



Turbulence and Opportunity

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

On July 15 I was scheduled to give a talk on behavioral screening and intervention at Hudson Hospital, 2 miles east of the Minnesota border off I-94. The day before, I was relieved to arrive safely in Hudson after driving through torrential thunderstorms and skirting tornadoes only a few miles away. After enjoying dinner at a Chinese restaurant, I cracked open my fortune cookie and read, "Turbulence is a life force. Turbulence is opportunity. Let's love turbulence and use it for change."

Not a superstitious person, I was bowled over by the coincidence.

An hour later in my hotel room, surfing the web, I logged on and caught up on the news. I read that under healthcare reform, commercial health plans must reimburse for preventive services without any out-of-pocket payments by patients. Such services include those that the US Preventive Task Force has assigned Grades A or B, which attests to their effectiveness and cost-effectiveness. Such services include tobacco, alcohol, and depression screening and intervention services. Wow, maybe my fortune had an even deeper meaning.

Indeed these are turbulent times in many respects, especially in healthcare. There is widespread recognition that US healthcare cannot continue on its present path, or it will bankrupt our country. Most states' Medicaid programs, including Wisconsin, face hard choices, as increasing numbers of citizens need assistance while the tax base continues to shrink. There is great uncertainty how healthcare reform will affect us all, from patients to providers, payers, and purchasers.

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Unfortunately, maybe this crisis is what we needed to press us to be more open-minded about how to improve health outcomes and decrease costs. Out of this turbulence is coming constructive change, including Wisconsin Medicaid reimbursement for SBIRT and a national push toward reimbursing for tobacco, alcohol, and depression screening and intervention services.

Over the past several decades, we've tried many ways to reduce healthcare costs, many of which have had detrimental effects on aspects of quality. Now we are finally moving toward prevention as a way to decrease costs and improve health outcomes. That's what I call good fortune!



WIPHL Farewells and Welcome

By Candace Peterson, PhD



Holly Prince, WIPHL IT and Protocols Manager, and Joan Fischer, WIPHL Senior Communications Specialist, have both left their WIPHL positions recently. Holly and Joan, thanks for all your contributions over your years with WIPHL, and best of luck in your new endeavors.

Celeste Hunter, a UW Rehabilitation Psychology graduate student and a WIPHL Research Assistant, decided to leave WIPHL on July 16. Celeste assisted with health educator training and support. We wish Celeste success in her studies and beyond.



On July 26th, Steve Baillies (pronounced Bay' liss) starts work with us. Steve will provide IT, tablet and data support for the WIPHL staff and for all of our Health Educators around the state. Our Health Educators will get to meet Steve at the July retreat in Wausau.

Steve has a strong background in networks, programming and database development, and holds associate degrees in electronics and network specialization. A resident of Sun Prairie, he comes to us from Precision Devices, Inc., where he created databases and programs, and provided software, hardware and network support.

Welcome Steve!



Cultural Competence and Health Disparities

*By Harold Gates, MSSW, CISW
Associate Director of Cultural Competence*

Summer is a time of transition and this summer is no exception as we wind down the 4th year of WIPHL and prepare for Year 5 of the project. One of the recurring themes of late in cultural competence circles and health care in general is finding ways to deal with health disparities. I would like to share some information that I have recently found that will assist us in our efforts to continue to look at and respond in a culturally competent way to this issue.

The American Medical Association (AMA) has a link on its website that speaks to this issue from a perspective of public health and it contains a lot of useful information that relates to primary care providers, health educators, and clinics. The section on "Eliminating Health Disparities" contains another sub-link that addresses Promoting Healthier Lifestyles and contains guide books and materials that are user friendly for providers and patients. One link is the AMA Healthier Life Steps Program that contains a Physicians Guide and Tool Kit that addresses healthy eating, physical activity, risky drinking, and quitting smoking. All of these are presented in a Spanish version as well. You can access all of this by going to www.ama-assn.org/go/healthierlifesteps.

The next resource is quite extensive and contains many online, print, and movie/video/CD-ROM resources. It is compiled by Robert C. Like, MD, MS located at the Center for Healthy Families and Cultural Diversity, Department of Family Medicine. They are located at UMDNJ-Robert

Wood Johnson Medical School (<http://www2.umdnj.edu/fmedweb/chfcd/INDEX.HTM>). The sections on Clinical Cultural Competence, Health and Health Care Disparities, and Organizational Cultural Competence should prove very useful. There are actual links to take you to information, tool kits, websites, etc. This is one of the more thorough compilations of information on cultural competence that I have come across.

