



The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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www.wiphl.org

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The Director's Desk

WIPHL: The Long-Range Vision

By Richard L. Brown, MD, MPH
Clinical Director

From the start, WIPHL's long-range vision has been to enhance screening, intervention, and referral services for the entire gamut of behavioral issues—unhealthy drinking, tobacco and drug use, diet, exercise, safe sex, violence, and depression—which are responsible for nearly half of all deaths in the U.S. While all involved with WIPHL are most appreciative of our SAMHSA funding to address alcohol and drugs, most of our clinical partners around the state have embraced WIPHL's long-range vision.

Recently WIPHL commenced a strategic planning process with a two-day meeting. Candace Peterson, our project manager, arranged for a wonderful facilitator, Barb Hummel. We were especially appreciative that John Higgins-Biddle, Ph.D., an expert on SBIRT service and implementation, was able to join us. The meeting substantiated our vision to become a national leader in helping clinical settings provide a comprehensive behavioral package.

The potential to help the healthcare system improve outcomes and save on costs is huge. Systematic tobacco screening and intervention services, including the provision of medication-assisted cessation services, could increase quit rates among our patients by threefold or more. Many of our patients would enhance their intake of fruits, vegetables, and fiber, and decrease their intake of fat. We could avert or shorten episodes of depression, which affects 10% of primary care patients nationally at any given moment and often goes undetected. And, of course, the health benefits and cost savings of alcohol and drug SBIRT services are well-documented. Addressing all of these behaviors would go a long way toward preventing the top three causes of death in the U.S.—heart disease, cancer, and stroke. They would also help address major causes of mortality, morbidity, and disability for our young people.

To help get the word out about this, I have prepared a policy brief that is available on our website at http://www.wiphl.com/policymakers/index.php?category_id=4292. I was also

fortunate to be invited to attend the White House-sponsored regional forum on national healthcare reform in Dearborn, Michigan, earlier this month. The word about our long-range vision is starting to spread.

Thanks to all of WIPHL's partners for their collaboration and support. Your hard work with WIPHL is already helping many patients around Wisconsin. And it may soon improve prevention for the full range of behavioral issues that cause death, disease, disability, and tremendous suffering, not just here in Wisconsin, but across the United States.



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Honors for Dr. Brown

WIPHL clinical director Richard L. Brown, MD, MPH, has been selected as the 2009 recipient of the Hope in Healing Award presented by the Addiction Resource Council, Inc. The award recognizes his contributions in the alcohol and drug abuse field encouraging the integration of screening, brief intervention, and referral-to-treatment services in general healthcare settings.

The award is given to individuals, but Dr. Brown notes that everyone involved with WIPHL shares the honor. "This award clearly would not have been made without the hundreds of partners around the state who are delivering or supporting the delivery of SBIRT services," he says. "Thanks to all partners and supporters of WIPHL, as well as the Addiction Resource Council, for this award."

Health Educators Score High with Patients

By Candace Peterson

Like any clinical program that strives for excellence, we need feedback from patients on the services they are receiving. In the summer of 2008, WIPHL worked with our clinic partners around the state to institute a procedure for gathering feedback from patients on WIPHL services they receive. This feedback is gathered using a short survey called the Patient Satisfaction Questionnaire (PSQ). The four questions on the PSQ are a subset of the 12 questions of the Working Alliance Inventory, a well-validated questionnaire whose responses have been quite predictive of therapeutic gain in many studies of psychosocial interventions. The PSQ data is used for purposes of project quality improvement.

The survey is offered to patients who receive face-to-face SBIRT services provided by the health educators in WIPHL clinics. To help encourage candid answers, the health educators collect responses in such a way that patients feel assured that their health educator does not have access to their responses.

Although some patients elect not to complete the survey, those who do are able to complete the survey in 15 to 30 seconds. To motivate more patients to complete the PSQ, some clinics have given small incentives to patients as a way of saying thank you.

The data we've collected from more than 300 patients since last summer is summarized below. On average, patients rated their satisfaction with the services they received from their health educators as a 4.3 out of 5. This data clearly tells us that patients think very highly of their sessions with WIPHL health educators!

To all of the SBIRT clinics and the WIPHL health educators, thank you for your efforts in collecting this important information. Health educators, congratulations on a job well done for patients, and a big thank you!

