The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

An Auspicious Beginning to 2010

By Richard L. Brown, MD, MPH
Clinical Director

As the holiday season winds down and we all refocus on work, there's great news for SBIRT in Wisconsin. As promised, as of January 1, reimbursement for SBIRT services is now available for all Wisconsin Medicaid patients. This makes Wisconsin the eighth state that's providing Medicaid reimbursement.

There are some interesting features to the reimbursement policy. One is that Medicaid recognizes the value that well-trained, "unbillable providers"—such as WIPHL health educators—can bring in providing SBIRT services. This means that billable providers can bill for services that our health educators provide under their supervision.

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Update
December 2009

No. 2009-96

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

New Substance Abuse Screening and Intervention Benefit Covered by BadgerCare Plus and Medicaid

Another interesting feature of the reimbursement policy is the requirement that SBIRT service providers receive training to qualify for reimbursement. The requirement is four hours of training for billable providers, such as physicians, nurse practitioners, and physician assistants, and 60 hours for individuals like our health educators. Fortunately, Medicaid accepts the training that WIPHL health educators have already received as qualifying for reimbursement.

The reimbursement policy is available at: https://www.forwardhealth.wi.gov/kw/pdf/2009-96.pdf.

All of us involved with WIPHL around the state have good reason to rejoice in this new policy. Obviously, the potential for reimbursement creates more potential for sustainability, and that's what WIPHL is all about. But beyond that, we should all be proud and grateful that our experience providing SBIRT services over the past few years is well reflected in Medicaid's reimbursement policy.

Another reason to rejoice is a favorable finding by the Center for Medicare and Medicaid Services on the classification of SBIRT services for Medicare reimbursement. Medicare classifies every service as either diagnosis or therapeutic. Outpatient settings of hospitals can bill for therapeutic services but not diagnostic services. SBIRT services involve both assessment and intervention. We're fortunate that Medicare determined that SBIRT is a therapeutic service, so that outpatient settings of hospitals can bill Medicare for SBIRT.

2010 should be an exciting year. As reimbursement for SBIRT continues to grow, SBIRT can take firmer hold in Wisconsin. WIPHL is coming closer to its goal of sustaining SBIRT service delivery after our grant funding expires for clinical sites in May 2011.

Thanks to all of you who have contributed, and continue to contribute, to this effort. Thanks to our state policymakers and our federal partners at SAMHSA who continue to support our work. Our patients, their families, and our communities will all be better off for everyone's hard work and collaboration.

Clinic Services Update

Being Present with Patients in Busy Settings

By Laura Saunders

In preparation for their group discussion call this week, the health educators were asked to read "Medical Care that Transcends Words," an article that appeared in the *New York Times,* http://www.nytimes.com/2010/01/05/health/05case.html?emc=eta1

In this article, the author, Dr. Nell Burger Kirst, a first-year resident at the University of Michigan, reminds us of the importance of being present with patients, not only with our words but with "an honest-to-goodness human presence that transcends language." She talks about how easy it is to get "fixated on the particulars," doing one's best to learn the drill. In a rare, illuminating situation, Kirst then has an opportunity to observe a serious, emotional doctor-patient interaction in a language she did not speak. She was forced to observe non-verbal indicators and follow along solely with the "music of the language."

Like most health care service providers, WIPHL health educators are under tremendous pressure to see a large number of patients. They are called upon to deliver these services following a semi-structured computerized protocol while at the same time paying attention to specific skills such as asking open-ended questions and forming complex reflections. It's easy to understand how the human interaction can get put aside.

WIPHL health educators enjoyed reading the article and felt it spoke to their experiences working with patients. We discussed how attending to patients' non-verbal communication allows us to recognize when they are feeling uncomfortable and to respond appropriately. Health educators shared how "awesome" it can be to really connect with patients and how, in their experience, if you aren't really present with the patient and forming a genuine connection, nothing you say really matters.

Update: Mental Health and Addiction Parity

By Mia Croyle

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 became effective January 2010. This act prohibits health plans from imposing any caps or limitations on mental health treatment or substance use disorder benefits that aren't applied to medical and surgical benefits.

The Mental Health Parity and Addiction Equity Act does not require health insurance plans to provide mental health or substance use disorder benefits. However, for group health plans with 50 or more employees that choose to provide mental health and substance use disorder benefits, the Act does require parity with medical and surgical benefits.

