The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

June 2008 www.wiphl.org Volume 2 No. 6

The Director's Desk

Strengthening our Families and Communities: Evidence-Based Strategies Besides SBIRT

By Richard L. Brown, MD, MPH
Clinical Director

As you know, WIPHL's aim is to durably expand delivery of alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services in general healthcare settings around Wisconsin. Why? Because SBIRT services decrease risky and problem drinking and drug use, which in turn promotes health, safety, and economic well-being for our patients, their families, and our communities.

However, SBIRT services are not the only way to decrease risky and problem substance use. I've been working with my neighborhood association—Capitol Neighborhoods, Inc.—to apply community-based, evidence-based strategies to reducing alcohol-related crime and violence in downtown Madison and around the UW-Madison campus. I've found this kind of work very rewarding. With a little guidance, you, too, could help bring evidence-based alcohol and drug prevention to your communities.

Two very well done websites can get you started. One is the website of the Wisconsin Clearinghouse for Prevention Resources: http://wch.uhs.wisc.edu/. This website is full of great data and information on alcohol and drug prevention. Click on "Prevention" and "Evidence-Based Prevention Programs." Then download a listing of 35 programs that really work in decreasing tobacco, alcohol, or drug use by young people. If the schools in your community are using one of these programs, then you know that the program has been found effective. If not, your school might be wasting time and money.

Another great website is http://www.collegedrinkingprevention.gov/. This site is maintained by the National Institute on Alcohol Abuse and Alcoholism, the nation's foremost authority on alcohol-related science. Click on "Stats and Summaries," then "Recommendations," then "4 Tiers." Although the website is slanted toward college towns, it summarizes a lot of research on what works in other kinds of communities. Recommendations include organizing a community coalition, strengthening enforcement of drinking age laws, restricting the density of alcohol outlets, increasing excise taxes on alcohol, promoting responsible beverage service, providing educational programs that challenge alcohol expectancies—and, of course, delivering SBIRT services in clinical settings.

Many people around Wisconsin feel frustrated and discouraged in trying to protect their families and communities from illicit drugs, potentially addictive prescription drugs, and especially our strong binge drinking culture. Most don't realize that there are strategies that clearly work. Three quarters of Wisconsinites do not engage in risky drinking or drug use. Activating this silent majority to advocate for implementation of evidence-based prevention programs and strategies could make Wisconsin an even healthier, safer, and more fun place to live.

Health Educator Update

Motivational Interviewing: Giving Patients All The Information They Need (without sounding like a know-it-all)

By Laura A. Saunders

Motivational Interviewing combines elements of directive and non-directive approaches. The interviewing session is patient-centered, yet the clinician maintains a strong sense of purpose and direction. A challenge in learning MI is how to strike a balance between authority and passivity.

It is okay, in fact it is often necessary, to give patients advice, information, and feedback. In the WIPHL protocol, there are a number of places where this is necessary: when delivering the recommendations and educational messages and when providing advice to patients who want to end services before completing protocol. In order for this to be MI adherent, it is important to do it in a respectful and partnering manner that reinforces client autonomy. To this end, on the HE group calls earlier this month we discussed giving advice and being directive. Below are the highlights from the material we discussed.

Strategies for giving advice without sounding like a "know-it-all"

• Ask permission:

"If you're interested, I have a recommendation (an idea) for you to consider. Would you like to hear it?"

• Offer advice:

"Based on my experience, I would encourage you to consider _________________."

• Emphasize choice:

"And I recognize that it's your choice to do so."

• Elicit response:

"What do you think about my recommendation (my idea)?"

Strategies for exchanging information: EXPLORE—OFFER—EXPLORE

Explore. Ask what the client knows, would like to know, or if it's okay to offer them information: "What are some things you've heard about drinking and pregnancy?", "Do you mind if I share my concerns?", "Can I share some information with you?", "Is it okay with you if I tell you what we know?"

Offer. Offer information in a neutral, nonjudgmental fashion: "Research suggests…," "Studies have shown…," "Others have benefited from…," "Folks have found…," "What we know is…"

Explore. Ask about the client's thoughts and feelings: "What does this mean to you?", "How can I help?", "What do you think about this information?", "Where does this leave you?"

Tips for using Explore—Offer—Explore

Use conditional words rather than concrete words: "might" "perhaps" "consider" VERSUS "should" "must" "need to"

Use neutral language as much as possible: "Folks have found…" "What we know is…" "Others have benefited…"

Strategies for providing clinical feedback

Patients often don't have accurate information about how their unhealthy lifestyle choices are affecting their health and other areas of their lives. Providing them with this type of feedback is a part of enhancing motivation.