The last resource that I would like to share is The Disparities Solutions Center sponsored by Massachusetts General Hospital (<http://www2.massgeneral.org/disparitiessolutions/guide6.html>). The title refers to a chapter in a handbook that the center authored to address "Improving Quality and Achieving Equity: A Guide for Hospital Leaders". This section contains tools/guides, case studies, web seminars, key links, and health topics. The Disparities Solutions Center Archived Web Seminars takes you step-by-step through a process of setting up ways to eliminate health disparities in your hospital or clinic. There are also Power Point presentations that illustrate the connections between quality and disparities.

Please take some time to look at these resources. I think that they will prove useful to you and your clinic. You can reach me at Harold.Gates@fammed.wisc.edu or by phone at (608)265-4032 for technical assistance with your cultural competence questions or concerns.

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Month End Data

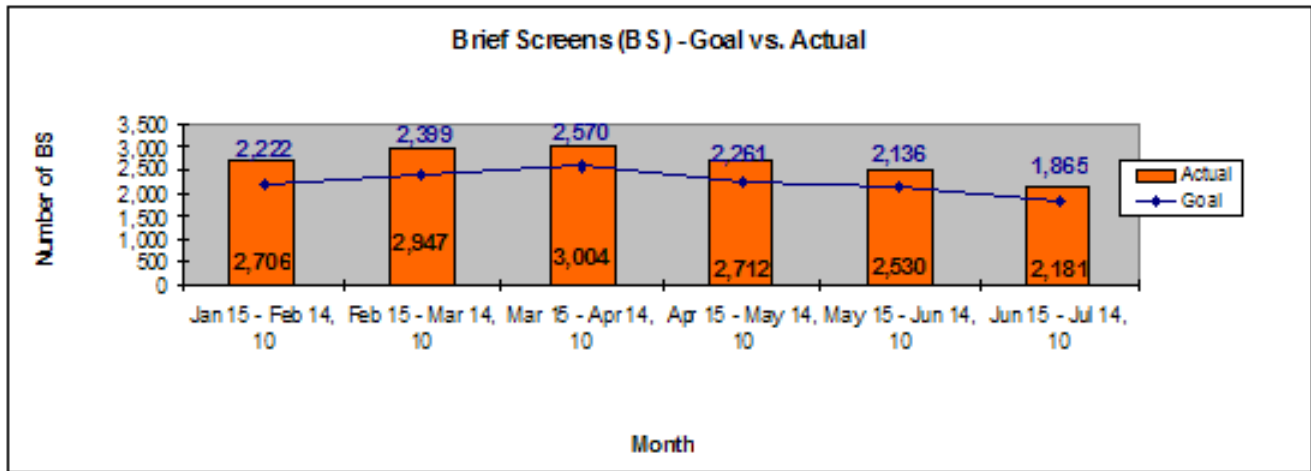
Year 4 Month 10
June 14 – July 15, 2010

<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 Sinai Family Care Center (0.9 FTE)	110	93	84.5%	30	32.3%	52	173.3%
Aurora Sinai Women's Health Center (0.9 FTE)	182	163	89.6%	35	21.5%	53	151.4%
Aurora Walker's Point (0.9 FTE)	164	164	100.0%	59	36.0%	56	94.9%
Beloit Area Community Health Center	296	286	96.6%	96	33.6%	86	89.6%
Columbia St. Mary's	146	146	100.0%	58	39.7%	60	103.4%
Family Health/ La Clinica (0.5 FTE)	145	143	98.6%	39	27.3%	15	38.5%
Gundersen Lutheran Family Medicine	267	255	95.5%	99	38.8%	60	60.6%
Gundersen Lutheran Trauma Center	100	n/a	n/a	n/a	n/a	100	100.0%
Menominee Tribal Clinic	233	181	77.7%	70	38.7%	63	90.0%
Milwaukee Health Services, Inc. (0.3 FTE)	22	11	50.0%	6	54.5%	5	83.3%
Northeast Family Medical Center	256	214	83.6%	77	36.0%	59	76.6%
Scenic Bluff's Community Health Center (0.2 FTE)	25	25	100.0%	3	12.0%	1	33.3%
St. Joseph's Community Health Services - Adolescents	8	8	100.0%	1	12.5%	1	100.0%
St. Joseph's Community Health Services - Adults	132	116	87.9%	29	25.0%	26	89.7%
Upland Hills Health	143	132	92.3%	19	14.4%	18	94.7%
Waukesha Family Practice Center	258	244	94.6%	69	28.3%	60	87.0%
Grand Totals	2,487	2,181	87.7%	690	31.6%	715	103.6%

