

THE WIPHL WORD

JULY 3, 2007

Since last month's newsletter started with warm greetings, perhaps this one should start with *hot* greetings. *Hot* because we're now well into summer. And *hot* because WIPHL continues to heat up in all of its activities. We're providing more services than ever and looking to expand further. Our third – and what we thought would be our last – wave of health educators began providing services last month. And, while we continue to do our usual conference calls and clinic site visits, we're also planning for our own site visit, and for a fourth wave of health educator training.

SBIRT SERVICES CONTINUE TO EXPAND

Every month since March, when WIPHL clinics started delivering services, WIPHL services have expanded. Currently, without a fully operational computer system, it is difficult to determine exactly how many of each kind of services were administered. Once our computer system is fully operational, we will be able to track delivery of brief screens, full screens, brief interventions, and referrals to treatment.

In the interim, we appreciate our health educators' efforts to track full screens, which serve as the gateway to all other WIPHL services. Here is our data on full screens delivered in each month:

March - 26; April - 55; May - 166; June - 239

Ultimately, across the entire WIPHL project, we will need to complete a total of 500 full screens per month to meet our objectives. We're almost half way there. We appreciate all the work of all of our clinic staff, health educators, quality improvement staff, and central staff to continue getting us closer to this target.

NEW FEEDBACK FORM FOR PROVIDERS

In response to suggestions from individuals at various WIPHL clinics, WIPHL health educators are now, or will soon be, completing new summary forms after each visit with patients.

Health educators will complete an assessment form after each patient completes the brief and full screens. Information will include demographic information, the patient's responses to the brief screen, a summary of substance use and categories of use (abstinence, low-risk use, at-risk use, harmful use, and likely dependence), and plans for follow-up with the health educator. Such forms will be tailored to each clinic's brief screen.

For patients who wish to change their drinking or drug use, a new form will be generated for each follow-up visit. This form will include information on the patient's change plan and the changes in their substance use.

Health educators will also use these forms when they refer patients to our Treatment Liaison, who helps find treatment programs for likely dependent patients who would like treatment. Once our computer tablets are fully operational, our main database system will automatically

generate these forms and send them out to clinics.

Clinics are asked to consider how best to use these forms to keep their providers up to date on their patients' progress, and to maintain appropriate records.

MARSHFIELD CLINIC TO JOIN WIPHL

We are pleased that a primary care clinic of the Marshfield Clinic will soon be a WIPHL site. Incorporated in 1916, the Marshfield Clinic now has over 40 service locations through the northern half of Wisconsin, with 730 physicians in 80 specialties. Their Security Health Plan serves over 115,000 people in 29 counties. We hope that the WIPHL program takes hold and spreads throughout the Marshfield Clinic system. Welcome, Marshfield!

WAVE 4 HEALTH EDUCATOR TRAINING SCHEDULED

WIPHL will start training three new health educators on Monday, August 13. These health educators will provide WIPHL services at the UW Health Fox Valley Clinic, at the St Lukes Family Health Center, and at a primary care clinic in the Marshfield Clinic system. Many thanks to Laura Saunders, who, under WIPHL's initial plan, was slated to train just one large group of health educators.

WIPHL WEBSITE TO LAUNCH THIS MONTH – WWW.WIPHL.ORG

These days, you're nothing unless you have a website. Soon WIPHL will be something. Joan Fischer, WIPHL's communication specialist, has been spearheading the website development effort. Joan is managing the parts of the website that will serve the general public, while Jessica Wipperfurth is overseeing the parts that will be for internal project use.

When the website is initially launched, key aspects for the general public will be operational. The home page will include WIPHL news, national alcohol and drug news, a featured WIPHL clinic, and an interesting fact relating to SBIRT services in Wisconsin. A fairly detailed "About Us" section will provide an overview of the WIPHL program, including operations, participating clinics, and staff. Over the next few months, additional sections will be added for health educators, clinic staff, employers, and policymakers. As you see the website unfold, please let us know what you think.

WIPHL VIDEO COMING SOON

In response to suggestions from staff at several clinics, WIPHL will soon have a video. The video will be intended to orient clinic staff to WIPHL. It will be available on DVD and downloadable from www.wiphl.org. It will include a rationale for enhancing delivering SBIRT services in primary care clinics, a description of the WIPHL program, and recommendations for maximizing the delivery of brief screens and the referral of patients with positive brief screens to the health educator. Shooting started on July 2. We hope to have videos out by August.

