

The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles



New Program Will Create Pool of Bachelor's Level, Certified Health Educators to Address the 7 Most Pressing Behavioral Issues

By Richard Brown, MD, MPH,
WIPHL Project Director

National momentum continues to grow for behavioral screening and intervention (BSI) — ensuring that all patients are asked regularly about behavioral issues that frequently affect health. Delivering these research-based interventions reduces risk, prevents many health problems and decreases health care costs.

A significant question remains about how to bring BSI to scale. Who will actually deliver BSI to millions of Americans in thousands of health care settings across the United States? Most current providers and their staff lack the time and training to do so.

A new project may bring an answer: bachelor's level, certified health educators—who will be trained through Graduate Community Health Programs, UW-La Crosse. WIPHL will help create the new program.

BSI involves screening primary care, emergency room, and hospitalized patients for a variety of behaviors or behavioral conditions, which, in total, cause 40% of deaths, most chronic illness, and most disability in the United States. There are seven targeted behavioral issues: tobacco use, excessive drinking, drug use, physical inactivity, poor diet, obesity, and depression.

Patients respond to initial questions that quantify their risks and identify problems early, when intervening is more effective, easier, and less expensive. Those who might have serious conditions—such as alcoholism, addiction or depression—are referred for specialty care. Those with mild-to-moderate risk receive services within general health care settings to help them change their behaviors and reduce their risk.



Dr. Gary Gilmore, Professor and Director of Graduate Community Health and Public Health Programs, UW-La Crosse, emphasizes the key elements of motivational interviewing with Community Health majors Mandi Hoppa and Rachel Boldt. Photo credit: Sue Lee, University Communications, UW-La Crosse.

A challenge in delivering these services is that no single profession is trained to help patients with all seven behavioral issues. In this new project, UW-La Crosse students working toward a bachelor's degree in health education will learn the skills necessary to mitigate risk for all seven behaviors and conditions.

WIPHL has already helped dozens of Wisconsin health care settings deliver BSI. Over 115,000 patients have been screened, and over 25,000 have received interventions. Results include a 20% decline in binge drinking, a 48% reduction in regular marijuana use, and a 55% reduction in depressive symptoms.

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WIPHL has been challenged to hire and train from scratch individuals who can deliver these new services. Clearly, if BSI is to fulfill its potential to improve health and decrease health care costs, our nation will need a new army of rigorously trained health care professionals with these special skills.

Laura A. Saunders, MSSW, of WIPHL, will take the lead in training UW-La Crosse health education faculty in motivational interviewing (MI). Laura is a member of the MINT (Motivational Interviewing Network of Trainers), an international group of trainers in MI. Saunders describes this application of MI as “a partnering, respectful style of communication to help people resolve their natural ambivalence about change and explore the possibility of changing behaviors that may have a negative impact on their overall health.”

Gary D. Gilmore, MPH, PhD, who directs the Graduate Community Health Programs at UW-La Crosse, believes motivational interviewing skills will complement the assessment, planning, evaluation, and communication skills already addressed in the nationally accredited Bachelor of Science in Community Health Education program. He says, “While health educators already work in health care organizations, as well as in other community-based settings, this behavioral screening and intervention approach will add to their skill set and value as members of the health care team.”

For years, many experts have been calling for more of a team approach to health care. That need is amplified by the growing shortage of primary care providers. Having a new workforce of health educators available to systematically address behavioral issues in health care settings will personalize care, improve health, and reduce the need for more costly health care services.

The Wisconsin Partnership Program of the UW School of Medicine and Public Health is funding the new project. The Partnership Education and Research Committee awarded a \$300,000 grant in September to the project as one of its three Collaborative Health Sciences grants. Faculty begins training this November. The new program becomes available to students in fall of 2012.

The Wisconsin Partnership has a commitment to improve the health and well-being of Wisconsin residents through investments in research, education, prevention practices, interventions, and policy development. Its funds come from the conversion of Blue Cross & Blue Shield United of Wisconsin to a for-profit corporation.

