The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

Seeking Input: Pay-for-Performance Contracting with Clinics

By Richard Brown, MD, MPH
Clinical Director

If you attended the WIPHL statewide meeting in April, you've heard. If not, here's the buzz: WIPHL is seeking input—especially from our clinic partners—on a new pay-for-performance (P4P) contracting mechanism with clinics. These contracts will apply to Project Year 3, which starts in September.

By P4P, we mean a contracting mechanism that will reward clinics for delivering alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services and for participating vigorously in various aspects of WIPHL.

Why a new contracting mechanism? For several reasons:

• WIPHL's ultimate goal is that participating clinics will provide services at a volume that will be financially sustainable after WIPHL grant funding from SAMHSA has expired. This means a volume that will generate sufficient reimbursement to pay for program costs, such as health educator compensation. We want to be sure that all of our clinics can move in this direction.

• There is incredible national momentum toward SBIRT services becoming a standard of care. Eighty-six of 150 surveyed U.S. health plans reimburse for SBIRT services. The National Commission on Prevention Priorities ranks the effectiveness of these services (deaths, diseases, or injuries prevented and cost-effectiveness) fourth out of 25 preventive services that are recommended by the U.S. Preventive Services Task Force—ahead of screening for hypertension, diabetes, dyslipidemias, and various cancers. A national task force is devising outcome measures that will likely be used for care "report cards." Clinics will need to provide SBIRT consistently to demonstrate to payers and the public that they provide high quality care. WIPHL's goal is to help its clinics set the pace and serve as models for other clinics around the state which will soon need to respond to this evolving standard of care.

• While all participating clinics have numerous success stories, and all have devoted substantial time and effort to the project, some continue to provide SBIRT services at a volume that has remained fairly low for several months. We understand that different clinics have different barriers to effective service delivery. Under our current contracting mechanism, our only available response is not to renew contracts for Year 3. We would much prefer to implement a graded contracting mechanism that promotes consistent improvement than say goodbye to clinics we have enjoyed working with and in which we have made large investments.

• We already have in place a new P4P mechanism with several clinics that joined WIPHL this spring despite unavailability of funds to support compensation for new health educators. Other clinics would like to join WIPHL in the fall. As good stewards of our grant funding, we must ensure that our program reaches maximal numbers of Wisconsin patients who would benefit from SBIRT services.

So, please let us hear your ideas:

• How should we build our P4P model? What proportion of current funding should baseline funding be? What expectations would baseline funding carry for delivery of services? What service delivery or participation goals should be met for clinics to receive funding beyond baseline funding? Should there be an expectation that clinics generate reimbursement for SBIRT services when possible, and how would the model account for such reimbursement? How should the model take into account the proportion of a clinic's patient population that lacks insurance? How should the model be modified for community health clinics and tribal clinics?

For those who work at a WIPHL clinic, please consider in the interim how your clinic might begin moving toward financial sustainability.

• One idea to consider is how you might redesign your service delivery scheme so that health educators have more

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opportunity to meet face-to-face with patients. Statewide, face-to-face meetings result in much more service delivery than telephone contacts, and only face-to-face services will be eligible for reimbursement in the foreseeable future.

• If your clinic may not have sufficient patient volume to support a full-time health educator, please consider some additional options: Is there another clinic with whom you might share your health educator? Are there other funded roles that your health educator could serve at your clinic? Could they provide other behavioral prevention services? As you know, our ultimate goal at WIPHL is to support delivery of screening, intervention, and referral to treatment services for all behavioral and mental health issues, which are responsible for 40% of all deaths in the U.S. We would be glad to help interested clinics move in this direction.

At the central office, we realize that moving toward a new way of contracting will create some stress and upset. We hope that gaining your input at this beginning point in the process will make for the best P4P model and the smoothest possible transition. We clearly want to do this in a way that helps us accomplish the goal that we all share—to provide better care to patients.

Ongoing thanks to all of our clinics for your partnership and collaboration on this exciting adventure.

