee's work to date and review and start looking at goals and objectives for 2008.

We've been making good progress with our other project entities and subcommittees. For example, we, Rich, and Joyce in late October met with members of the SCAODA Intervention and Treatment Subcommittee (ITC), chaired by Sally Tess of the Wisconsin State Department of Corrections. The topic was a review of Act 292, the "Cocaine Moms Law," and recommendations that would alleviate barriers to service for this underserved population. Two weeks later, the ITC agreed to endorse our recommendation:

**Key text from Act 292: Section 48.891 (2) (d):**

"Any person, including an attorney, having reason to suspect that an unborn child has been abused or reason to believe that an unborn child is at substantial risk of abuse may report as provided in sub (3)."

**Recommendation endorsed by ITC:**

"This section does not apply to health care providers, as defined in Section 146.81, who in the course of their professional duties obtain information about an expectant mother's use of alcoholic beverages, controlled substances, or controlled substance analogs. Such information may only be disclosed consistent with state and federal laws pertaining to the privacy of health information."

The ITC agreed to send the recommendation to SCAODA for discussion and possible endorsement at its December 7 meeting. Harold will present an overview of cultural competency to SCAODA as well as lead a question and answer session afterward.

Other news on the policy front: we are moving ahead in creating subcommittees of the Governor's Policy Committee. That structure will allow us to move forward on policy issues relating to the sustainability of WIPHL once funding ends. The subcommittees are: Promoting Demand for WIPHL Services; Screening and Referral for Co-Occurring Mental Health Needs, Tobacco, and Trauma; SBIRT Billing and Reimbursement; Increasing Patient Access to SBIRT Services.

Finally, there are a number of learning opportunities available that relate to cultural competence, some of them with continuing education credits. We wish to share a few websites that are worth checking on a regular basis to decide whether it will satisfy a training need for you or others in you clinic. The National Center for Cultural Competence and its sister site, The National Technical Assistance Center for Children's Mental Health, has monthly conference calls that you can access and to update your knowledge. Their website is www.gucchd.georgetown.edu/nccc. A business website, Cook/Ross (www.cookross.com), offers monthly webinars covering relevant topics of interest and offer CEUs. We encourage you to check these out and give us your feedback as well as offer websites that you have found useful. We can start to collect these and place them on our WIPHL website for others to access. Harold also has identified a few publications that might be useful to health educators and other clinic staff. He will send the titles along later for your information.

# The Clinic Corner

| Clinics | Eligible for BS* | Completed BS | % BS Completed | Positive BS | % Positive BS | Completed FS | % FS Completed |
|---|---|---|---|---|---|---|---|
| **Wave 1** | | | | | | | |
| Augusta | 107 | 53 | 50% | 18 | 34% | 15 | 83% |
| Belleville | 176 | 127 | 72% | 36 | 28% | 11 | 31% |
| Eau Claire | 377 | 155 | 41% | 65 | 42% | 28 | 43% |
| Northeast | 449 | 337 | 75% | 119 | 35% | 81 | 68% |
| Polk County | 92 | 63 | 68% | 24 | 38% | 37 | N/A |
| St. Joseph's | 141 | 123 | 87% | 37 | 30% | 28 | 76% |
| Wingra | 196 | 117 | 60% | 46 | 39% | 23 | *50%* |
| *Totals* | *1,538* | *975* | *67%* | *345* | *35%* | *223* | *65%* |
| **Wave 2** | | | | | | | |
| Amery | N/A | 144 | N/A | 42 | 29% | 25 | 60% |
| FamHlt/LaCl. (0.5 FTE) | 101 | 101 | 100% | 22 | 22% | 6 | 27% |
| Menominee | 250 | 201 | 80% | 96 | 48% | 44 | 46% |
| St. Croix RMC | 2,710 | 196 | 7% | 66 | 34% | 4 | 6% |
| St. Croix Tribal | 25 | 9 | 36% | 1 | 11% | 2 | N/A |
| *Totals* | *3,086* | *651* | | *227* | *35%* | *81* | *36%* |
| **Wave 3** | | | | | | | |
| Mercy Clinic South | 535 | 155 | 29% | 68 | 44% | 28 | 41% |
| Sinai Family Care Center | 109 | 90 | 83% | 28 | 31% | 27 | 96% |
| Sinai Internal Medicine | 106 | 67 | 63% | 11 | 16% | 7 | 64% |
| Walker's Point | 274 | 192 | 70% | 56 | 29% | 24 | 43% |
| Waukesha | 253 | 111 | 44% | 39 | 35% | 20 | 51% |
| *Totals* | *1,277* | *615* | *48%* | *202* | *33%* | *106* | *52%* |
| **Wave 4** | | | | | | | |
| Fox Valley | 339 | 173 | 51% | 54 | 31% | 46 | 85% |
| Minocqua | 545 | 456 | 84% | 100 | 22% | 28 | 28% |
| St. Lukes | 277 | 212 | 77% | 50 | 24% | 31 | 62% |
| *Totals* | *1,161* | *841* | *72%* | *204* | *24%* | *105* | *51%* |
| **Grand Totals** | **7,062** | **3,082** | | **978** | *32%* | **515** | *53%* |