Patient Satisfaction Questionnaire (PSQ)

Although your health educator may have spoken with you about various health topics, we'd like to know how you felt about the discussion you had with your health educator about drinking and drug use.

For each question below, please indicate your response based on the following scale:

1	2	3	4	5
Disagree				Agree

1. What I am doing or have done with my health educator has given me new ways of looking at my drinking or drug use. (n=346) **Average score: 4.27**
2. I feel that the things I am doing or have done with my health educator will help me to accomplish the changes that I want. (n=337) **Average score: 4.24**
3. As a result of these sessions I am clearer as to how I might be able to change my drinking or drug use. (n=336) **Average score: 4.27**
4. I believe that the way we are working with my drinking or drug use is correct. (n=337) **Average score: 4.45**

Sample Patient Comments:

"I think the health educator was wonderful."

"These people are very passionate about their work as well as incredibly caring & compassionate!"

"The health educator was open and personable."

"I already know the risk factors! But thank you! What you're doing is great!"

"The health educator was good."

WIPHL Welcomes New Health Educators



Meet new health educators (from left) Kathryn Schleis, Josh Taylor, and Jenni Hamann.

By Laura Saunders

Three new health educators completed training this week and we are thrilled to have these new colleagues!

Jenni Hamann, RN: Jenni will be the health educator at Dean Clinic in Sun Prairie. Jenni has worked in healthcare in the roles of phlebotomist and nurse for eight years. She currently holds an associate degree in nursing. Her long-range plan includes getting a master’s degree in nursing and doing teaching and outreach on an international level. While not new to the Dean Health system, Jenni is new to this role and is looking forward to making the program work for Dean Sun Prairie patients.

Joshua Taylor, BS: Josh will be providing health education at Upland Hills emergency room in Dodgeville. Josh’s degree in biology, coupled with his experience in the ER, has him well positioned to take on the role of being the first

WIPHL HE in an ER. He admits that while he’s excited about this challenge, he’s also a little intimidated. Getting WIPHL up and running in an ER will bring unique challenges and successes for all of us!

Kathryn Schleis, BS: Kathryn is the second Marshfield health educator to join our team. She will be providing services with Marshfield in Park Falls. Kathryn has a bachelor’s degree in kinesiology with an emphasis in health promotion. After the first week of the training, Kathryn said, “I can tell that I will thoroughly enjoy this job.” The preventive aspect of the WIPHL program really resonates with Kathryn.

As always, I have enjoyed the two-week training course. Getting the health educators ready, getting to know them, and seeing them grow into this role is an especially rewarding part of my job.



SBIRT for Teens: Where We Stand

By Mia Croyle

As many of you know, the Wisconsin Initiative to Promote Healthy Lifestyles has been working on expanding delivery of SBIRT services to adolescents. Our longstanding goal has been to deliver SBIRT services to adolescents within Year 3 of our grant (which is the current year, September 15, 2008–September 14, 2009).

Here is a summary of our major milestones thus far:

- March 2008—Convened Governor’s Policy Subcommittee on Access for Adolescents to advise on the development of clinical protocols and implementation processes. This subcommittee has met monthly for the past year.
- June 2008—Contracted with a consultant from the UW Adolescent Alcohol/Drug Assessment Intervention Program to collaborate on the development, training, and supervision of the adolescent AODA SBIRT protocols.
- September/October 2008—Conducted preliminary training with health educators on utilizing motivational interviewing and conducting SBIRT services with adolescent populations.
- March 2009—Developed materials for patients regarding adolescent substance use. For now, their distribution is restricted to participating clinics.

Over the past several months, we have been working in collaboration with numerous clinic sites to develop plans to implement these services. We are pleased that the expansion has been met with much enthusiasm.

We also have been consulting with attorneys and experts on confidentiality issues related to alcohol and other drug services in the state of Wisconsin. In collaboration with our evaluation team from the UW Population Health Institute, we have drafted a set of guidelines for what we would need

to do to obtain adolescent participation in our SAMHSA required follow-up sample.

At this point, we are ready to pilot test our protocols. We are pleased that two clinics that have been clear leaders in service delivery, Northeast Family Medical Center and St. Joseph’s Community Health Services, have agreed to participate in this pilot testing.