We're Number 1 (Sadly)

In case you missed it, the *Wisconsin State Journal* on Monday, April 28 featured the following letter from Rich Brown in response to news that Wisconsin ranks No. 1 nationwide in drunken driving, according to a report released by SAMHSA:

Wisconsin's top ranking in drunken driving adds to our shameful record of top in the nation in heavy and binge drinking, drinking among high school students, and drinking among expectant mothers.

While more stringent legislation would address part of the problem—our laws regarding drunken driving, for example, are among the nation's most lax—clearly our state's residents are not being given the information or assistance they need to make the connection between alcohol use and negative consequences for their own health and safety and that of others.

We need a sea change in the way our health care system addresses alcohol misuse. Gov. Jim Doyle acknowledged this in his proclamation of April as Alcohol Awareness Month. We need to change community norms that foster alcohol misuse, eliminate the stigma and other barriers to treatment, and increase awareness that treatment for alcohol dependence is as effective as treatment for other chronic diseases.

The Wisconsin Initiative to Promote Healthy Lifestyles offers screening for potential alcohol use disorders (and other health issues) as part of regular health exams at 24 primary care clinics statewide and is eager to add more. The initiative offers evidence-based interventions and referrals to treatment for patients in need of more intensive care.

The effectiveness of these services has been demonstrated in many studies, and these services will more than pay for themselves. Visit *www.wiphl.org* to learn more about the initiative and how you can help make your community a healthier and safer place to live.

Health Educator Update

You'll Catch More Flies with Honey...

Easing the flow of WIPHL services

By Laura A. Saunders

"Some providers pay attention to it [information in the medical record]. Others appear to ignore it. It always allows the doctor to know if I have met with the patient or not. Also, it sometimes gives providers information they normally would not have, such as specific amount a patient drinks, etc."

At our recent statewide meeting, the health educators kicked off the first day with success stories from their own work. From the remarks collected by the evaluation team, it appears that everyone enjoyed this part of the programming. One frequent remark was that hearing these stories reminds us all of why we come to work every day—there are patients, families, and friends behind each of those numbers that we are required to report.

While this forum was wonderful for showcasing the great things that happen, we here at the WIPHL coordinating center found ourselves curious about how information about patients who meet with the HE is finding its way back to their providers.

We are sharing a selection of comments and tips in this column.

Ways that HEs communicate with other staff members at their clinics:

- Immediate verbal feedback
- E-mail
- Voice mail
- WIPHL implementation meetings
- Post graphs on bulletin boards
- Staff meetings/Doctor meetings
- EMR/create and encounter in EPIC
- Getting to know people on a personal level.

"The communication system is working well. Communication is steady from medical records to the health educator to the provider and all steps in between. When it's not working, it's discussed and brought up during the regular meeting. In the beginning it was difficult to make sure that everyone was on board, but through increased communication and discussion of the issues that were creating problems we were able to resolve the issues."

Staff reactions:

- They like it!
- Sometimes they are surprised: "I don't understand why I am not getting this information from them!"
- Mixed—either they say nothing or say "Thanks!"
- Sharing small successes seems to have increased commitment.

Decision to communicate in this way was made by:

1) The clinic manager/medical director
2) Tried lots of different things, but EMR is working well now.
3) We utilized existing methods for communication.

A valuable HE tip: Take time to thank staff for their contributions—share positive feedback from the coordinating center with the other staff members at your clinic.

"I usually give immediate verbal feedback to the staff member (nurse, doctor, front desk staff) who makes the patient referral. I say 'Thank you for the referral, I was able to help the patient.'"

Overall, clinics with a mutually agreed-upon strategy for immediate feedback between the HE and other health care providers are the most successful at serving a high number of patients.

Cultural Competence Update

Planning Our Next Year

By Harold Gates

This past month has been a productive one, with a celebration of the Cultural Competency Committee's first anniversary. Below, please see our accomplishments and our 2007 work plan. We are in the midst of reviewing our current plan and pulling together the work plan for 2008/2009. We are seeking ideas pertaining to Patient/Service Delivery, Staff/Team Development, Organizational Environment, and Community Relationships. This process was started at the April 18 meeting of the Cultural Competency Committee. Please think of things that you would like to see us work on this year and prioritize your ideas as follows:

4. So important this needs to be done immediately
3. Work on it now
2. This is significant
1. This topic is important, but can be worked on at a later date

Accomplishments

Here is a selection of comments and quotes by Cultural Competency Committee members in reviewing our achievements of the past year:

• A number of trainings have been provided building off of the initial cultural competence training that all Health Educators received when they started.

