



## Statewide Thought Leader Meeting Approaches

**By Richard L. Brown, MD, MPH**  
**Clinical Director**

On September 9, key leaders in health care, business, and government will assemble in Madison to discuss how to move systematic behavioral prevention forward in general health care settings.

Secretary Karen Timberlake, Wisconsin Department of Health Services, will give the opening address. I'll provide a brief overview of the rationale for SBIRT services, behavioral prevention in general, and a summary of progress in addressing key barriers. Several representatives of various sectors will describe the value they see in SBIRT services, including Wisconsin Assemblyman Jon Richards, Chair of the Committee on Health and Healthcare Reform. A video will feature patients who have benefited from SBIRT services.

The cornerstone of the meeting will be small group discussions, where participants identify current barriers and brainstorm about how to address them. In a final plenary session, small groups will report out and identify possible next steps.

The meeting comes at a pivotal time for WIPHL as it nears the end of the third year of its five-year SAMHSA grant. WIPHL's clinical partners have conducted more than 68,000 brief screens and 12,000 brief interventions. The program is showing excellent patient satisfaction and substantial declines in risky drinking.

At the same time, the environment is becoming riper for widespread implementation of SBIRT services. Medicare and 11 leading health plans in Wisconsin reimburse for

SBIRT, and Medicaid will expand reimbursement from pregnant patients to all patients in January 2010. The federal government is beginning to track delivery of SBIRT services in all federally qualified health centers (FQHCs). SBIRT is on the Congressional agenda, as one proposed healthcare reform bill (HR 3200) would require that payers reimburse for SBIRT services.



**Secretary Karen Timberlake**  
**opens our Sept. 9 event.**

Wisconsin is already regarded as a national leader in SBIRT delivery. Collaboration between the federal government, state government, and healthcare professionals has been instrumental to our success. I'm excited about the potential for our September 9 meeting to deepen and extend that collaboration so that all Wisconsin patients, employers, and taxpayers will soon benefit from evidence-based, cost-saving behavioral prevention services.

The meeting is being held at the Concourse Hotel in Madison on Wednesday, September 9, 9 a.m. to noon. If you are interested in attending, please contact Stephanie Taylor at the Wisconsin Medical Society, [stephanie.taylor@wismed.org](mailto:stephanie.taylor@wismed.org), (608) 442-3796, at your earliest convenience. Registration deadline is August 28. If you cannot attend in person, you may view the event on the web. Details about the webcast will be available in September on our website, [www.wiphl.org](http://www.wiphl.org).

## Moving Forward with WIPHL

By *Laura Saunders*

Happy third birthday, WIPHL! The Third Annual WIPHL Fall Statewide Meeting in Madison (October 5-6) will look forward to the near future, when billing for SBIRT services will be a widespread reality in Wisconsin. We'll prepare ourselves for the changes that are coming as we move toward billing and celebrate our successes and partnerships.

### Conference Objectives:

- Promote relationships between SBIRT partners throughout the state of Wisconsin
- Learn how billing can be used to sustain and expand SBIRT services in Wisconsin
- Increase knowledge and skills about using the spirit of motivational interviewing to improve patient services and staff interactions

**Who should attend?** WIPHL health educators, clinic managers, clinic champions and/or those curious about WIPHL and the impact of billing on SBIRT sustainability. WIPHL enthusiastically welcomes everyone and will sponsor travel and lodging for up to four people from each site.

**Lodging:** Rooms will be at the Concourse Hotel, 1 West Dayton Street. Located in downtown Madison near the State Capitol, State Street, University of Wisconsin, Monona Terrace Convention Center, Alliant Energy Center, and Overture Center.

**Online registration** opens on Thursday, August 20 at [www.wiphl.org](http://www.wiphl.org).

## Agenda

### Monday, October 5, 11 a.m.–5 p.m.

#### Registration and Welcome

#### Networking Lunch

Time to connect with WIPHL colleagues from around the state to share successes and brainstorm solutions to our challenges.

#### Wisconsin's Drinking Culture

Wisconsin continues to top the list in alcohol indicators with tremendous costs to our economy, health, and criminal justice systems. This session will explore the reasons WHY we are losing this drinking game.

