



# The WIPHL Word

## Wisconsin Initiative to Promote Healthy Lifestyles

July 2008

www.wiphl.org

Volume 2 No. 7

### The Director's Desk

## WIPHL and Patient Privacy

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

As we move toward daily, synching of our computer tablets, we are receiving many questions about patient privacy. This is an issue of great concern to WIPHL. All patient information deserves to be kept private, especially the very sensitive information we collect on alcohol use, drug use, and other personal topics. We want you to know that WIPHL complies with privacy law, and in some ways we go beyond legal requirements to safeguard the privacy of all patient information.

There are several entities that are involved with WIPHL and patient information flow. Clinics are where information is collected from patients and entered on computer tablets. The tablets convey information to a central server, from which data can be accessed by the Coordinating Center and our software vendor.

Regarding legal protection for patients, there are signed business associate agreements (BAAs) between all the appropriate entities. At each clinic, as guided by HIPAA (Health Insurance Portability and Accountability Act), patients sign forms that notify them about the privacy of their information. Those forms notify patients that other entities

involved in their care may receive their information under BAAs.

An example is a laboratory service. When a patient's blood or urine is collected at a clinic and sent to a lab for analysis, and test results are sent back to the clinic, the exchanged information is covered by a BAA. Otherwise patients would need to sign consent forms every time a clinic involved an outside entity in laboratory tests or X-rays, making day-to-day medical practice even more unwieldy for patients and providers. Similarly, there are BAAs between the WIPHL Coordinating Center and each participating clinic.

The Coordinating Center has a BAA with our tablet software vendor. The vendor is highly experienced in guarding the privacy of sensitive healthcare data. For example, one of their other projects involves gathering protected healthcare information (PHI) from a dozen databases into one gigantic database for a state Medicaid system. Our vendor has built several security features into our system, including state-of-the-art encryption of PHI on tablets, on our central server, and in between. So in the unlikely event of a security breach, any unauthorized person who gains access to our

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## Save the Dates! (Oct. 2-3)

**What:** WIPHL Statewide Meeting

**Where:** Milwaukee

**When:** October 2nd & October 3rd

**Who:** Health Educators, Clinic Champions, Clinic Managers, Clinic QI Coordinators and Implementation Team Members. WIPHL will pay for four people from each clinic team to attend the statewide meeting.

Our keynotes will address: Addiction and the Brain and Adolescent SBIRT Services

**Call for Input:** We've taken your feedback from our previous meetings as well as some of the timely topics related to WIPHL into consideration in our meeting planning. We have breakout sessions to share best practices, provide an overview of the adolescent protocols, problem-solve some of the particular barriers around implementing adolescent SBIRT services, working with African American families and addiction, and an intro to 12 Step programs and AA. Are there any other hot topics you'd like us to consider for a track during our breakouts? If so, please contact Chanda Belcher with your suggestions at [chanda.belcher@uwmf.wisc.edu](mailto:chanda.belcher@uwmf.wisc.edu), (608) 263-4573.

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data will not be able to link the data with any particular individual.

At the Coordinating Center, PHI is shared with staff only as needed to provide excellent clinical care. Only aggregate data, without PHI, is shared when we produce reports for quality improvement purposes and when we convey information to our funding agency on services we've provided. For patients who desire treatment, our treatment liaison shares PHI with prospective treatment programs only after patients release such information in compliance with

HIPAA and special federal confidentiality law that applies to alcohol and drug treatment.

So yes, WIPHL takes patient privacy very seriously. And as we move toward more real-time electronic data sharing, we want you to be confident that we are in compliance with health privacy law and do all we can to honor our commitments to secure personal information while helping our participating clinics provide excellent care for sensitive issues. If anyone has questions or suggestions on privacy, please let us know.

## Health Educator Update

# HEs Care—and Patients Know It

*By Laura A. Saunders*

WIPHL health educators see patients and clients in both primary care and public health settings. WIPHL health educators really care about the patients that they serve and demonstrate this high level of caring in a number of ways. All of these examples demonstrate the MI spirit and adherence through skills or attitude. These are some examples of accurate empathy, barrier reduction, collaboration, being nonjudgmental, asking open ended questions, exploring the pain around the behavior—and leaving the door open.

Carrie Buchen (Mercy) had patients call her after one and two months respectively to re-engage. One patient became a treatment referral.

Diane Carlson (Menominee) had a patient who said that on the way to the fridge to get a beer, he decided that rather than get that beer—which he didn't want to do—he'd call Diane and check in.

Anne Heath (Scenic Bluff) had a patient with no alcohol and drug problems talk at length about all of her other issues. After listening empathically, Anne referred her to the appropriate social services in hopes that they can address her needs for housing, food, and other basic necessities.

Alice Spann (Milwaukee Health Services, Inc.) started delivering services just this month. Despite her inexperience with WIPHL protocols, she has two patients who committed to working through change plans with her.

