



The WIPHL Word

September 5, 2007

The Director's Desk

WIPHL Seeks NIDA Funding for Screening Research

By Richard L. Brown, MD, MPH

To what extent do patients withhold or shade information they give in clinics as compared to the information they provide under the more stringent confidentiality of research?

The screening, brief intervention, referral, and treatment (SBIRT) services administered by WIPHL, as we know, are based on research as much as possible. Prior research has shown that the Single Alcohol Screening Question and the Two-Item Conjoint Screen, which comprise three of WIPHL's brief screening questions, are accurate in the context of research, where patients are guaranteed confidentiality.

But there remains an important gap in research on such screening. Nobody knows how accurate these questions are when they are administered in primary care settings, where information is divulged to primary care staff and placed in medical records.

With the help of our participating WIPHL clinics, I'll be submitting a research grant application to the National Institute on Drug Abuse to answer this question.

The research protocol is designed so that there will be no impact on patient flow at participating clinics. Primary care staff will have no role in the project. Patients who have questions about the study will be referred to a toll-free telephone number. Participating clinics will need to modify their brief screening form slightly to include an opportunity for patients to opt out of receiving an invitation to participate. Patients who opt out will still get all the WIPHL services they are getting now. The research will not interfere with WIPHL in any way.

Research staff in Madison will call and send a recruiting packet to patients who don't opt out. Patients who agree to participate will undergo a one-hour phone interview. The interviewer will repeat the brief screen and full screen under confidential conditions and

administer a standardized interview that yields DSM-IV diagnoses of alcohol and drug disorders. On the day of the interview, a laboratory technician will visit the participants at home and obtain a urine specimen for a drug test. Participants will receive \$50. The study will provide helpful information on the accuracy of our brief screen and full screen as administered in primary care settings, and on the demographic, clinical, contextual, and attitudinal predictors of providing accurate information on risky drinking, marijuana use, non-medical use of controlled prescription drugs, and use of other illicit drugs.

Several WIPHL clinics have already agreed to participate. **If you're at a WIPHL clinic, please let me know very soon if you'd be interested in participating.**

Three members of NIDA's research staff are excited about the proposed study. In the spring of 2008, we'll learn whether independent peer reviewers share their enthusiasm. If so, funding will start in the summer.

Health Educators' Retreat

The 17 WIPHL health educators will gather in Madison on September 6th for their biannual health educator retreat. This event will be the first time that all health educators have come together. The agenda will center around changes associated with the newly strengthened protocols. We will also focus on our continued journey toward a consistently high quality of services being delivered to the majority of our patients for whom they could be helpful. The ultimate goal for this group is for them to be seen as the best cadre of individuals in the U.S. and in the world (why not aim high?) at administering alcohol and drug SBIRT services in health care settings. We are well on our way!

Statewide Meeting Sept. 27th and 28th

The semiannual meeting is designed to give WIPHL sites an opportunity to learn more about WIPHL around the state, strategize about shared obstacles, share best practices, and celebrate our shared successes to date.

Logistics: Health educators will convene on September 26 for continuing education. The Statewide WIPHL Semiannual Meeting takes place on Sept. 27th and 28th at:

Holiday Inn at the American Center
5109 West Terrace Drive
Madison, WI 53718
Hotel Front Desk: (608) 249-4220
Hotel Fax: (608) 249-4110

Check-in for the meeting and a continental breakfast begins at 9:30 a.m. on Sept. 27. The program begins at 10 a.m. The agenda has been sent out on the WIPHL list serv and can also be found at http://www.wiphl.com/events/index.php?category_id=3296

Who should attend? The WIPHL team facilitator, clinic champion, health educator, quality improvement facilitator are urged to register as soon as possible, and other active WIPHL team members are welcome to attend. WIPHL will pay for rooms for WIPHL health educators and clinic QI coordinators. WIPHL/SBIRT funds will pay for up to three additional rooms per night per clinic for other WIPHL team members.