#### The Spirit of Motivational Interviewing

Motivational interviewing is a way of being with people that can be useful in a variety of situations and human interactions—from patients considering making lifestyle changes to supervising staff. We'll conduct hands-on sessions illustrating the foundational style and approach of motivational interviewing. Geared toward non-clinicians, clinicians, and health educators.

#### Reception at a local restaurant

Start your evening off at a local restaurant with Madison flair. An informal gathering with fellow WIPHL enthusiasts.

### Tuesday, October 6, 8:30 a.m.–3 p.m.

#### Welcome and WIPHL Video

#### Keynote: SBIRT—A Trauma Surgeon's Perspective

*Dr. Larry Gentilello, professor of surgery, University of Texas, Southwestern Medical School*

Dr. Gentilello has spearheaded the establishment of billing codes for SBIRT services throughout the United States. This engaging presenter conducted a widely disseminated study on the effectiveness and cost-effectiveness of SBIRT in ER and trauma settings.

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*Agenda, Statewide Meeting, continued***Billing, Reimbursement, and Sustainability**

Rich Brown will present and lead a discussion on plans to prepare WIPHL for sustainability. He'll point out some exciting trends that bode well for sustainable SBIRT delivery in Wisconsin and across the United States. He'll present possible plans for helping clinical sites prepare for billing and reimbursement and for moving WIPHL's central operations toward sustainability. There will be ample time for discussion so that all statewide partners can help optimize these plans for everyone's success.

**Lunch with topic tables****What Makes a WIPHL Clinic Great?**

*Doug Piper, Ph.D., Pacific Institute for Research and Evaluation*

The WIPHL evaluation team at the UW Population Health Institute conducted a series of intensive interviews with WIPHL clinics. Doug Piper will share aggregated results of these interviews as we discuss the ingredients needed to make the most of SBIRT at any clinical site.

**Group Discussion****Evaluation, Wrap-up & Farewell****Project Manager Update**

## Cultural Competence Evaluation at WIPHL Central

*By Candace Peterson, Ph.D.*

WIPHL understands that attention to cultural competence is a critical part of our efforts to enhance and improve SBIRT services. In July we began, with the help of consultant Kevin Browne, to engage in a process of assessing organizational cultural competence at the WIPHL Coordinating Center. While the scope of the assessment does include the personal skills and knowledge of the WIPHL Coordinating Center staff, it more broadly focuses on our cultural competence as an organization. The assessment will help us take a look at WIPHL policies, employee skills and engagement, use of data, evaluation approaches, environment, materials, procedures, services, and programs with an eye to benchmarks in cultural competence.

The process began with an employee survey in July. This was followed by a series of employee interviews in August. Browne will compile a report of his findings and present this to the WIPHL Coordinating Center staff in October. WIPHL plans to then incorporate this information into our strategic planning efforts and work plans for 2009 through 2011. We are excited to be engaged in this effort! If you are interested in fostering organizational cultural competence at your clinical site, please contact Harold Gates at our office to learn how he or his colleague Kevin Browne can assist you.



## WIPHL in Hmong Communities

By Harold Gates

I have been communicating and meeting with members of the Hmong community over the past two months as a way to learn about the usefulness of the SBIRT model for this group of patients. WIPHL has been reviewing ways to make inroads into healthcare disparities regarding the Hmong community. We initially thought about building a Hmong translation into the health educator tablet used to screen patients at our clinics around the state. After some in-depth discussion, it was decided that we needed to get to know the community better before starting to translate into Hmong on the tablet protocol. This led to meetings that took place at United Asian Services of Wisconsin, Inc. this summer.

I would like to thank executive director Koua Vang and May Vang, older adult specialist, for allowing their agency to be used for this purpose and for offering valuable insight into Hmong culture and the usefulness of the SBIRT model. There were other Hmong professionals and community leaders who participated or gave their support to our efforts. They include: Chushee Xiong, Group Health Cooperative/Tellurian; Kay Xiong, Salvation Army/Head Start; Doua Vang, Mental Health Center of Dane County/Kajsiab House; and Mai Zhong Vue, Department of Workforce Development/Refugee Program.