Terry Murphy (Polk County Health Department) translates patients own brief screen responses into open ended questions to open her sessions with the patients. An example might be, "Tell me about your wanting to quit or cut down on your use of alcohol and/or drugs."

Ruth Perez (Walker's Point) worked with a young woman whose mother was with her at the visit. At one point, Ruth was able to take herself out of the conversation because the mom and the daughter started talking about how the mom really felt about her daughter's substance use. According to both mom and daughter, this had never happened before. The daughter didn't know how much the mom cared.

Betzaida Silva-Rydz (Waukesha) has a patient who is struggling with her use and asks to see Betsy every time she's there to check in.

Mary Boe (Amery) had a patient who died. As Mary had worked quite intensely with the family around getting this patient into treatment, Mary reached out to the family and expressed condolences after the patient's death.

These examples demonstrate that patients feel very cared about by the highly skilled HEs who serve them.

*Treatment Liaison Update*

## General Healthcare and Specialty Addiction Treatment Providers: Bridging the Gap, and Closing It

*By Mia Croyle*

The treatment liaison role in our project serves several roles. On the one hand, the treatment liaison works to bridge the gap between general health care and specialty addiction treatment. On the other, the treatment liaison works to close that gap. I like to think of this dual role as working to eliminate the need for my position.

Along those lines, we held two conference calls this past month with the AODA coordinators and other key addiction treatment stakeholders from the county and tribes with whom we partner. In that call we provided our partners with a WIPHL update, shared information about state and policy perspectives for the future of SBIRT in Wisconsin, and gave an overview of the treatment successes and barriers to date. We also solicited feedback from our county and tribe treatment partners in regard to how we as a program can best support the development and enhancement of the linkages between themselves and our partners in the general healthcare settings.

It is gratifying to hear that our program continues to enjoy broad support from our county and tribe treatment partners. There is enthusiasm about our work and, it seems, a real understanding of the impact that screening and brief

intervention can have in reducing the burden that alcohol and drugs have on our communities.

One of the things that became clear in these calls is that counties and tribes are very supportive of the idea of strengthening their relationships with WIPHL clinics. Many of them expressed interest in meeting with the health educator in their area and getting more specifics about WIPHL implementation in their communities. We at the coordinating center certainly support this idea and I am going to be working to coordinate these meetings in the coming months.

I would like to take this opportunity to invite anyone who has ideas about how we can strengthen these linkages between the general healthcare setting and specialty addiction treatment providers to contact me. I am always interested in ways to put myself out of business!

In the month of June, we had:

5 new referrals to treatment (bringing our current total to 123)

4 patients enter treatment (bringing our current total to 39)



## SCAODA Adopts By-Laws

*By Harold Gates*

On June 6, 2008 the SCAODA By-Laws Workgroup was able to present and have by-laws adopted by the SCAODA Council. This marks a major change in the way that the council and its subcommittees will operate in the future. Since the time of its creation in the governor's office in the early 1990s, there were never any by-laws for SCAODA (State Council on Alcohol and Other Drug Abuse). State statute (Act 210) provided direction for SCAODA in terms of its purpose and membership, but there was no information on, for example, election of officers, attendance, etc. Therefore, it was deemed important to put these guiding principles into by-laws. The SCAODA Council By-Laws confirm its responsibilities which are as follows:

- Provide leadership and coordination
- Meet at least every three months
- Generate a plan every four years
- Include goals and objectives in the plan
- Make recommendations to all state departments, the legislature, and the courts
- Coordinate with state agencies
- Provide the legislature with considered opinions
- Conduct program evaluations
- Publicize AODA problems and prevention efforts

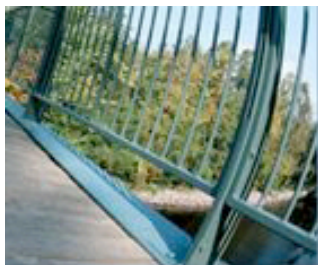
As you might recall, this is why WIPHL has put together a position paper and testified before the SCAODA Council to get their support and endorsement of ways to lessen or eliminate the impact of Act 292 (the "cocaine mom" law). These potential patients are now reluctant to take part in services offered due to various interpretations of confidentiality that the bill leaves unclear.

The SCAODA By-Laws Workgroup also put together a Committee Strategic Framework Work Plan PowerPoint that lists its various committees. A couple of highlights from that document spell out the mission and goals of SCAODA 2006/2010, which drives the work of all its committees. Please review the excerpted slides for a look at what the Diversity Committee is specifically doing around the ADA as it relates to the Deaf, Deaf/Blind, and Hard of Hearing. The committee's work nicely complements SCAODA's goals, which encourage and support evidenced-based practices, cultural competence, stigma reduction, and promotion of healthy lifestyles. You can access SCAODA's website for a more in-depth review of the council and its work at: [www.scaoda.state.wi.us/index.htm](http://www.scaoda.state.wi.us/index.htm). As always, if you have questions or need technical assistance, please contact me at (608) 265-4032 or by e-mail at [Harold.Gates@fammed.wisc.edu](mailto:Harold.Gates@fammed.wisc.edu).

