



The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

Striving for Sustainability: WIPHL Seeks Support

*By Richard Brown, MD, MPH
Clinical Director*

Happy February, everyone. Was a groundhog even seen around here on February 2? The adage about making lemonade with lemons would not quite be apropos, so let's say instead that we at the central WIPHL office have been making lots of snow cones. One of Madison's snowiest winters ever has been a great time for grant writing!

As you know, we see WIPHL not just as a five-year funded project to improve alcohol and drug services, but as an ongoing program to help Wisconsin primary care patients receive the best possible, evidence-based behavioral and mental health screening, intervention, referral, and treatment (SBIRT) services. Toward this vision, we are submitting two grant applications.

One will be submitted on February 8 to the UW Institute for Clinical and Translational Research. In partnership with Teri Woods, Ph.D., of the UW Department of Psychiatry, David Katzelnick, MD, of Healthcare Technology Systems of Madison, and Mental Health America of Wisconsin (formerly the Mental Health Association of Wisconsin), we are seeking funds to assess whether the WIPHL infrastructure can support systematic screening, intervention, and referral for depression.

Since 2002, the U.S. Preventive Services Task Force has recommended that all primary care patients be screened for depression. Their recommendation is restricted to "clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up." This project will help us determine whether WIPHL, with its brief screen and its on-site health educators, could comprise such a system.

Dr. Woods, who sees patients and families at the UW Comprehensive Cancer Center, is an expert on cognitive-behavioral treatment of depression. She will develop psycho-educational and cognitive-behavioral protocols that

will guide WIPHL health educators at five selected clinics in delivering services to most depressed patients. They will refer more severely depressed patients to their primary care clinicians or to mental health professionals. We will track whether patients and clinicians are satisfied with the services and whether depression symptoms abate. If WIPHL can effectively deliver these services, we will be assured that it's possible for our model to provide comprehensive behavioral and mental health screening, intervention, and referral services. **If your clinic is interested in participating, please contact me immediately.** You can reach me at drrichbrown@gmail.com or (608) 263-9090.

If WIPHL's model can serve all Wisconsin primary care clinics, who will provide these services? Answering that question is the focus of a preliminary grant application that was submitted February 1 to the Collaborative Health Sciences Program of the UW School of Medicine and Public Health's Medical Education and Research Committee. Our proposal is to work with Gary Gilmore, Ph.D., professor and director of Graduate Community Health Programs at UW-La Crosse, to add a primary care track to the health educator bachelor of science program. Mark Albanese, Ph.D., of the UW Population Health Institute, would be the project's evaluator, and Pat Remington, MD, MPH, who directs the UW's public health education program, would also collaborate. If our preliminary application receives a "thumbs up," we will submit a more complete application in April. We hope that UW-La Crosse and other colleges around the state will soon be graduating lots of health educators who will provide WIPHL services in primary care settings.

With another seven to nine inches of snow predicted for tonight and tomorrow, excellent grant writing conditions will continue. Please let me or others at the WIPHL office know if you have other ideas on how WIPHL can improve and expand.

Supporting Good Practice

By *Laura A. Saunders*

As could be expected for January, the last health educator column talked about job-related goal setting or resolutions for the upcoming year. To assist the health educators in achieving those goals and the highest levels of performance, it is my responsibility to provide them with support, guidance, and feedback. The structure for this is through the weekly group calls and monthly one-on-one calls.

I am also charged with ensuring that the health educators meet our funder's requirements, submission of monthly audiotapes for protocol adherence, collection of GPRA data, discharging patients, and inviting all eligible patients to participate in follow-up.

In addition, I carry the responsibility of partnering with clinic managers in co-supervising the HEs. Thus far, I have done this by sending a relatively unstructured, narrative-type e-mail after the monthly check-in call. Overall, these e-mails have been well received.

Despite this, ever mindful of quality improvement, we have created a new monthly check-in sheet that promises to be superior to the narratives in a number of ways:

- Expectations are more clearly defined
- The check-in sheet will guide monthly calls with the health educators
- All health educators will be evaluated on the same set of criteria
- Progress in each area can be tracked over time
- All clinic managers will receive feedback in the same way on all areas of HE performance

Some highlights from the check-in sheet are:

Attendance at HE weekly meetings: Health educators are required to attend one of the three weekly check-in calls.