Thus, group health plans that provide both medical and surgical benefits and mental health and substance use disorder benefits may no longer impose financial requirements and treatment limitations on mental health and substance use disorder benefits that are more restrictive or onerous than those applied to medical and surgical benefits.

At least one Wisconsin-based business has been in the news for stating it will no longer provide behavioral health insurance coverage as a result of the anticipated costs of this Act. However, many companies have offered behavioral health parity in their insurance coverage for years and report that it has resulted in a reduction in overall insurance.

This Act is an important step toward reducing the stigma of mental health and addiction and increasing access to treatment. I am encouraged by this legislation and look forward to seeing the positive impact it has on our patients' access to specialty addiction treatment services.

Cultural Competence Update

Lifestyle Interventions Benefit Those with Mental Illness

... but there's a need for culturally competent application

By Harold Gates

This month's column takes a look at "Improving the Physical Health of People with Serious Mental Illness: A Systematic Review of Lifestyle Interventions," a report put out by the New York State Psychiatric Institute's Center of Excellence for Cultural Competence. This report tells us that compared to the general population, individuals with serious mental illness (SMI) on average die 25 years younger, largely due to preventable health conditions (Parks et al., 2006). These conditions often arise because of lack of exercise, smoking, poor diet, and medication side effects, giving way to such ailments as cardiovascular disease, type 2 diabetes, hypertension, and liver disease (Must et al., 1999). A critical step to improving the physical health of adults with SMI is to develop and implement effective, culturally appropriate, and sustainable lifestyle interventions.

Given the unmet health needs of people with SMI, the Center of Excellence for Cultural Competence performed a systematic literature review which examined the following:

1) Current state of the literature in the United States examining the lifestyle interventions of adults living with SMI (1980-2009)

2) Summaries of intervention strategies

3) Examination of health outcomes

4) Evaluation of the inclusion of racial and ethnic minority groups in these studies and the cultural and linguistic adaptations used in these interventions

The Center's literature review found that lifestyle interventions that combine exercise, dietary counseling, and health promotion show promise in helping adults with serious mental illness lose weight and reduce some risk factors for cardiovascular disease. They also found that the majority of studies were mostly single-site efficacy trials with small samples. Across studies, intervention goals were to enhance the individual's knowledge of nutrition, physical activity, and general health promotion, impart skills regarding healthy eating habits, weight management, and exercise, and provide support for sustaining lifestyle behavioral changes. Most interventions incorporated behavioral strategies including goal setting, feedback, skills training, problem solving, social support, motivational counseling, stress management, relapse prevention, assertiveness training, rewards/token reinforcements, stimulus control, and risk/benefit comparisons.

One question relating to health outcomes was: How do lifestyle interventions help adults with SMI lose weight? The literature review noted that 10 of the 18 studies that reported weight loss findings found statistically significant reductions in weight associated with receiving a structured lifestyle intervention, with treatment duration surfacing as a key factor in weight loss. Lifestyle interventions also show promise in reducing cardiovascular risk factors in people with SMI.

Only one study examined racial and ethnic differences in treatment outcomes. There is a serious under-representation of racial and ethnic minorities in lifestyle intervention studies among people with SMI and lack of attention to cultural and linguistic factors in this area of research. More work in this area is needed to identify which intervention elements require cultural adaptation and to test the efficacy of these interventions with racially and ethnically diverse populations. As the evidence in this area continues to grow, studies are needed to assess the cost effectiveness, implementation, and sustainability of these lifestyle interventions in real-world, community-based settings to close the gap between research and practice. You can contact the NYSPI Center of Excellence for Cultural Competence at www.nyspi.org/culturalcompetence, e-mail ccinfo@nyspi.cpmc.columbia.edu.