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## State Council on Alcohol and Other Drug Abuse Mission/2006-2010 Goals

### ■ **Mission:**

To enhance the quality of life of Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

- **Goal 1:** Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access.
- **Goal 2:** Support the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with special emphasis on underage use.
- **Goal 3:** Support and encourage recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.<sup>4</sup>

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## DIVERSITY COMMITTEE

ADA WORKGROUP for the Deaf, DeafBlind and Hard of Hearing

**SCAODA Goal 1:** Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access.

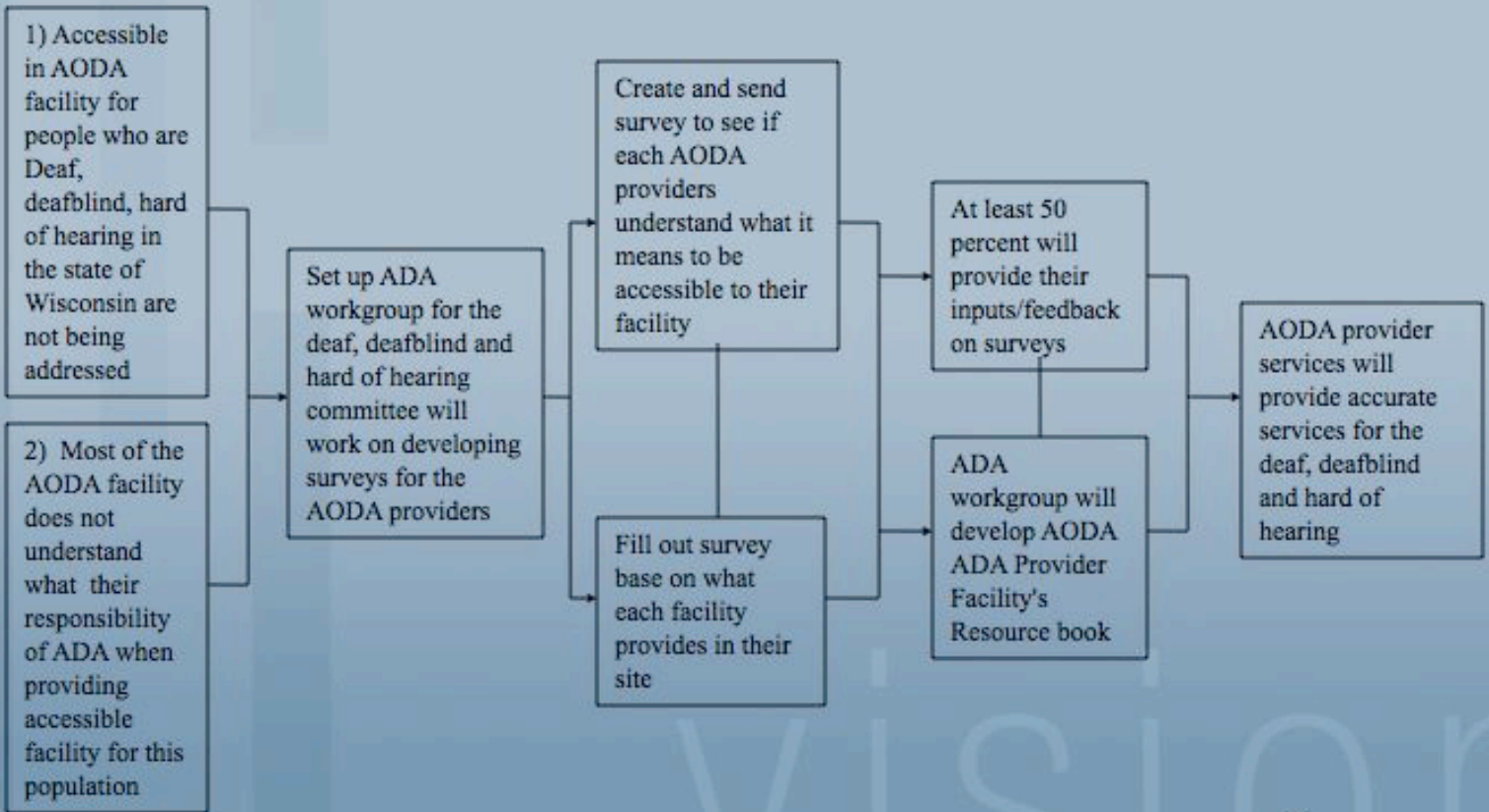
### Assumptions

### Activities

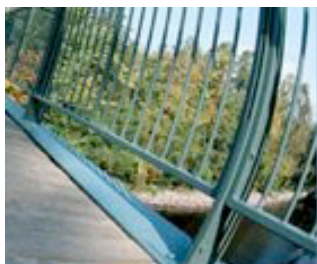
### Outputs

### Outcomes

### Impact



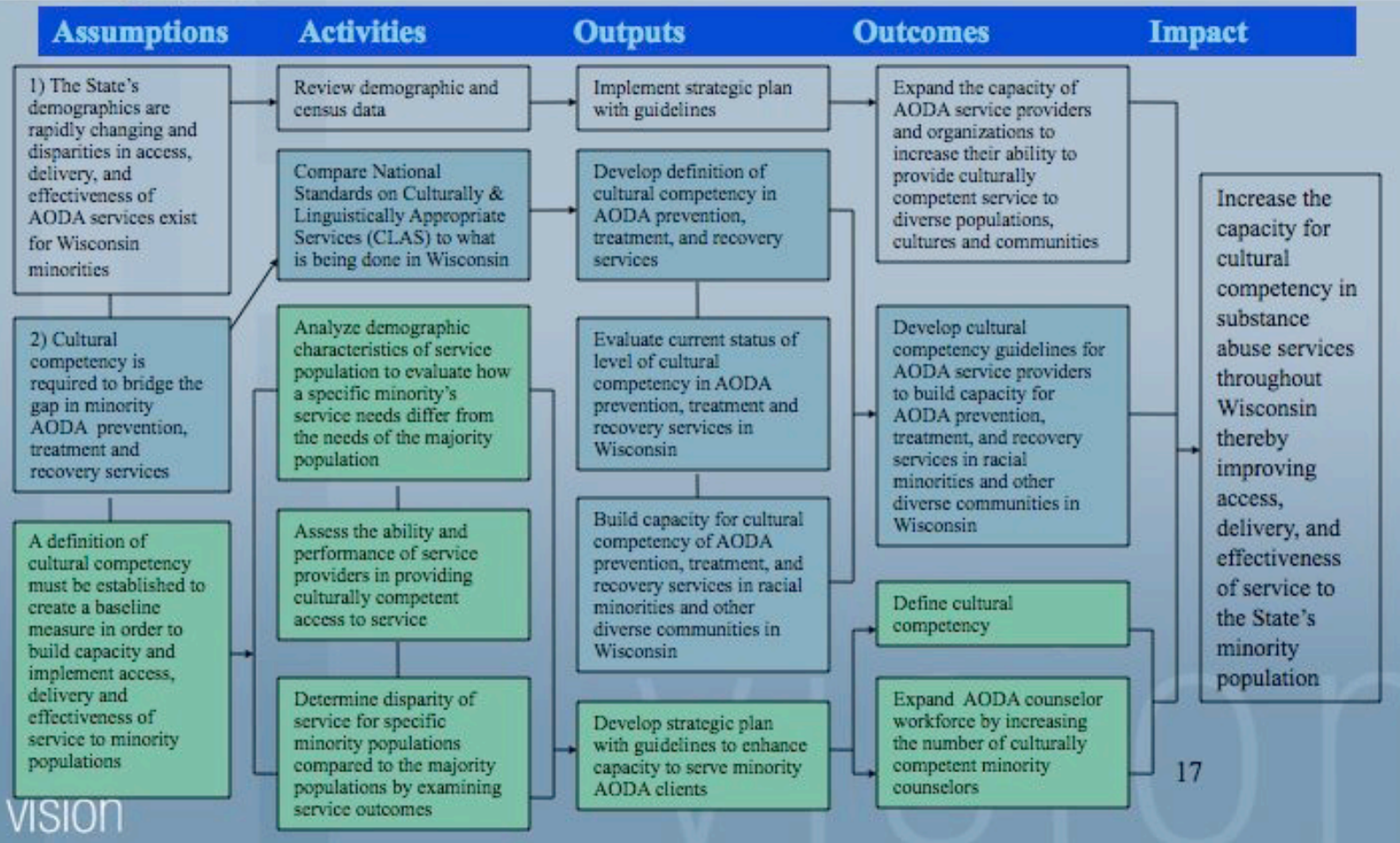
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**DIVERSITY COMMITTEE: CULTURAL COMPETENCY WORKGROUP**

**SCAODA Goal 1:** Support, promote and encourage the implementation of a system of substance abuse services that are evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access.

**SCAODA Goal 3:** Support and encourage recovery in communities by reducing stigma, discrimination, barriers and promoting healthy lifestyles.