Give the facts:
Leave the interpretation to the patient!

Key elements: Ask permission, use visual support materials, be clear, succinct, and nonjudgmental, compare client's feedback to norms and standards, elicit client's interpretation of the feedback (e.g., "What do you make of this information?", "What do you think about your results?", "Are these number surprising to you?", "Is this what you expected?").

These strategies help us impart information and provide direction while allowing the patient to remain the decision-maker. I'm interested in hearing how they work for you.

Cultural Competence Update

A Wealth of Resources

By Harold Gates

As we move into the summer months and the latter portion of the second year of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL), a number of resources are available to inform our decision-making. These are organizations that have produced position papers, websites, or offer valuable insight and information that will aid our movement toward a sustainable, quality, evidence-based, and culturally competent SBIRT project.

For example, locally, the WIPHL Cultural Competence Committee has been working on and seeking input from all parties connected with the project on the things that need to be included in our 2008/2009 work plan. This information and a copy of it were produced in this column in last month's WIPHL Word, and it is also available for viewing on our website (www.wiphl.com). Please review it at your earliest convenience so that you can add your ideas. Also, earlier this month the Urban League of Greater Madison produced the "State of Black Madison 2008: Before the Tipping Point," which details a number of disparities, including health care, that impact Madison's black community and ultimately the quality of life for all Madisonians. This report can be found at www.ulgm.org/news/Pages/StateofBlackMadison2008.aspx. The section on health disparities includes recommendations for overcoming those disparities.

On a statewide level, there is *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* and *A Special Supplemental Report: Engaging and Sustaining Selected Community Stakeholders in the Transformation of Wisconsin's Public Health System*. These reports may be useful to the project and especially our Governor's Policy Committee subcommittees as we look at promoting demand, screening and referral for co-occurring conditions, billing and reimbursement, and increasing patient access to SBIRT services. This report and the supplement can be found at www.dhfs.state.wi.us/statehealthplan/shp-pdf/StakeholderReport072003.pdf.

What follows is a resource update that models the Joint Commission's Hospitals, Language and Culture newsletter format. These are all reports that may be useful to us as WIPHL moves to pay-for-performance and sustainability in years 2 and 3 of the project.

Racial and Ethnic Disparities in Access to and Quality of Health Care, by Sarah Goodell and Jose J. Escarce MD., Ph.D., Policy Brief No. 12/September 2007, www.policysynthesis.org.

This brief asks: 1) Why is this issue important to policymakers? 2) What are the disparities in access to health care? and 3) What are the disparities in the quality of health care received? Finally, it gives policy implications and strategies to diminish/eliminate racial and ethnic disparities.

Paying for Quality: Understanding and Assessing Physician Pay-For-Performance Initiatives, by Claudia H. Williams and Jon B. Christianson, Ph.D., Policy Brief No. 13/December 2007, www.policysynthesis.org, Robert Wood Johnson Foundation.

The questions asked are as follows: 1) Why is this issue important to policymakers? 2) What explains the recent interest in P4P? 3) How are P4P programs structured? 4) How prevalent is physician P4P? 5) What is the evidence to date on the impact of P4P programs? Lastly, what are the policy implications for P4P?

Two other websites/policy briefs that are relevant to our work come from the New Research Report, *One Size Does Not Fit ALL: Meeting the Health Care Needs of Diverse Populations*, www.jointcommission.org/PatientSafety/HLC/.

This report is meant to help health care organizations tailor initiatives to meet the needs of their diverse patient populations. It includes a self-assessment tool that organizations can use to initiate discussions about the needs, resources, and goals for providing the highest quality

Continues on next page

Continued from previous page

of care to every patient served.

From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground-Level, by January Angeles and Stephen Somers, Ph.D., Center for Health Care Strategies, Inc. www.chcs.org. This brief outlines innovative, practical strategies that states and Medicaid-managed care organizations nationally are implementing to address documented gaps in care.

I hope that you find this compilation useful. It represents some of the latest research that is out there to inform all of the good work that WIPHL has done to date. I would encourage you to review and share this information at your clinics and in your work groups in the coming weeks and share your findings as they prove relevant to WIPHL. As always, please feel free to contact me at Harold.Gates@fammed.wisc.edu or (608) 265-4032.

Treatment Liaison Update

So You Think You're Covered?

Barriers to Treatment: A Case Example

By Mia Croyle

Every person referred to the treatment liaison presents a unique set of circumstances, and each affords a valuable opportunity to learn. In an effort to highlight the multiple barriers that our patients encounter in accessing specialty addiction treatment, I offer this case example.

