The WIPHL Word

November 6, 2007

The Director's Desk

Helping Now—and in the Future

By Richard L. Brown, MD, MPH

This issue of *The WIPHL Word* is chock full of stories on the differences that WIPHL is making in the lives of patients throughout Wisconsin. Congratulations to all the health educators and the clinic staffs around the state for making this happen! You are making the dream of WIPHL come true.

These stories are giving us a strong sense that WIPHL is working. And for every patient who exhibits obvious, dramatic improvement, there are probably many others who benefit in more subtle ways.

Of course, we still face many challenges. For one, we need to document more rigorously exactly how many patients are benefiting from WIPHL. Before the end of this calendar year, our health educators will be synchronizing their tablets daily with our central database. This will allow us to automatically generate up-to-date data on how many patients we're serving and helping. As we discover which patients we're helping and how, we'll also undoubtedly learn who we're *not* helping as much. Are we as helpful to patients who drink alcohol as to patients who use particular drugs? Are we equally helpful to men and women? To patients of various racial and ethnic groups? When we find disparities, will we be able to correct them?

At the same time, we need to be working toward sustainability. Can we deliver sufficient volumes of reimbursable services so that clinics can retain their health

educators without grant support? Can we demonstrate that we're reducing healthcare costs as our patients reduce their drinking and drug use?

Centrally, we continue to work on sustainability by promoting environment changes:

- Because of Act 292—which allows optional reporting of pregnant women whose drinking and drug use may be harming their developing babies—we are ethically obligated to warn pregnant patients that information on their drinking and drug use could be passed on to authorities. Sadly, this discourages participation that could benefit moms and newborns. Working with the State Council on Alcohol and Other Drug Abuse and other policymakers, can we find ways to address this?

- Research has documented the benefits and cost offsets of SBIRT services for alcohol and drug use. Can we create demand for these services among large payers in this state?

- Medicare and Medicaid will soon reimburse for alcohol and drug screening and intervention services. Will Wisconsin-based private insurers follow? Will we be able to garner reimbursement for providing these services by telephone, the predominant vehicle for WIPHL services in many clinics?

- Primary care clinics ideally should be providing systematic screening and intervention services for a variety of behavioral issues. Can we expand our model to broaden our services?

After just one year, WIPHL is starting to fulfill its promise, but there's much more to do. It's great to be working you on improving health across Wisconsin.

HE Stories Illustrate Valuable Service to Patients

"I tell you things I don't tell my mom," patient says

by Laura Saunders

As we enter this second year of the WIPHL SBIRT project, the WIPHL health educators are delivering valuable services to an increasing number of patients throughout the state.

While the services that they provide are semi-structured and delivered via a tablet computer, our health educators are nonetheless skilled practitioners who must use a

myriad of counseling skills that can't be scripted. It is these skills that we focus on during our weekly check-in calls and at our biannual retreats.

This past week, each health educator was asked to report on some of those valuable services. Here are just a few of their stories:

- A patient who came in to see the provider due to excessive falling admitted to the health educator that she was drinking a case of beer per day. Up to that point, no one had talked to her about her drinking.

- A male patient with disabilities that cause him to live at home with his mother told the health educator, "I tell you things that I don't tell my mom."

- After completing the consequence section, a patient said, "Wow, that really makes you think about a lot of stuff."

- A daily-drinking male patient who had recently been in for follow-up to a car accident was reluctant to see the health educator. The patient would not look the health educator in the eye and was seemingly put off by the session. When the health educator asked him, "How do you see your drinking affecting your family?" the patient started to cry and began to share his story. The patient agreed to follow-up sessions.

- A patient who is generally critical of all things at his clinic agreed to see the health educator again to complete the change plan.

- While at the clinic on an unrelated visit, a patient of one of the health educators asked that the health educator be called to the front. The patient just wanted to tell the health educator that her plan was working great and she'd had no drinks.

