



# The WIPHL Word

## Wisconsin Initiative to Promote Healthy Lifestyles

February 2010

[www.wiphl.org](http://www.wiphl.org)

Volume 4 No. 2

### The Director's Desk

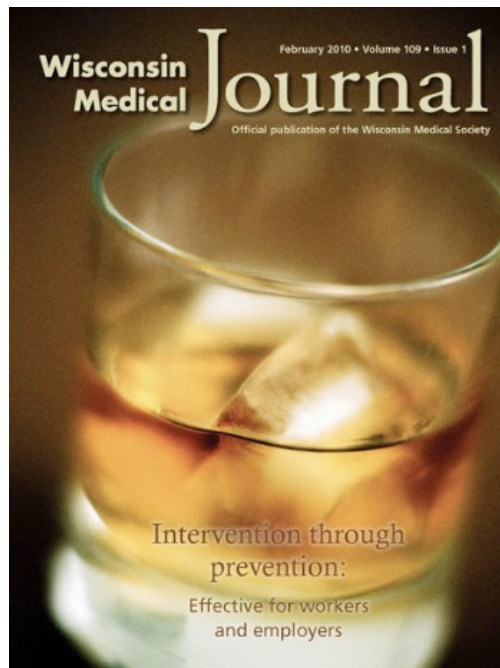
## Employers: SBIRT Saves—\$771 Per Employee

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

WIPHL's efforts to make SBIRT widely available and routine in Wisconsin health care settings have included building capacity and promoting third-party payer reimbursement. With help from many partners around Wisconsin, more than 80,000 patients have been screened, and most major payers in Wisconsin, including Medicaid, now reimburse (for a list, please see: [http://www.wiphl.com/bills/index.php?category\\_id=4647](http://www.wiphl.com/bills/index.php?category_id=4647)).

WIPHL is now extending its focus to commercial health care purchasers—largely employers and their agents—who are desperate to rein in ever-escalating health care costs. At the national level, such groups as George Washington University ([www.ensuringsolutions.org](http://www.ensuringsolutions.org)) and the National Business Group on Health (<http://www.businessgrouphealth.org/preventive>) have already made the case: SBIRT is good medicine and good business.

Recently Wisconsin made a contribution in this realm with an article in the *Wisconsin Medical Journal* titled, "A Cost-Benefit Analysis of Wisconsin's Screening, Brief Intervention, and Referral to Treatment Program: Adding the Employer's Perspective." Andy Quanbeck, a researcher with UW-Madison's Network for Improvement of Addiction Treatment, led the research team.



The study concluded that the net present value of SBIRT services for Wisconsin employers is \$771 per employee!

So we call upon you, employers, benefit professionals, and insurance agents—ask your health plan, "Do you reimburse for SBIRT?" Ask your providers, "What proportion of your patients receive SBIRT services?"

Health plans and providers, ask yourselves, "If we're not systematically providing SBIRT, will competitors gain advantage over us when contract renewals come up?"

Lon Blaser, DO, Medical Director of Group Health Cooperative of Eau Claire, said it best at last September's SBIRT Thought Leader Meeting in Madison: "For any meaningful health care reform to occur, we all have to change."

Employers and other purchasers, ask for SBIRT. Payers, reimburse for it. Providers, you can't do it alone; expand your health care

team so all your patients can receive SBIRT services. SBIRT is a win for everyone—purchasers, payers, providers, patients, families, and communities. And please let us know here at WIPHL if we can help.

View the *Wisconsin Medical Journal* online at:  
<http://viewer.zmags.com/publication/cd0185ae#/cd0185ae/1>



## The Heart of What They Do



By Laura Saunders

At the end of January, the WIPHL health educators (pictured above) gathered in Madison for their quarterly retreat. With the advent of billing and reimbursement and a more objective way of rating their patient interactions, it seemed to us that the health educators might understandably be losing their way in terms of their “real” task.

