

THE WIPHL WORD

June 4, 2007

Warm greetings from the Central WIPHL Office in Madison! This has been a very busy month for WIPHL. Our first wave of WIPHL clinics started their site visits. Our second wave started delivering services. Our third wave sent their health educators for training in Madison and will start service delivery on June 11. Whew!

Now that WIPHL is fully underway, we introduce our first monthly newsletter. The usual monthly feedback for our clinics is contained in the section called "Clinic Corner," which starts on page 4. We hope you'll read up on all the WIPHL-related news before and after that. And as always, thanks for your participation in WIPHL!

MAJOR MILESTONES FOR WIPHL

GPRA Data Uploading and Tablet Programming – We've all been waiting patiently for our WIPHL computer tablets to become more functional. Toward that end, we achieved a major milestone on May 29. We passed a series of tests and are now able to start electronic submission of our GPRA (Government Performance Results Act, pronounced GHIP-ruh) data. Submitting this data is how we convey to SAMHSA, our funding agency, information on the SBIRT services we're providing. Our IT vendor, Symphony Corporation, is now able to devote more time to enhancing our tablet software. We expect that several new capabilities will be available to our health educators toward the end of June or early July.

National SBIRT Project Meeting – Joyce Allen, Cathy Kehoe, Rich Brown, Lilly Irvin-Vitela, and Holly Prince attended the national SBIRT project meeting in Bethesda, Maryland, on May 10 and 11. All four recently funded states (Colorado, Florida, Massachusetts, and Wisconsin) made presentations on their projects. We received very positive feedback on our progress. All were especially impressed that we would soon be delivering services in twenty clinics across much of our large state. Thanks to each and every one of you for your role in this!

OTHER WIPHL NEWS

WIPHL welcomes two new WREN Quality Improvement specialists – **Lisa Kietzer and Peggy O'Halloran**. Lisa will serve as the QI specialist for Family Health/La Clinica, Mercy, Northeast, and Waukesha. Peggy will do so for Eau Claire, St. Joseph's, and Sparta. Lisa and Peggy have already been accompanying other WIPHL staff on site visits.

WIPHL welcomes the following Wave 3 health educators: **Carrie Buchen**, Mercy Clinic South, Janesville; **Robert Cherry**, Sinai Family Care Center, Milwaukee; **Tanya Greener-Harris**, Franciscan Skemp, Sparta; **Ruth Perez**, Walker's Point and Clarke Square, Milwaukee; and **Betsy Silva-Rydz**, Waukesha. These health educators began their WIPHL training on May 21.

All returned for their third week of training on June 4 and will begin providing services on June 11.

WIPHL says a sad good-bye to two health educators. **Chelsea Baucom-Young**, our Fox Valley health educator, is expecting her third child. She was able to obtain part-time employment with her previous employer. After just a few weeks of providing services, **Michael Bergeron**, our Polk County health educator, seized an opportunity to train as a fighter pilot for the US Air Force. Best of luck to Chelsea and Michael.

WIPHL Website – Joan Fischer, the WIPHL Communications Specialist, continues to spearhead the development of our website – www.wiphl.org. Phase 1 of the website will be launched by July 1. The homepage will feature WIPHL news and national news. WIPHL clinics and interesting facts will be featured on a rotating basis. Other pages will provide additional information about the project. In future phases, health educators and all WIPHL clinic staff will be able to access project information in password-protected parts of the website.

THE NATIONAL SCENE

Medicaid Codes – Several months ago, the US Center for Medicare and Medicaid Services established two new billing codes for alcohol and drug screening and intervention – codes H0049 and H0050. After some inconsistencies in supporting documentation gets worked out – probably with a few months – the Wisconsin Medicaid program plans to begin reimbursing clinics for providing such services. Such services will be reimbursable when provided by WIPHL health educators and signed off on by licensed clinic health professionals. When the time comes, we'll be in touch with clinics to discuss how to bill for these services and how such reimbursements will be apportioned between the clinics and the WIPHL project.