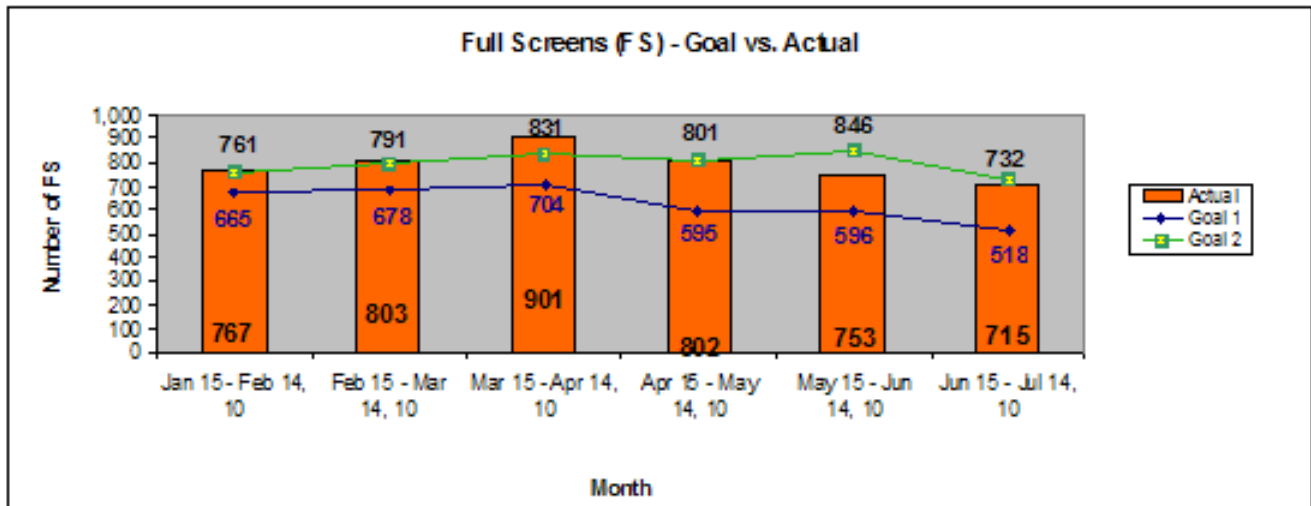
*Eligibility varies by clinic

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6 Month Wrap-Up



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



Motivational Interviewing: Improving Practice

By Mia Croyle and Laura Saunders,
WIPHL Site Operations Team

One of the most important tasks of the WIPHL site operations team is to monitor health educator practice. We do this so that we can assure SAMHSA, our partners, and our patients that our program is delivering high quality services. We also do this to guide us as we make decisions about how best to provide health educators with support, coaching, and learning opportunities to assist them in improving and maintaining their clinical skills, one of which is motivational interviewing (MI). MI is a complex intervention style that requires practitioners to utilize a set of specific intervention skills and strategies while also maintaining a highly specific spirit and style.

An important vehicle in this monitoring and coaching process is the audio-tape of a session with a patient that each health educator submits for review each month. This requirement is rooted in the science of what we currently know about improving MI practice. In providing specific feedback on direct observation of health educators' interactions with patients, WIPHL is in line with recognized best practices for becoming proficient in MI.

Research in how people attain and maintain competency and proficiency in MI tells us that in order to further learning, practitioners need progressive individualized feedback on performance and personal coaching. One tool that can be used to guide both coaching and feedback is the Motivational Interviewing Treatment Integrity (MITI) scale. (Moyers, 2005)

The MITI is a cost effective and focused instrument the measures the integrity of MI delivery. The MITI measures both adherence to the spirit of Motivational interviewing and also the techniques that are use in a well-crafted session. Individuals can use the MITI to evaluate their own training session and compare them to competency thresholds.

The MITI gives practitioners a score in five domains that represent the overall feel of the session: evocation, collaboration, autonomy/support, direction, and empathy. The overall feeling of the session is conveyed to the patient via the behaviors of the practitioner and their ability to accurately understand the client and effectively guide them to change talk- these behaviors are open and closed questions, simple and complex reflections, motivational interviewing adherent behaviors and motivationally non-adherent behaviors.

We have been systematically using the MITI throughout grant year 4. We have noticed marked gains in health educator skill development and are thrilled with the continual growth. Many health educators have shared with us that the process of reviewing transcripts of their sessions with patients and receiving specific concrete feedback on those sessions has helped them expand their skills and gain confidence in their interactions. It is an honor to be working alongside our health educators as they continue to progress in their journey towards mastering MI.

The Last Word

Awesome HE thrills patient's wife

A male patient in Western WI was shocked to learn that 3-4 drinks (sometimes as many as 30/day) put him at-risk for alcohol problems. Upon hearing the low-risk guidelines from

his health educator, he vowed to follow them. The health educator followed up with him at 6 weeks and heard this from him: "You're awesome!" The patient was feeling fantastic from his reduction to 3-4 a week. He said, "You should have told my wife who you were—she is so thrilled with this change!"

The WIPHL Word 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 our new editor, Steve Baillies, at steve.baillies@wismed.org.