We invited the HEs to write down (on a napkin) what they say in response to the common question, “What do you do?” This exercise elicited such responses as:

- I talk with patients about health habits, especially AODA and use MI to see if they want to make changes.
- I’m an HE on the South Side. Help people with lifestyle and behavior changes.
- I’m an HE at an ER for patients who are 18 or over.
- I work at Aurora, where I help people make lifestyle choices that we all make, like quitting smoking, diet, and exercise.

After a brief discussion, I invited the health educators to go deeper. What is it that they *really* do? A great discussion ensued. Afterward, the health educators wrote what they do on Valentine hearts. The heart of what they do, according to them, is listed below:

- ♥ Listen to people.
- ♥ Care about people.
- ♥ Help people find reasons and motivation to make changes.
- ♥ In a very non-judgmental way we listen to our patients,

support our patients, sometimes help educate our patients, and meet them where they’re currently at in hopes that we may someday make a difference in their lives.

- ♥ Genuinely care for patients from all walks of life.
- ♥ Provide assistance for them to self-manage.
- ♥ Love people through it.
- ♥ I educate, I let people know they decide whether they are going to make the change or not.
- ♥ I’m empathetic, I’m a resource, I help people get ready.
- ♥ Working alongside people to help them make changes in their lifestyles.
- ♥ Encourage people along this path of life and give them grace and love.
- ♥ I help people see their inner strength and power to make a positive change in their life.
- ♥ I listen and help patients make a difference in their lives.
- ♥ I’m a helping hand, a shoulder to cry on, an ear to listen and a person who cares about the health and well being of my patients.
- ♥ I listen to patients and give them an opportunity to open up and discuss topics that can be difficult.
- ♥ I listen to people with an open mind and an open heart to problems that no one else has time for or feels comfortable enough to do.

## Parity and the Treatment Gap

By Mia Croyle

In December 2009 Kathleen Sebelius, Secretary of the United States Department of Health and Human Services, addressed members of Maryland's mental health care community, noting:

"Given the high price we pay for these gaps in care, the Mental Health and Addiction Equity Act, which Congress passed last year and which will soon go into effect, is a huge step forward ... Thanks to parity, millions of Americans with mental illness and substance abuse disorders will get the care they need. It's going to help people afford their medicines. It's going to make them less likely to put off important care.

"That said, we need to understand what we mean when we say parity. What we're really talking about is 'parity in reimbursement by private health insurance plans that cover mental health and substance abuse services.' That's significant, but it's just a starting point. A broader definition of parity would encompass investments in prevention, investments in health care delivery reform, investments



in support services like housing that can affect behavioral health outcomes, and investments in treatment and service system research. And it's this fuller version of parity that we should be striving for."

She also reminded her audience that in the past year "About 20 million [people] said they didn't get the substance abuse care they needed. If 10 or 20 million Americans were walking around with open wounds, we'd call it a national crisis. But because mental illnesses and addictions can be harder to see, we don't feel the same urgency."

Through early identification, early intervention, and enhanced referral infrastructure, SBIRT is an innovative approach to addressing this devastating gap between the number of people who need services and the number who receive services.

To read Secretary Sebelius' full remarks, go to: [www.hhs.gov/secretary/speeches/sp20091215a.html](http://www.hhs.gov/secretary/speeches/sp20091215a.html)

## Making Parity Real: Meetings Around the State

Making Parity Real is a statewide symposia series featuring moderated dialogue among local stakeholders—providers, advocates, the recovery community, and law enforcement—to assess the major policy challenges facing addiction and mental health services in Wisconsin. Based on information learned at these symposia, the Public Policy Institute will present lawmakers with recommendations to close Wisconsin's treatment gaps.

The next symposium will be held on Friday, March 5 in Wausau. Rep. Donna Seidel (D-Wausau) will co-host the symposium with Rep. Sandy Pasch (D-Whitefish Bay) and David Riemer, director of the Community Advocates Public Policy Institute.

Discussion will explore the quantity, cultural competency, and location of providers; adequacy of public and private

funding sources; the ability of non-medical providers to administer treatment; strategies to reduce stigma; and other non-financial barriers to receiving treatment services.

The gathering also will feature updates on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, emerging CMS regulations on addiction and mental health treatment, and state legislative proposals including the Wisconsin Mental Health and Substance Abuse Parity Act (SB-362/AB-512).