- One patient who somewhat reluctantly successfully tried sobriety sampling said "I can't believe how much better I feel!"

- One health educator called a female patient who'd missed her appointment. When the patient called the health educator back she said, "I appreciated your calling me and letting me know that you weren't upset with me."

Using evidence-based practice models as a guide, the WIPHL health educators are creative, genuine practitioners who are delivering high-quality, valuable services to patients. In addition to the scientific evidence that these methods work to reduce substance abuse, we are seeing and hearing firsthand that patients are benefiting from this hard work.

We'd also like to thank and congratulate health educators Mia Croyle, Christina Lightbourn, and Julia Yates for their presentation, "Delivering SBIRT Services in Primary Care Settings: Perspectives from Three WIPHL Health Educators," which they gave in early November at a conference held by the Wisconsin Research & Education Network (WREN). As evidenced in the anecdotes above, our health educators often are our best spokespeople for WIPHL's value in patient care. Many thanks to these three for doing a great job.

WIPHL Orientation Video Available Online

A WIPHL orientation video is now available online—and is of use and interest to people who wish to learn about WIPHL or who already have heard "the talk" but feel they could use a refresher. The video is broken down into four parts for convenient viewing. Ever wondered exactly what a "warm hand-off" is—or how to do it best? A training demo (part four) will show you how. Added bonus: you get to view the acting skills (or shall we say good sportsmanship) of WIPHL Coordinating Center staff. You can click to the videos from the WIPHL homepage (www.wiphl.org) or under "About Us/Introduction to WIPHL Videos." Grab some popcorn—and happy viewing!

Get Ready for WIPHL Speaker Series

Learn while you lunch! That's the idea behind a "webinar" speaker series to launch at WIPHL next month. You will receive further notification by e-mail, but for now please mark your calendars for these dates and topics. The monthly presentations will be one hour in length and are (with the exception of December) scheduled for the fourth Thursdays. As an added plus—we are arranging for continuing education credits to be available to those who participate. Presenters and more detailed descriptions will be announced soon.

December, date/time TBA
Billing Codes and What They Mean
Presenters: Jim Berg, Dept. of Family Medicine, and Rich Brown, WIPHL Clinical Director

Thursday, January 24, noon
Who Benefits from WIPHL?

Thursday, February 28, noon
Delivering Services to Multilingual Communities

Thursday, March 27, noon
Domestic Violence

April—no presentation due to biannual statewide conference

Thursday, May 22, noon
Models for Sustainability

Thursday, June 26, noon
Co-Occurring Disorders: Multiple Needs and WIPHL

Thursday, July 24, noon
Adolescents and WIPHL, Part I: The Rationale

Thursday, August 28, noon
Adolescents and WIPHL, Part II: How to Deliver

Health Educator Spotlight

In the spotlight: Julia Yates

My clinic and the people I serve: Wingra Family Medical Center is located on the south side of Madison. We are close to the downtown/UW-Madison campus area and the Beltline. We serve a culturally diverse population. Over 20 percent of our patients identify as Hispanic, and 18 percent of patients report that Spanish is their preferred language. Most staff members at Wingra are bilingual to best serve our community. Forty-three percent of our patients identify as White/Caucasian, 6 percent as Asian-American, 22 percent as black/African-American, 5 percent as Native American, and 4 percent as "other." Finally, we are a relatively busy clinic averaging 21,000 visits per year.

What works for me and my patients: Our patients have a lot to juggle in their lives. Recognizing this has helped me better serve our population. I strive to meet with patients while they are at our clinic. Everyone at Wingra has worked to optimize a meeting time that minimally impacts the patient's day. I meet with patients in the exam room while they are waiting for their provider. Patients are usually very agreeable to talking with me while they wait, and even if my time with them is minimal; I am able to begin the process of building a relationship with a friendly face-to-face meeting. Further, I am then able to communicate directly with the patient's provider as to how s/he screens and where s/he may be in the change process. Our new approach seems to be working, and much credit goes to the flexibility and overall buy-in of my entire Wingra team.