The health educators at these two clinics will deliver services to adolescents for a two-month period. We will then conduct an initial evaluation of participation and results. Depending on the outcome of that initial evaluation, we may need up to

6-8 months to contact the participants in our follow-up cohort and collect outcome data. At that time we will evaluate the effectiveness of this pilot and decide if and how we will move forward with more widespread service delivery of SBIRT to adolescents.



We appreciate that this is a population to whom clinics have expressed a considerable interest in providing SBIRT services. We have a clear need to balance that interest with our ideals of providing evidence-based services that we know to be effective and also our need to continue meeting our program’s service delivery goals established by SAMHSA.

We welcome questions or feedback about this process. And we are grateful to have such involved and enthusiastic partners alongside us as we work to meet the challenge of providing SBIRT services to this important and exciting population.

March Treatment Update

8 new referrals to treatment (current project total: 215)
4 patients enter treatment (current project total: 73)

Focus of Concern: Returning Vets

By Harold Gates

A population we will be paying close attention to in the coming months is returning veterans from Iraq and Afghanistan. There are a few resources that can assist our efforts. SAMHSA is making the reintegration needs of returning veterans a top priority in agency efforts to promote mental health and to prevent and treat substance abuse. Combined data from SAMHSA's 2004-2006 National Survey on Drug Use and Health (NSDUH) have documented that more than 20 percent of veterans age 18-25 suffered serious psychological distress in the preceding year, with females more vulnerable than males. One-quarter of veterans age 25 and under had suffered from substance use disorders in the preceding year, with those from low-income families especially vulnerable. The two disorders cooccurred in more than 8 percent of the veterans age 25 and under, and those in families earning less than \$20,000 per year again faced the highest risk. (See SAMHSA News-January/February 2008, Volume 16 1-Veterans & Their Families) http://www.samhsa.gov/SAMHSA_News/VolumeXVI_1/article1.htm. This timely newsletter is filled with useful information providing insight into "Consequences of Trauma," "Military Culture," and SAMHSA's role.

Another great resource is the Coming Home Project, which is affiliated with the University of California San Francisco Medical School. A video series entitled "Invisible Wounds of War" presents a live video conference that includes "Cultural Competency: Iraq and Afghanistan Veterans" and "Treating 'Operation Enduring Freedom' (OEF) and 'Operation Iraqi Freedom' (OIF) Veterans and Their Families." The videos are on YouTube and can be readily accessed from your computer. The project also provides a newsletter and list of upcoming retreats and presentations. You can link to all these materials from <http://www.cominghomeproject.net/cominghome/>.



The National Council for Community Behavioral Healthcare store lists a book entitled *Veterans on the Road Home* (<https://store.thenationalcouncil.org/catalog/show/53>). Its purpose is to assist in meeting the needs of veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom and their families. The book, which was prepared for the council by Bruce D. Emery, Med, MSW, asks and addresses such questions as: What do community

behavioral health providers need to know to effectively serve returning veterans and their families? What does cultural competency mean with respect to those who served in the military and their families? What are the unique characteristics of the conflicts in Iraq and Afghanistan that should inform treatment? Finally, what lessons can be learned from behavioral healthcare providers who already specialize in treating these veterans and

family members? The book also contains case studies and program descriptions from various states, for example, what Minnesota and others are doing to provide innovative and collaborative services to this population.

As WIPHL continues to expand, we will potentially see more patients who are veterans, as well as their family members. These resources will assist use in our efforts. As always, if you need to contact me or need technical assistance you can reach me at (608) 265-4032 or email me at Harold.Gates@fammed.wisc.edu.

NOTE: Sign up now for a March 31 talk about returning veterans as part of our WIPHL Speaker Series. Also, our statewide conference in April features Dean Krahn, MD, speaking about returning veterans. See next page for details!

Register Now for Statewide Conference

Sign up now for our semiannual statewide conference on Thursday, April 23 and Friday, April 24 in Tomah. Registration is open on our website, www.wiphl.com/events. **The registration deadline is April 2;** participants will have to book their own rooms after that date (see website for details).