Tape submission: Health educators are required to submit one audiotaped patient session each month.

Direct patient care: Health educators are expected to have increasing numbers of patients who complete the later parts of the protocols:

Number of positive brief screens:

Number (%) of full screens completed:

Number (%) of patients: At-risk _____; Harmful _____;
Likely Dependence _____

Number (%) of patients who completed the decisional balance:

Number (%) of patients who completed the change plan:

Assignments, completed: (All, Some, None)

Daily tablet sync: Once the tablet sync function is enabled, health educators will be required to sync their tablet by hooking up to the Internet.

Monthly tracking and submission of clinic denominator:

Discharges (up to date): 100% of patients invited to participate in discharge interview/60% complete. Staying up to date with all discharge paperwork.

Follow-up invitations: Inviting patients with SSN between 30-39 to participate in the follow-up procedure required by SAMHSA.

Number of patients eligible for follow-up:

Number (%) who accepted invitation to participate:

Referrals to treatment: Getting at least some patients with a diagnosis of likely dependence to accept a referral to treatment.

Number of referrals this month:

Successfully completed treatment referral paperwork:

If you have any questions about or suggestions for health educator evaluation, please feel free to contact me. I look forward to this new and, we hope, improved communication tool.

Teleconferences Build Cultural Competence

By Harold Gates

As we close out the cold and snowy month of January, I would like to catch you up on a few things. The WIPHL Cultural Competency Committee had its monthly meeting on January 18. Among other things, we talked about Dr. Martin Luther King Jr.'s message that "everybody can serve," which certainly is a value shared by WIPHL. We spent a good deal of our meeting hearing attendee ideas regarding "What is your vision for WIPHL?" These ideas will be recapped in the meeting minutes and soon will be available for your viewing. This might be a good time for all of us to reflect on this question as we are well into our second year of the project.

With that in mind, I would like to talk more in depth about learning opportunities that include CEUs and/or continued Professional Development. There are a few statewide websites that offer training online pertaining to AODA or mental health topics. These sites are as follows:

2008 Wisconsin Public Psychiatry Network
Mental Health Teleconference Schedule
Contact: Kay Cram(608) 261-6743
http://dhfs.wisconsin.gov/MH_BCMH/Teleconference/TeleconferenceSCH.htm

This website allows you to see the schedule for this year on a monthly basis and offers CEUs based on completion of an online evaluation. The Feb. 7 topic is "Disability Evaluations," presented by Erik Knudson, MD, Mendota Mental Health Institute.

The next site is:

Teleconferences on Substance Abuse Research to Practice
Contact: Jamie McCarville
(608) 267-7712
<http://dhfs.wisconsin.gov/substabus/Education/Teleconference/2008/2008TeleconfereneceTopicsandinfo.htm>

Addiction Services offers a monthly statewide teleconference series on research-based addiction, treatment, recovery, and prevention issues. These teleconferences have been developed through a partnership with Prairieland

ATTC (Addiction Technology Transfer Center Network). The February 28 topic will cover "Children of Alcoholics," presented by Kate Speck, Ph.D., University of Nebraska.

The national website that I recommend for cutting-edge mental health topics is the National Technical Assistance Center for Children's Mental Health at Georgetown University. The center's free teleconferences, held in a series called Technical Assistance Conference Calls, cover important and emerging trends in the mental health field. Presentations from experts are followed by an open discussion in which all participants can ask questions and enrich the conversation. The next topic, on February 21, is "The National Children's Mental Health Awareness Day: How to Get the Message Out." It would definitely be worth your time to participate. (This topic is being held well in advance of National Children's Mental Health Awareness Day, which is May 8.) If you can't make it, the center does archive these calls.

Contact: Marisa Irvine, conference call coordinator
marisairvine@hotmail.com
http://gucchd.georgetown.edu/programs/ta_center/tacalls2008.html

I hope that you will visit these teleconference websites in the near future. I will continue to let you know about teleconferences and other online learning opportunities as I discover them.* I also encourage you to share ones that you discover and think are relevant.

In the next WIPHL Word, I will review several books relating to cultural competence that would be worth adding to your clinic libraries. In the meantime, please feel free to contact me with your questions or for technical assistance. You can reach me at Harold.Gates@fammed.wisc.edu or (608) 265-4032.