The patient is a 55-year-old male. He is employed full time with a Fortune 500 company and has health insurance coverage through a well-known national insurance company.

His insurance substance abuse benefits are as follows:

- The patient is responsible for a $750 deductible.
- After the deductible is met, the insurance will cover 75% and the patient is responsible for 25% of the cost of treatment.
- Insurance will pay for a maximum of $2,000 per year.

The patient was shocked to hear this from his insurance company and expressed the concern that he has no means to pay the portion that his insurance considered to be his responsibility. He felt that the cost would make it impossible for him to enter treatment.

Additionally, although the patient lives in a city with a population of almost 60,000, none of the specialty addiction treatment providers located there are included among the in-network providers from whom his insurance requires him to receive service. He would have to drive at least 30 miles for the nearest in-network provider. The patient felt that the additional time and cost of gas made that distance another barrier to his entering treatment.

The good news is that with some creative collaboration between the patient, his county of residence's AODA coordinator, several treatment providers, and, of course, his WIPHL treatment liaison, this patient—despite all obstacles—is now receiving treatment.

In the month of May, we had:

9 new referrals to treatment

3 patients enter treatment

May 2008

Month End Data

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Augusta	79	51	65%	20	39%	6	11%
Eau Claire	364	208	57%	79	38%	9	0%
Northeast	319	254	80%	106	42%	87	82%
Polk County	N/A	76	N/A	31	41%	25	81%
St. Joseph's	183	175	96%	48	27%	36	75%
Wingra	19	19	100%	11	58%	10	91%
Totals	*964*	*783*		*295*	*38%*	*173*	*59%*
Wave 2							
Amery	N/A	123	N/A	44	36%	24	55%
Turtle Lake	N/A	25	N/A	14	56%	6	43%
Luck	N/A	12	N/A	2	17%	0	0%
FamHlt/LaCl. (0.5 FTE)	103	103	100%	29	28%	20	69%
Menominee	120	95	79%	39	41%	36	92%
Totals	*223*	*358*		*128*	*36%*	*86*	*67%*
Wave 3							
Mercy Clinic South	269	140	52%	34	24%	19	56%
Walker's Point	301	267	89%	43	16%	28	65%
Waukesha	354	205	58%	68	33%	56	82%
Totals	*924*	*612*	*66%*	*145*	*24%*	*103*	*71%*
Wave 4							
Minocqua	203	174	86%	67	39%	27	40%
St. Luke's	183	118	64%	37	31%	29	78%
Totals	*386*	*292*	*76%*	*104*	*36%*	*56*	*54%*
Wave 5							
Family Care Center	154	143	93%	53	37%	49	92%
Mayfair	345	298	86%	64	21%	26	41%
Scenic Bluffs	14	12	86%	3	25%	0	0%
St Croix Regional Medical Center	311	150	48%	45	30%	34	76%
St Croix Tribal Clinic	20	20	100%	20	100%	3	15%
Totals	*844*	*623*	*74%*	*185*	*30%*	*112*	*61%*
Grand Totals	**3,341**	**2,668**		**857**	*32%*	**530**	*62%*