One thing I do that might be helpful elsewhere: I have taken up a second home in the resident room. My office at Wingra is upstairs and away from all patient care. I have found it immensely helpful to be where the action is. Every morning, I scope out which computer is open and move in for the day. This is advantageous in the following ways: I am a visible presence in my clinic, I am better able to duck in and out of exam rooms, and I am better able to form relationships with my colleagues.

I knew my work really mattered when: In early May, a woman at Wingra completed our brief screen. She screened positive, indicating that she drinks two to four glasses of wine daily. I spoke with her briefly over the phone and completed a full assessment/brief intervention. She was not interested in making a change at that time. I thanked her for speaking with me and reminded her that I would be here for the next five years. I encouraged her to contact me at any time if she felt I could be of service to her.

Four months went by, and in early September this same woman called me. She indicated that she had thought about our previous conversation a lot. She also explained that she had noticed herself feeling less and less in control of her drinking. She had kept my card and remembered that she could come to Wingra to meet with me for added support. Long story short, she met with me in person the next week. In that week, she went from drinking four to six glasses of wine daily (increased since our first encounter) to three glasses for the entire week. We met for a total of four sessions, during the course of which this woman was able to make some incredible changes to better her overall health. In the end, I referred this woman on to our treatment liaison. To me, this story reinforces the power of a brief intervention. WIPHL was there at the right time and right place—and offered the right process!

Cultural Competence Update

Check your in-boxes next week for information regarding training opportunities and upcoming meetings relating to Cultural Competence. The next Cultural Competence Committee meeting is December 14. An agenda and conference call number will be forwarded before that meeting. Health educators and clinic staff can be ready to report on "cultural encounters" in their clinics and/or review anything learned at recent trainings.

Meanwhile, the health educator protocol is currently being translated into Spanish. Many clinics have made arrangements and will be using Pacific Interpreters for WIPHL translation services starting this month.

The Clinic Corner

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Augusta	183	91	50%	25	27%	0	0%
Belleville	213	137	64%	48	35%	9	19%
Eau Claire	377	157	42%	75	48%	27	36%
Northeast	374	310	83%	108	35%	81	75%
Polk County	N/A	85	N/A	34	40%	27	79%
St. Joseph's	173	162	94%	53	33%	45	85%
Wingra	249	154	62%	56	36%	30	*54%*
Totals	*1,569*	*1,096*	*70%*	*399*	*36%*	*219*	*55%*
Wave 2							
Amery	N/A	185	N/A	67	36%	26	39%
FamHlt/LaCl. (0.5 FTE)	102	102	100%	31	30%	6	19%
Menominee	417	304	73%	127	42%	46	36%
St. Croix RMC	5,625	379	7%	111	29%	25	23%
St. Croix Tribal	29	5	17%	4	80%	2	50%
Totals	*6,173*	*975*		*340*	*35%*	*105*	*31%*
Wave 3							
Mercy Clinic South	668	90	13%	32	36%	14	44%
Sinai Family Care Center	173	149	86%	43	29%	27	63%
Sinai Internal Medicine	189	101	53%	26	26%	9	35%
Walker's Point	324	253	78%	97	38%	23	24%
Waukesha	253	143	57%	47	33%	32	68%
Totals	*1,607*	*736*	*46%*	*245*	*33%*	*105*	*43%*
Wave 4							
Fox Valley	545	385	71%	115	30%	72	63%
Minocqua	554	393	71%	79	20%	8	10%
St. Lukes	475	182	38%	54	30%	34	63%
Totals	*1,574*	*960*	*61%*	*248*	*26%*	*114*	*46%*
Grand Totals	**10,923**	**3,767**		**1,232**	*33%*	**543**	*44%*