Slots Open for the Second Wave of Clinics to Provide BSI

By Jonathan Zarov

This November, the first wave of clinics begins training to provide Behavioral Screening and Intervention (BSI) services. WIPHL is currently accepting new clinics for a second round of training that will take place this winter.

Please contact Mia Croyle at 608-265-3897 or mia.croyle@fammed.wisc.edu for more information.

New WIPHL Advisory Council

By Jonathan Zarov

We've assembled a new group of organizations to continue to promote and support Behavioral Screening and Intervention (BSI) services throughout Wisconsin. Some of these organizations supported us throughout our first five years. Some are new. As a group, the new WIPHL Advisory Council provides a tremendous well of experience, representing the perspectives of health care providers, employers, insurers, and more. We are deeply thankful to the members, listed below, for their support of BSI in our state.

The Alliance

Business Health Care Group of Southeast Wisconsin

Department of Health Services, Bureau of Prevention, Treatment, and Recovery

Department of Transportation

HealthFirst Wisconsin

M3 Insurance Solutions

Mental Health America of Wisconsin

Public Policy Institute, Milwaukee Area Treatment Initiative

Rural Wisconsin Health Cooperative

UW Center for Tobacco Research and Intervention

UW Department of Family Medicine

UW Institute for Clinical & Translational Research

Winnebago County Health Department

Wisconsin Collaborative for Healthcare Quality

Wisconsin Academy of Family Physicians

Wisconsin Manufacturers and Commerce

Wisconsin Medical Society

Wisconsin Primary Health Care Association

Wisconsin Women's Health Foundation

WIPHL: Then and Now

By Candace Peterson, PhD

WIPHL launched its efforts in March 2007. The project was originally funded by a five-year grant from the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), administered by the Wisconsin Department of Health Services (DHS), and coordinated by the UW Department of Family Medicine. WIPHL is transitioning to work under new funding from the Agency for Healthcare Research and Quality (AHRQ), which has awarded a \$3.5 million grant to a three-state consortium named Partners in Care (PIC). WIPHL will work with partners in Wisconsin, Minnesota, and Pennsylvania to help up to 90 primary care practices in those states implement BSI programs.

Though the SAMHSA grant support is slated to end in March 2012, WIPHL is continuing its work under that grant over the next few months to advance the spread of evidence-based, cost-saving Behavioral Screening and Intervention services. We are involved in the following activities:

Physician Training: We are working with the Wisconsin Medical Society (WMS) to develop a Practice Improvement – Continuing Medical Education (PI-CME) program for physicians to learn SBIRT. The PI-CME methodology is a relatively new form of physician training that engages providers in direct service practice improvement. The WMS is an accredited provider of CME credits

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and will provide the faculty and consultants. The goal of this project is to disseminate SBIRT by developing and integrating an SBIRT curriculum into PI–CME training for Wisconsin physicians.

Training and Support for Other Health Care Professionals:

WIPHL staff are convening a 60-hour SBIRT training curriculum for non-licensed health care professionals (this training is required by the Wisconsin DHS for these professionals to obtain Medicaid reimbursement for SBIRT services), and will deliver four SBIRT trainings to 80 non-licensed providers. WIPHL and Wisconsin DHS staff are convening a half-day meeting of health educators who delivered SBIRT services in the SAMHSA grant. Although grant-supported service delivery ceased in June 2011, approximately 12 health educators continue to deliver SBIRT services at their respective sites. The purpose of this meeting is to provide support, networking, and ongoing professional development to current health educators providing SBIRT in an effort to promote sustainability of currently delivered SBIRT services. Staff are also developing a facilitator guide for ongoing support for health educators and other non-licensed professionals delivering SBIRT services.

Billing Resources for Clinical Sites: The WIPHL data & IT specialist will complete a tool for use in clinical settings to help clinical sites track their insurance submissions and reimbursements for SBIRT services provided.