• "There is now a Spanish version of the brief screen in place, more ESL and non-English-speaking individuals are getting screened when there are interpreters available, and there is also a language line available through Pacific Interpreters. Harold has also been a good resource when additional information is needed on a specific population that the health educator has not worked with before." ***Note:*** Work is underway to upload the Spanish language protocol onto the tablets. Presently it is available only on paper.

• "The Mission, Vision, and Values statement really covers and speaks to all the patients that we serve."

• "The patient education materials are evolving and we are making sure that they are at the same literacy level as the patients. The photos and graphics are appropriate because they represent the diversity of the patients that we serve."

• CLAS standards have been adopted by SCAODA.

• Act 292 has been a work in progress with Lilly, Rich, and Harold continuing to speak with SCAODA to update the policy.

• The Governor's Policy Steering Committee subcommittees all include discussion of cultural competence.

Cultural Competency 2007 Work Plan (see next page)

Once we have a chance to review and catalogue responses we will share them and then develop a 2008/2009 work plan to guide our work into the coming year. This is an opportunity to participate and let your voices be heard on this important topic. Please feel free to contact me at (608) 265-4032 or by e-mail at Harold.Gates@fammed.wisc.edu.

Take note: The next meeting of the Cultural Competency Committee is May 16, noon-1:30.

Learning Op

The National Center for Cultural Competence (Georgetown University) is offering an online CME activity called the "Initiative for Decreasing Disparites in Depression: Provider Self-Assessment CME Model Incorporating Cultural and Linguistic Competence in the Diagnosis and Treatment of Depression." It is designed to help practitioners improve care for patients of diverse racial and ethnic groups who experience depression. Although it is aimed mostly at primary care physicians (who can receive CMEs), non-physicians also are encouraged to participate. More information at www11.georgetown.edu/research/gucchd/nccc/.

WIPHL Cultural Competency Committee 2007 Work Plan—Overview

Goal- Decrease disparities in AODA health outcomes for patients in WIPHL clinics

SERVICE DELIVERY	Priority	Actions
LANGUAGE BARRIERS		Develop materials with inclusive language provide multilingual services
		recruit bilingual/multi-lingual staff
CULTURAL AWARENESS		recruit staff with cross cultural experience
PROJECT INFLUENCE		dedicate resources to improve service delivery
STAFF ATTITUDES/BELIEFS ABOUT AODA		Explore attitudes/ beliefs about patients with AODA issues.
		Identify provider behaviors that can create barriers to service.
Rural v. Urban perspective		Develop approaches that are respectful of community
		Recruit staff that are sensitive to these issues
Evaluation		Create and implement systems that support accessibility to data
Cultural Broker		Identify, mentor, and empower CB to support WIPHL pts.
Accessibility		Review materials for audience and literacy level
QI- Focus Groups		Design, deliver and evaluate focus groups when disparities arise

STAFF/TEAM DEVELOPMENT	Priority Level	Actions
LANGUAGE BARRIERS		INCREASE FAMILIARITY/EFFICACY W/RESOURCES
CULTURAL AWARENESS		TRAINING/WORKGROUPS TO INCREASE AWARENESS
		DEDICATE RESOURCES/ PROVIDE TECHNICAL ASSISTANCE
PROJECT INFLUENCE		TRAINING/WORKSHOPS
		MENTOR/SUPPORT SKILL BUILDING
		DEDICATE RESOURCES/ PROVIDE TECHNICAL ASSISTANCE
STAFF ATTITUDES/BELIEFS		IDENTIFY WORKSHOPS/RESOURCES TO BUILD KNOWLEDGE
		CHALENGE ATTITUDES AND BELIEFS THAT ARE UNPRODUCTIVE