COMPUTER TABLET SYSTEM PROGRESS

Our information technology vendor, Symphony Corporation, has made major progress on the software that drives the computer tablets that you see WIPHL health educators carrying around. Presently those tablets guide health educators as they administer full screens. These full screens include the World Health Organization's Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), which accurately determines what category of alcohol or drug use patients fall into for each of nine categories of substances. The tablets guide the health educators in collecting information that is required by the Government Performance Reporting Act (GPRA – pronounced GHIP-ruh). This information is conveyed to a central database at the federal government, without any information that could identify any individual patients.

Symphony has completed programming that allows WIPHL to convey data on the initial GPRA survey for patients who complete brief screens. It is revising this programming to accommodate revised requirements by our funding agency. It has also released to the central WIPHL office a new version that, after careful editing, will guide health educators in conducting initial interventions. Thanks to Holly Prince for her arduous work behind the scenes on moving this part of the project forward.

CULTURAL COMPETENCE UPDATE

Last month, Harold Gates, gave a presentation on cultural competence at WIPHL's Governor's Policy Steering Committee. There was interesting discussion on how the project might continue to emphasize cultural competence, and the group decided that there should be an update on cultural competence activities at every monthly meeting.

In late June, WIPHL administrators met with Gail Coover, PhD, and Sarah Esmond, MS, of the UW School of Medicine and Public Health's Center for the Study of Cultural Diversity in Health Care. Representatives of each group made presentations about their programs. We all agreed that a major challenge of WIPHL is to overcome cross-cultural barriers literally in seconds, as clinic staff ask patients to complete brief screens and ask patients with positive screens to meet with health educators. We will try to build into our semi-annual statewide meeting a presentation on how to meet this challenge.

The Cultural Competence Committee continues to have monthly meetings. Last month, the Committee considered how to handle a situation that arose at one participating WIPHL clinic. At its next meeting, the Committee will be creating a draft of WIPHL's mission, vision, and values statement.

SAMHSA PROJECT OFFICERS TO VISIT WIPHL

On behalf of our funder, the US Substance Abuse and Mental Health Services Administration (SAMHSA), Erich Kleinschmidt and John Higgins-Biddle will be visiting WIPHL on July 23 and 24. Mr. Kleinschmidt is the Project Officer for WIPHL. Dr. Higgins-Biddle is a nationally renowned expert on implementing alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services in primary care settings.

Our visitors will meet with state officials and central WIPHL staff. They have also requested to visit two of our clinics – one urban and one rural – preferably in or around the Madison area to limit driving. Wingra and Belleville have graciously agreed to host Erich and John.

WIPHL PEOPLE

Congratulations to **Laura Saunders**, Manager of Health Education, for her acceptance to attend a training on motivational interviewing in Sofia, Bulgaria, from September 17 to 19. The training will take place under the auspices of the Motivational Interviewing Network of Trainers (MINT). Laura will be only the third individual in Wisconsin to complete this prestigious training. She will undoubtedly have a lot to share when she returns.

WIPHL welcomes **Robin Lecoanet** (pronounced luh-kwa-NAY) as its new evaluation manager. Robin was formerly a senior program evaluator for the Wisconsin Legislative Audit Bureau. In her new position, she will report to Paul Moberg, WIPHL's Associate Director for Evaluation, and will be involved with several projects. She will supervise a soon-to-be-hired individual who will conduct 6-month evaluation interviews of ten percent of WIPHL patients who receive brief intervention or referral. She will also supervise another individual who will help process and analyze data for external and internal evaluation purposes.

WIPHL says a sad good-bye to **Birgitta Larson**, who served as our health educator at the St. Luke's Family Care Center. In her first two weeks there, Birgitta conducted 13 full screens. Congratulations to her and the St. Luke's clinic administrators and staff for that accomplishment. We wish Birgitta all the best in the future.

NATIONAL SCENE

On June 25, Rich Brown attended a national SBIRT Synergy meeting in Washington. George Washington University Medical Center, home of www.ensuringsolutions.org, hosted the meeting. David Lewis, MD, professor of medicine at Brown University, and a previous medical school instructor of Rich's, facilitated the meeting. About twenty people attended, including Bertha Madras, PhD, the Deputy Director for Demand Reduction of the White House Office for National Drug Control Policy (ONDCP). The chief purpose of the meeting was to advise Dr. Madras how to proceed in expanding delivery of SBIRT services throughout the nation.