Our keynote speakers are **Dean Krahn, MD**, and **Pamela Woll, MA, CACP**. Krahn, who spoke about addiction and the brain at our last statewide meeting, will concentrate this time on understanding potential AODA/mental health issues in returning veterans. Krahn is the medical director of addictive disorders at the William S. Middleton Memorial Veterans Hospital in Madison, where he also serves as chief of the mental health service line. Pamela Woll will talk

about reducing stigma in addressing AODA, mental health, and trauma issues. Woll, who is based in Chicago, provided training on reducing stigma to the Illinois SBIRT project. Other conference topics at workshops and plenary sessions include best practices in quality improvement, progress on the “new and improved” WIPHL Tablet 4.0, the latest in billing and reimbursement, and where WIPHL stands as the project reaches its midpoint.

Please note that our '08-'09 contract with clinics requires attendance by health educators, clinical/administrative coordinators, and QI coordinators from each clinic. WIPHL will pay for up to four people from each clinic team to attend.

We look forward to seeing you there!

Sign Up Now for March 31 Talk on Returning Veterans

The WIPHL Speaker Series continues with a talk entitled “Returning Veterans: Combat Stress and Substance Abuse in the Wake of War,” by nationally renowned expert Susan A. Storti, Ph.D., RN, CARN-AP. Storti will provide an overview of issues facing vets as well as a framework and recommendations for accompanying SBIRT services.

When: Tuesday, March 31, 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@wiphl.org.

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

Month End Data

February 15, 2009–March 14, 2009

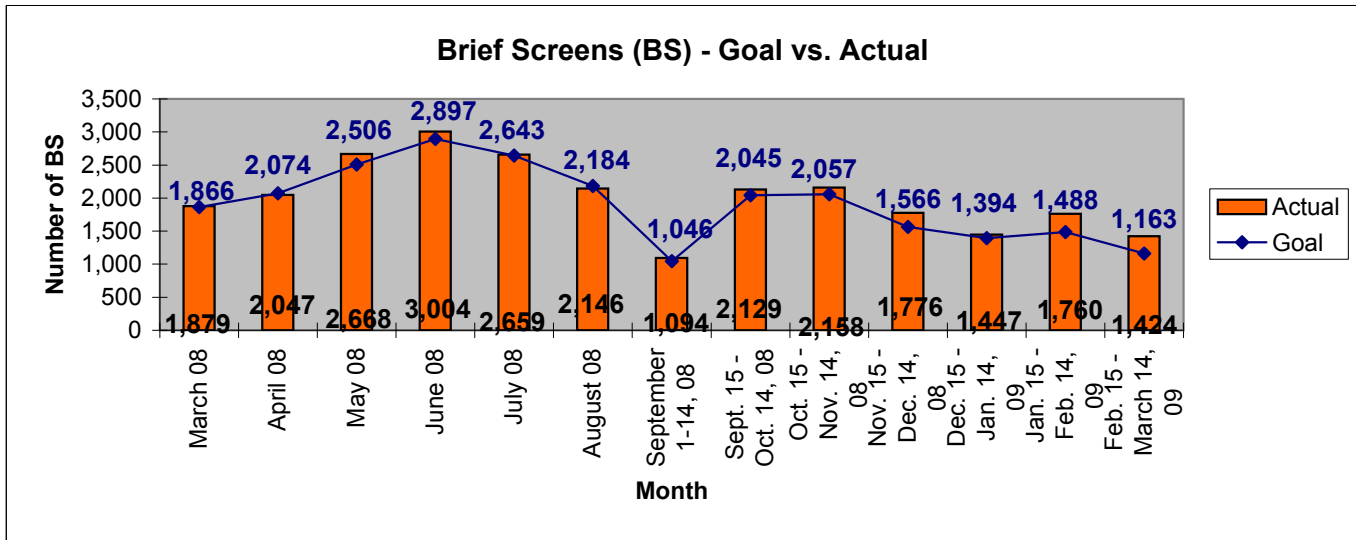
<i>Clinics</i>	<i>Eligible for BS*</i>	<i>Completed BS</i>	<i>% BS Completed</i>	<i>Positive BS</i>	<i>% Positive BS</i>	<i>Completed FS</i>	<i>% FS Completed</i>
Amery Regional Medical Center	144	135	93.8%	51	37.8%	38	74.5%
Aurora Family Care Center	100	92	92.0%	38	41.3%	38	100.0%
Aurora Mayfair (0.5 FTE)	166	155	93.4%	22	14.2%	14	63.6%
Aurora Walker's Point	57	57	100.0%	17	29.8%	14	82.4%
Family Health/ La Clinica (0.5 FTE)	146	143	97.9%	29	20.3%	25	86.2%
Marshfield - Minocqua Center	317	284	89.6%	48	16.9%	32	66.7%
Menominee Tribal Clinic	135	110	81.5%	36	32.7%	29	80.6%
Milwaukee Health Services, Inc. (0.3 FTE)	29	25	86.2%	8	32.0%	4	50.0%
Scenic Bluff's Community Health Center (0.2 FTE)	12	12	100.0%	0	0.0%	0	N/A
St. Joseph's Community Health Services	269	259	96.3%	69	26.6%	51	73.9%
UW Health - Northeast	175	152	86.9%	60	39.5%	29	48.3%
Grand Totals	1,550	1,424	91.9%	378	26.5%	274	72.5%