** Let's not forget our own WIPHL Speaker Series, which on **Thursday, February 28 at noon** offers "Delivering Services to Multilingual Communities." More information on page 7.*

Register Now for Statewide Meeting!

It's time to register for the WIPHL Biannual Statewide Meeting, April 10-11. We have an exciting two days planned. Dr. John Higgins-Biddle will be giving the keynote at our meeting. He is a nationally renowned expert in Screening, Brief Intervention, and Referral to Treatment (SBIRT), with more than two decades of experience in the field. We also have some terrific workshops and plenary sessions in the lineup, including:

- Best Practices for SBIRT in primary care and public health settings
- Improving linkages between primary care, public health, and AODA treatment providers
- Co-occurring disorders

- Billing and reimbursement for SBIRT
- Promoting demand for SBIRT and working toward sustainability
- Motivational Interviewing

For more information and to register for the WIPHL Biannual Statewide Meeting please go to http://www.wiphl.com/events/index.php?category_id=3460. **Early registration for the statewide meeting ends February 29.** People who register early will be entered into a drawing to win a pizza party for their clinic! If you have any questions, please contact Jessica Wipperfurth at (608) 263-4573, Jessica.Wipperfurth@fammed.wisc.edu.

Treatment Liaison Update

Building Bridges

By Mia Croyle

The role of the treatment liaison has been described as building a bridge between primary care and addiction treatment. That bridge begins with WIPHL partner clinics and our health educators. This past month we have been fine-tuning the process for the health educators to refer patients to the treatment liaison. The health educators received training on this revised process and we have identified areas to provide ongoing support and guidance to the health educators to ensure that this portion of the bridge remains structurally intact.

In the month of January we had:

- 15 new referrals to the treatment liaison
- 3 patients enter treatment

Since the beginning of WIPHL, we've had a total of:

- 81 referrals to the treatment liaison
- 24 patients enter treatment

Moving forward, we will be focusing on the portion of the bridge that extends to the counties and their AODA services and contracted providers. We have been drafting a form that we hope will ensure clear and accurate communication about the treatment services received by our patients. Working in partnership with our contacts at the county level and with Cathy Kehoe, our contract manager with DHFS, we hope to begin piloting the use of this form in the coming months.

It is exciting to see this bridge being built and reinforced. Each step makes it easier to reach the end goal of facilitating successful referral to treatment for our patients.

The Clinic Corner

January 2008
Month End Data

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Augusta	114	58	51%	21	36%	12	57%
Eau Claire	260	83	32%	37	45%	29	78%
Northeast	305	236	77%	104	44%	74	71%
Polk County	N/A	96	N/A	45	47%	25	56%
St. Joseph's	507	462	91%	100	22%	49	49%
Wingra	200	124	62%	49	40%	27	55%
<i>Totals</i>	<i>1,386</i>	<i>1,059</i>		<i>356</i>	<i>34%</i>	<i>216</i>	<i>61%</i>
Wave 2							
Amery	N/A	113	N/A	39	35%	3	8%
Clear Lake	N/A	24	N/A	7	29%	0	0%
Luck	N/A	90	N/A	25	28%	2	8%
FamHlt/LaCl. (0.5 FTE)	83	82	99%	23	28%	18	78%
Menominee	180	137	76%	67	49%	33	49%
St. Croix RMC	398	136	34%	38	28%	9	24%
St. Croix Tribal	16	5	31%	3	60%	3	100%
<i>Totals</i>	<i>279</i>	<i>587</i>		<i>202</i>	<i>34%</i>	<i>68</i>	<i>34%</i>
Wave 3							
Mercy Clinic South	580	159	27%	59	37%	31	53%
Sinai Family Care Center	100	93	93%	17	18%	15	88%
Sinai Internal Medicine	99	89	90%	16	18%	11	69%
Walker's Point	318	164	52%	41	25%	16	39%
Waukesha	406	146	36%	50	34%	37	74%
<i>Totals</i>	<i>1,503</i>	<i>651</i>	<i>43%</i>	<i>183</i>	<i>28%</i>	<i>110</i>	<i>60%</i>
Wave 4							
Fox Valley	259	138	53%	48	35%	29	60%
Minocqua	384	302	79%	65	22%	16	25%
St. Lukes	180	120	67%	35	29%	28	80%
<i>Totals</i>	<i>823</i>	<i>560</i>	<i>68%</i>	<i>148</i>	<i>26%</i>	<i>73</i>	<i>49%</i>
Grand Totals	3,991	2,857		889	31%	467	53%