VISION

## June 2008

Month End Data

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
<b>Wave 1</b>							
Augusta	65	52	80%	21	40%	2	10%
Eau Claire	397	276	70%	106	38%	23	22%
Northeast	340	283	83%	114	40%	95	83%
Polk County	80	59	74%	27	46%	21	78%
St. Joseph's	120	117	98%	37	32%	36	97%
Wingra	10	8	80%	4	50%	4	100%
<b>Totals</b>	<b>1,012</b>	<b>795</b>		<b>309</b>	<b>39%</b>	<b>181</b>	<b>59%</b>
<b>Wave 2</b>							
Amery	215	173	80%	56	32%	26	46%
Turtle Lake	N/A	9	N/A	5	56%	4	80%
Luck	N/A	10	N/A	4	40%	0	0%
FamHlt/LaCl. (0.5 FTE)	116	116	100%	27	23%	22	81%
Menominee	568	407	72%	101	25%	47	47%
<b>Totals</b>	<b>899</b>	<b>715</b>		<b>193</b>	<b>27%</b>	<b>99</b>	<b>51%</b>
<b>Wave 3</b>							
Mercy Clinic South	209	137	66%	42	31%	14	33%
Walker's Point	222	201	91%	42	21%	30	71%
Waukesha	226	150	66%	50	33%	42	84%
<b>Totals</b>	<b>657</b>	<b>488</b>	<b>74%</b>	<b>134</b>	<b>27%</b>	<b>86</b>	<b>64%</b>
<b>Wave 4</b>							
Minocqua	215	171	80%	68	40%	29	43%
St. Luke's	220	135	61%	38	28%	30	79%
<b>Totals</b>	<b>435</b>	<b>306</b>	<b>70%</b>	<b>106</b>	<b>35%</b>	<b>59</b>	<b>56%</b>
<b>Wave 5</b>							
Family Care Center	150	139	93%	56	40%	52	93%
Mayfair	466	389	83%	75	19%	30	40%
Milwaukee Health Services	7	7	100%	3	43%	3	100%
Scenic Bluffs	31	29	94%	5	19%	2	40%
St Croix Regional Medical Center	154	115	75%	41	36%	29	71%
St Croix Tribal Clinic	52	21	40%	20	95%	14	70%
<b>Totals</b>	<b>860</b>	<b>700</b>	<b>81%</b>	<b>200</b>	<b>29%</b>	<b>130</b>	<b>65%</b>
<b>Grand Totals</b>	<b>3,863</b>	<b>3,004</b>		<b>942</b>	<b>31%</b>	<b>555</b>	<b>59%</b>

\*Eligibility varies by clinic

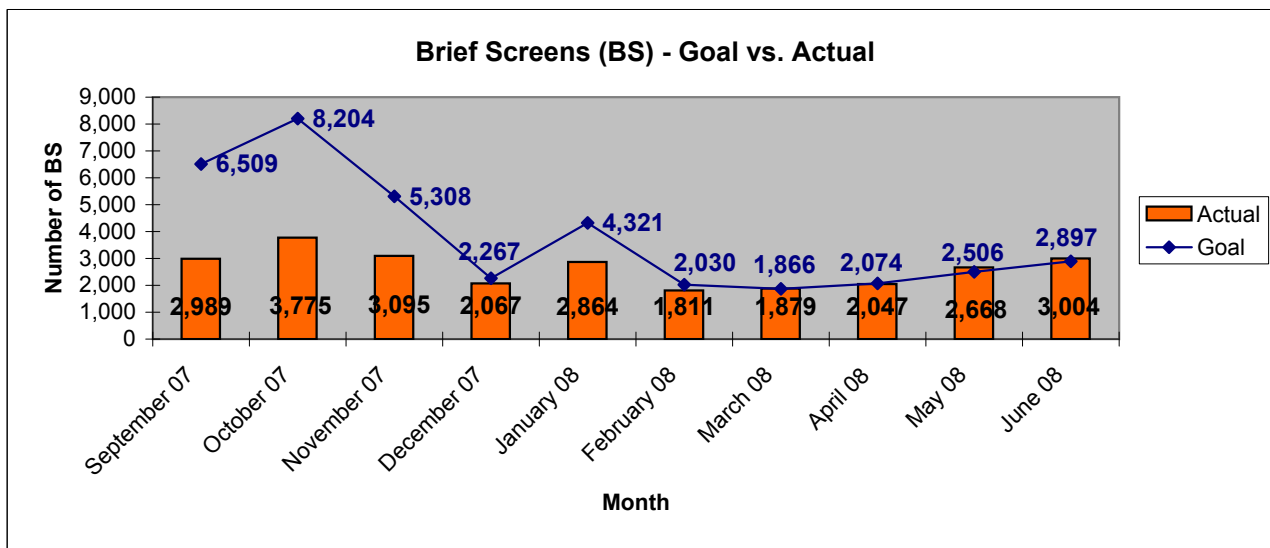
Data in this and accompanying charts compiled by Jessica Wipperfurth