ORGANIZATIONAL ENVIRONMENT	Priority Level	Actions
COMMUNICATION		CREATE CLEAR CHANNELS OF COMMUNICATION
		UNDERSTAND POLICIES AND PROCEDURES
		RELATED TO ADDRESSING DISPARITIES
ORGANIZATIONAL ASSESSMENT		SYSTEMATICALLY REVIEW
Website		resources/tool box available on-line as part of WIPHL website
EVALUATION		LOOK AT QI DATA AND EVALUATION DATA TO IDENTIFY
		AND ADDRESS DISPARITIES
Physical Environment (WIPHL)		Map of areas served up on the wall Map of demographic composition of WI Thermometer of achievement Materials/Publications for multiple communities
Mission regarding CC		Fine tune and develop measurable objectives

COMMUNITY RELATIONSHIPS	Priority Level	ACTIONS
VISIBILITY		PUBLIC RLEATIONS AND MEDIA
		SOCIAL PRESENCE
		COMMUNITY TRAINING/CONFERENCES
BUILDING PARTNERSHIPS		IDENTIFY OTHERS WORKING ON THESE ISSUES
		RECOGNIZE OPPORTUNITIES FOR COLLABORATION
SCAODA- Diversity Committee		Updates/input/feedback on WIPHL policy issues
Committee Building		Recruit participation of various stakeholders

April 2008
Month End Data

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Augusta	74	46	62%	8	17%	13	163%
Eau Claire	350	116	33%	44	38%	21	48%
Northeast	351	265	75%	115	43%	69	60%
Polk County	N/A	61	N/A	22	36%	27	123%
St. Joseph's	222	211	95%	51	24%	45	88%
Wingra	24	23	96%	14	61%	16	114%
Totals	*1,021*	*722*		*254*	*35%*	*191*	*75%*
Wave 2							
Amery	N/A	145	N/A	43	30%	16	37%
Turtle Lake	N/A	35	N/A	11	31%	3	27%
Luck	N/A	11	N/A	3	27%	1	33%
FamHlt/LaCl. (0.5 FTE)	115	113	98%	23	20%	12	52%
Menominee	130	102	78%	38	37%	29	76%
Totals	*245*	*406*		*118*	*29%*	*61*	*52%*
Wave 3							
Mercy Clinic South	239	111	46%	21	19%	13	62%
Walker's Point	267	224	84%	57	25%	33	58%
Waukesha	334	123	37%	42	34%	44	105%
Totals	*840*	*458*	*55%*	*120*	*26%*	*90*	*75%*
Wave 4							
Minocqua	173	142	82%	47	33%	19	40%
St. Luke's	195	125	64%	42	34%	28	67%
Totals	*368*	*267*	*73%*	*89*	*33%*	*47*	*53%*
Wave 5							
Family Care Center	103	85	83%	36	42%	27	75%
Mayfair	69	63	91%	10	16%	0	0%
St Croix Regional Medical Center	119	46	39%	10	22%	5	50%
St Croix Tribal Clinic	0	0	N/A	0	N/A	1	N/A
Totals	*291*	*194*	*67%*	*56*	*29%*	*33*	*59%*
Grand Totals	**2,765**	**2,047**		**637**	*31%*	**422**	*66%*

*Eligibility varies by clinic
Data compiled by Jessica Wipperfurth, WIPHL Quality Improvement and Data Analyst