Making Parity Real is presented by the Community Advocates Public Policy Institute, the Milwaukee Addiction Treatment Initiative, and the Milwaukee Mental Health Task Force. For information and registration, go to [www.makingparityreal.org](http://www.makingparityreal.org).

## Return of the 32nd

Wisconsin National Guard veterans readjust to civilian life

By Harold Gates

The *Wisconsin State Journal* recently ran a story titled “Soldiers Struggle with Coming Home” (January 10, 2010). I was intrigued by what they would say regarding the return of soldiers from the Wisconsin National Guard’s 32nd Infantry Brigade Combat Team. This unit, made up of 3,200 soldiers, represented the largest state National Guard group deployed since World War II. The state Guard starts telling soldiers about veterans programs about 60 days before they come home, said Lt. Col. Tammy Gross, chief of the Guard’s Service Member Support Division, according to the article. Up to three meetings take place after the soldiers return to remind them about benefits and help readjust to civilian life, but because the 32nd is so big it will most likely take six months to reach everybody. For Guard members, most issues arise four months or so after they return home. Lt. Col. Gross’ office has personnel who specialize in everything from financial counseling to suicide prevention. Reducing stigma about asking for help is one focus of their efforts. This is something to be aware of when working with vets and their families. We have to let them know that they can shift from being mission-focused and dealing with whatever comes along to instead knowing it is a sign of strength to ask for help when needed. This can be a major challenge, depending on the families’ help-seeking behavior.

Federal, state, and county agencies have been preparing for the soldiers’ return, offering services that include preferential job placement and training and free college tuition with the added new benefit of money for living expenses. The Department of Workforce Development Office of Veterans Services has offices around the state that can help veterans write resumes, hone job-interview skills, and find jobs, training, or educational opportunities. The Service Member Support Division, the Wisconsin Department of Veterans Affairs hospital, clinics, counseling centers, and veterans service offices are in each of Wisconsin’s 72 counties, where veterans can get advice and help filling out paperwork. Since a lot of companies are undergoing major changes during the economic downturn, there may also be problems with employees (returning veterans) in these companies.



Soldiers in war zones also return with health problems. They include physical problems, mental and emotional pain, and the challenges of readjusting to living with their families and in civilian society. There might also be the use and misuse of alcohol, tobacco, and other drugs to cope with the readjustment. Some coping mechanisms used in the war zone—for example, the loss of the opportunity to joke around with fellow soldiers and living in close quarters—can be problematic when transitioning back home. Getting out of the war zone environment and back into a normal life can be quite a shock.

The resources below should help HEs and WIPHL clinics to better serve this growing population. This patient group also is very diverse, and the services provided should consider patients’ cultural perspective and help-seeking behaviors. If you have further questions and/or other information to share regarding veterans and their families, please e-mail (Harold.Gates@fammed.wisc.edu) or call me at 608-265-4032.

Wisconsin National Guard Service Members Support Division  
1-800-292-9464 option 3  
<http://wisconsinmilitary.org/>

Wisconsin Department of Veterans Affairs  
1-800-WISVETS (1-800-947-8387)  
[www.wisvets.com](http://www.wisvets.com)

Wisconsin Department of Workforce Development  
[www.jobcenterofwisconsin.com](http://www.jobcenterofwisconsin.com)  
(click on “find a job,” then “veterans services”)

County Veterans Services Offices  
<http://dva.state.wi.us/CVSO.asp>

Madison Veterans Center  
1-608-264-5342  
<http://www.madison.va.gov/pat/vetcenter.asp>