*Criteria for eligibility varies by clinic

Clinic Corner Commentary

At our semiannual meeting in September, we talked together about our program goals for year 2. Many of us have continued that conversation within sites and with the WIPHL Coordinating Center. In this joint goal-setting effort, clinics are trying to address multiple interests including the needs of patients, the needs of the clinic/site, and the service delivery objectives outlined in the cooperative agreement with SAMHSA. There are many ways to analyze WIPHL implementation and service delivery goals and progress. Some of the key indicators of success include: 1) successfully establishing a

system to brief screen eligible patients; 2) successfully establishing a flow for WIPHL service delivery that maximizes opportunities for health educators to connect with patients; and 3) successfully delivering the level of health education services each patient needs and is willing to accept.

UW Northeast Family Medical Center, Polk County Health Department and Human Services Department, and St. Joseph's Wonewoc, Elroy, and Hillsboro clinics have been experiencing success across indicators. At UW Northeast, 83 percent of eligible patients completed the brief screen in October and 75 percent of patients completed the full screen, also known as the full assessment or GPRA. In October, 81 patients were able to meet with health educator Christina Lightbourn and learn and reflect about how drinking and/or drug use is impacting their health and some options for a healthier lifestyle. In Polk County, not only is their team managing several sites within a site and working out implementation challenges that a multifaceted site presents, Terry Murphy, the health educator for Polk County, is delivering direct services to 79 percent of patients. Within three St. Joseph's clinics, clinic teams are brief screening 94 percent of eligible patients and health educator Sue Larson is meeting with 85 percent of patients who screen positive. These Wave 1 sites are demonstrating that it is possible to systematically deliver SBIRT services to patients.

Several Clinics in Waves 3 and 4 are making tremendous strides toward meeting implementation goals. UW Fox Valley, after only six weeks since re-launching WIPHL service delivery, was able to complete the brief screen with 71 percent of eligible patients and the full screen with 63 percent of eligible patients. This resulted in 72 people receiving SBIRT services with health educator Katie Normington in October. Waukesha Family Practice Center continues to make progress on their brief screening process while Betzaida Silva-Rydz has been able to deliver direct services to 68 percent of patients who screen positive for risks associated with alcohol or drug use. Over 60 percent of patients who have screened positive on the brief screen at Aurora St. Luke's and Aurora Sinai Family Care Center have received direct services from the health educator at those clinics. Clinics can help position WIPHL health educators to deliver direct services to patients by assisting in warm/active hand-offs. Active hand-offs are a set of strategies that clinic/site staff use to encourage patients with positive brief screens to meet with the health educator. To learn more about warm hand-offs, please view the aforementioned demonstration video on the WIPHL website (www.wiphl.org, click from homepage or About Us/Introduction to WIPHL Videos).

UW Eau Claire, UW Wingra, Amery Regional Medical Center, Menominee Tribal Health and St. Croix Regional Medical Center are at or above the year 1 baseline implementation goal and are well-positioned to meet year 2 service delivery goals. At Eau Claire, Lisa Corey is continuing to find success in her efforts to connect with patients via the telephone as Eau Claire waits for the WIPHL Coordinating Center to resolve barriers to using the IVR system. Julia Yates and the team at Wingra continue to

innovate and establish a model for service delivery in which the health educator and providers work very closely to deliver SBIRT services. After moving to a new site, Amery Regional Medical Center has managed to continue delivering and growing SBIRT services for their patients. At Menominee Tribal Clinic, the team continues to deliver a full continuum of SBIRT services and to develop promising practices for encouraging warm hand-offs to Diane Carlson, their health educator. At St. Croix Regional Medical Center, Scott Harvey and their QI team continue to look for opportunities to increase the number of patients who screen positive that connect with Scott. In a facility of this size with so many eligible patients and so many points of receiving the brief screen, finding a system that is manageable presents unique implementation challenges in regard to active hand-offs. Still, SCRMC is consistently delivering SBIRT services to patients.