Prepare to be involved:

Clinic Panels: There are three clinic/site panels scheduled. Six to seven sites will participate in each panel. Each site will have an opportunity to share:

- 1) Something unique about your site
- 2) Your team's biggest obstacle
- 3) Your team's best practice/great approach

Each team will have three to five minutes to present. After each clinic has presented during a panel, there is time allotted for discussion and Q&A from other meeting participants.

We will attempt to organize panels by themes. Please discuss and send a brief written response to the clinic panel questions listed above by Sept. 24th at 5 p.m. NOTE: Please let us know if you need a PowerPoint projector or other A.V. equipment for your presentation.

Listening Sessions: We will break out into small groups for listening sessions. The WIPHL Coordinating Center wants feedback from your teams about what is working and what can be improved. We also would like input about service delivery goals for Year 2 of our grant.

Keynote Speaker: Denise Cora Bramble, MD, MBA will be giving a talk on September 27th about hands-on ways to use cultural competence to build rapport with patients during brief interventions.

Laughter and Learning: Throughout our two days together, there will be opportunities for lots of laughter and learning. During the afternoon/evening of Sept. 27th we will have a dinner and skits. The skits will be performed by everyone. There will also be demonstrations of best practices with prizes going to the winners in three categories. There will also be a WIPHL Jeopardy Competition and prizes for the WIPHL Jeopardy team that knows the most about WIPHL.

Please contact Jessica if you have questions about registration or logistics and Lilly if you have questions about the agenda. We look forward to seeing you all soon.

Health Educator Spotlight

The debut of a monthly feature!

In the spotlight: Robert Cherry

My clinic and the people I serve: I work at Sinai Family Care Center, which is located in downtown Milwaukee. The population of people that we serve is about 80 percent African American. I also have recently added on the Internal Medicine Clinic to the WIPHL program. In both clinics we also serve a high mental health population. We are located very close to WCS, one of the largest mental health clinics in Milwaukee. The clinics are separated only by one hallway, which is very convenient because it gives me easy access to both. The difference between the clinics is that Internal Medicine does not see children.

What works for me and my patients: I achieve success with patients by making them feel as comfortable as possible. When I talk to a person with substance abuse issues I try to start the conversation by giving them some positive feedback about anything like exercise, nutrition, or smoking. If I can't pull any positive info out of the screen (which happens), I compliment them on coming to the clinic and taking a step toward making better health decisions.

One thing I do that might be helpful elsewhere: What makes my clinics work well is the rapport that I have with the staff. The better the relationship you have with everyone, the more they will try and help you succeed at what you're doing. I also like to sit with the front desk customer service reps so that my presence will remind them to hand out the screens. In addition, I have been cross-trained in checking in clients, so that when I see things are very busy for the customer service reps I can help them out. If they get too busy or preoccupied, they may forget about your screen. When they see that you also will help them, it makes them want to help you.

I knew my work really mattered when: The wife of a client that I had talked to pulled me aside in the hallway and told me that after I talked with her husband he significantly reduced his drinking. She went on about how that had had a positive effect on him and on their family as a whole. At this point I realized that we are not helping individuals, we are helping families—wives, children, parents, etc. When this happened it made me feel very good about this program.

Cultural Competence Update

As we complete the second anniversary of Hurricane Katrina's devastating effects on New Orleans, we are once again reminded of the importance of cultural competence on a system and individual basis. We have still not figured out what to do regarding rebuilding this vibrant and multicultural city. We spent some time in our last session of training with the fourth wave of health educators talking about historical implications of

the response to this disaster and why some citizens might be leery of placing trust and confidence in our national/local institutions. These are the kinds of things that contribute to or make worse peoples' use/abuse of alcohol and drugs. It is in this spirit that we have encouraged health educators to consider the importance of cultural competence and motivational interviewing in providing SBIRT services to patients at their respective clinics. This group, as in past groups, has either knowledge of or openness to the concepts of cultural competence and motivational interviewing, and it is great to have them selected on that basis to help move the project along into new and existing clinics.