*Criteria for eligibility varies by clinic

Clinic Corner/QI Commentary

By Lilly Irvin-Vitela

Every clinic faces challenges and successes in its efforts to improve patient care and meet patient needs around reducing risks associated with alcohol and drug use or prescription misuse. This month's issue of the QI Commentary highlights some of the successes that came to fruition in January. At our statewide meeting April 10-11, we've planned time in the agenda for clinics to collaborate and share best practices. If you're looking at ways to systematically brief screen, encourage patients to meet with the health educator, deliver services face-to-face, deal with a high prevalence of co-morbidity, meet the needs of pregnant women, successfully help motivate patients to quit or cut down to safer limits, or motivate likely dependent patients to accept a referral to treatment, be assured that there is another clinic out there who has accomplished that! Please take this opportunity to identify clinics that you would like time to meet and talk with about shared implementation challenges and successful strategies.

Wave 1 Clinic Highlights

- Lisa Cory provides health education services at UW Eau Claire and the Augusta clinics. Not only was she able to provide services to 41 patients at these clinics, Eau Claire exceeded the 75% full screen/brief intervention goal in January!
- Christina Lightbourn and the team at UW Northeast continue to systematically deliver quality services to patients. The team is doing a great job of getting the brief screen to eligible patients and maintaining a process that allows Christina to meet with patients while they are in the clinic to receive a full screen and brief intervention. With these processes in place, Christina also has been able to make several referrals to treatment for likely dependent patients. In January alone, 74 patients were able to meet face-to-face with Christina to explore their drinking and drug use.
- Terry Murphy continues to work with the team in Polk County and several sites within a site, including Family Planning and WIC. The Polk County team was able to administer the brief screen to 96 patients this month. This is an increase of 29 patients from December. This is good given the unique challenges of brief screening in a public health setting.

- The three clinics in the St. Joseph's system—Elroy, Wonewoc, and Hillsboro—continue to excel in systematically brief screening patients. With a recent clinic move, the challenges of serving three clinics in distinct geographic locations, and the prospect of adding additional clinics, Sue Larson and the teams at St. Joseph can be pleased that 49 patients who self-reported using alcohol or drugs in a risky way received a full screen and a brief intervention in January. Furthermore, Sue continues to successfully refer dependent patients to treatment.
- Julia Yates and the team at UW Wingra continue to make progress toward systematically brief screening and delivering WIPHL services to patients. Their team continues to think and act in creative ways to meet the needs of patients with co-occurring behavioral health and AODA needs. Furthermore, the team has implemented WIPHL in a way that allows Julia to meet face-to-face with patients while they're still in the clinic.

Wave 2 Clinic Highlights

- Zella Van Natta and the team at Family Health La Clinica have a lot to be proud of in terms of their efforts and success in delivering WIPHL services to their patients. Not only does the team have an excellent system for universal screening, they consistently brief screen more than 90% of their patients and often brief screen 100% of eligible patients. They have made tremendous progress in completing full screens and setting Zella up to deliver brief interventions with patients in need of services. Zella has done this successfully with both Spanish- and English-speaking patients. Although Zella is only half-time with WIPHL, the team at Family Health La Clinica has found a way to systematically deliver SBIRT services to 78% of their eligible patients!
- Mary Boe and the team at Amery Regional Medical Center are trying to increase access to services for patients. They are working out implementation at the Clear Lake and Luck clinics in addition to their ongoing efforts at Amery.
- Menominee Tribal Health Clinic and Diane Carlson are universally screening patients and also systematically screening all pregnant women at the time of their first prenatal appointment. Seventy-six percent of eligible

continues next page

Clinic Corner/QI Commentary continued

patients are brief screened. Furthermore, the team continues to successfully do active hand-offs, and Diane met with 33 people in January.

- St. Croix Regional Medical Center and Scott Harvey are working to change their WIPHL flow to move toward more face-to-face service delivery to patients.
- The St. Croix Chippewa Tribal Clinic at Hertel was able to deliver services to all patients who screened positive in January. If this system can be expanded to identify and serve more patients in need of services, implementation will continue to progress.

