



The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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www.wiphl.org

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The Director's Desk

Health Care Reform—More to Come!

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

While some say that Congress passed a health care reform bill, I beg to differ. Most of the bill focused not on health **care** reform but on health **insurance** reform.

Don't get me wrong. I'm very glad for expanded coverage and for protections against denying and dropping coverage because of illness. Nevertheless, claims of huge economic savings remain suspect, largely because our payment system still rewards more care rather than better care, and because the bill did little to improve health **care**.

Yet at least some aspects of true health **care** reform may not require Congressional action. Now with more Americans covered, there will be more pressure than ever to find more value in health care—better health outcomes for fewer dollars. And what better value could there be than systematic behavioral prevention!

SBIRT services save \$4 for every dollar spent within 12 months. Tobacco screening and intervention generate even greater savings, though not quite as quickly. Depression screening and intervention services can save \$3 for every dollar spent over two years. And all of these services can prevent lots of suffering by patients and their families, and lots of productivity lost by employers.

Some new collaborations promise to expand these benefits even further. Many readers are no doubt familiar with the Wisconsin Collaborative for Healthcare Quality (WCHQ, <http://www.wchq.org/>), a consortium of organizations (health plans, hospitals, physicians groups and others) working to



improve the quality and cost-effectiveness of health care. Because of WIPHL's success with SBIRT and WCHQ's success in implementing quality measures, the Pittsburgh Regional Healthcare Initiative (PRHI, www.prhi.org) invited both organizations to participate in a grant application to the U.S. Agency for Healthcare Research and Quality.

WIPHL and WCHQ would participate in a learning collaborative with PRHI and the Institute for Clinical Systems Improvement (ICSI), which administers a leading depression screening program, Project Diamond (www.icsi.org). The grant would help WIPHL continue to spread alcohol, drug, and depression screening services throughout Wisconsin. WCHQ would implement quality measures around alcohol, drug, and depression screening. And WIPHL and WCHQ would work with PRHI and ICSI to help spread services throughout the nation via the Network of Regional Healthcare Initiatives. While no new grant funds would be available to directly support our clinical partners, we'd be grateful for the opportunity to continue our policy and outreach work through a stronger collaboration with WCHQ.

Tobacco use, excessive drinking, drug use, and depression cause much mortality, chronic illness, and disability, and cost our nation nearly a half-trillion dollars a year. Systematic implementation of screening and intervention services is health **care** reform we can all believe in—and it's already happening!

To our many partners who continue to lead the way, thanks so much for your leadership and collaboration.

Cultivating “Strong Backs and Soft Fronts”

By Mia Croyle

On a recent weekly health educator group call, we focused on some concepts that address the inner life of helping practitioners. This type of discussion provides a forum for sharing experiences and affords health educators an opportunity to support one another and normalize some of their reactions to the work they do on a daily basis.

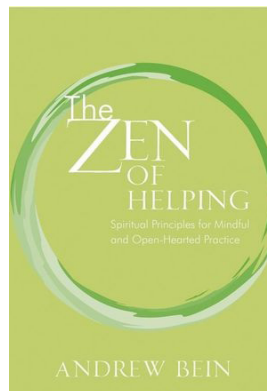
As a point of discussion, we read a brief description of a Zen concept, “Strong Back, Soft Front,” and listened to an interview with Andrew Bein, Ph.D., a professor of social work at California State University, Sacramento and author of the book, *The Zen of Helping: Spiritual Principles for Mindful and Open-Hearted Practice*. Bein describes how the concept of Strong Back, Soft Front can be of great value to helping practitioners. Strong Back, Soft Front is a position of steadiness, strength, stability, openness, flexibility, concentration, commitment, confidence, courage, tenderness, compassion, and equanimity. Certainly all of these things are essential to the spirit of motivational interviewing (MI) and can be of great benefit to the health educator conducting SBIRT at a WIPHL site.