*Criteria for eligibility varies by clinic

# Clinic Corner Commentary

***By Lilly Irvin-Vitela***

Understanding the service delivery data at your clinic is key to successful Plan-Do-Study-Act cycles. In order to fine tune implementation and service delivery strategies, implementation teams need to have a shared understanding of what is happening in terms of WIPHL service delivery. The key questions the data in the Clinic Corner can answer are:

1) Is everyone who is eligible to be screened for AODA and other issues getting an opportunity to be screened?

2) Does the prevalence data of positive brief screens demonstrate the need for SBIRT services for AODA issues?

3) Do we (i.e. clinics) have systems in place that maximize the opportunity for patients who screen positive on the brief screen to meet with the health educator?

4) Are there opportunities to increase a patient's ability to receive SBIRT services?

***Continues on page 5***

*Clinic Corner continued*

Additionally, looking at the data in terms of strengths and available opportunities is a way to keep motivation high even when there is significant progress to make. Understanding and using your data to inform your implementation process can allow you to set milestones/checkpoints on the journey toward successful implementation. What works at one clinic may have value at other similar clinics. This month, the Clinic Corner Commentary will highlight some of the implementation successes at WIPHL.

**Is everyone who is eligible to be screened for AODA and other issues getting an opportunity to be screened?**

Although brief screening alone is not an indicator of a successful implementation, it is a key step in the clinic setting to identify a need for SBIRT services. Just like administering a TB test is the first step in identifying if someone has TB, the test is of the most clinical value when a provider reads the result and takes appropriate action. Similarly, brief screening is a first step, but SBIRT services improve patient care only when the positive brief screens result in an interaction between the patient and health educator.

UW Northeast, St. Joseph's-Elroy, Wonewoc, and Hillsboro, Polk County, Amery Regional Medical Center, Auorora Sinai Family Care Center, Aurora Sinai Internal Medicine, and Auora St. Luke's were all able to brief screen over 60% of their eligible patients in addition to delivering direct services to over 60% of people who screen positive. This data indicates that these clinics are experiencing growing success across indicators and they have either met and exceeded or are well on their way to meeting the goals of brief screening 75% of eligible patients and delivering services to 75% of patients who screen positive on the brief screen. At Minocqua, their team has been able to increase brief screening from 71% in October to 84% in November. This increase created more opportunities for Kerri Weberg to deliver services. Kerri was able to deliver SBIRT services to 28 patients in November, up from 8 in October.

**Does the prevalence data of positive brief screens demonstrate the need for SBIRT services for AODA issues?**

Of the 3,082 patients who received a brief screen in November, 32% of those patients screened positive on the brief screen. The prevalence of positive brief screens for patients participating in WIPHL has consistently been above 30%. The magnitude of the need for SBIRT services is evident.

**Do we (i.e., clinics) have systems in place that maximize the opportunity for patients who screen positive on the brief screen to meet with the health educator?**

UW Northeast Family Medical Center has experienced success across indicators. Seventy-five percent of eligible patients completed the brief screen in November, and 68% of eligible patients received SBIRT services from Christina Lightbourn. This success has allowed the clinic to explore new opportunities to deliver services to patients. They have spread services to more patients by changing the eligibility to include patients that had not been previously screened. Previously, Northeast had been screening patients who were there for a visit of 30 minutes or longer; recently they started including 15-minute visits as well.

Please note that during the month of November, 15.7% of all patients who received SBIRT services from a health educator did so at UW Northeast Family Medical Center. The lesson learned is that the more fine-tuned the implementation and integration of WIPHL services, the greater the ability of health educators in the clinic to deliver much-needed services to patients.