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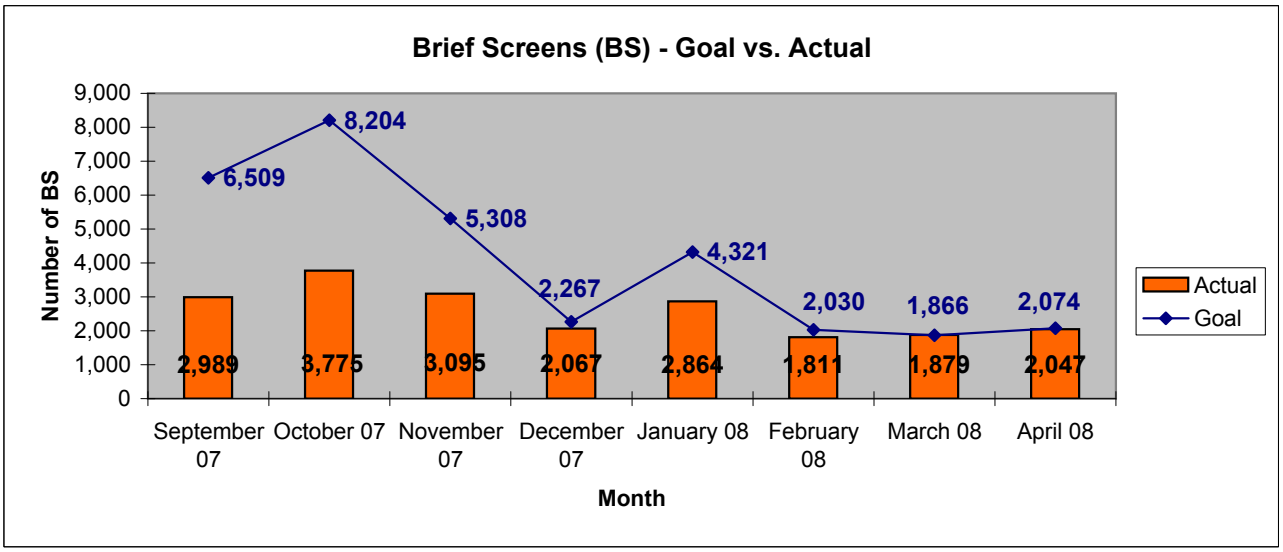
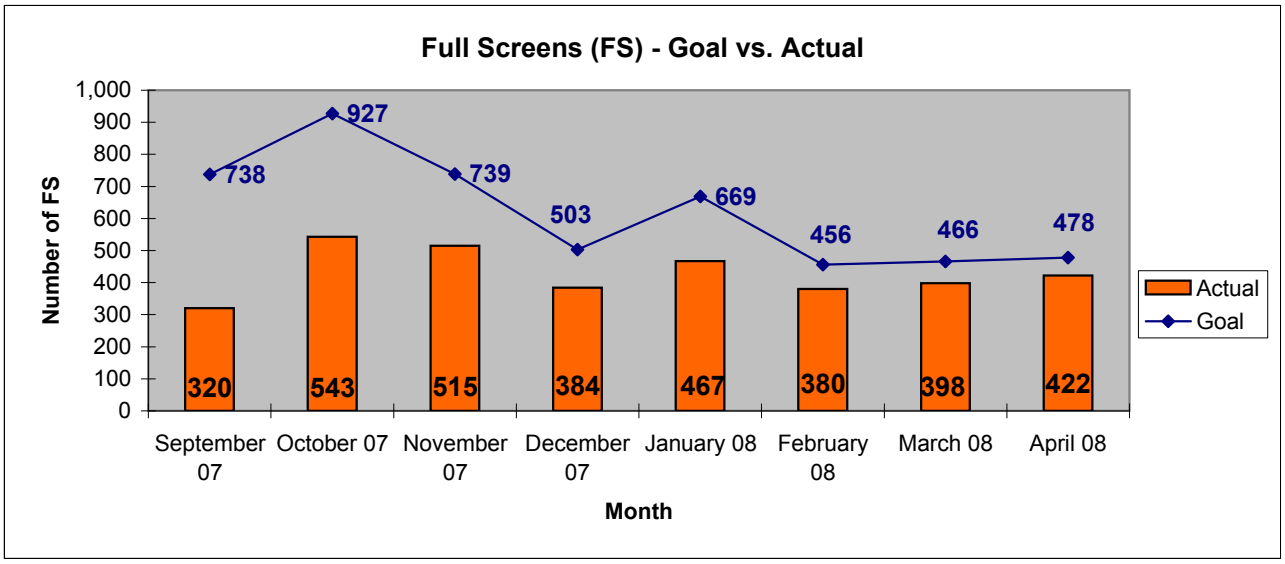
April 2008