This month's article will shed some light on who the Hmong are and give us some information that could be useful as we figure out how to provide SBIRT services to this emerging patient population. Historically the Hmong come mostly from the rural mountainous areas in northern Laos. The Hmong were enlisted by the United States in the 1960s to fight in the "Secret War" against the communists (Pathet Lao). The Pathet Lao took control of Laos in 1975 and planned to wipe out the Hmong who had supported the United States. A number of them fled to refugee camps in Thailand and,

subsequently, to the United States. According to the 2000 census, approximately 34,000 Hmong live in Wisconsin, and that number has grown over the years. Wisconsin has the third largest Hmong population next to California and Minnesota.

There are a number of practical considerations to keep in mind as we prepare to serve Hmong patients. We will need to take into consideration generational differences within the culture. For example, we could translate our handouts and posters into Hmong to reach the younger generation because they relate better to this format and are more likely to experience it at school and/or community centers, etc. But we would need to consider oral presentations regarding WIPHL/SBIRT to the older generations and recent immigrants because some of them do not read or write in English or Hmong.



Photo by Galen R. Frysinger

One approach would be to attend some Hmong cultural events, such as the Hmong New Year, and present the information at a health fair along with Hmong professionals to heighten their awareness of what we do and find out what their service needs are. We could also connect with larger state and/or national groups, such as the Wisconsin United Coalition of Mutual Assistance Association, which holds yearly conferences around the state.

Such partnering could assist in outreach efforts. We could rework our brochures to include referral sources, groups, and local resources that offer services to the Hmong community. For example, Tellurian has a Hmong AODA counselor on staff. When it comes to intervention services, there are only a few that specifically work with the Hmong. Besides the services offered by Tellurian, there are some specialized Hmong services at the University of Wisconsin Hospital and Clinics.