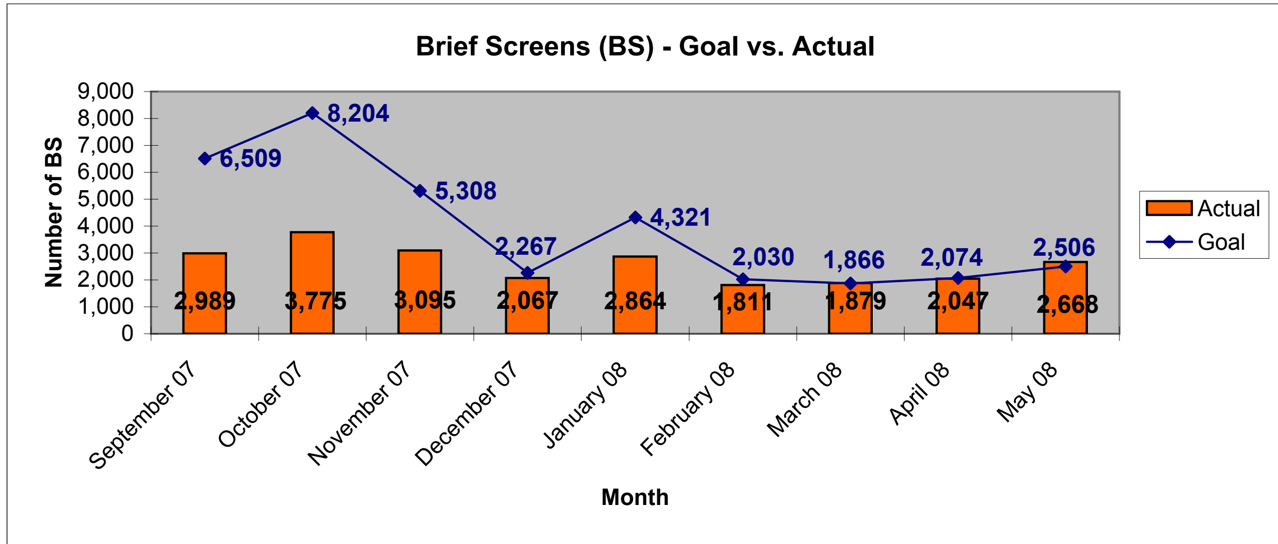
*Eligibility varies by clinic

Data in this and accompanying charts compiled by Jessica Wipperfurth

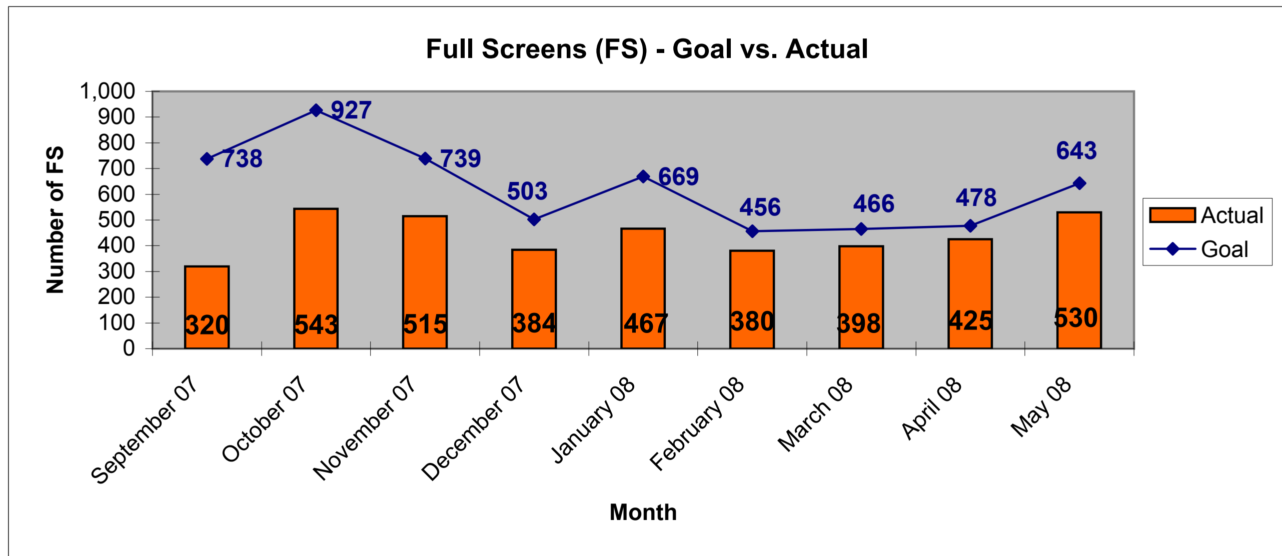
Continues on next page

May 2008

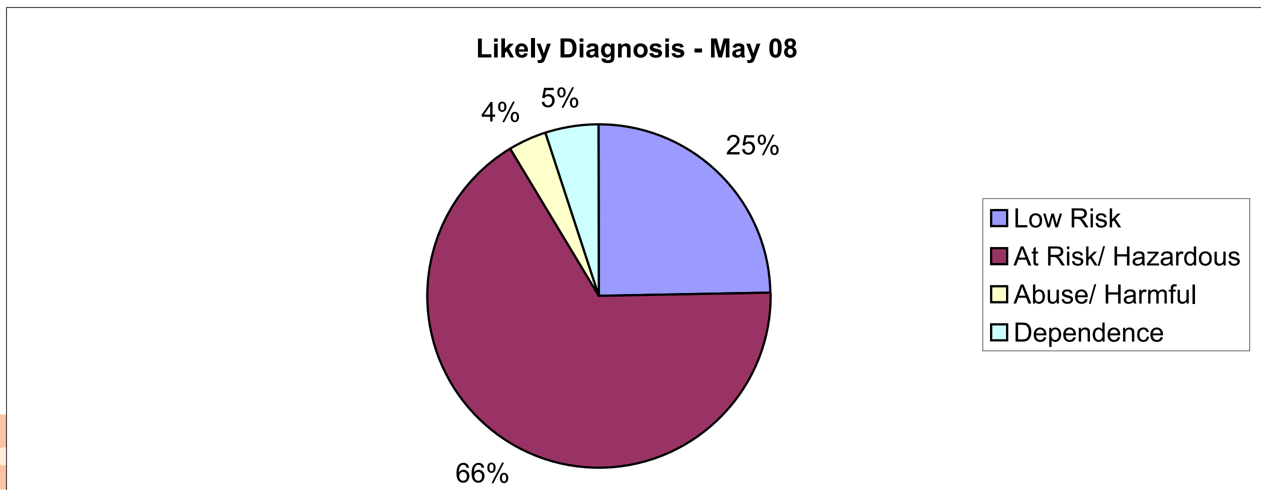
Month End Data *(continued)*



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: Change is not for the faint of heart!

Breakthroughs in the implementation of change processes require a certain humility—an acceptance of not always doing it right. Trust in team members and a willingness not to overanalyze and second guess an implementation decision before trying it out are essential to innovation. Rapid-cycle plan-do-study-act test changes are opportunities to make a positive difference in patient care. Some lessons are best learned through failure. The challenge is staying motivated and creating opportunities to test a new change when one approach has failed.

Slightly under half of the clinics in our project are not meeting the quality improvement goal of brief screening at least 75% of patients that they have identified as eligible to receive services. If eligible patients at your clinic are more likely **not** to be brief screened than to be screened, then that failure in service delivery is an opportunity to try something new. If you are at a site that is not brief screening at least 75% of eligible patients, is there some process change that you're willing to test? Are there people who haven't been part of your team who might have insight about what might work better to identify patients in need of services? What did you expect to happen with the last change that you made? What was the result? Did any outcomes come as a surprise? What did your team learn? What's next?

In May, half of the sites participating in WIPHL met or exceeded the goal that 75% or more of patients who responded to the brief screen and self-reported risky substance use were able to meet with and receive services face-to-face from the health educator. That also means that half did not. Of the 32% of eligible patients that screened positive on the brief screen, 66% were identified as at-risk in their substance use. These are people who would not ordinarily be identified in a clinical setting and who can benefit tremendously from a brief intervention. In the absence of WIPHL, they most likely would not have received services to help them evaluate and make decisions about their risky substance use. In fact, patients all along the continuum of risk were able to get high quality, patient-centered care!

The Institute for Healthcare Improvement says this of failure in change plans: "**Be prepared to end the test of a change.** If the test shows that a change is not leading to improvement, the test should be stopped. Note: 'Failed' tests of change are a natural part of the improvement process. If a team experiences very few failed tests of change, it is probably not pushing the boundaries of innovation very far." (See http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/tipfortestingchanges.htm)