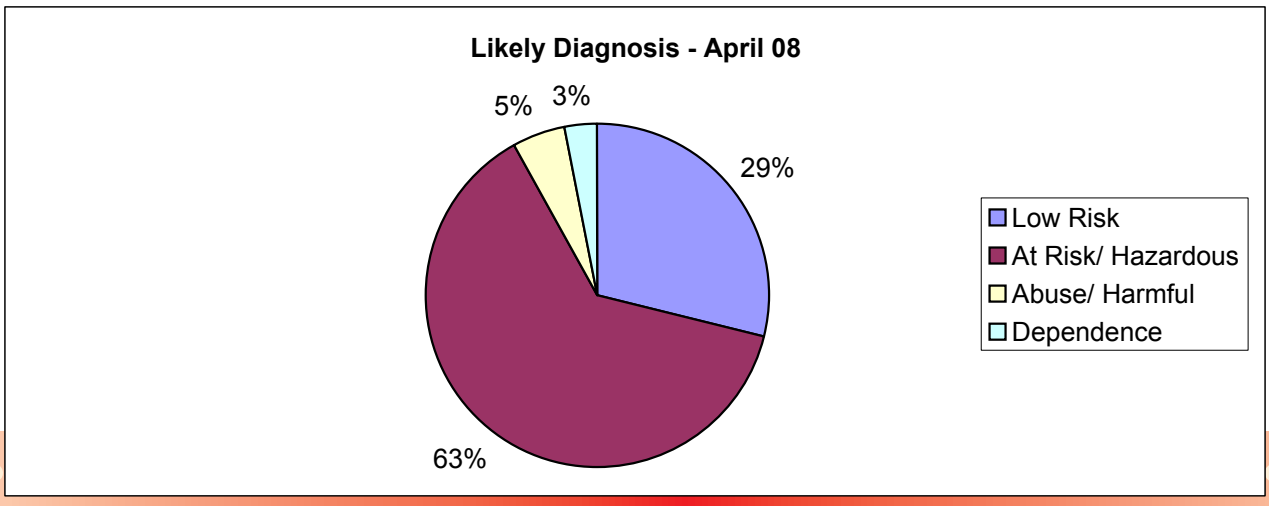
Month End Data *(continued)*



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



Actual = Number of full screens completed
Goal = Year 2 (September 07 - August 08): Full screen 75% of patients who brief screen positive



Clinic Corner/QI Commentary

By Lilly Irvin-Vitela

At the statewide meeting in April, our first day started with SUCCESS stories from health educators. Each story pointed to the need for and promise of SBIRT services. The stories also pointed to the incredibly hard work that health educators and clinics are engaged in to transform how primary care, public health, and tribal health systems address alcohol and drug risk behaviors. At clinics where Quality Improvement efforts have moved service delivery into alignment with quality improvement objectives, more patients are benefiting from services.

Administering the brief screen to 75% of eligible patients is a critical step in systematically creating access to WIPHL health education services. Actively connecting patients who screen positive to the health educator 75% of the time is essential to consistently respond to the risk behaviors that patients report. Finally, the best use of the health educator's time is delivering direct care. The more clinics are able to modify or create systems of service delivery for SBIRT, the more patients can experience success in addressing their risky behaviors with the support and encouragement of health educators.

Wave 1 Clinic Highlights

Lisa Cory and the team at UW Augusta have demonstrated a key concept. A patient who screens positive on the brief screen remains eligible for services until they have declined services or they have received services. Lisa and UW Augusta have a system in place to connect patients who screened positive on the brief screen in previous months with WIPHL health education services. In March, 44% of patients who screened positive received direct services. In April, 163% of patients who screened positive received services at UW Augusta. Engaging patients who screened positive in the past but who are still eligible for services is a good strategy for responding to the health risk behaviors patients identify on the brief screen. Furthermore, Lisa Cory was also able to deliver services to 21 patients at Eau Claire who screened positive for AODA risk on the brief screen.

Christina Lightbourn and our WIPHL partners at UW Northeast were able to brief screen 75% of eligible patients and deliver health education services regarding alcohol and drug risk to 69 people in April. Although the percentage of people receiving services dropped slightly, roughly the same actual number of people received care. The stability and consistency of quality patient care that UW Northeast and Christina are able to achieve around addressing alcohol and drug risk behaviors is remarkable!

Terry Murphy and the great team at Polk County have been working hard to increase the number of patients/clients that receive health education services face-to-face. In addition, Terry is able to connect to patients via telephone when a face-to-face meeting isn't possible. Despite the challenges of phone work, over 100% of patients who screened positive in April received services as Terry connected with patients who had screened positive in previous months.