*Eligibility varies by clinic

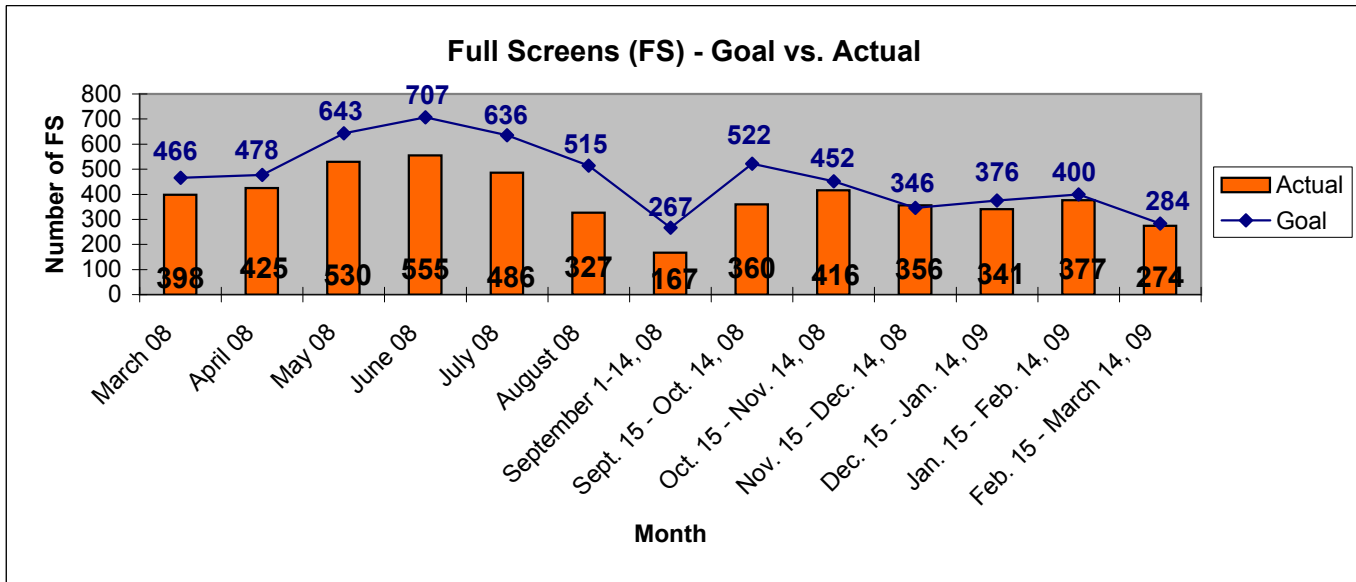
Data in this and accompanying charts compiled by Jessica Wipperfurth