We continue to meet monthly with our Cultural Competence Committee and work on a number of initiatives. We completed draft information on WIPHL's mission, vision, and values statement. Lilly Irvin-Vitela and I will be pulling this together to go on to the next phase at the Governor's Policy Steering Committee level and finally to the WIPHL Executive Committee for final adoption. We appreciate all of the input and time that a number of people have contributed. It will continue to be a work in progress. We also had Erich Kleinschmidt join us via conference call to share his expertise on working with difficult clients. He has experience working in the mental health and federal corrections systems. We thank him for taking the time to meet with the committee. We are also compiling responses from the Cultural Competence Subcommittee that has been working on the SBIRT protocol with an eye toward infusing Klienman's explanatory models questions into elements of the protocol that lend themselves to cultural implications.

Finally, we are preparing for an upcoming hiring process for a treatment/intervention counselor (as a successor to Flo Hilliard) who is bilingual in English and Spanish. Holly Prince, Lilly Irvin-Vitela, and I are working together on this project and hope to soon have someone on board. We also will be looking at how to continue to move along our capacity to meet other patients' language needs in accordance with other emerging health literacy needs.

Other news: we have secured Dr. Denise Cora-Bramble from the Goldberg Children's Health Center in Washington, DC, to provide training for our health educators and present a keynote for our WIPHL Statewide Meeting September 26-28. We look forward to having this dynamic and knowledgeable physician sharing her expertise with us, especially concerning cultural competence and building quick rapport with patients in a primary care setting.

Please feel free to contact me with any questions at Harold.Gates@famned.wisc.edu, (608) 265-4032.

What's Happening with Treatment?

The number of patients who are referred to the treatment liaison continues to grow. Although, as a project, we are not yet where we need to be, we are continuing to move

in a positive direction. Successful referral to treatment and how to facilitate it remain rather uncharted territory. We do know that building a successful continuum of care for addiction diseases means change for both health care and addiction treatment providers. This change is inherent in the WIPHL project. The role of the treatment liaison is to implement successful referral between clinics and treatment agencies; it is to build a bridge between primary care and addiction treatment.

The numbers in the chart below provide only the bare skeleton of that bridge we are building, reporting only the number of referrals. Look to October's WIPHL Word to present more of the picture. To help fill in the structure of that bridge, I will begin meeting with each health educator to discuss the referral to treatment process. We can discuss how to improve this process on the treatment liaison end as well as look at protocol changes. I look forward to all of the health educators' help and knowledge-sharing as we move forward.

All suggestions and comments are welcome. Please contact Holly Prince, treatment manager, at (608) 263-0249, Holly.Prince@fammed.wisc.edu.

Clinics	August Referrals to Treatment
Wave 1	
Belleville	N/A
Eau Claire	N/A
Northeast	3
St. Joseph's	2
Wingra	N/A
<i>Totals</i>	5
Wave 2	
Amery	2
FamHlt/LaCl.	1
Menominee	N/A
Polk County	N/A
St. Croix RMC	2
St. Croix Tribal	N/A
<i>Totals</i>	5
Wave 3	
Franciscan Skemp	N/A
Mercy Clinic South	1
Sinai Family Care Center	N/A
Walker's Point/Clarke Square	N/A
Waukesha	N/A
<i>Totals</i>	1
Grand Totals	11