The three St. Joe's clinics have also had consistent success in brief screening and delivering SBIRT services to patients. Their step-wise approach to adding new clinics has allowed them to provide services to several clinics in small rural communities.

Clinics have made great strides in terms of implementation. For example, Fox Valley and Katie Normington have continued on their successful trajectory. Eighty-five percent of Fox Valley patients that screened positive received health educator services in November. This is up from 63% in October.

# WIPHL People

The WIPHL Coordinating Center would like to thank Belleville for being a pioneer and working to implement SBIRT services at their clinic. Despite everyone's good intentions and efforts at Belleville, it has become clear to the leadership of the WIPHL project that there are not enough patients screened at Belleville to have health educator Mia Croyle there on a full-time basis. Belleville is a great clinic with dedicated, patient-centered staff. Unfortunately, the staff changes, an electronic medical record conversion, and other factors made full implementation of WIPHL a challenge. As of December 6, Mia will continue to follow up on Belleville patients who screened positive, but she will do so from the WIPHL Coordinating Center. Patients will be given Mia's new telephone number as they call for her. Leadership at Belleville stated, "We wish Mia well as she moves into her new role at WIPHL and thank her for her dedication and efforts on behalf of the WIPHL project in Belleville." At the WIPHL Coordinating Center we are thrilled to work more directly with Mia. Her skills, talents, and experience as a health educator will make her an integral part of the WIPHL Coordinating Center team.

# Win a Pizza Party!

The federal Substance Abuse Mental Health Services Administration, SAMHSA, requires all the SBIRT projects they fund to complete follow-up on 10% of participants as a quality assurance measure. Patients who give signed consent to participate in follow-up will receive $20 for participating in a follow-up interview. For every eligible patient that signs a consent to participate in follow-up, the clinic where the patient received services will be entered into a drawing to win a pizza party. On January 31, 2008, the evaluation team will conduct a drawing from the entries and we will send an announcement out via our listserv about the winning clinic. The WIPHL Coordinating Center will also contact the winning clinic to make arrangements to purchase pizza for your clinic.

# Health Educator Spotlight

***In the spotlight:*** Mary Boe

***My clinic and the people I serve:*** I work at Amery Regional Medical Center, which also has three satellite clinics. We serve a rural community in northwestern Wisconsin.

***What works for me and my patients:*** I achieve success with patients by always telling them that I am not here to judge them or tell them what to do. Early on in our conversations I always try and make the patient feel as comfortable as possible. This may be by commenting on a positive aspect from the brief screen or commenting on something they may have said that sounds important to them. I always want my patients to feel acknowledged and that I am listening to what they are saying.

***One thing I do that might be helpful elsewhere:*** I think always remembering to thank the people around you is important in making anything new work. This is definitely a team effort and I appreciate very much all the support my clinic has given me in helping to make WIPHL succeed there. I think continuing education and updates on the program are also very helpful and beneficial in keeping people aware and interested.

***I knew my work really mattered when:*** I called a patient who said, "I am so glad you called." Also when a patient who went to treatment on WIPHL funding called back and said "You saved my life." That is what it is all about--helping people who want help!!!

# WIPHL Calendar

***Health Educators Meeting, Wave 4***
***December 5. 9-10 am***

***Health Educators Meeting, Wave 1***
***December 5, noon-1 pm***

***Governor's Policy Committee Meeting***
***December 5, 1:30-3 pm***

***PLEASE NOTE***
***Health Educators Meeting, All Waves***
***December 12, 9-10 am***

***WIPHL Speaker Series***
***"Billing Codes and What They Mean"***
***December 12, noon – 1 pm***

***Cultural Competency Committee***
***December 14, noon – 1 pm***

***Health Educators Meeting, Waves 2 & 3***
***December 18, noon – 1 pm***

***Health Educators Meeting. Wave 4***
***December 19, 9-10 am***

***Health Educators Meeting, Wave 1***
***December 19, noon -1 pm***

# The Last Word

An extra nice gift for the holidays ...

***From a clinic in southeastern Wisconsin***

While doing her holiday shopping, a WIPHL health educator was greeted with special enthusiasm by a Salvation Army bell ringer. After a moment the health educator recognized the man as a former patient with whom she had done an assessment only.

That was enough for him to decide to change his life. He proudly showed her an appointment card with a treatment program he had enrolled in and told her how happy he was. He is saving so much money by not buying alcohol, he said, that he is able to buy his wife a really nice Christmas present this year!

**The WIPHL Word** is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT program 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.