The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

Oddly Enough...

Rich Brown, MD, WIPHL
Project Director

WIPHL's clinical partners are being implored to serve their country by billing for SBIRT services. In tough times, US leaders have asked Americans to sacrifice. Perhaps the most famous example is President John Kennedy's exhortation, "Ask not what your country can do for you. Ask what you can do for your country."

WIPHL's clinical sites have already been heeding President Kennedy's advice through their participation in WIPHL with grant support that has not nearly compensated them fully for their efforts. Now WIPHL is asking for one more large act of generosity: Bill for as many services as possible.

It sounds rather self-serving, but this is what it's going to take to make SBIRT sustainable after SAMHSA requires that WIPHL terminate its financial support for its clinical sites on May 14, 2011. Many sites will need to generate sufficient revenue to continue supporting their health educator positions. And maintaining SBIRT services would be of great service to Americans, because SBIRT is documented to decrease ER visits by 20%, injuries by 33%, hospital admissions by 37%, arrests by 46%, and car crashes by 50%.

Here's what WIPHL is asking of its clinical sites:

- Bill for tobacco, alcohol and drug screening and intervention services as much as regulations will allow.
- Track your claims experience.
- Notify the WIPHL central office regularly of healthplans who are reimbursing and claims that are being denied.

The WIPHL central office will let current and prospective clinical sites know what plans are reimbursing. It will also pursue reimbursement by healthplans that are denying claims.

I know, it sounds like the ultimate corruption of American ideals that billing for something you've been providing for free would be patriotic. But it's true—Uncle Sam wants you to bill! Uncle Sam needs you to bill.

Project Manager Update

More Good News on the Sustainability Front

By Candace Peterson, Ph.D., Project Manager

WIPHL's major funding – $12.6 million from September 2006 to September 2011 – has come from a grant from the US Substance Abuse and Mental Health Services Administration (SAMHSA) to the Wisconsin Department of Health Services, who subcontracts the Department of Family Medicine (University of Wisconsin School of Medicine and Public Health) for project coordination. The goal of the grant is to durably enhance delivery of evidence-based, cost-saving alcohol and drug screening, brief intervention, and referral-to-treatment (SBIRT) services. Wisconsin's SAMHSA SBIRT project is seen as the national leader in developing a sustainable SBIRT service delivery model.

On September 30, 2010, WIPHL Project Director Dr. Rich Brown learned that WIPHL will be a partner in a new initiative focused on integration of behavioral health services into primary care. The initiative is funded through a three year, $3.5 million federal grant from the Agency for Healthcare Research and Quality (AHRQ), awarded to the Pittsburgh Regional Health Initiative (PRHI). The University of Wisconsin Department of Family Medicine will be subcontracted on this grant, to fund additional WIPHL work. With this grant funding, WIPHL will have the opportunity to continue to promote demand for brief screening and intervention (BSI) among payers and purchasers, and to develop BSI delivery capacity in healthcare settings with various audiences and strategies.

WIPHL will be partnering with PHRI, the Wisconsin Collaborative for Healthcare Quality (WCHQ), the Institute of Clinical Systems Improvement (ICSI), the Network for Regional Healthcare Improvement (NRHI) and others to enhance delivery of behavioral health services. All of these entities are leaders in implementing evidence-based models for BSI in primary care. WIPHL is excited about working in collaboration with WCHQ and other grant partners.

WIPHL and its partners will help up to 90 primary care practices in Wisconsin, Minnesota and Pennsylvania

implement BRI. Assistance will include training practice teams, building patient and community awareness, developing patient registries to track patients' progress, and working with practices and payers to assure appropriate reimbursement. The other Wisconsin partner, WCHQ, will develop and promote implementation of quality measures among its constituent organizations—Wisconsin health plans.

In year three, an additional partner, the Network for Regional Healthcare Improvement (NRHI: www.nrhi.org) will take materials, information and lessons-learned from the project to its network of more than 50 regional healthcare improvement coalitions. NRHI will also assist at least one additional regional coalition with implementing integrated behavioral health services in its community.