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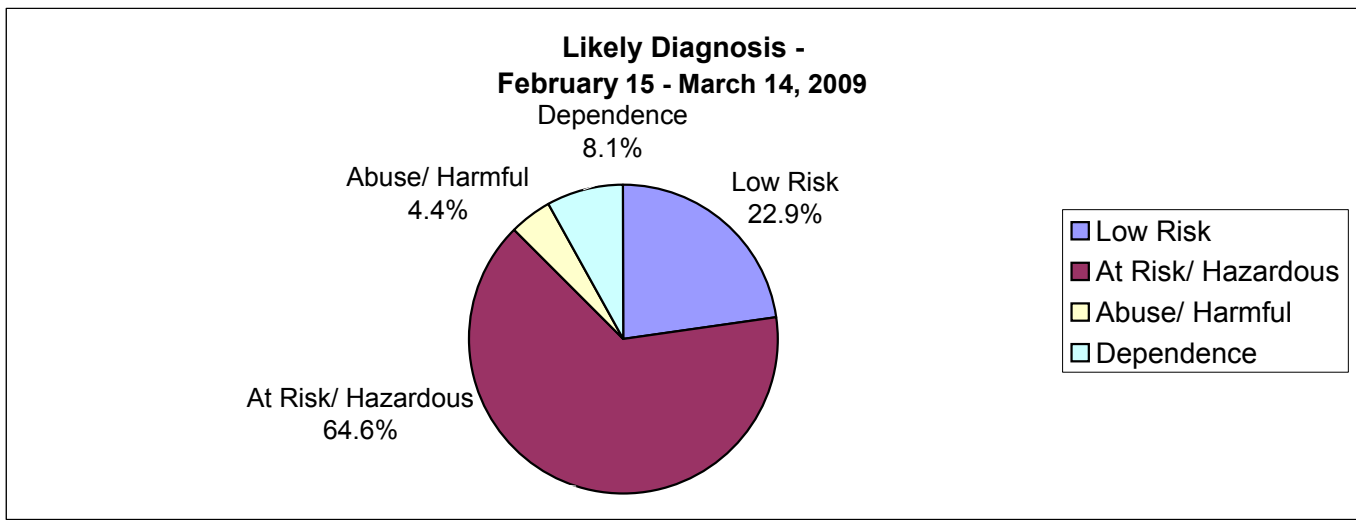
Year-to-Date Data



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



Actual: Number of full screens completed
 Goal: Year 3 (Sept. 15, 2008 - Sept. 14, 2009) - P4P Clinics: Full screen 75% of patients who brief screen positive
 Goal: Year 3 Quarter 2 Goal (Dec. 15 - Mar. 14, 2009) - WIPHL Funded: Full Screen 120 patients per clinic (prorated based upon % FTE)



Calendar

March 31

WIPHL Speaker Series: Susan Storti, Ph.D., RN, on potential AODA/mental health issues and returning veterans. Free teleconference, 12-1 p.m. See page 6 for registration info.

April 6

Governor's Policy Subcommittee Meeting, Promoting Demand, 1–2 p.m.

April 14

Governor's Policy Subcommittee Meeting, Co-Occurring Conditions, 11 a.m.–1 p.m.

April 17

Cultural Competence Committee quarterly meeting, 12-1 p.m.

April 22–24

Health educator retreat followed by statewide conference in Tomah. **Registration deadline April 2.** (See page 6 for registration info.)

For health educator meetings and additional information about events, see www.wiphl.org

The Last Word

An epiphany, one year later

From a health educator in southcentral Wisconsin:

A patient and I went through all pieces of the protocol about a year ago. He had established cutting down from seven beers a day to two or three beers a couple of times a week as his goal. He reached that goal and was able to maintain it for a time, but over the course of the past year, he went back to his previous drinking habits. When I was working with him, he would tend to blame his harmful use on his wife: "If she would get off my back, everything would be fine."

After he was unable to stick to his new goals, he realized his problem was beyond his control and he needed more help. He came back to me and said, "I'm realizing what a huge

role alcohol has played in my life." He remembered how a former girlfriend had told him, "You're a great guy. But you drink too much."

The patient has requested a referral to treatment, and we are now working out the details.

The lesson here for me is that, while we don't always hit it out of the ballpark the first time around, if the patient perceives it as a positive experience, he or she may be willing to come back and try again.

The WIPHL Word is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT program funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by the Wisconsin Department of Health Services (DHS), and coordinated by the University of Wisconsin School of Medicine and Public Health's Department of Family Medicine. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at Joan.Fischer@fammed.wisc.edu.