Every partner engaged in the WIPHL program is truly a pioneer. Teams have brought their heads, hearts, and feet forward in the service of getting a WIPHL program going, and every site has experienced both success and failure. As you read on to find out more about how your clinic has done this month, I invite you to celebrate your failures along with your successes. Our collective willingness to try new things means that patients who really need and deserve care are getting their needs met—and that is pure success!

Wave 1 Clinic Highlights

Lisa Cory and the team at UW Augusta and UW Eau Claire have very ambitious goals to provide excellent patient care! The number of eligible patients to receive a brief screen according to the QI team's criteria was 443 people for the month of May. Of those people, 259 people received the brief screen. While evaluating outcomes the team learned that there wasn't a shared understanding about who should be receiving the brief screen. Their willingness to take a hard look at their results led to a new insight! Of the 99 people who screened positive in May, 16 people received services. Eau Claire and Augusta have developed an innovative system in their electronic medical record to identify patients who have screened positive but have not yet met with Lisa. They have a mechanism in place to provide a "pop-up" that cues people setting appointments to ask patients to attend their next appointment early in order to meet with the health educator. Through success and challenges, the QI team at Eau Claire and Augusta have come up with innovative changes to test strategies to deliver patient care.

continues next page

continued from previous page

Christina Lightbourn and our WIPHL partners at UW Health Northeast Family Medical Center have taken the call to action for excellence in **patient care** and **sustainability** very much to heart. In May 319 patients were eligible to complete the brief screen and 254 patients did so successfully. That means that 80 out of 100 eligible patients that walk through the door at Northeast can count on being asked about their drug and alcohol use as a standard of care. Similarly, over 80% of patients that identified risky substance use were able to meet face-to-face with Christina! Their team is looking at ways to reach more patients still. In their next PDSA cycle, they are testing an approach to systematically brief screen and deliver services to pregnant women. They will be sending letters and a brief screen to pregnant women in advance of their prenatal visit. Christina will be calling women to attempt to verbally administer the brief screen, explain the services she provides, and plan a time to meet with women who are using during their pregnancy.