About Our Partners

AHRQ (www.ahrq.gov) is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of healthcare for all Americans. AHRQ supports health

Project Manager Update

Sustainability continued

services research that will improve the quality of health care and promote evidence-based decision-making. The grant is taken from $13 billion appropriated by Congress through the American Recovery and Reinvestment Act of 2009 for research and dissemination of evidence-based best practices.

PRHI (www.prhi.org) is an independent catalyst for improving healthcare safety and quality in Southwestern Pennsylvania. It operates on the premise that dramatic quality improvement is the best cost-containment strategy for health care. PRHI is the first regional consortium of medical, business and civic leaders to address health care safety and quality improvement as a social and business imperative.

ICSI (www.icsi.org) is nationally-renowned for its Depression Improvement Across Minnesota-Offering a New Direction (DIAMOND) initiative, through which it has helped 83 primary care practices to integrate depression care into primary care. Among affected patients at the participating practices, the six-month depression remission rate is 10 times higher than the Minnesota average.

WCHQ (www.wchq.org) is a voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of healthcare for the people of Wisconsin. Their members are a diverse and dynamic group of healthcare organizations: physician groups, hospitals and health plans. They include two of Wisconsin's largest health systems: Aurora Health Care and the University of Wisconsin Hospital and Clinics/University of Wisconsin Medical Foundation. They also partner with other organizations including healthcare purchasers, governmental agencies, foundations and healthcare associations.

NRHI (www.nrhi.org) is a national coalition of Regional Health Improvement Collaboratives—regionally-based, multi-stakeholder organizations that are working to improve the quality and value of health care delivery. NRHI provides technical assistance to Regional Health Improvement Collaboratives, facilitates information sharing among them, and encourages national policies that support efforts by Regional Health Improvement Collaboratives to improve healthcare quality and value. There are over 50 Regional Health Improvement Collaboratives in the U.S.

Importantly, continuing to sustain and expand SBIRT service delivery remains a high priority for the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, Bureau of Prevention Treatment and Recovery. The Bureau's SBIRT Coordinator, Scott Caldwell, has committed to working closely with WCHQ, WIPHL and others on this and other efforts to continue spreading BSI in Wisconsin.

Access to SBIRT Update

What's NEW in Motivational Interviewing?

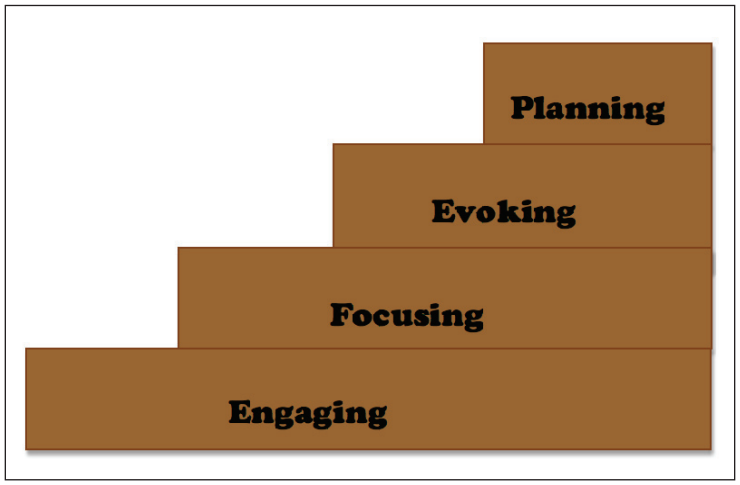
By Laura A. Saunders, MSSW,
Site Operations Manager

Earlier this month I traveled to San Diego, CA to join my fellow Motivational Interviewing Network of Trainers (MINTies) at our annual gathering called The Forum. As usual, the sessions focused on how to teach, train and coach people in MI. This year I was especially struck by the diversity of realms in which MI is being used. While there were many of us who use it in it's original field, treating substance use disorders, there were a larger number who use it to treat diabetes, diet and exercise, health and wellness, depression and other mental health. Most notable were the large number of MINTies who are using MI in the field of corrections.