CPT Codes and Valuation – Several months ago, the American Medical Association approved two new CPT codes for alcohol and drug screening and intervention services. Rich Brown recently attended an AMA committee meeting where such services were assigned relative values, which can be used to calculate reimbursement. The valuation of these services will be announced formally in November. Billing under these CPT codes will be able to commence in January 2008. We hope private insurance companies will start reimbursing for SBIRT services soon thereafter.

Drug Czar's Office Supports SBIRT Services – Dr. Bertha Madras, Deputy Director of the White House Office of National Drug Control Policy, has been chairing weekly phone discussions on how to make SBIRT services more available throughout the US. Rich Brown has been participating in these discussions and will attend a late June meeting in Washington to help with further planning.

FSMB Endorses SBIRT Training – A recently released statement from the Federation of State Medical Boards endorses that all physicians be knowledgeable and skilled to provide SBIRT services. Every state's medical board is represented in the FSMB. Their action is expected to serve as an impetus to improve medical education on SBIRT.

TREATMENT UPDATE

Flo Hilliard, our Treatment Liaison, reports that she has had eleven referrals to this point:

- 3 from the Wingra Clinic
- 2 each from Family Health/La Clinica, UW Health Fox Valley, and Polk County
- 1 each from Belleville and St. Joseph's

Two WIPHL patients are currently in treatment – one in a residential facility, and one in an outpatient program. It's very clear that these patients would not be in treatment now if not for WIPHL!

Joyce Allen and Cathy Kehoe continue to work on establishing contracts with treatment programs, so that referrals can be facilitated for patients whose treatment will be financed with WIPHL funds.

WIPHL will be working with the STAR-SI program, another program that's funded by SAMHSA and administered by the Wisconsin Department of Health and Family Services. The goal of this program is to improve substance abuse treatment services – especially to shorten waiting lists and improve client retention – by applying quality improvement techniques. Deanne Boss, the program manager, is housed in the office of the WIPHL Coordinating Center, allowing for convenient collaboration between STAR-SI and WIPHL.

Once our computer tablets are fully operational, WIPHL will generate automatic reports to providers on their patients who are in treatment. In the mean time, Flo will soon start to generate these reports manually.

WIPHL CALENDAR

WIPHL Health Educator meetings – These meetings take place by phone every Wednesday from noon to 1pm. All health educators are expected to attend.

For more information, please contact Laura Saunders: laura.saunders@fammed.wisc.edu

WIPHL QI Team Leader meetings – These meetings take place the second Thursday of each month. All QI Team Leaders are asked to attend. In this meeting, the participants discuss the data and feedback from the previous month, barriers and strategies to meeting service goals, and best practices.

For more information, please contact Lilly Irvin-Vitela: lilly.irvin-vitela@fammed.wisc.edu

WIPHL Cultural Competence Committee – WIPHL CCC meetings take place every third Friday from 12:00 to 1:30 pm, via phone or teleconference. Any participating WIPHL clinic staff member is welcome to join the committee to help enhance culturally competent care for the WIPHL project.

For more information, please contact Harold Gates: harold.gates@fammed.wisc.edu

UPCOMING SPECIAL EVENTS

WIPHL Open House – All are invited to an open house at the new WIPHL offices on Thursday, June 7, from 3pm to 5pm. Refreshments will be served. The WIPHL Staff at the UW Department of Family Medicine moved into its permanent offices at 5901 Research Park Boulevard, Suite 110, on the west side of Madison, on May 14. WIPHL is one of several UW School of Medicine and Public Health workgroups housed in this building, which belongs to Ultratech, Inc.

WREN Statewide Meeting – The Wisconsin Research and Education Network statewide meeting will be held at the Country Inn in Waukesha on Friday, June 15. Rich Brown will give a keynote presentation on WIPHL and a one-hour seminar on motivational interviewing. For more information, please contact Mike Grasmick: michael.grasmick@fammed.wisc.edu

WIPHL Statewide Meeting – Our second statewide meeting will take place on Thursday and Friday, September 27 and 28, at the Holiday Inn, which is located at the American Center northeast of Madison. This hotel was chosen for its newness and its convenient location right off Interstate 39/90/94. The meeting will start at 10am on Thursday and conclude at 3pm on Friday. All implementation team co-leaders and health educators are asked to attend. Other interested clinic staff will also be welcome. Special entertainment is planned. Watch for further announcements.