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## Month End Data

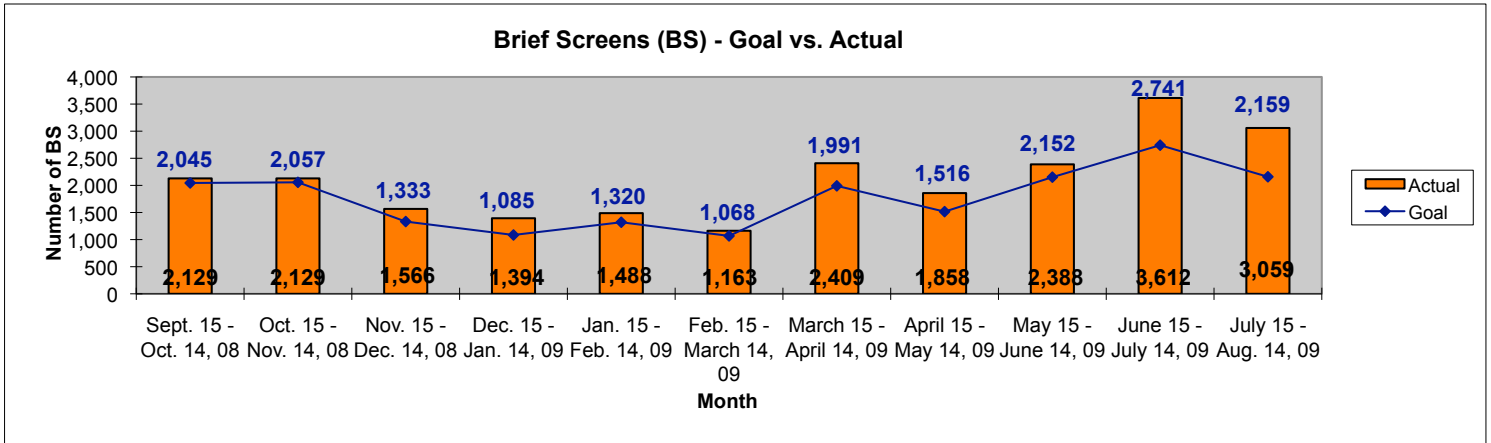
July 15–August 14, 2009

<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	126	120	95.2%	53	44.2%	39	73.6%
Aurora Family Care Center	110	106	96.4%	43	40.6%	40	93.0%
Aurora Mayfair (0.5 FTE)	147	141	95.9%	18	12.8%	14	77.8%
Aurora Sinai Women's Health Center	138	123	89.1%	34	27.6%	49	144.1%
Aurora Walker's Point	250	247	98.8%	93	37.7%	75	80.6%
Beloit Area Community Health Center	429	406	94.6%	117	28.8%	106	90.6%
Columbia St. Mary's	193	168	87.0%	56	33.3%	47	83.9%
Dean - East	368	367	99.7%	123	33.5%	121	98.4%
Dean - Sun Prairie	25	21	84.0%	9	42.9%	6	66.7%
Family Health/ La Clinica (0.5 FTE)	142	142	100.0%	36	25.4%	31	86.1%
Marshfield - Park Falls/Phillips	164	133	81.1%	28	21.1%	22	78.6%
Menominee Tribal Clinic	N/A	347	N/A	77	22.2%	41	53.2%
Milwaukee Health Services, Inc. (0.3 FTE)	19	16	84.2%	10	62.5%	4	40.0%
Scenic Bluffs Community Health Center (0.2 FTE)	24	24	100.0%	5	20.8%	2	40.0%
St. Joseph's Community Health Services - Adults	184	183	99.5%	47	25.7%	24	51.1%
St. Joseph's Community Health Services - Adolescents	2	2	100.0%	0	0.0%	0	N/A
Upland Hills Health	85	84	98.8%	20	23.8%	19	95.0%
UW Health - Northeast	102	84	82.4%	39	46.4%	19	48.7%
Waukesha Family Practice Center	219	203	92.7%	56	27.6%	51	91.1%
<b>Grand Totals</b>	<b>2,878</b>	<b>3,059</b>	<b>94.2%</b>	<b>910</b>	<b>29.7%</b>	<b>732</b>	<b>80.4%</b>