The keynote address delivered by Dr. William Miller was a highlight of the 3-day conference. He guided the audience through the changes on the horizon for MI and how we might better frame it up for those trying to learn this complex style of communication. Of course it's still all about the style and spirit that guides us in our quest to help people change. What's different is the emphasis on the big steps rather than on lots of terms that can be confusing. This is beautifully simplistic- simple but still NOT easy!

Engaging necessarily comes first and continues throughout the process with the patient. Patients form their opinion of us in the first 10-15 seconds. The way that we ARE and the way that we treat them is critical to the possibility that we will be able to help them at all. Spending some time on this step pays off.

Focusing is the process of sorting out what behaviors (if any) the patient is needing to work on or willing to work on. Focus is a pre-requisite for evoking or you don't know what you're going after.



Evoking is the process of eliciting or reinforcing the client's perception of the importance to change and their confidence about changing.

Planning is what we as helpers are usually pretty good at, especially those of us who were trained as medical practitioners. This planning may happen to some extent throughout the interaction. The caveat here is that, to be MI adherent, the planning has to be done in a collaborative way, with respect to the patient's right to self-determination. When that happens, it's more likely to produce a plan that will work. At the very least, the focus on that first step, engagement, will bring that patient back IF the plan isn't successful.

All of this will be detailed in Motivational Interviewing (3rd Edition) due out in 2012. In the meantime, here's a challenge: How much time do you spend standing on each of the steps as you climb toward change with your patients?

Month end data

Year 5 Month 1
September 15 – October 14, 2010

Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Completed*
Aurora Sinai Family Care Center	112	90	80.4%	31	34.4%	48	154.8%
Aurora Sinai Women's Health Center	146	146	100.0%	43	29.5%	61	141.9%
Aurora Walker's Point Community Health Center	182	179	98.4%	62	34.6%	61	98.4%
Beloit Area Community Health Center	229	222	96.9%	62	27.9%	60	96.8%
Columbia St. Mary's Family Health Center	178	173	97.2%	56	32.4%	52	92.9%
Family Health/ La Clinica (0.5 FTE)	164	152	92.7%	37	24.3%	16	43.2%
Gundersen Lutheran Family Medicine Clinic	281	276	98.2%	79	28.6%	38	48.1%
Gundersen Lutheran Trauma Services	105	N/A	N/A	N/A	N/A	97	92.4%
Menominee Tribal Clinic	812	607	74.8%	77	12.7%	63	81.8%
Milwaukee Health Services, Inc. (0.3 FTE)	21	3	14.3%	3	100.0%	3	100.0%
UW Health Northeast Family Medical Center	236	195	82.6%	66	33.8%	68	103.0%
Scenic Bluffs Community Health Center (0.2 FTE)	22	22	100.0%	11	50.0%	1	9.1%
St. Joseph's Community Health Services	117	106	90.6%	16	15.1%	13	81.3%
Waukesha Family Practice Center	299	283	94.6%	82	29.0%	69	84.1%
Grand Totals	**2,904**	**2,454**	**84.5%**	**625**	**25.5%**	**650**	**104.0%**