The Clinic Corner

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Belleville	320	255	80%	90	35%	44	49%
Eau Claire	754	199	26%	71	36%	45	63%
Northeast	248	192	77%	76	40%	56	74%
St. Joseph's	246	203	83%	58	29%	39	67%
Wingra	324	185	57%	68	37%	28	41%
<i>Totals</i>	<i>1,892</i>	<i>1,034</i>	<i>55%</i>	<i>363</i>	<i>35%</i>	<i>212</i>	<i>58%</i>
Wave 2							
Amery^	N/A	276	N/A	98	36%	25	26%
FamHlt/LaCl. (PT HE)	107	105	98%	25	24%	8	32%
Menominee	498	359	72%	159	44%	54	34%
Polk County^	N/A	80	N/A	40	50%	14	35%
St. Croix RMC	N/A	296	N/A	90	30%	28	31%
St. Croix Tribal	2	0	0%	0		0	
<i>Totals</i>	<i>607</i>	<i>1,116</i>		<i>412</i>	<i>37%</i>	<i>129</i>	<i>31%</i>
Wave 3							
Franciscan Skemp	280	164	59%	46	28%	13	28%
Mercy Clinic South	827	310	37%	119	38%	26	22%
Sinai Family Care Center	182	130	71%	33	25%	22	67%
Sinai Internal Medicine	175	110	63%	28	25%	22	79%
Walker's Point	356	244	69%	82	34%	40	49%
Waukesha	602	336	56%	95	28%	33	35%
<i>Totals</i>	<i>2422</i>	<i>1294</i>	<i>53%</i>	<i>403</i>	<i>31%</i>	<i>156</i>	<i>39%</i>
Grand Totals	4,921	3,444		1,178	34%	497	42%

* Criteria for eligibility varies and is determined by each clinic

^ Incomplete data due to tablet problems

Clinic Corner Commentary

During site visits and our work together this first grant year our team has had the opportunity to ask WIPHL teams at each clinic in waves 1, 2, and 3 about what they believe to be the key to their successes. One of the themes that emerged is the importance of relationships. Both challenges and triumphs are opportunities to strengthen partnerships. In August 2007, 3,444 patients completed brief screens, 497 patients participated in an individualized assessment through a full screen with a health educator, and 41 received additional services. These numbers not only reflect clinics

meeting and sometimes exceeding their WIPHL service delivery goals--they reflect multiple relationships that are being built. Patient-clinic relationships are growing. Patients are learning that they will be invited by people in their health care "home" to answer questions and use resources that are designed to help them have a healthier lifestyle. Patients who report risky alcohol or drug use are meeting and working with skilled health educators and building a collaborative relationship to reduce risks. Health educators, clinic champions, WIPHL team leaders, providers, nurses, medical assistants, receptionists, quality improvement coordinators, and others are problem-solving together to implement and improve WIPHL service delivery.

UW Wingra, St. Joe's Wonewoc and Elroy, Menominee Tribal Clinic, Waukesha, and Mercy Clinic South continue to build in partnership with WIPHL clinic teams. They have made consistent progress and continue to exceed baseline goals for service delivery. Through conversations, site visits, and e-mails with these clinics it is clear that maintaining this kind of patient care requires the skills, talents, time, and teamwork of many people.

This month some of the clinics that have built relationships have made tremendous progress! Belleville increased the number of patients who received services from the health educator by 26 patients. They not only met but exceeded the baseline goal of 25 full screens, and Mia provided services to 44 patients. Aurora expanded services to Aurora Sinai Internal Medicine in August. During the first month of implementation Robert Cherry was able to complete full screens with 22 patients at both Internal Medicine and the Family Care Center (44 total). When asked at their site visit what he thought was key to Aurora's success, he said, "Relationships are everything." Amery also made great strides; they increased services by 25 patients. Mary Boe has worked intensively with Jennifer, their QI Coordinator, and the team at Amery Regional Medical Center to increase access to WIPHL services. Franciscan Skemp Sparta has a way to go, but increased services by 10 patients. UW Eau Claire continues to meet and exceed WIPHL goals. Saint Croix Regional Medical Center has met and exceeded the baseline implementation goal of 25 full screens a month! Walker's Point continues to deliver services and build exceptional relationships. Forty patients at Walker's Point met with the health educator. Congratulations to Mia Croyle, Robert Cherry, Mary Boe, Ruth Perez, Tania Greener-Harris, Lisa Cory, and Scott Harvey for the amazing growth they have helped to cultivate and all of the new relationships that growth reflects.