Wave 3 Clinic Highlights

- Mercy Clinic South continued making strides in January. The team was able to screen 51 more people in January than in December. Carrie also was able to meet with 13 more people in January than in February. Carrie delivers all services face-to-face as their clinic works toward sustainability.
- Robert Cherry delivers WIPHL services at Aurora Sinai Family Care Center and Aurora Sinai Internal Medicine. Although there are challenges associated with a health educator working at two clinics, their team administered the brief screen to an average of 92% of eligible patients and the full screen to an average of 78.5% of eligible patients. Robert and the Aurora Sinai teams have developed a system that makes it possible for Robert to deliver services face-to-face.

- Aurora Walker's Point and Ruth Perez successfully delivered SBIRT services to 16 people in January. Ruth continues to deliver services in a culturally and linguistically competent way that respect patients' language needs and values around family.

- At Waukesha Family Care Center, Betzaida Silva-Rydz was able to provide a full screen and brief intervention to 37 patients, nearly doubling the number of patients who were able to benefit from services in January compared to December. She also excels in engaging patients and delivering services in Spanish and English.

Wave 4 Clinic Highlights

- UW Health Fox Valley and Katie Normington were able to deliver WIPHL services to 29 people in January.
- At Marshfield Clinic Minocqua Center, Kerri Weberg and the team members there are looking at the best ways to deliver services to the greatest number of people who could benefit from WIPHL. They successfully brief screened more than 75% of eligible patients and continue to explore processes that will result in patients receiving care to address risky drinking, drug use, and prescription misuse.
- Aurora St. Luke's and Wendi Rusch were able to provide a full screen and brief intervention to 80% of patients who brief screened positive, resulting in health education services to 28 people.

Sign Up for Feb. 28 Talk on Serving Multilingual Communities

Our WIPHL Speaker Series continues with a free talk about how best to deliver services to multilingual communities. Our presenters are **Shiva Bidar-Sielaff**, director of Community Partnerships at UW Hospital and Clinics, and **Thai Vue**, executive director of the La Crosse Area Hmong Mutual Assistance Association. There will be plenty of time for Q&A. Bring your questions, experiences, and concerns.

When: Thursday, February 28, noon to 1 p.m.

Where: At your desk! (Free teleconference, with PowerPoint slides and other materials to be made available beforehand.)

How to register: Go to Wisline registration: <http://www.uwex.edu/ics/wlreg/wlwelcome.cfm>. If you do not already have an account, you will be guided through steps to create one. If you have any registration questions or problems, please contact Wisline at 608/262-0753 or e-mail wislineaudio@ics.uwex.edu. For any other questions, please e-mail info@wiphil.org.

Please sign up at your earliest convenience—waiting until the last minute can result in event cancellation or unnecessary charges to us.

WIPHL Calendar

*Health Educators Meeting, Wave 4
February 6, 9-10 am*

*Health Educators Meeting, Wave 1
February 6, noon-1 pm*

*Governor’s Policy Committee Meeting
February 6, 1:30-3 pm*

*Health Educators Meeting, Waves 2 & 3
February 12, noon – 1 pm*

*Health Educators Meeting. Wave 4
February 13, 9-10 am*

*Health Educators Meeting, Wave 1
February 13, noon -1 pm*

*Cultural Competency Committee
February 15, noon – 1:30 pm*

*Health Educators Meeting, Waves 2 & 3
February 19, noon – 1 pm*

*Health Educators Meeting. Wave 4
February 20, 9-10 am*

*Health Educators Meeting, Wave 1
February 20, noon -1 pm*

*Health Educators Meeting, Waves 2 & 3
February 26, noon – 1 pm*

*Health Educators Meeting. Wave 4
February 27, 9-10 am*

*Health Educators Meeting, Wave 1
February 27, noon -1 pm*

The Last Word

Brief Screen Saves A Life

From a clinic in southern Wisconsin

A patient who’d recently completed the brief screen left a message for the WIPHL health educator requesting a call back. Prior to calling, the health educator reviewed his brief screen, which gave no indication of any problems. When the health educator reached him, the patient indicated that his responses to the questions about depression hadn’t been

truthful. At the time, he couldn’t face his own responses to the questions. In reality he was extremely depressed, even suicidal. He remembered that the brief screen asked about these things and called the health educator for help. The health educator referred him back to his physician, who assisted him immediately.

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