Dissemination of Results: Staff will write and disseminate five to six professional papers for publication and other distribution. In addition, WIPHL clinical director Dr. Richard L. Brown will continue to make presentations around the state in an effort to build demand for systematically delivered SBIRT services among purchasers, payers, and providers of health care. Dr. Brown will also attend the SBIRT Grantee Conference this month in Washington, DC. With five years of implementation experience in this grant, WIPHL's insights and contributions to the conference will be highly relevant to other grantees.

Building the Business Case for SBIRT

By Robin Lecoanet, JD and Richard L. Brown, MD, MPH

Dozens of studies have demonstrated that SBIRT reduces risky and problem drinking, and a growing number of studies suggest the same for drug use. But in our current times of economic strain and rapid change in health care, SBIRT would clearly catch on more quickly if it reduced health care costs.

Toward that end, the UW Population Health Institute is conducting an economic analysis of SBIRT services among Wisconsin Medicaid patients from primary care sites that participated in WIPHL. D. Paul Moberg, PhD, of the UW Department of Population Health Sciences, is leading the research team. David Weimer, PhD, MA, MPP, of the University of Wisconsin's Robert M. La Follette School of Public Affairs, is collaborating.

One hypothesis is that patients who received SBIRT services through WIPHL will show a reduction in health care utilization and costs from before to after SBIRT. But if the team finds a reduction, will it be clear that the reduction can be attributed to SBIRT?

Consequently, the team is also analyzing trends in health care costs for two comparison groups of Wisconsin Medicaid patients – those at WIPHL clinics who happened not to receive SBIRT, and those at similar clinics that did not participate in WIPHL. If the trend in health care costs is more favorable for WIPHL patients than the two groups of non-WIPHL patients, then there will be maximal evidence that SBIRT truly reduces costs.

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Three other prior studies suggest that SBIRT reduces health care costs. One, a study conducted in Wisconsin primary care settings by Dr. Michael Fleming and colleagues, found that SBIRT reduced hospitalizations and emergency department visits. Another, by trauma surgeon Dr. Larry Gentilello, found that SBIRT reduced subsequent hospitalizations and emergency department visits for patients who came to emergency departments with alcohol-related injuries.

The most comprehensive study to date focused on “dual-eligible” patients – disabled patients with Medicaid and Medicare – who

received SBIRT in emergency departments in and around Seattle. This was the first SBIRT study to examine all health care costs. It found total net cost reductions of over \$4,300 per patient in the year following SBIRT.

The current University of Wisconsin study will be equally comprehensive in its consideration of health care costs, but it will be the first study to explore the impact of SBIRT on health care costs for a general Medicaid population. A finding that SBIRT saves Medicaid dollars would undoubtedly accelerate the spread of SBIRT in Wisconsin and nationally.

Mia Croyle Joins Motivational Interviewing Organization

By Jonathan Zarov

On September 7, 2011, Mia Croyle joined colleague Laura Saunders to become WIPHL's second member of the Motivational Interviewing Network of Trainers (MINT).

The MINT is an international organization of trainers in the field that promotes good practice in the use, research, and training of Motivational Interviewing (MI).

MI is an evidence-based form of collaborative conversation designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. WIPHL uses MI as the foundation for its behavioral screening and intervention programs.

The MINT includes members from all over the world who conduct trainings in numerous cultures and languages and apply MI in a variety of settings. To encourage good practice standards, MINT membership is limited to trainers who have completed a Training the Trainers workshop for new MI trainers that is either sponsored or endorsed by MINT. This workshop is designed to teach the training

methods, techniques, and spirit of the MI approach, beyond what prospective members have already been practicing. Application to a MINT-recognized Training the Trainers program is a formal process and requires demonstration of current ability in MI.

Laura Saunders became a member of the MINT in September 2007. There are currently approximately 1,000 MINT members worldwide.



Mia Croyle

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