Madison Veterans Hospital  
<http://www.madison.va.gov.index.asp>

U.S. Department of Veterans Affairs  
<http://www.va.gov/>

# Month End Data

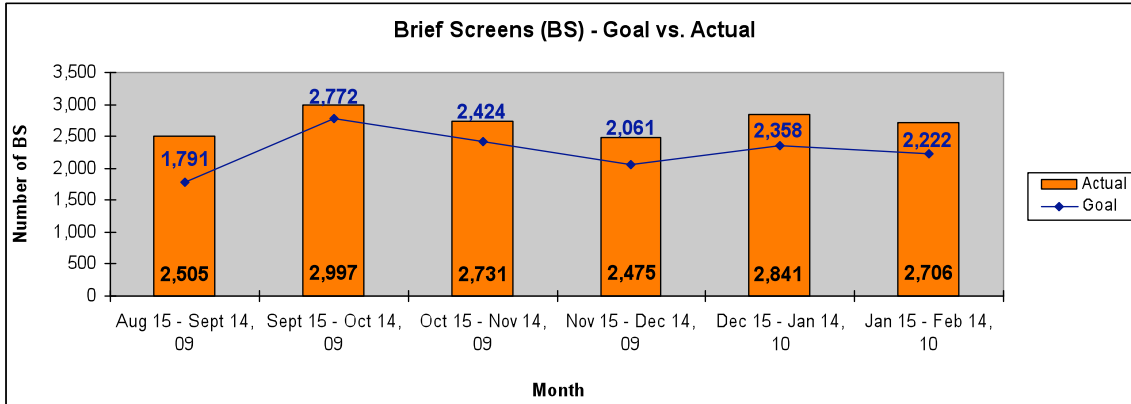
Year 4 Month 5  
January 15–February 14, 2010

<i>Clinics</i>	<i>Eligible for BS*</i>	<i>Completed BS</i>	<i>% BS Completed</i>	<i>Positive BS</i>	<i>% BS Positive</i>	<i>Completed FS</i>	<i>% FS Completed</i>
Aurora Family Care Center	165	142	86.1%	50	35.2%	52	104.0%
Aurora Sinai Women's Health Center	179	156	87.2%	49	31.4%	61	124.5%
Aurora Walker's Point	220	217	98.6%	78	35.9%	69	88.5%
Beloit Area Community Health Center	251	232	92.4%	84	36.2%	82	97.6%
Columbia St. Mary's	189	180	95.2%	80	44.4%	64	80.0%
Dean East	282	274	97.2%	104	38.0%	99	95.2%
Family Health/ La Clinica (0.5 FTE)	129	122	94.6%	34	27.9%	21	61.8%
Gundersen Lutheran Family Medicine	279	227	81.4%	82	36.1%	55	67.1%
Gundersen Lutheran Trauma Center	30	n/a	n/a	n/a	n/a	28	93.3%
Marshfield - Minocqua Center (.9 FTE)	194	174	89.7%	36	20.7%	40	111.1%
Menominee Tribal Clinic	386	338	87.6%	87	25.7%	70	80.5%
Milwaukee Health Services, Inc. (0.3 FTE)	6	2	33.3%	2	100.0%	3	150.0%
Northeast Family Medical Center	92	54	58.7%	27	50.0%	20	74.1%
Scenic Bluffs Community Health Center (0.2 FTE)	19	13	68.4%	3	23.1%	0	0.0%
St. Joseph's Community Health Services - Adolescents	7	6	85.7%	2	33.3%	0	0.0%
St. Joseph's Community Health Services - Adults	218	197	90.4%	43	21.8%	33	76.7%
Upland Hills Health	151	148	98.0%	30	20.3%	6	20.0%
Waukesha Family Practice Center	257	224	87.2%	75	33.5%	64	85.3%
<b>Grand Totals</b>	<b>3,024</b>	<b>2,706</b>	<b>89.5%</b>	<b>866</b>	<b>32.0%</b>	<b>739</b>	<b>85.3%</b>