Sue Larson and the teams at St. Joseph's Elroy, Hillsboro, and Wonewoc clinics have brief screened 95% of their eligible patients in April. Only 11 patients who were eligible did not complete the brief screen and their success didn't end there! Sue was able to deliver health education services to 45 patients who self-identified alcohol and/or drug risk behavior on the brief screen. With 95% of eligible patients being brief screened and 88% of those who screen positive receiving services, St. Joseph's is one of the healthcare systems setting the standard in Wisconsin for patient care related to alcohol and/or drug risk behavior.

Julia Yates, Mary Vasquez, and the team at Wingra increased the percentage of people brief screened and the percentage of people who screened positive and received health education services. There was also a slight increase in the number of people who received services for alcohol and/or drug risk behavior. 61% of the patients who were screened were positive for alcohol and/or drug risks. The team at Wingra is exploring ways to increase access to health education services while maintaining an approach that addresses a wide range of complex and important healthy lifestyle behaviors.

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Wave 2 Clinic Highlights

Mary Boe and the teams at Amery Regional Medical Center, Turtle Lake, and Luck were able to deliver direct health education services to 20 of the 57 patients who screened positive. The team continues to work across three sites to fully implement WIPHL services. They are working to build systems and approaches to directly connect patients who screen positive to Mary.

At Family Health La Clinica, their system for brief screening continues to yield positive results for patients. A total of 98% of eligible patients were asked about alcohol and drug risk behavior. By incorporating the WIPHL brief screening questions onto health history forms, the clinic normalizes screening for alcohol and drugs and positions SBIRT services as a routine part of care. The team continues to work through PDSA cycles to ensure that those people who screen positive meet with Zella or Melissa to receive health education services. Similar PDSA cycles have resulted in a greater number of patients having their needs addressed in previous months. Family Health La Clinica's commitment to quality improvement is directly connected with excellent patient care!

Congratulations to Diane Carlson, Mary Travis, and the team at Menominee Tribal Clinic! Not only did 29 patients receive direct WIPHL services in April, the team was able to brief screen over 75% percent of patients and respond to over 75% of patients who were identified as drinking or using in risky ways! The team also continues to proactively deliver SBIRT services to pregnant women.

Wave 3 Clinic Highlights

Mercy Clinic South and Carrie Buchen delivered services to 13 patients who screened positive for alcohol/drug risk in April. The outcomes in April are very consistent with the outcomes in March in terms of the total number of people brief screened and the total number of people who met with Carrie.

Ruth Perez and the team at Walker's Point were able to brief screen over 80% of eligible patients in April. Furthermore, Ruth was able to meet with and deliver services to 33 out of 57 patients with alcohol/drug risk. Ruth is primarily delivering services face-to-face and the team at Walker's Point continues to make progress providing patient care around alcohol and drug risk behaviors.

Betsy, Gretchen, Anna, Chris, front desk staff, and nurses at Waukesha Family Practice Center continue to make progress in their efforts to connect patients who are drinking and using in risky ways with health education services. Although Waukesha experienced a drop in the number of people who were brief screened from March to April, 42 new patients indicated risky alcohol and drug behavior in the brief screening process. Due to increased active hand-offs and efforts to connect with patients who screened positive in the past, Betsy was able to meet with 44 patients, assess their level of risk, and deliver care to address alcohol and drug risk. Keep up the QI efforts around brief screening and the great approach to active hand-offs!

Wave 4 Clinic Highlights

The team at Marshfield Clinic Minocqua Center continues to surpass project QI goals related to brief screening. Once again over 80% of patients who were eligible received the brief screen. In addition, Kerri Weberg was able to meet with 19 people, that is, 40% of those who screened positive for alcohol and drug risk in April.

Wendi Rusch and the team at Aurora St. Luke's brief screened 64% of eligible patients and delivered health education services to 28 patients who screened positive on the alcohol/drug questions. Although the percentage of people who were positive that met with the health educator was consistent from March to April, Wendi was able to meet with 7 additional people.