The Polk County Health and Human Services departments continue to make a great effort to deliver SBIRT services in a public health venue. The St. Croix Tribal Health Clinics continue to explore the best options for delivering services. Family Health/La Clinica has continued to meet the needs of patients with a part-time health educator and an engaged WIPHL team.

Quality Improvement: What Everyone Needs to Know

As part of WIPHL efforts, clinics are asked to collect and report data on a regular basis to the WIPHL Coordinating Center and utilize clinic data to inform each clinic's quality improvement efforts. Sometimes, in the effort to meet quantifiable service delivery goals and collect data, it is possible to lose sight of how this data can be useful. The most important reason to collect data is to improve services for patients!

Data is an indicator of the need for patient services.

This project was funded by SAMHSA to respond to the one in four patients in Wisconsin who engage in illicit drug use or alcohol use to a degree defined as "at risk" by the National Institute on Alcohol Abuse and Alcoholism. In August, the number of patients that self-reported "at risk" behavior related to alcohol and/or drugs was 24 to 50 percent of patients in WIPHL participating clinics. The average percentage of clinic patients that screened positive was 34 percent. These high rates of risky behavior speak to the need for universal screening, brief intervention, brief treatment, and referral to treatment in primary care and public health settings.

Data is an indicator of need and opportunities for greater access to services.

Data provides information about how well your team is doing in responding to patient needs. There are several ways that clinics can use the data reported in the Clinic Corner for their Plan-Do-Study-Act cycles to determine how the clinic is doing in helping patients access services. There are three major areas of emphasis that impact access to services: universal brief screening; full screening for patients who screen positive on the brief screen to assess the appropriate need for services; and delivery of appropriate services including brief intervention, brief treatment, and referral to treatment based on patient assessment. Last month in The WIPHL Word, this section focused on brief screening. This month focuses on full screening, also known as the GPRA/ASSIST.

- ✓ **Plan:** Your team has a WIPHL clinic flow that outlines how WIPHL services are delivered.
- ✓ **Do:** Your clinic has been providing WIPHL services.
- ✓ **Study:** Compare the number of patients who screened positive on the brief screen with the number of patients who completed the full screen.
- ✓ **Study:** How many people were eligible for further intervention beyond the brief screen?
- ✓ **Study:** As a QI team, discuss and consider the barriers to access that prevent patients with a positive brief screen from meeting with the health educator to complete the full screen.
- ✓ **Study:** Identify a strategy to address the barrier.
- ✓ **Act:** Enact the strategy and collect data.

- ✓ **Meet again** in the monthly QI meeting to repeat the cycle.

In the absence of data, your QI team would not have a way of objectively measuring how your site is doing in terms of WIPHL patient care.

QI Tips

Sites are already in quality improvement mode, and they are addressing the gap between patients who screen positive on the brief screen and patients who receive services from the health educator.

1) Sites have reported changes in clinic flow that **maximize the opportunity for an active or warm hand-off** to the health educator. Sites are using pagers, walkie-talkies, flags on the doors, notes or signs, and many other strategies to let the health educator know that they can meet with the patient who has screened positive.

2) Sites have found ways to **“warm up” inactive hand-offs**. One strategy Polk County uses, for example, is giving patients with a positive brief screen the business card of the health educator who will be following up by telephone. The business cards are printed with the health educator’s picture. This gives patients a face to go with a name. When health educators call to follow up, it seems like less of a cold call.

3) Sites have identified **strategies to follow up in person with patients who screened positive** but have not yet met with the health educator. By flagging medical records of patients who have screened positive on the brief screen but have not met with the health educator, health educators are able to identify returning patients for follow-up.

WIPHL People

Greetings to our Wave 4 health educators, who received training at the end of August. We welcome Wendi Rusch of Aurora St. Luke’s, Katie Normington of UW Health Fox Valley, and Kerri Weberg of Marshfield Clinic Minocqua Center. Between the biannual health educators’ retreat and the statewide WIPHL meeting September 27-28, we will have ample opportunity to get to know each other.