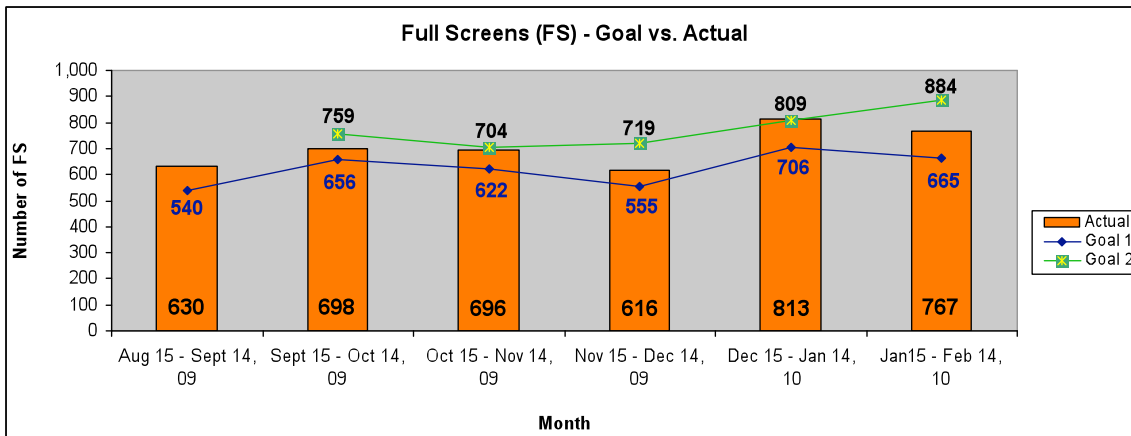
\*Eligibility varies by clinic  
Data in this and  
accompanying chart compiled  
by William Merrick

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# Six-Month Wrap-Up



Actual: Number of brief screens completed  
 Goal: Brief screen 75% of eligible patients



Actual: Number of full screens completed  
 Goal 1, Year 4 (Sept 15 2009 - Sept 14, 2010) - P4P Clinics: Full screen 75% of patients who brief screen positive  
 Goal 2, Year 4 Quarter 1 (Sept 15 - Dec 14 2009) - Number varies based on clinic start date

# The Last Word: VIP Edition

At WIPHL, we are putting the finishing touches on a stakeholder testimonial video in support of SBIRT services. The video covers the broad spectrum of health care stakeholders—health care providers, government agencies, legislators, health plan purchasers, health plan providers,

and, most important, patients—who say that universal access to SBIRT services is a win-win for all. This month’s Last Word is a selection of quotes from the video, which will soon be available for viewing.



“SBIRT is as clear as the sunlight. This works. It’s been proven. And I’m happy that it’s being implemented right here on the ground.”

**Bevan Baker**  
Milwaukee Commissioner of Health



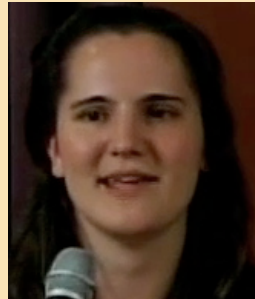
“This program has a positive economic impact and results in net savings to our health care system and to purchasers and our employers. There is a decreased cost of care, it improves the way we provide the care, and it improves the health of our community.”

**Susan Turney, MD**  
CEO Wisconsin Medical Society



“We have to commit wholeheartedly to prevention ... The vast majority of the people that encounter the criminal justice system encounter it under the influence of alcohol, under the influence of drugs. Many, many of them have mental health issues that cause them to keep coming into the system again and again and again.”

**John Chisholm, Milwaukee County District Attorney**



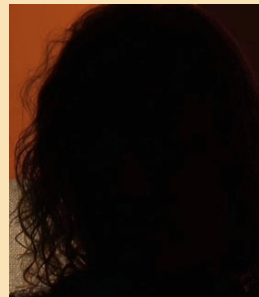
“Sometimes I don’t always have the time to go into a long discussion [of a patient’s substance use]. Having a health educator in our clinic has really helped us to relax in knowing that our patients are being taken care of.”

**Elizabeth Bade, MD, Aurora Sinai Milwaukee**



“We need to make sure SBIRT is literally baked in and made a routine part of the way medical practices operate all across our state.”

**Secretary Karen Timberlake**  
WI Dept. of Health Services



“Without the help of WIPHL, I would have died.”

**Patient, Central Wisconsin**

**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 Services (DHS), and coordinated by the University of Wisconsin School of Medicine and Public Health (Department of Family Medicine) and the Wisconsin Medical Society. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at [Joan.Fischer@fammed.wisc.edu](mailto:Joan.Fischer@fammed.wisc.edu).