Month End Data

Year 4 Month 4
December 15, 2009 – January 14, 2010

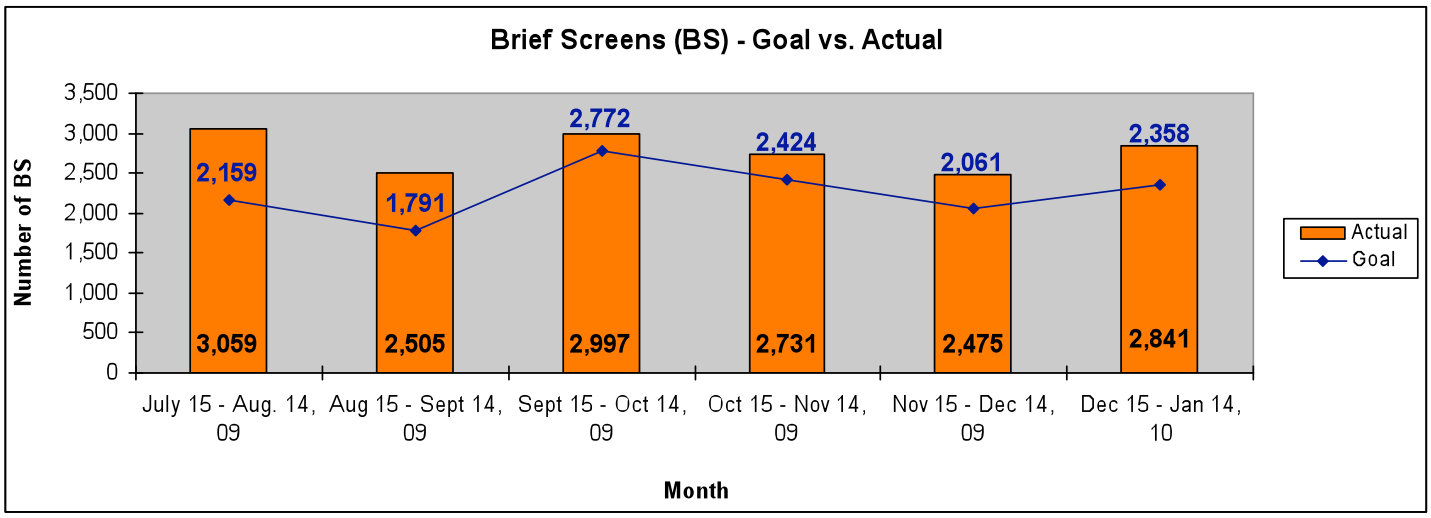
Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Completed*
Amery Regional Medical Center	176	160	90.9%	55	34.4%	36	65.5%
Aurora Family Care Center	125	106	84.8%	39	36.8%	35	89.7%
Aurora Sinai Women's Health Center	180	141	78.3%	60	42.6%	62	103.3%
Aurora Walker's Point	176	173	98.3%	68	39.3%	69	101.5%
Beloit Area Community Health Center	264	257	97.3%	86	33.5%	89	103.5%
Columbia St. Mary's	193	196	101.6%	73	37.2%	62	84.9%
Dean East	233	223	95.7%	86	38.6%	92	107.0%
Family Health/ La Clinica (0.5 FTE)	115	104	90.4%	34	32.7%	35	102.9%
Gundersen Lutheran Family Med	339	283	83.5%	105	37.1%	62	59.0%
Gundersen Lutheran Trauma Center	22	n/a	n/a	n/a	n/a	19	86.3%
Marshfield - Minocqua Center (.9 FTE)	143	125	87.4%	39	31.2%	27	69.2%
Menominee Tribal Clinic	388	302	77.8%	74	24.5%	69	93.2%
Milwaukee Health Services, Inc. (0.3 FTE)	6	8	133.3%	3	37.5%	2	66.7%
Scenic Bluffs Community Health Center (0.2 FTE)	12	13	108.3%	3	23.1%	0	0.0%
St. Joseph's Community Health Services - Adults	138	131	94.9%	34	26.0%	29	85.3%
St. Joseph's Community Health Services - Adolescents	193	196	101.6%	73	37.2%	62	84.9%
Upland Hills Health	160	155	96.9%	25	16.1%	15	60.0%
Waukesha Family Practice Center	303	268	88.4%	84	31.3%	67	79.8%
Grand Totals	**3,144**	**2,755**	**87.6%**	**941**	**34.2%**	**813**	**86.4%**