We also welcome two new faces on the evaluation front. Robin M. Lecoanet, JD, will manage evaluation of WIPHL, and Sarah M. Linnan joins us as an evaluation research specialist. You can read more about them on our website under About Us/Meet the Staff.

New Program Seeks Treatment Improvement

While we at WIPHL concentrate on the screening, brief intervention, and referral-to-treatment end of things, a new program housed in our offices focuses on improving

treatment. The program, called “Strengthening Treatment Access and Retention—State Implementation” —STAR-SI, for short—concentrates on four aims in delivery of treatment:

- To reduce the wait time between a client’s first request for service and the first treatment session
- To reduce client no-shows
- To increase addiction treatment centers’ admissions
- To increase the treatment continuation rate between the first and fourth treatment sessions

Like WIPHL, it is funded by SAMHSA (as one of nine states to participate), administered by the Wisconsin Department of Health and Family Services, and is headed by Rich Brown (as principal investigator). The purpose of the grant is to use the Network for the Improvement of Addiction Treatment (NIATx) Quality Improvement Model, developed by UW-Madison researchers, to improve organizational processes at the state and treatment agency level by impacting client access to and retention in outpatient substance abuse treatment services.

“Outpatient treatment providers face tremendous challenges in their efforts to serve populations in need of treatment,” noted Rear Admiral Eric Broderick, DDS, MPH, Deputy Administrator for SAMHSA, upon awarding the grant. “States are in a unique position to improve access to care and continuity of care by working with community-based providers to set systems in place that eliminate systems barriers, streamline administrative procedures, provide incentives and assist provider networks in their efforts to improve access and retention performance outcomes. That is what the STAR-SI program is all about.”

Deanne Boss, MS, is the STAR-SI project coordinator, and she works at the WIPHL home office. She is happy to share information about the program if you have any questions. She can be reached at Deanne.Boss@fammed.wisc.edu, (608) 263-0304.

Good Coverage!

The *New York Times* on August 7 ran a piece in the “Vital Signs” column (science section) about how counseling by telephone can help people curb excessive drinking. The piece was based on a study published in the August issue of *Alcoholism Clinical and Experimental Research* by some very familiar authors—WIPHL’s Rich Brown and Laura Saunders (along with James A. Bobula, Marlon P. Mundt, and Paul E. Koch). Some of the methods of the study, published under the title “Randomized-Controlled Trial of a Telephone and Mail Intervention (TAMI) for Alcohol Use Disorders: Three-Month Drinking Outcomes,” are finding expression in WIPHL as we deliver guided interventions to a primary care population. The study is posted online at

<http://www.blackwell-synergy.com/doi/full/10.1111/j.1530-0277.2007.00430.x>. Reprint requests should go to Rich Brown, rlbrown@wisc.edu.

But wait, there's more. A guest column about WIPHL by Rich Brown was published in the Sunday, August 26 edition of the *Wisconsin State Journal*, which has a reach of more than 400,000 readers. You can click onto it from our website under News/WIPHL in the News.

WIPHL Calendar

September 5, 12 p.m.—Health Educators' Meeting
September 5, 1:30 p.m.—Governor's Policy Committee Meeting
September 6—Health Educators' Biannual Retreat
September 7, 8:30 a.m.—Executive Team Meeting
September 12, 12 p.m.—Health Educators' Meeting
September 13, 2 p.m.—QI/Implementation Team Coordinators' Meeting
September 19, 12 p.m.—Health Educators' Meeting
September 21, 12 p.m.—Cultural Competency Committee Meeting
September 26—Health Educator Training
September 27-28—Statewide Biannual Meeting

The Last Word

From a health educator in the Northwoods area:

"I talked to one lady really briefly. She'd completed an Assist but wanted absolutely nothing to do with the program at that point in time. Then she had a very serious car accident after she'd been drinking—she really banged herself up. She came in and talked to me and was very determined to make a change. We've done the entire protocol, but she still pops in once a week to tell me how she's doing. She just feels she needs to be accountable to someone. She doesn't take up a lot of time. If it's helping her stay sober, that's wonderful."

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