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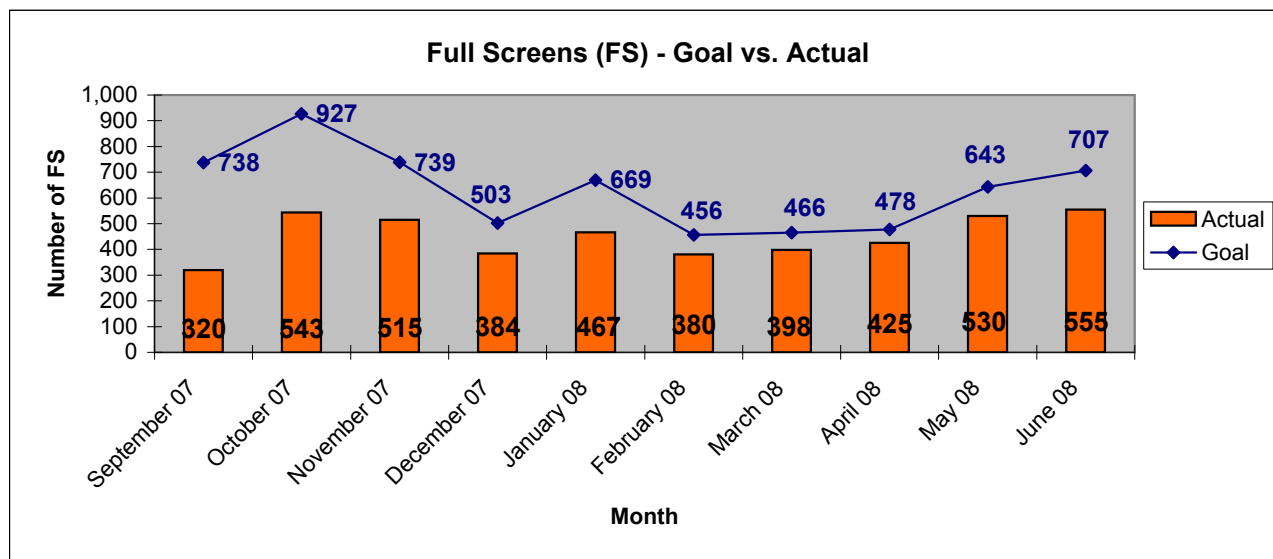


# June 2008

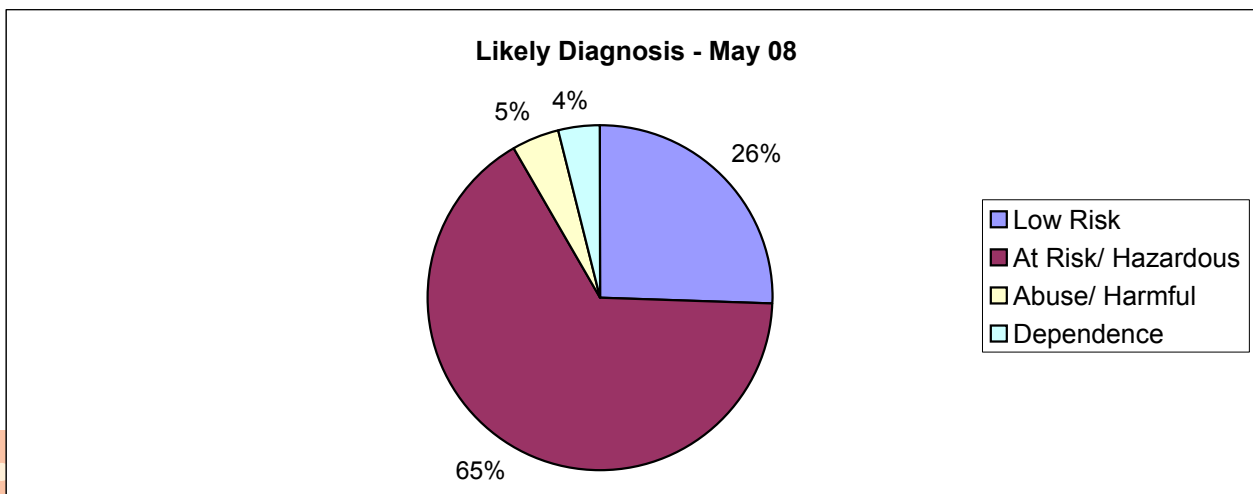
Month End Data (continued)



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



Actual = Number of full screens completed  
 Goal = Year 2 (September 07 - August 08): Full screen 75% of patients who brief screen positive



## Clinic Corner/QI Commentary

By Lilly Irvin-Vitela

### QI Tip: Celebrate and build on successes!

When a greater number of people are systematically identified as needing services it is sometimes difficult to ascertain what works and why. In plan-do-study-act cycles, the study part of the cycle is very important. The study phase is a chance for an organization to catch themselves doing something right or have an “aha moment” that allows for even greater success for patient care. Not only does reflection allow teams to understand and grow their success, it creates space in our busy work processes to celebrate clinic accomplishments. So, at your next QI meeting make time to study your gains and celebrate!

### Wave 1 Clinic Highlights

Lisa Cory and staff at UW Augusta and UW Eau Claire are in the zone with their brief screening efforts. 80% of eligible patient at UW Augusta received the brief screen in June and 70% of eligible patients at UW Eau Claire were brief screened. This is significant progress! Furthermore, Lisa was able to deliver WIPHL services to 25 of the 127 patients that brief screened positive and the team is looking at a QI initiative to increase the number of positive patients who meet with Lisa.

Christina Lightbourn and the team at UW Health Northeast Family Medical Center brief screened and delivered services to over 80% of eligible patients in June. A total of 95 patients received their initial full screen and brief intervention in June. This is a remarkable accomplishment in patient care for risky alcohol and drug use behaviors.