*Eligibility varies by clinic

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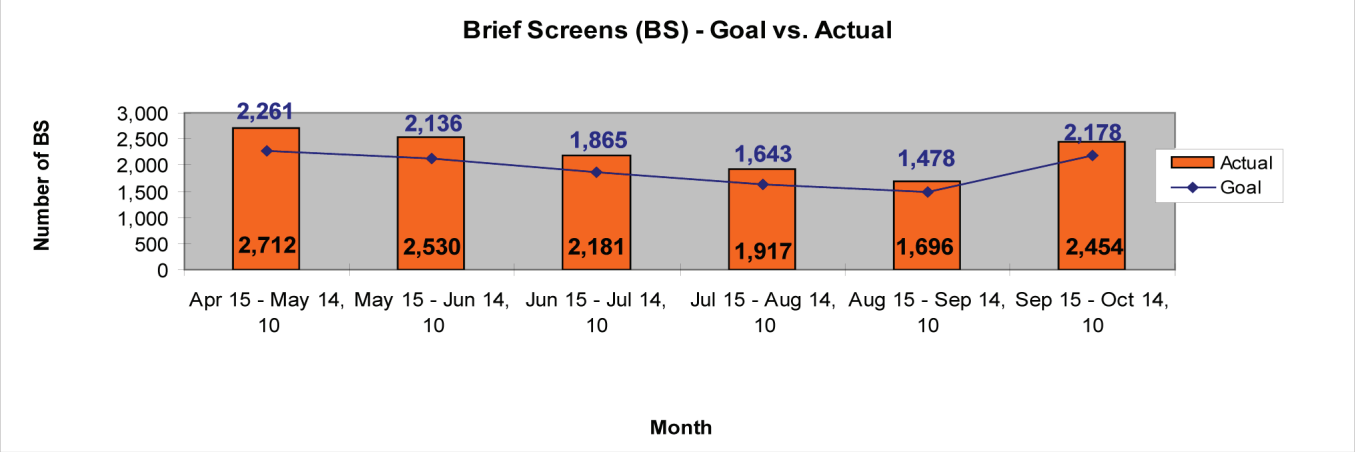
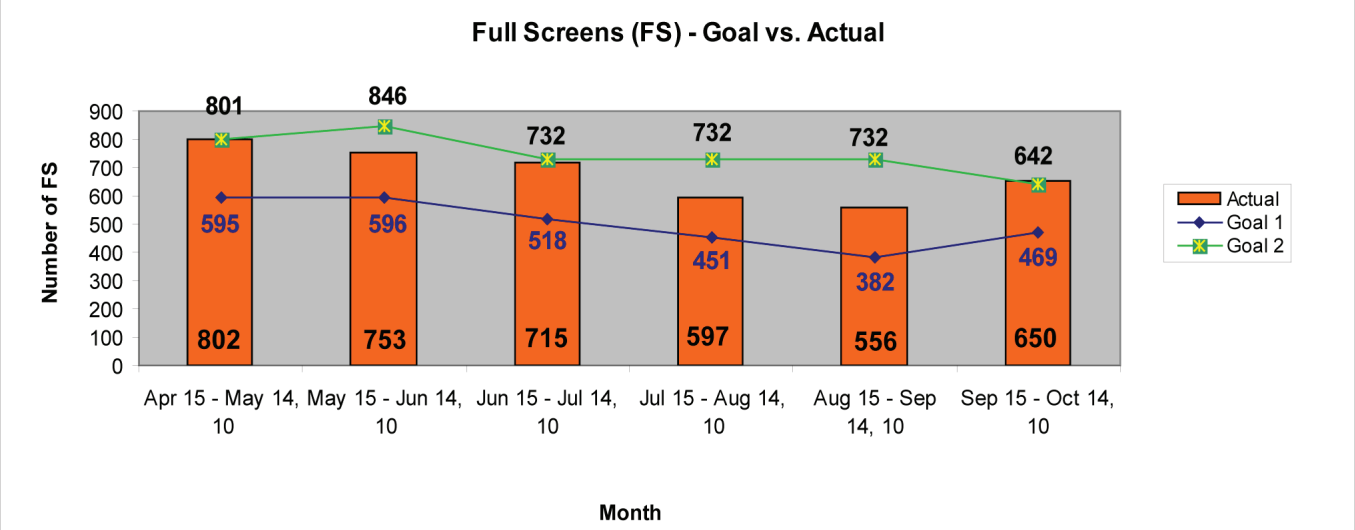
6 month wrap-up



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



Actual: Number of full screens completed
Goal 1: Year 5 (Sept 15, 2010 - May 14, 2011) - Full screen 75% of patients who brief screen positive
Goal 2: Year 5 (Sept 15, 2010 - May 14, 2011) - Number varies by site based on start date

Announcements

Awarding Excellence

At our Fall Statewide Meeting we were pleased to have the opportunity to recognize our partners for their excellent work in delivering SBIRT services and promoting healthy lifestyles in patients across the State of Wisconsin. Everyone deserves a hearty round of applause for all their efforts and accomplishments!