What exactly does this the term “Strong Back, Soft Front,” mean? “Strong Back” refers to our groundedness, our calmness in the face of turmoil, as well as our boundaries, wisdom, experience, discernment, and equanimity. Bein describes this as the mountain within us. It is how we hold our place as we come in contact with others; the “captain at our helm” keeping course despite the metaphorical changes of weather in our lives. The strength of our spine allows us to uphold ourselves

in the midst of any situation. Health educators certainly need strong backs as they make their way through implementing significant systems change in their clinical sites and in their daily work with patients as they guide them through unfamiliar conversations about alcohol and drug use in the health care setting.

“Soft Front” describes how we interact with others in a spirit of compassion and open-heartedness. It is how we really hear what others are saying and engage mindfully with others. This openness comes from our kindness, our vulnerability, and our compassion. It is the way that we are human together. Through this, we are aware of our connections with others and how we are not really very different from those we seek to help. Bein reminds helping practitioners that it would often take very little for the situation to be reversed and for us to be in the position of receiving help from others. This awareness allows us be in touch with the tenderness inside ourselves so that we can then be tender towards those we work with. Health educators use their Soft Fronts to engage with patients and colleagues alike.

Health educators agreed that Strong Backs and Soft Fronts allow them to maintain a calm and consistent demeanor while also conveying compassion and empathy. This discussion reminded us all of our Strong Fronts and Soft Backs and how these qualities of openness and strength intermingle to give us a genuine presence that we carry with us as we do the important work of WIPHL.



Author Andrew Bein

Lessons from Minnesota

By Harold Gates

As part of Year 4 efforts to develop and monitor implementation of evidence-based, culturally competent protocols for SBIRT service delivery, I shared a website with the health educators at our January retreat that I think might be useful. This online learning and resource center, developed by Stratis Health of Minnesota, supports health care providers, staff, and administrators in their ongoing efforts to provide culturally competent care. This website, although geared to the health care needs of Minnesotans, can serve as a useful model for us here in Wisconsin. As a reminder, cultural competency is described by the Office of Minority Health as having the capacity to function effectively within the cultural beliefs, behaviors, and needs of consumers and their communities. Culture is influenced by a variety of factors, including age, educational level, income level, place of birth, length of residency in a country, individual experiences, and identification with community groups. This overall definition of cultural competency also has been endorsed by the Wisconsin State Council on Alcohol and Other Substance Abuse (SCAODA) as of 2008.



Stratis Health has served as Minnesota's Quality Improvement Organization (QIO) under contract with the Centers for Medicare and Medicaid Services (CMS) since the program's inception in the 1970s. Culture Care Connection is the online learning and resource center developed by Stratis Health in 2008. The site provides information on cultural competence concepts, health topics, ethnicities, stakeholder organizations, and resources that are most reflective of diverse populations as well as the health care organizations that serve them (UCare grant 2008-2010). Culture Care Connection (<http://www.culturecareconnection.org/index.html>) provides actionable, evidence-based tools to assist organizations in achieving

their goals in relation to cultural competence. Key features include profiles of each county with key demographic, socioeconomic, and health status data so health care practitioners can learn more about the characteristics of the communities they serve. There is also a free online Culturally and Linguistically Appropriate (CLAS) Assessment Tool to assess how well health care organizations meet national cultural and linguistic standards.



Culture Care Connection also provides a number of other resources that will prove useful for providing culturally competent, evidence-based SBIRT service delivery. There are fact sheets to help health care providers learn more about the background, religious and cultural beliefs,

and common health care issues of the predominant minority populations, including African American, American Indian, Latino, Hmong, Russian, and Somali. Stratis Health also produced a DVD series intended to help providers build their skills and capacity to provide culturally appropriate care to the three major growing populations in their state.

Evidence shows that racial and ethnic minorities tend to receive a lower quality of health care than non-minorities, even when such factors related to access as patient insurance and income are controlled. The Institute of Medicine's 2002 report "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" revealed that failing to support and foster culturally competent health care can increase costs for the individual and society through increased hospitalization and complications. This is just one of the tools that should prove useful to WIPHL clinics. If you need technical assistance with this or any cultural competency effort, please do not hesitate to e-mail (Harold.Gates@fammed.wisc.edu) or call me at (608) 265-4032.