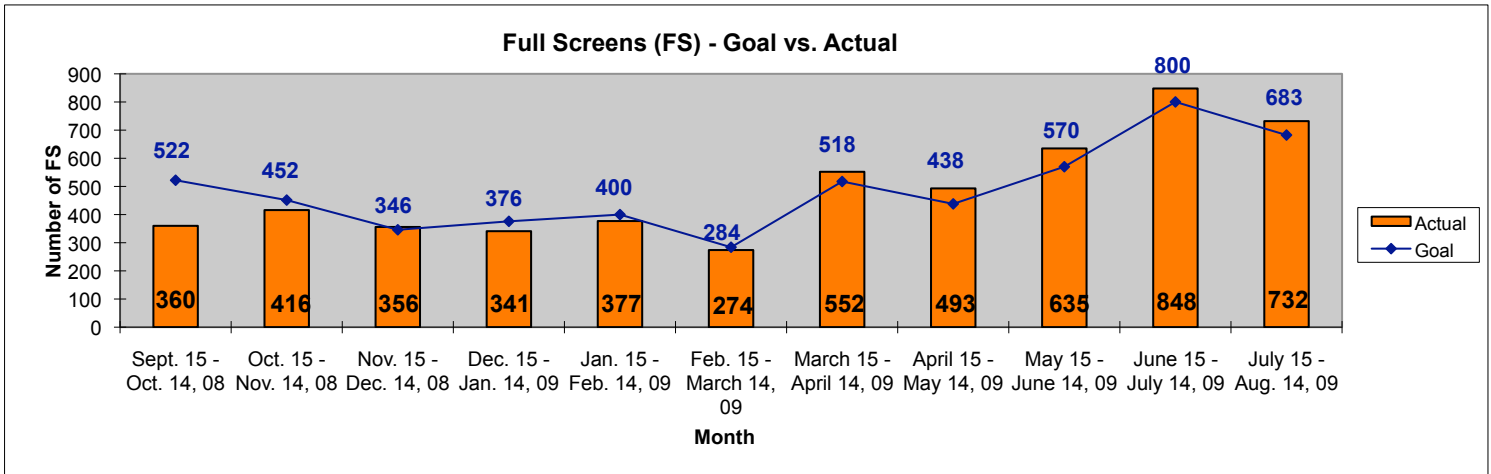
\*Eligibility varies by clinic

Data in this and accompanying charts compiled by Jessica Wipperfurth

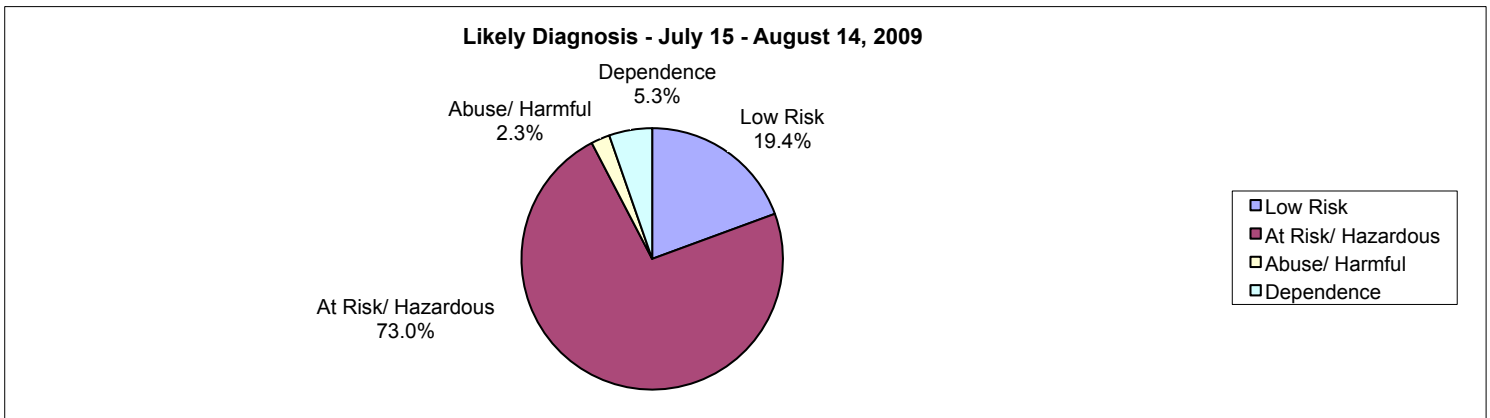
## Year-to-Date Data



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



Actual: Number of full screens completed  
 Goal: Year 3 (June 15 - Sept. 14, 2009) - P4P Clinics: Full screen 75% of patients who brief screen positive  
 Goal: Year 3 Quarter 3 Goal (June 15 - Sept 14, 2009) - WIPHL Funded: Full Screen 150 patients per clinic (prorated based upon % FTE)



## *Cultural Competence, continued from page 4*

There is a Southeast Asian Teen Village that serves the needs of some Hmong adolescents at the Mental Health Center of Dane County, Inc. The Department of Corrections requires all people in its system to have an assessment, and this would include those Hmong who come into contact with the department. There is no current public health initiative to address alcohol and other drug misuse as a community problem from a Hmong perspective.

Finally, it would be useful to gear our efforts toward communication in a way to address the health literacy needs of the Hmong community. We could work on ways to “translate” the message of WIPHL/SBIRT into a format that would talk about our mission and vision in ways that could be

easily understood and also challenge cultural beliefs about the use and abuse of alcohol and drugs. These are just some of the thoughts and ideas gleaned from our meetings.

There will be continuing follow-up on ways to serve this growing community. Our next quarterly Cultural Competency Steering Committee meeting will take place via teleconference on September 18 from noon to 1 p.m. Call-in information will be sent in the near future. Please e-mail or call me with any questions you have as we move into Year 4. You can reach me at [Harold.Gates@fammed.wisc.edu](mailto:Harold.Gates@fammed.wisc.edu) or (608) 265-4032.

## The Last Word

### Convenience and Clear Guidelines Made WIPHL Appealing

#### *From a clinic in southwestern Wisconsin*

The patient’s mother told her she drank too much. She was once found guilty of driving while intoxicated. Neither of those alarms could get the patient to stop drinking.

Nor, it turns out, did she have to. What this patient really needed were clear guidelines for cutting down and a convenient way to receive help. She found “No more than one drink a day or seven in a week”—the WIPHL/ NIAAA guideline for men and women 65 and older—to be a recommendation she could follow. And she preferred to receive her brief intervention sessions by phone rather than in person. Not only did that spare her an extra drive, but she

found she could speak more openly with her health educator on the phone; the visual detachment gave her a greater sense of anonymity.

Now the patient is enjoying the benefits of drinking in moderation. Those include, she says, a clear head, a greater ability to concentrate, improved sleep, and feeling more in control of her life.

“This program offered me options I could really live with,” the patient says of WIPHL.

**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 (Department of Family Medicine) and the Wisconsin Medical Society. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at [Joan.Fischer@fammed.wisc.edu](mailto:Joan.Fischer@fammed.wisc.edu).