Physicians and Lawyers for National Drug Policy (PLNDP – see plndp.org) is conducting a demonstration project to train judges on alcohol and drug problems. Such training is highly relevant, because many individuals who appear in their courts, whether for criminal, civil, or family issues, have alcohol or drug problems. With the leadership of Shirley Abramson, Chief Justice of the Wisconsin Supreme Court, Wisconsin is one of three states participating in this project. Coincidentally, Gretchen Sampson and Mike Rust have asked Rich Brown to give a talk to Polk County judges during WIPHL's upcoming site visit. As a pilot exercise for the national project, Rich will present materials from PLNDP's justice curriculum and gather feedback data from the Polk County judges who attend.

CLINIC CORNER

Clinics	Brief Screen					Full Screen	
	Eligible	Completed	% Comp.	Positive	% Pos.	Completed	% Comp
Wave 1							
Belleville	481	214	44%	77	36%	21	27%
Eau Claire	828	193	23%	65	34%	53	82%
Northeast	362	291	80%	95	33%	42	44%
St. Joseph's	159	143	90%	41	29%	24	59%
Wingra	363	123	34%	59	48%	22	37%
Totals	2,193	964	44%	337	35%	162	48%
Wave 2							
Amery	N/A	104	N/A	36	35%	12	33%
FamHealth/LaClinica	144	144	100%	34	24%	13	38%
Menominee	680	484	71%	180	37%	12	7%
St. Croix Reg. Med Ctr	N/A	66	N/A	20	30%	1	5%
St. Croix Tribal Health	N/A	23	N/A	11	48%	2	18%
St. Luke's Fam. Care	157	52	33%	9	17%	3	33%
Totals	981	873	89%	290	33%	43	15%
Wave 3							
Fran. Skemp Sparta	33	9	27%	2	22%	1	50%
Sinai Family Care	195	143	73%	41	29%	21	51%
Walker's Pt./Clarke Sq	64	42	66%	15	36%	0	0%
Waukesha	572	89	16%	26	29%	12	46%
Totals	864	283	33%	84	30%	34	40%
Grand Totals	4,038	2,120	53%	711	34%	239	34%

Congratulations to Lisa Cory, Dennis Breen, Jerry Barton, and all the staff at Eau Claire for, once again, leading the pack in full screens. This accomplishment is remarkable not only for the 53 full screens provided but for the high percentage of patients with positive brief screens who completed full screens. Way to go, Eau Claire!

Northeast once again made a very strong showing with 42 full screens. At Northeast, brief screening is working especially well, with 80% completion. Way to go, nursing staff and reception! Also, wonderful job to the whole implementation team: Christina Lightbourn, Karen Anderson, Deb Santfleben, Maureen Van Dinter, Tammy DiSalvo, Julie Kurt, Lou Sanner, Lisa Kietzer, and everyone at Northeast.

St. Joseph's again did very well with a full screen rate of just under 60% and the project's highest brief screen rate of 90%. For St. Joe's relatively small clinics to make WIPHL work so well, each individual staff member has been critical, as has the clinics' ability to craft systems that work very well. Kudos to Sue Larson, Robin Haugh, Kelly Woolever, Kim Garman, Nancy Baifden, Amy Ludwikowski, Suzanne Stepanski, Brenda Krupa, Donna McCoy, Shannon Freed, Anita Bell, and Peggy O'Halloran.

Rounding out our first 5 clinics are Belleville and Wingra, two clinics that have demonstrated terrific improvement this last month. Our health educators at both clinics, Mia Croyle and Julia

Yates, have been remarkably creative and persistent in helping enhance service delivery at those clinics. Mia Croyle has implemented a C.A.K.E. incentive program. C.A.K.E. stands for Creating Awareness and Kindling Energy. When the clinic meets QI goals, Mia brings in one of her delicious creations! At Wingra, Julia Yates is giving new meaning to a warm hand-off. Julia and Wingra with the leadership of Michael Seavecki and Dr. Potter have established a system that keeps Julia on the go and maximizes the opportunity for Julia to meet with patients who screen positive while they are at the clinic. Thanks for a terrific job to all the staff at both clinics.