Wave 5 Clinic Highlights

Wow! Christine "Chris" Casselman-Erickson and the team at Aurora Sinai Family Care Center have re-launched services in a BIG way! The team at Sinai Family Care Center brief screened over 80% of eligible patients. With just two weeks of service delivery, 27 patients received WIPHL health education services, which was 75% of the patients who screened positive.

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At Aurora Mayfair, Susan Bush and the team have launched services! They have worked hard to come up with a brief screen that works well in their clinic and they were able to brief screen 91% of eligible patients in the few days that they delivered services in April. That's a fantastic start and those passing out the brief screen deserve a HUGE thank you! Ten patients screened positive, and although Susan wasn't able to meet with those patients in April, the team at Mayfair is well on their way to successfully delivering services.

The re-launch at St. Croix Regional Medical Center occurred this month. The team is working hard to get the brief screening system up and running again along with an active hand-off process to connect patients with Amber. Amber was able to meet with and deliver services to 5 patients—that's 50% of the patients who screened positive.

CeCe Mitchell and the team at Hertel have not officially re-launched services yet and already a patient has benefited from the program! CeCe has taken a methodical approach to reviewing the first implementation efforts and was even able to follow up with a number of patients who had screened positive in the past but had not yet received WIPHL health education services. The official re-launch holds great promise!

Burnett County, Milwaukee Health Services, Inc., Scenic Bluffs, and ThedaCare have been working hard to lay the groundwork for a successful launch. They plan to begin WIPHL service delivery in May.

Sign Up for May 22 Talk on WIPHL and Domestic Violence

The WIPHL Speaker Series continues with a talk about SBIRT services for domestic/intimate partner violence and its co-occurrence with other behavior and mental health issues (e.g., alcohol or drug misuse, depression) addressed by WIPHL. Our presenters are **Dr. Bruce Ambuel,** of the Waukesha Family Practice Center, and **Rachel Rodriguez** (invited), director of Unidos Against Domestic Violence, a statewide organization of Latino and non-Latino members whose mission is to end family violence in Latino/migrant communities throughout Wisconsin. There will be plenty of time for discussion, so please bring your questions and observations.

When: Thursday, May 22, 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.

WIPHL People

We are pleased to welcome Chanda Belcher as our new "mission control" person (formal title: administrative assistant), succeeding Jessica Wipperfurth in that role. Her primary responsibilities are program communication support, financial tracking, purchasing support, and logistics. Chanda holds a BA in social welfare from UW-Madison and comes to WIPHL with a wealth of experience gained from being lead scheduler in the cardiology department at the UW Medical Foundation. You can reach her at chanda.belcher@uwmf.wisc.edu, (608) 263-4573.

We also have a new title for a familiar face. Holly Prince has served as WIPHL's treatment manager since February 2007, and in that role she has worn many hats—for which we all are very thankful. Moving forward, Holly will be serving the WIPHL coordinating center and our partners as the manager of clinical protocols. This title more accurately reflects her duties at WIPHL. Please contact Holly if you have questions or ideas about refinement and development of the WIPHL health educator protocols and quality improvement efforts that relate to the clinical protocols. Her contact info is the same as always: holly.prince@fammed.wisc.edu, (608) 263-0249.

The Last Word

Making History

SBIRT pioneer and consultant John Higgins-Biddle, speaking at the WIPHL statewide conference in April:

I suspect that in another 40 years—long after I'm gone and when you are retired—some group of medical people will meet somewhere in Wisconsin. What will they be saying in 40 years? Someone will be talking about how, 40 years ago, medical practices didn't screen for and provide brief interventions for alcohol and drug misuse. And it will feel to everyone then as unbelievable as it seems to us that it took 20 years—over much resistance—for all our practices to screen for hypertension …

You have that chance to make a difference—to turn research into better practice and in just a few minutes to make differences in people's lives. Despite all the difficulties—despite all the complexities of figuring out the best systems, despite having to deal with the few people who don't understand, don't approve, or won't support, despite having to meet those dreaded number requirements hanging forever over your heads, even despite the GPRA! You have the chance and you will make history in how this nation reduces the dreadful burden of alcohol and drug misuse.

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 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.