We presented the following awards:

SBIRT SYSTEMS AWARD to Gundersen Lutheran Healthcare

The Gundersen Lutheran Healthcare team has been a pioneer in billing for SBIRT services. They took on the challenge of adding two health educators at once and have integrating SBIRT into multiple levels of their healthcare system.

CULTURAL COMPETENCY AWARD to Kim Schoen of Aurora Sinai Women's Health Center

Kim has focused efforts on reducing systemic barriers by advocating for the Brief Screen form to be translated into several languages. She has also focused on her role in the patient interaction to make sure she is at her best as she strives to meet the challenge of providing patient-centered care to a diverse patient population.

WIPHL VISION AWARD to the Beloit Area Community Health Center

The Beloit Area Community Health Center has had a consistently high volume of service delivery combined with high percentage of patients receiving indicated services. Their team has capitalized on opportunities for systemic synergy within their own organization and fully utilized opportunities offered by WIPHL to expand and enhance services – pharmacotherapy education, consultation, and treatment funding support.

Thank you, and congratulations!

Pictured: Rachael Sanchez, Cecile D'Huyvetter, Andrea DeWitt, Dana Meyers

Pictured: Rodchell Allen, Maria Lozano, Kimberly Schoen, Kathleen Miller

Pictured: Sarah Hopkins, Richard Perry

Cultural Competence Update

Muslim Mental Health and Substance Abuse Issues

By Kevin Browne, Ph.D., WIPHL
Consultant on Cultural Competence

In the U.S. Islam is one of the fastest growing religions. Adherents are very diverse, and include immigrants from South and Southeast Asia, Africa, Arabic-speaking countries, U.S.-born children of immigrants, as well as Caucasian and African-American converts. Similar to many other cultural groups, depression may be more prevalent among Muslim women than men. In addition, stigmatization, language, and cultural barriers may impede help-seeking behavior for mental health and substance abuse problems among many Muslims in the U.S.

While alcohol use is officially forbidden in Islam, alcohol abuse appears to be more common among Muslims born in the U.S. than among immigrant adherents. Due to the official taboo against its use, those Muslims who do abuse alcohol may be more reluctant to report it. Use of tobacco and culture-specific psychoactive substances may be more prevalent than alcohol abuse among some Muslim groups. Many Ethiopian, Somali, and Yemeni Muslims chew *khat* (leaves that release a mild amphetamine-like substance), and some South Asians chew *areca nut* (usually with betel leaves) which produces stimulative and euphoric effects. Habitual betel chewing increases the risk of a range of oral cancers. Marijuana and hashish also have long histories of use in some Muslim countries and are smoked by some Muslims in the U.S. A high percentage of Muslims believe that spiritual intervention (study of the Koran, inclusion of the guidance of an imam, etc) is a very important component in recovery from mental illness and substance abuse.

Sources and further resources:

www.muslimmentalhealth.com

Journal of Muslim Mental Health (available through the UW-Madison library e-journal resource)

The Last Word

Someone please listen to me!

Based on a referral from the patient's physician, a WIPHL health educator met with a female patient. This visit lasted an atypical 2 hours. This patient had 3 children and other than her ill mother, she had no one else sober in her life. The patient revealed that she was still grieving a recent miscarriage. The patient started to make some connections about her use of crack cocaine and her life and she wasn't surprised to learn that her use of crack cocaine was affecting her sleep and causing migraines. She was surprised to learn that crack use can increase the risk of miscarriages. The patient said, "I really want someone to listen to me; I really want someone to talk to". Three weeks after their first encounter the HE was pleased to hear that the patient had used crack only once and had joined a support group. The WIPHL health educator was finally that person who really listened.

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 editor, Chanda Belcher, at chanda.belcher@uwmf.wisc.edu.