Terry Murphy and Polk County were able to brief screen 76 clients through their Health and Human Service Departments. This is an increase from last month. Of those who completed the brief screen, 31 people indicated that they were using substances in ways that put them at risk for negative health outcomes. Terry was able to meet with 81% of those patients. Through collaborative team work and creative innovations, Terry is working to deliver services to more patients face-to-face.

Sue Larson and the teams at St. Joseph's community Health Services in Elroy, Hillsboro, and Wonewoc clinics had 183 eligible patients during May. Each site makes the most of every opportunity to create access to WIPHL services. Together they were able to brief screen 96% of eligible patients. Even when Sue is not physically present at a clinic on a given day, the teams at those clinics continue to routinely and systematically give patients an opportunity to self-report their risky drinking or drug use. Furthermore, even with the complexities of serving multiple sites, Sue and the teams at St. Joseph's were able to connect Sue to patients who screened positive 75% of the time. In order to continue to implement face-to-face sessions, which is a best practice, the sites have installed video and teleconferencing equipment so that Sue can conduct sessions "face-to-face" over the Polycom system. Rather than treating the complexities of serving patients at three sites as an insurmountable structural challenge to providing face-to-face services, this system is using their best people and technological resources to connect patients with the care they need. What a great example of turning a challenge into a success!

At UW Health Wingra Family Medical Clinic, the service delivery process is unique. Julia Yates and Mary Vasquez job share and they use an approach that involves brief screening patients face-to-face. This change in the brief screening process came as a result of the need to respond to the alcohol and drug risk along with the need to respond to patients who were screening positive for depression and violence. By having a smaller pool of patients and identifying the patient need face-to-face, the risk of not responding to someone with an immediate need around depression or violence was eliminated. This PDSA cycle met one set of patient care needs for a small group of patients while having some unintended consequences as well. In May, 19 people received a face-to-face brief screen, and 10 of the 11 people who screened positive received health education services. Some patients are getting intensive services but many people are not having the benefit of being brief screened. Ever ready to embrace a challenge, Wingra is preparing to use the interactive voice response (IVR) system to brief screen patients. Patients who screen positive on the alcohol and drug brief screen questions will be asked face-to-face about depression and violence as well.

Wave 2 Clinic Highlights

At Amery Regional Medical Center, Turtle Lake, and Luck, their teams were able to brief screen 160 patients. This brief screening number was less than in previous months. However, a slightly greater number of people screened positive. In April Mary delivered services to 20 patients and in May she delivered services to 30 patients! That is a significant increase. Amery is working hard on strategies to increase the number of patients who have access to face-to-face WIPHL services with Mary. Mary has also had remarkable success in connecting patients with opportunities for specialty AODA services when appropriate.

Zella Van Natta, Melissa Barth, and the entire team at Family Health La Clinica were able to brief screen every eligible patient that walked into their clinic in May! If you're over 18 and went to Family Health La Clinica for either a first appointment or to update your annual health history form, you could count on being asked about your drug and alcohol risk behaviors. Asking about these risks is a standard part of patient care. In May, 29 people screened positive and 20 of those people received health education services. Family Health La Clinica monitors their WIPHL progress weekly.

continues next page

continued from previous page

When they realized that there was a drop in warm hand-offs and patients receiving WIPHL services, they didn't see that as a failure. Instead it was an opportunity, and they started a PDSA cycle. The change they made resulted in an increase in the number of people screening positive who were able to work with a health educator to address their risky alcohol/drug use.

Diane Carlson, Mary Travis, and the amazing nursing team at Menominee were able to successfully brief screen 95 people out of 120 eligible patients in May. They met and exceeded the 75% brief screen QI goal. Diane was able to deliver services to 92% of patients who brief screened positive. 36 of the 39 patients who brief screened positive received WIPHL health education services. Every effort to connect Diane face-to-face with patients screening positive has resulted in quality care. This is also a site that is eager to try new things. Recognition that it was possible to do a better job of reaching out and serving pregnant women resulted in a systems change that allows Diane to meet with every pregnant woman as part of their first prenatal visit. This practice has been in place for several months, and women see Diane as a resource beyond their initial visit. Furthermore, Diane's ability to partner with likely dependent patients and Maehnowesekiyah, their local treatment center, has resulted in high rates of successful referrals to treatment.