Terry Murphy and Polk County have been systematically administering the brief screen in WIC and Reproductive Health in addition to their community-based brief screening efforts through PolkaDot. Approximately 74% of their eligible patients received a brief screen and 78% of people who screened positive received services. Polk County has unique implementation challenges that they are meeting with creativity and an eye toward excellent patient service.

The teams at St. Joseph’s Community Health Services in Elroy, Hillsboro, and Wonewoc clinics and Sue Larson continue to meet and exceed quality improvement measures for delivering SBIRT services. Through a coordinated team effort, the use of video conferencing equipment, and shared

ownership of the success of WIPHL, their team continues to make the most of every opportunity to connect patients with health education services. In fact, 98% of patients who were eligible to be brief screened completed the screen and 97% of patients who screened positive received services.

At UW Health Wingra Family Medical Clinic every patient that screened positive for alcohol and drug risk received face-to-face services. Julia continues to shadow providers and deliver services.

### Wave 2 Clinic Highlights

At Amery Regional Medical Center, Turtle Lake, and Luck, their teams were able to brief screen 192 patients—that’s a significant increase from May. The registration staff has a lot to be proud of in their brief screening. The number of actual patients that received care remained constant from May to June but the changes in WIPHL flow at Amery have resulted in more face-to-face visits between Mary and patients.

Melissa Barth and the entire team at Family Health La Clinica were able to brief screen 100% of eligible patients and deliver direct services to 81% of patients who screened positive. For a site that only has .50 FTE allocated to WIPHL, their team is making the best use of resources and getting patients connected with the care they need for their drug and alcohol risk behaviors.

Diane Carlson, Mary Travis, and the staff at Menominee brief screened 407 patients in June. That was 72% of eligible patients and included people who were walk-ins along with the regularly scheduled visits. The team approach to brief screening, which includes nurses and the front desk clerks, has created greater opportunities to identify patients in need of WIPHL health education services. Diane was also able to deliver full screens and brief interventions to 47 patients.

### Wave 3 Clinic Highlights

Mercy Clinic South and Carrie Buchen have brief screened 66% of eligible patients. Carrie recently revised their bilingual brief screen form and it has yielded significant results. Mercy was able to brief screen a greater percentage of patients than in any previous month and, with additional changes in their QI process, continued success is likely. Carrie was able to deliver full screens and brief interventions to 14 patients in June. Mercy’s implementation team is

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working together to find ways to increase the number of patients who screen positive that are able to meet with Carrie.

Ruth Perez and the staff at Aurora Walker's Point brief screened 91% of eligible patients in June and delivered direct care to 71% of the patients who self-reported risky drug and alcohol use. Walker's Point continues to make great strides. Although Ruth is moving on to another career opportunity, the work she has done with the team at Walker's Point has been a meaningful contribution to patient care. Although WIPHL services will be on hiatus after mid-July, we're looking forward to a continued partnership.

Betsy, Gretchen, Anna, Chris, and the team at Waukesha Family Practice Center continue to make significant gains in their efforts to brief screen eligible patients. 66% of eligible patients were brief screened in June. This is an 8% increase from May and is on the trajectory of steady progress that the team has been able to consistently build upon. Furthermore, this team has a great active hand-off process with built-in fail-safes to connect patients to face-to-face services with Betsy. 84% of patients who screened positive received quality care!

#### **Wave 4 Clinic Highlights**

Kerri Weberg and the team at Marshfield Clinic Minocqua Center continue to systematically brief screen eligible patients, exceed WIPHL QI targets for brief screening, and strive for their own higher standards. 80% of eligible patients were brief screened. In addition, many changes to their implementation and flow have resulted in Kerri having more opportunity to meet face-to-face with patients. Kudos—this is a huge accomplishment!

The team at Aurora St. Luke's and Wendi are consistently brief screening in the 60th percentile of patients they've defined as eligible for services. Although the percentage of eligible patients brief screened dropped, the actual number of people brief screened increased from May to June. Wendi was able to deliver services to 79% of patients who screened positive for alcohol and drug risks.

#### **Wave 5 Clinic Highlights**

Chris Casselman-Erickson and the team at Aurora Sinai Family Care Center continue to excel in their efforts to systematically brief screen and provide WIPHL interventions to patients. 52 of the 56 patients who expressed some risk related to drug or alcohol consumption met with and

received health education services. The team continues to exceed brief screen and full screen QI targets!

At Aurora Health Center Mayfair, Susan Bush and the team brief screened 389 patients. That is 83% of those who were eligible to be brief screened. Their front desk staff has made brief screening routine in a high volume clinic! This is excellent. In addition, Susan, who is only .50FTE on WIPHL, was able to deliver WIPHL health education services to 30 patients who screened positive. Although the need is greater and Susan is also delivering services for depression, this team is well on its way to achieving a model for addressing multiple behavioral health conditions. Way to pioneer!