In Wave 2, Esperanza and Diane and their partners at Family Health/La Clinica and at the Menominee Tribal Clinic have greatly enhanced delivery of services. Thanks very much to them and Ted Kay, Nancy Pulver, Dr. Groos, Cyndy Rybicki, Zella Van Natta, Niurka at Family Health/La Clinica, and Mary Travis, Dr. Culhane, David Waupoose, and Jerry Waukau at the Menominee Tribal Clinic. And special thanks to Diane for doing yeoman's work to recapture data on hundreds of brief screens.

Thanks to Mary Boe for cross-covering at the Polk County Health and Human Services clinics to contribute most of those 12 full screens. We look forward to continuing to work with the staff at the Amery Clinic, the St. Croix Regional Medical Center, and the St. Croix Tribal Health Center to enhance delivery of services there. Thanks to Scott Harvey for his cross-coverage of St. Croix Regional Medical Center, and the St. Croix Tribal Health Center. We look forward to continuing collaboration at St. Luke's Family Care Center, anticipating a strong resumption of services after a new health educator begins work there in early September. Similarly, we are looking forward to resuming services for our UW Health Fox Valley Clinic.

Two of our Wave 3 clinics are off to strong starts. Great job with full screening efforts, Robert Cherry and Betsy Silva-Rydz, and the staff at the Aurora Sinai Family Care Center and the Waukesha Family Practice Residency! Robert Cherry has completed the most full screens of any health educator during the first month of service delivery. Way to go Robert! Franciscan Skemp Sparta Clinic, Aurora Walker's Point, and Mercy Clinic South have worked diligently to address implementation issues and we're looking forward to their successes in terms of future service delivery.

WIPHL CALENDAR

July 11, 10:00 – State Council on Alcohol and Other Drug Abuse (SCAODA Intervention and Treatment Sub-committee)

July 11, 1:30 – Governor's Policy Steering Committee

July 12, 2:00 (second Thursday) – WIPHL Quality Improvement meeting

July 13, 8:30 – WIPHL Executive Team

July 13, 1:00 – WIPHL Treatment Meeting for County and Tribal AODA Treatment Administrators and Coordinators

July 19 – 20 – National Institute on Drug Abuse/Substance Abuse and Mental Health Services Administration meeting on a research agenda for drug abuse screening and intervention – Rich Brown will attend in Bethesda, Maryland

July 20, 12:00 (third Friday) – WIPHL Cultural Competence Committee

July 23 – 24 – SAMHSA site visit to WIPHL

July 25 – WIPHL site visit to Franciscan Skemp Sparta clinic

July 26 – 27 – WIPHL site visits to Polk County clinics

August 1, 1:30 – Governor’s Policy Steering Committee

August 2- Site Visit to Aurora Sinai Family Care center and Walker’s Point

September 26 – Semi-annual statewide WIPHL health educator meeting. This meeting will start with lunch at noon, allowing everyone to travel that morning from around the state.

September 27 – 28 – The agenda for WIPHL’s semi-annual Statewide Meeting is coming together. The main goals of the meeting will be to share best practices in delivering SBIRT services, discuss feedback on the project, disseminate additional knowledge on SBIRT services, and honor and thank all statewide participants. Each clinic’s implementation team leaders and health educators are expected to attend. Several fun activities are planned. All attendees will be invited to compete for prizes in various creative activities and games. More details will follow in next month’s WIPHL Word.

THE LAST WORD? – NO AND YES

Last month, readers were encouraged to submit suggestions on a name for the WIPHL monthly newsletter. The absence of suggestions tells us that our readers are all pleased with the current title of WIPHL’s monthly newsletter. So, no, this issue will not be the last WORD. The WIPHL WORD will continue to publish monthly!

And that means, yes, the Last Word will continue as a regular feature in the WIPHL WORD. In future issues of the WIPHL WORD, the Last Word will be intended as a place where everyone affiliated with WIPHL can have their say about WIPHL. We are already hearing wonderful success stories about how WIPHL has touched the lives of our patients, and such stories could appear in this space. We also frequently hear interesting and amusing anecdotes about aspects of WIPHL that are working well, and about how creative individuals at our participating clinics are improving WIPHL and helping WIPHL work well at their sites. Please submit your stories for publication as the Last Word in future issues of the WIPHL WORD.

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