Wave 3 Clinic Highlights

Mercy Clinic South and Carrie Buchen were able to increase both their percentage and actual number of people who were brief screened in May. Slightly over 52% of eligible patients were brief screened, which was up from 46% in April. The actual number of people receiving services was slightly higher as well in May compared to April. Face-to-face visits, prevalence of need, and clinic volume are all key factors for sustainability. At Mercy, the majority of patients receive services face-to-face. As Mercy identifies strategies to provide greater access to WIPHL services for their patients, they will be well positioned for sustainability.

Aurora Walker's Point had 301 eligible patients for brief screening. 267 patients were screened, which is 89%. 43 people screened positive for substance use risk, which is a prevalence of 16%. Ruth was able to connect with 28 patients primarily face-to-face. This is a 65% rate of full screening and brief intervention of patients needing services. The Walker's Point team has demonstrated the importance of taking a clinic approach to maximize patient care opportunities. Not only has the actual number of people served steadily increased once their flow was clearly established and posted, the percentage of people served is steadily increasing as well. These trends point to both process gains and opportunities for patients to gain the skills and resources they need to address alcohol and drug risk in their lives.

Betsy, Gretchen, Anna, Chris, and the nurse and front desk teams at Waukesha Family Practice Center are achieving remarkable results from their efforts to systematically brief screen patients and connect patients with health education services. In May the front desk staff nearly doubled the number of people who successfully completed the brief screen. Although they did not meet the 75% brief screen quality improvement goal, the increase from 123 people brief screened in April to 205 people brief screened in May is a huge gain! Continued QI efforts to increase the number of people who are eligible that receive the brief screen can only mean good things for patients. Regarding the active hand-off process, Betsy is meeting with the vast majority of patients face-to-face, and 56 patients received WIPHL health education services. They achieved a full screen and brief intervention rate of 82%. That is well above the QI goal of 75%!

Wave 4 Clinic Highlights

Kerri Weberg and the team at Marshfield Clinic Minocqua Center continue to experience significant success with their systematic approach to brief screening. In May, 86% of eligible patients were brief screened. Of the 67 people who screened positive in May, 27 people received services. Although connecting patients who self-identify risky alcohol and drug use behavior with health education services still presents challenges, a greater number of people were served in May than in April.

Wendi Rusch and the team at Aurora St. Luke's identified 183 patients who were eligible to participate in the brief screen. 118 patients were screened, which is 64% of those eligible. Wendi has identified several strategies to increase brief screening rates. Wendi provides the front desk staff with a list of eligible patients to take any of the guesswork out of who needs to be screened. In May, 37 patients screened positive, which is a 31% prevalence rate, and Wendi was able to meet with 29 people. 78% of patients who identified risky substance use were able to receive health education services, which afforded them the opportunity to weigh and consider the role of substance use in their lives.

continues next page

continued from previous page

Wave 5 Clinic Highlights

Kudos to Christine Casselman-Erickson and the team at Aurora Sinai Family Care Center. They had 154 patients who were eligible for brief screening, and 143 patients completed it. That is a 93% completion rate. 53 patients screened positive for risk, which is a prevalence of 37%. Chris was able to deliver services to 49 patients, which is 92% of people who self-identified a risk! Through trial and error the team has learned that in their clinic the ability to meet with patients prior to the provider is most likely to result in Chris being able to connect with patients face-to-face. There have been a few missed opportunities when Chris was not able to connect with patients because they'd leave the clinic when she tried to see them after their appointment with their provider.

At Aurora Health Center Mayfair, Susan Bush and the team have done an extraordinary job in a high volume clinic to systematically brief screen eligible patients! They brief screened 298 patients in May. This is 86% of eligible patients and the clinic with the highest number of people who successfully completed the brief screen. Congratulations! Does anyone remember the PDSA cycle the team did last month to improve their brief screen? It seems like that change really made a huge difference. Of those who completed the brief screen, 64 people were positive and Susan was able to deliver services to 26 people. Although the team wasn't able to full screen and deliver SBIRT services to 75% of patients this month, they are making significant progress toward that goal after only two months of delivering services.

Congratulations to Anne Heath and the team at Scenic Bluffs, who launched services mid-May. They are off and running in a successful way. They were able to brief screen 86% of eligible patients. Although Anne was unable to deliver WIPHL health education services to any of the three people who screened positive, the team has a good Plan B in place to follow up with patients who are not able to meet with her. We look forward to their continued growth!