Milwaukee Health Services, Inc. and Alice Spann were able to brief screen all patients that met their eligibility criteria and Alice was able to meet face-to-face and engage patients in services fully. Now that the team has successfully launched, they've identified opportunities to systematically spread their success and meet the needs of more patients.

Anne Heath and the team at Scenic Bluffs are making the most of their involvement in WIPHL. Like many of the Wave 5 clinics who have health educators with multiple responsibilities and limited WIPHL funding, this team is starting small to strategically spread services. 94% of eligible patients were brief screened and 40% of patients who screened positive were able to meet with Anne. The team is full of creative ideas and knows how to increase the number of patients who screen positive that meet with Anne.

Wow! Amber Sedivy and the team at St. Croix Regional Medical Center brief screened 75% of eligible patients in June. This is a remarkable accomplishment for the reception staff and the whole QI team at SCRMC. That success is coupled with consistent progress toward delivering health education services to patients who screen positive—71% of those with a positive brief screen were able to receive care from Amber.

CeCe Mitchell and the team at the St. Croix Tribal Health Clinic at Hertel were able to brief screen 20 patients in June. The actual number of people brief screened is consistent with May. 66% of those who screened positive received care. CeCe was able to provide care to 14 people—that is a huge increase in services from May and shows that Hertel is making meaningful gains in their implementation efforts!

Burnett County and ThedaCare are launching soon, and we're eager to see these newest sites delivering services.

## “Pssst ... the PSQ!”

Those clinics that have not yet begun to administer Patient Satisfaction Questionnaires will begin doing so in July. In the August WIPHL Word we will feature:

- Data on how many PSQs have been completed at each clinic
- Highlights on what we're learning from the PSQ

Thanks in advance for transmitting completed PSQ forms to the Coordinating Center on a timely basis!

## WIPHL People

We say farewell to Ruth Perez, who has left her position as health educator with Aurora Walker's Point Community Clinic to pursue other career opportunities. Walker's Point will resume offering WIPHL services after our next health educator training this fall. In the meantime, we wish Ruth all the best and thank her for her service with WIPHL.

## Understanding WIPHL for Teens

### Sign Up Now for July 24 Talk on WIPHL for Adolescents

**A number of clinics** are exploring expanding WIPHL services to adolescents. Whether or not your clinic is one of them, our *WIPHL Speaker Series* continues with a presentation that should be of interest, especially since many of the younger adults we treat (18-early 20s) can be better helped if we understand more about adolescent psychology. “Adolescents and WIPHL, Part I: The Rationale” features Steven Fernan, assistant director of student services (including the ATODA program) with the Department of Public Instruction. He will talk about school ATODA services for teens to inform our exploration of why and how SBIRT services can be a good fit for that age group. We welcome your questions, comments, and observations—there will be plenty of time for discussion.

**When:** Thursday, July 24, noon to 1 p.m.

**Where:** At your desk! (Free 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](mailto:wislineaudio@ics.uwex.edu). For any other questions, please e-mail [info@wiphl.org](mailto:info@wiphl.org).

***Please sign up at your earliest convenience—waiting until the last minute can result in event cancellation or unnecessary charges to us.***

# Calendar

## July 7

Governor's Policy Subcommittee Meeting, Promoting Demand, 2–3 p.m.

## July 14

Governor's Policy Subcommittee Meeting, Co-Occurring Conditions, 11 a.m.–1 p.m.

## July 18

Cultural Competency Committee Meeting, noon–1 p.m.

## July 22

Governor's Policy Subcommittee Meeting, Billing and Reimbursement, 10–11 a.m.

## July 24

WIPHL Speaker Series free teleconference, "Adolescents and WIPHL: The Rationale," noon–1 p.m.

*For Health Educator meetings and additional information about events, see [www.wiphl.org](http://www.wiphl.org)*

# The Last Word

## Concern and Persistence Save a Life

*From a clinic in southeastern Wisconsin*

The patient, a man with disabilities, needed assistance in responding to his brief screen, so the WIPHL health educator administered the questions verbally. He did not hesitate to respond to questions about alcohol, drugs, and domestic violence, all with a clear no. But he became defensive when asked about depression and refused to answer. The health educator moved on to questions he was more comfortable with but later circled back to depression, explaining that the clinic wanted to take care of patients in all areas covered by the brief screen.

It turned out that not only was the patient depressed, he was suicidal and had already tried to take his life. He moved his watchband to show the health educator fresh cuts on his wrist.

The health educator immediately informed his physician, and the patient ended up being taken to a hospital for his own protection.

The physician told the health educator that he might not have discovered this problem if the health educator hadn't asked about it.

In another crucial piece of teamwork, the patient might not have received the brief screen if an attentive clinician involved with WIPHL had not taken particular note of the patient and asked the health educator to accommodate his need for special assistance.

**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's Department of Family Medicine. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at [Joan.Fischer@fammed.wisc.edu](mailto:Joan.Fischer@fammed.wisc.edu).