*Eligibility varies by clinic

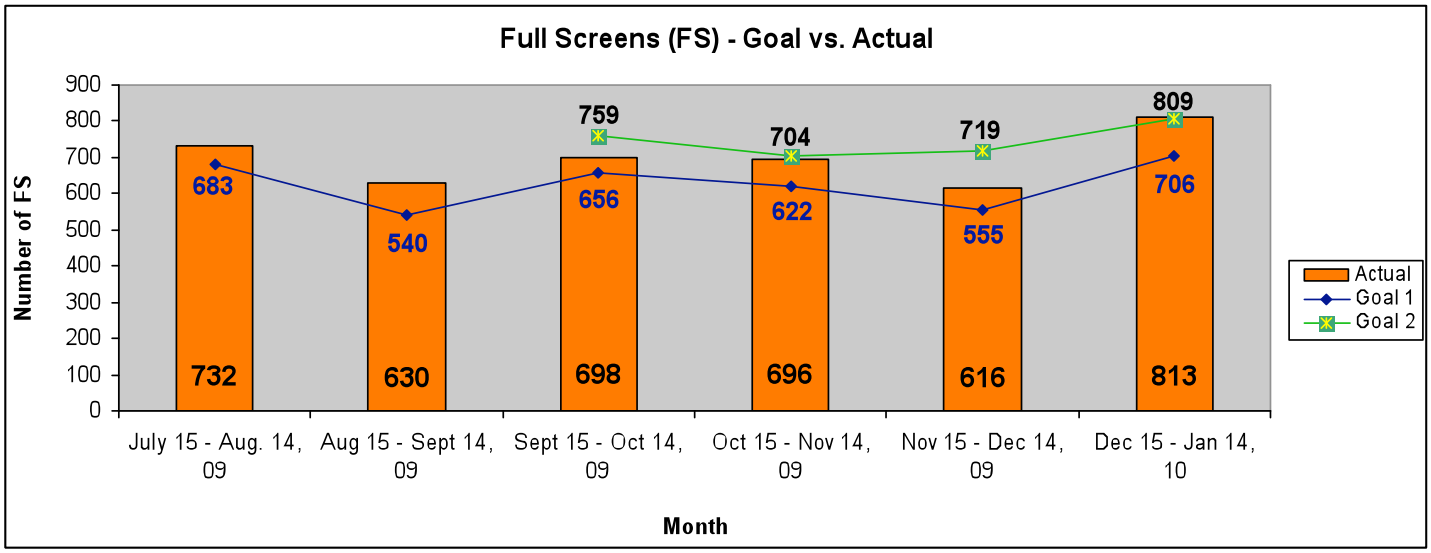
Charts compiled by
William Merrick

Continues on next page

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 2 (Dec 15 – Mart 14, 2010) - Number varies based on clinic start date

"Just askin', about booze and drugs"

Alternative weekly rings in the New Year with WIPHL story

You can't fault their timing. Madison's alternative weekly newspaper *Isthmus* (circulation 56,000) chose New Year's Eve, one of the heaviest drinking days of the year, to run a story about WIPHL.

The story quotes Rich Brown—identified as "a national leader in the SBIRT approach"—as saying that SBIRT is increasingly being seen as a standard of care: "Just as a patient would expect to have their blood pressure taken during a clinic visit, they would also expect to be asked about their drinking and drug use."

Isthmus reporter Jill Carlson also talked with UW Health-Northeast health educator Christina Lightbourn and physician Kathy Oriel.

"I'm not here to make the patient feel bad about the choices they're making," Lightbourn told *Isthmus*. "I'm here to help the patient see that the alcohol or substance abuse could be having an impact on their life in a negative way and suggest changes they could make."

Oriel reiterated the value of having a health educator at her clinic. "When you consider that a doctor only spends 15 minutes with a patient who might have a list of medical concerns to discuss, it leaves little time to discuss substance-abuse issues," said Oriel. "That's why Christina's job is so important. She's able to take time with the patient and really get to know them. Patients open up with her as they feel comfortable with her."

It was an accurate article about a worthy program—and a great way to start the year. You can read the full story at http://www.thedailypage.com/isthmus/article.php?article=27796.

The Last Word

This ain't no sleep aid

From a health educator in southcentral Wisconsin

A woman in her 70s was drinking one to two drinks per day before she went to bed to help her get to sleep. The patient was coming to the clinic to follow up on hypertension, for which she is taking medication. During the brief intervention the patient learned that consuming alcohol before going to bed can actually interfere with the quality of sleep, along with increasing the heart rate (alcohol makes the heart work harder). She also wasn't aware that having "only" one or two drinks a day—an amount she considered quite small—could have any kind of impact on her physical health.

The patient learned what the low-risk guidelines are and that she was above them (for adults 65 and older, it's one drink in a day and no more than 7 per week). She decided to cut down her use to one glass of wine at dinner three to four evenings a week. She's still able to enjoy her wine, but she is now at lower risk for having drinking impact her health.

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.