Amber Sedivy and the team at St. Croix Regional Medical Center continue to fine-tune their WIPHL relauch, and that is yielding great results for patient care around drug and alcohol risk behaviors. Of the 311 people who were eligible to be screened, 150 successfully completed the brief screen. The team is currently doing a PDSA cycle to improve access to WIPHL through systematic brief screening. Still, the team has much to celebrate. 76% of patients who screened positive were able to receive health education services. This is a significant accomplishment and speaks to the improvements made in the active hand-off process. Congratulations SCRMC!

CeCe Mitchell and the team at the St. Croix Tribal Health Clinic at Hertel really have a terrific process in place for brief screening. 100% of eligible patients were brief screened in May. This is a huge breakthrough at Hertel. The team is brief screening at the clinic and as part of their home health program. Their multipronged approach to brief screening is an indicator of the creativity and willingness to engage patients where they're at. CeCe was able to meet with 3 of the 20 people who screened positive in May. Overall, the team is off to a positive relaunch!

Burnett County, Milwaukee Health Services, Inc., and ThedaCare are launching soon and we're eager to see this newest group of pioneers discover ways to deliver quality WIPHL patient care.

Check it out!

WIPHL clinical director Rich Brown and associate director for evaluation, Paul Moberg, deputy director of the UW Population Health Institute, gave a policy briefing at the Capitol on May 6 as part of the Evidence-Based Health Policy Project, a collaboration between the UW Population Health Institute, the UW's La Follette School of Public Affairs, and the Legislative Council. The briefing was taped by Wisconsin Eye public affairs network and may be viewed at:
http://wisconsineye.org/wisEye_programming/ARCHIVES-may2008.html#evt_080506_health_policy

WIPHL People

We are pleased to share news of some public appearances by health educators talking up the project both in person and in print. Health educators, as people who work closely with patients in delivering SBIRT services, can be our most compelling ambassadors.

On May 14, Kerri Weberg did a presentation on women and WIPHL at the Northwoods Women of Influence Health Forum in Minocqua. On June 6, Mary Boe will talk about WIPHL and distribute project materials at a health fair at Amery Regional Medical Center. And CeCe Mitchell introduced herself to the community as a health educator and described WIPHL services in an article in *The Vision Newspaper,* a St. Croix Nation publication (posted on our website under News/WIPHL in the News). It is great for the project to have health educators take advantage of public appearance opportunities, and we thank Kerri, Mary, and CeCe for their work. Please know that our communication specialist, Joan Fischer, stands ready to help health educators (and any other WIPHL partner) prepare materials, from PowerPoint presentations to information for display or distribution to help with any kind of writing.

The WIPHL Coordinating Center is pleased to welcome several interns this summer. Joel Wood, Noah Grans, and Katie Stalker will be helping out with various aspects of WIPHL and related research. We welcome them on board!

Sign Up for June 26 Talk on Models for SBIRT Sustainability

How can we ensure that SBIRT services thrive even after federal funding is gone? What models for enduring SBIRT services are the most promising for Wisconsin? The *WIPHL Speaker Series* continues with a talk about SBIRT sustainability by WIPHL clinical director Rich Brown. Bring your questions and comments—there will be plenty of time for discussion.

When: Thursday, June 26, 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. For any other questions, please e-mail 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

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

June 3
QI/Implementation Team Coordinators' Meeting–Aurora, 8:30–9:30 a.m.

June 16
Governor's Policy Subcommittee Meeting, Co-Occurring Conditions, noon–2 p.m.

June 17
Governor's Policy Subcommittee Meeting, Billing and Reimbursement, 10-11 a.m.

June 20
Cultural Competency Committee Meeting, noon–1:30 p.m.

June 24
Governor's Policy Subcommittee Meeting, Access for Adolescents, 11 a.m.–1 p.m.

June 26
WIPHL Speaker Series free teleconference, "Models for SBIRT Sustainability," noon–1 p.m.

For Health Educator meetings and additional information about events, see www.wiphl.org

The Last Word

Ready for Change

From a clinic in southeastern Wisconsin:

A patient went to a clinic where he had been brief screened eight months ago. The patient saw the health educator brief screening patients and remembered his own experience answering the brief screen. Obviously that moment of reflection gave him food for thought because he came back a few days later and asked his doctor for help. The doctor put him in touch with the health educator, who gave him a full screen. The patient came up as likely dependent, and is now working with treatment liaison Mia Croyle to get treatment.

"He is ready," says the health educator, who is very gratified by this development. "Who could ask for more than a job that changes lives?"

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.