THE CLINIC CORNER

THE NUMBERS – May 2007

Clinics	Eligible for BS	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
<i>Wave 1</i>							
Belleville	636	186	29	70	38	16	23
Eau Claire	989	302	31	92	30	40	43
Fox Valley	449	275	61	87	32	23	26
Northeast	365	277	76	110	40	27	25
Polk Cty Hlth	N/A	27	N/A	11	41	3	27
St. Joseph's	203	192	95	54	28	35	65
Wingra	520	51	10	27	53	7	26
TOTALS	3162	1310		451	34	151	33
<i>Wave 2</i>							
Amery	N/A	28	N/A	4	14	0	0
FamHlth/LaCl.	N/A	75	N/A	15	20	0	0
St. Croix RMC	N/A	44	N/A	9	20	2	22
St. Croix Tribal	N/A	0	N/A	0	0	0	0
St. Luke's	695	169	24	67	40	13	19
TOTALS	695	316		95	30	15	16
GRAND TOTALS	3857	1626		546	34	164	30

BS = Brief Screen FS = Full Screen (GPRA-ASSIST) N/A = not available

HIGHLIGHTS OF THE MONTH

Wow, May was truly a remarkable month for most of our Wave 1 clinics. In April, none of our Wave 1 clinics met the monthly goal of 25 new full screens. This month, **Eau Claire, St. Joseph's**, and **Northeast** surpassed that goal, **Fox Valley** came very close, and **Belleville** improved by 78%. Kudos to everyone at those clinics!

Our largest clinic, **Eau Claire**, led the Wave 1 clinics with 40 completed full screens, a tremendous gain over April's figure of 4! Congratulations to health educator Lisa Cory and the whole Eau Claire staff, who we enjoyed meeting on our site visit a couple of weeks ago. Eau Claire is taking a non-traditional route in that there are few warm hand-offs to Lisa, who is becoming very adept at "cold-calling" patients. The strategy that's working for her, she tells us, is to frame her post-visit telephone calls as routine clinic procedure – and persistence!

Our smallest Wave 1 participant, **St. Joseph's**, which has implemented WIPHL at its Elroy and Wonewoc clinics, completed 35 GPRA/ASSIST full screens. The 65% full screen completion for patients with positive brief screens leads all WIPHL clinics. Many congratulations and much appreciation to health educator Sue Larson and all the staff we met two weeks ago at our visits to the Elroy and Wonewoc clinics. Here's how St. Joseph's is attaining its success:

- The receptionists hand out the written screens to every patient of age 18 or older. As they do so, they make clear that completing the screens is standard procedure: "Please fill out this lifestyle screen, and hand it back to me when you're done."
- The receptionists collect and immediately photocopy each completed written screen, placing the original on the chart for the provider to see, and giving the copy to Sue.
- Sue reviews the written screen. If it's positive, she leaves a note for the nurse that she needs to see the patient.
- The nurse assesses patient flow and determines whether Sue should see the patient before or after the provider. Whenever possible, Sue starts to see the patient before the provider enters the exam room.
- When Sue must see the patient after the provider, the provider occasionally tells the patient that he/she wishes the patient to see Sue after the visit. Whether or not the provider mentions this, nurse and Sue keep an eye out for when the provider is finishing the visit, so Sue can see the patient.
- When Sue cannot see the patient (for example, she is busy with another patient or is at the other clinic), the nurse or provider tell the patient that Sue will be calling to follow up on their lifestyle screen.

Our Wave 2 clinics have been up and running since May 7. Like our Wave 1 clinics, most are off to a fairly slow start. The exception is the **St. Lukes Family Care Clinic**, where 13 patients completed full screens in the last three weeks. Congratulations to Birgitta Larsen and all the staff there! For our other Wave 2 clinics, our experience with our Wave 1 clinics gives us confidence that slow starts can precede dramatic improvements and ample success. We'll look for higher numbers in June.