At Minoqua, Family Health La Clinica, and Walker's Point, the process to brief screen patients is well established and at each of these clinics over 70 percent of eligible patients are being brief screened. At Family Health La Clinica, where 100 percent of eligible patients are screened, the brief screening process has been incorporated into the process for annually updating health histories. At Walker's Point, the brief screens are bright orange and hard to miss. This keeps them from being easily shuffled in with other forms.

At Mercy Clinic South, UW Belleville, and Aurora Sinai Internal Medicine, patient satisfaction surveys, recent implementation of an electronic medical record system, and sharing a health educator across two sites impact WIPHL service delivery. Change within clinics is important, inevitable, and integral to growth. All organizations have multiple priorities, and maintaining and growing WIPHL is one of the many priorities that clinics who have signed onto WIPHL have to contend with. We can learn from these situations, too. For more ideas about improving brief screening or addressing other implementation goals, go to http://wiphl.com/uploads/media/WIPHL_Best_Practices_June_2007.pdf.

WIPHL Calendar

November 2, 8:30 a.m.—Executive Team Meeting
November 6, 12 p.m., Tuesday—Health Educators' Meeting, Waves II and III
November 7, 9 a.m., Wednesday—Health Educators' Meeting, Wave IV
November 7, 12 p.m., Wednesday—Health Educators' Meeting, Wave I
November 7, 1:30 p.m., Wednesday—Governor's Policy Committee Meeting
November 13, 12 p.m., Tuesday—Health Educators' Meeting, Waves II and III
November 14, 9 a.m., Wednesday—Health Educators' Meeting, Wave IV
November 14, 12 p.m., Wednesday—Health Educators' Meeting, Wave I
November 20, 12 p.m., Tuesday—Health Educators' Meeting, Waves II and III

November 21, 9 a.m., Wednesday—Health Educators' Meeting, Wave IV
November 21, 12 p.m., Wednesday—Health Educators' Meeting, Wave I
November 27, 12 p.m., Tuesday—Health Educators' Meeting, Waves II and III
November 28, 9 a.m., Wednesday—Health Educators' Meeting, Wave IV
November 28, 12 p.m., Wednesday—Health Educators' Meeting, Wave I

Mark Your Calendars:
January 25, Friday—Health Educator retreat
March 25-28 and March 31-April 4—Wave V Health Educator Training
April 10-11—Statewide Semiannual Conference, Wausau

The Last Word

Thirty Bottles of Beer—No More!

From a southcentral Wisconsin clinic

The patient, a woman, had had a positive WIPHL brief screen and was seeing a first-year resident. The resident had addressed the issue of alcohol during her visit as the patient was typically consuming over 30 beers in a weekend. The resident shared that the patient appeared to be in pre-contemplation and not in a place where she was willing to make changes. The resident had let the patient know I wanted to see her, so the patient was prepared to meet with me. The resident and I entered the room (we had agreed that the resident would sit in, at the suggestion of the faculty staffer), and I completed the GPRA-ASSIST with the patient and offered feedback, which the patient stated she was willing to hear.

The patient reported drinking 10 days a month (every weekend), typically 18 beers per occasion with a maximum of 30 beers. The patient denied experiencing any negative side effects other than her mother expressing concern about her alcohol use (which the patient discounted as her mother also drank alcohol). Aside from the structured feedback that is given to all patients, I shared some of the potential health risks of her continuing to drink in her present manner—such as high blood pressure and elevated cholesterol levels. I ended the session by giving the patient my card and letting her know if she ever wanted to make any changes and would like assistance, I was available to help. At that point, I shared the resident's opinion that the patient was in pre-contemplation.

One month later the patient had a follow-up appointment with the resident. After the appointment the resident came and found me. She shared that she did not ask about the patient's alcohol use, as she planned to address it again at the following appointment—

however, the patient herself brought it up. She reported drinking only three times since her last appointment (three or four beers per occasion) as the intervention had really scared her.

The WIPHL Word is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT project 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.