Overall, WIPHL is on the upswing. In April, we completed 55 full screens. In May, we completed 164! In June, we expect to do much better yet, as more of our Wave 1 clinics meet their goal of 25 per month, as Wave 2 clinics have more opportunity to improve, and as Wave 3 clinics start providing services. Ultimately, across our 20 participating clinics, we will need 500

completed full screens per month. With your help, our experience to date shows that this will be eminently possible.

BEST PRACTICES

Clearly not every clinic can implement WIPHL exactly like Eau Claire or St. Joseph's. Every clinic is different. However, we are finding that most clinics that are delivering larger numbers of services share the following attributes in common:

What's working well:

- Systematic distribution of brief screens, preferably by receptionists at patient check-in, so that patients have maximal time to complete the screens
- Identification of patients with positive brief screens while patients are still at the clinic
- Opportunity for the health educator to begin seeing patients in exam rooms before their visits with the provider, if the provider is running behind schedule
- Warm hand-off of the patient to the health educator, typically by a nurse or medical assistant, OR systematic plan to have the health educator introduce him/herself to the patient while the patient is at the clinic
- Messages that convey that brief screening and referrals to the health educator are routine clinic procedure

Additional "tricks" that have improved service delivery at some clinics:

- Attaching brief screens to other papers that are well incorporated into clinic routines, leaving the brief screen on top
- Using colored pages to draw attention to written brief screens
- Using walkie-talkies to call health educators to exam rooms to see patients with positive brief screens (note that clinic budgets have funds that can be used to enhance communication for health educators)

What typically doesn't work as well:

- Collecting screens at the conclusion of visits
- Convey screens to health educators after patients have left the clinic
- Having health educators make "cold calls" to patients after they have left the clinic

TIP: HOW TO TALK TO PATIENTS ABOUT WIPHL

WIPHL works best when we convey that brief screening and referrals to health educators is routine care. Here's how and how not to talk to patients about WIPHL:

REQUEST TO COMPLETE BRIEF SCREEN – LESS EFFECTIVE: We have a new program here to improve lifestyles. If you wouldn't mind, would you please fill out this questionnaire while you're waiting for your appointment?

MORE EFFECTIVE: We are part of a statewide effort to help our patients live healthier and longer. Please fill out this form while you're waiting for your appointment.

REFERRAL TO HEALTH EDUCATOR – LESS EFFECTIVE: It looks like you might have an issue with your drinking. Would it be OK if I have our health educator come in and talk to you about this?

MORE EFFECTIVE: Your responses on the form suggest that a change in your lifestyle could help you live a longer and healthier life. We have a wonderful health educator here named _____. I'm going to ask him/her to come and chat with you. If you can't stay long, he/she can continue with you by phone.

Note that the MORE EFFECTIVE ways to talk about WIPHL are similar to ways that providers typically discuss other aspects of standard care. For example, if a patient is due for a mammogram, we don't typically say, "Would you be willing to have a mammogram, please?" We say, "I'd like to set up you to have a mammogram. Please take this form down the hall to get your mammogram appointment." Patients have the opportunity to refuse, but most cooperate.

WHAT' S NEXT?

Of course, in addition to conducting large numbers of brief and full screens, we wish to ensure ample and quality provision of screening, intervention, and referral. As soon as our tablets are more operative, we will be able to provide more complete data on all services rendered.

Also, this month, we will be initiating patient satisfaction questionnaires. We will ask health educators to ask their patients to complete brief patient satisfaction questionnaires. Most of the questions are taken from a standard, validated questionnaire on client-counselor rapport. We'll provide feedback in aggregate to health educators and their clinics.

Please be in touch if you have additional suggestions on improving any aspect of WIPHL!

LAST WORD? / LAST WORD

We've already had mixed reaction to the name of this newsletter. Do you like it, or would you like this to be the last WORD? Do you have any other suggestions? Please let us know.

Thanks, everyone, for your continuing commitment and good work on this project. Together we are improving patient care for alcohol and drug problems statewide!