Month End Data

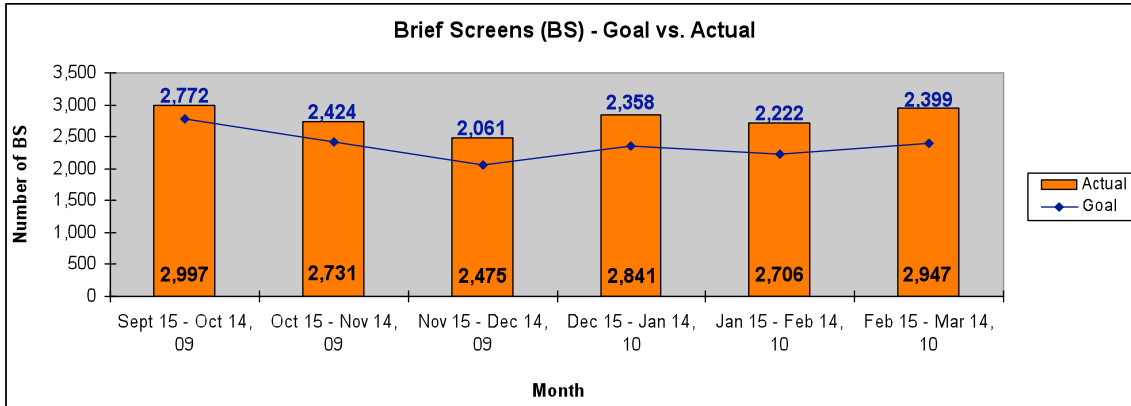
Year 4 Month 6
February 14 – March 15, 2010

<i>Clinics</i>	<i>Eligible for BS*</i>	<i>Completed BS</i>	<i>% BS Completed</i>	<i>Positive BS</i>	<i>% BS Positive</i>	<i>Completed FS</i>	<i>% FS Completed</i>
Aurora Sinai Family Care Center	157	143	91.1%	45	31.5%	70	155.6%
Aurora Sinai Women's Health Center	232	189	81.5%	74	39.2%	60	81.1%
Aurora Walker's Point	203	203	100.0%	67	33.0%	62	92.5%
Beloit Area Community Health Center	239	225	94.1%	77	34.2%	74	96.1%
Columbia St. Mary's	169	165	97.6%	57	34.5%	60	105.3%
Dean East	270	264	97.8%	96	36.4%	94	97.9%
Family Health/ La Clinica (0.5 FTE)	98	100	102.0%	19	19.0%	8	42.1%
Gundersen Lutheran Family Med	278	232	83.5%	74	31.9%	53	71.6%
Gundersen Lutheran Trauma Center	68	n/a	n/a	n/a	n/a	65	93.3%
Marshfield - Minocqua Center (.9 FTE)	294	294	100.0%	83	28.2%	64	77.1%
Menominee Tribal Clinic	305	265	86.9%	68	25.7%	64	94.1%
Milwaukee Health Services, Inc. (0.3 FTE)	6	3	50.0%	2	66.7%	2	100.0%
Northeast Family Medical Center	277	230	83.0%	77	33.5%	72	93.5%
Scenic Bluffs Community Health Center (0.2 FTE)	22	24	109.1%	4	16.7%	4	100.0%
St. Joseph's Community Health Services-Adolescents	12	12	100.0%	2	16.7%	2	100.0%
St. Joseph's Community Health Services - Adults	210	200	95.2%	44	22.0%	32	72.7%
Upland Hills Health	165	156	94.5%	30	19.2%	13	43.3%
Waukesha Family Practice Center	262	242	92.4%	85	35.1%	69	81.2%
Grand Totals	3,199	2,947	92.1%	904	30.7%	803	88.8%

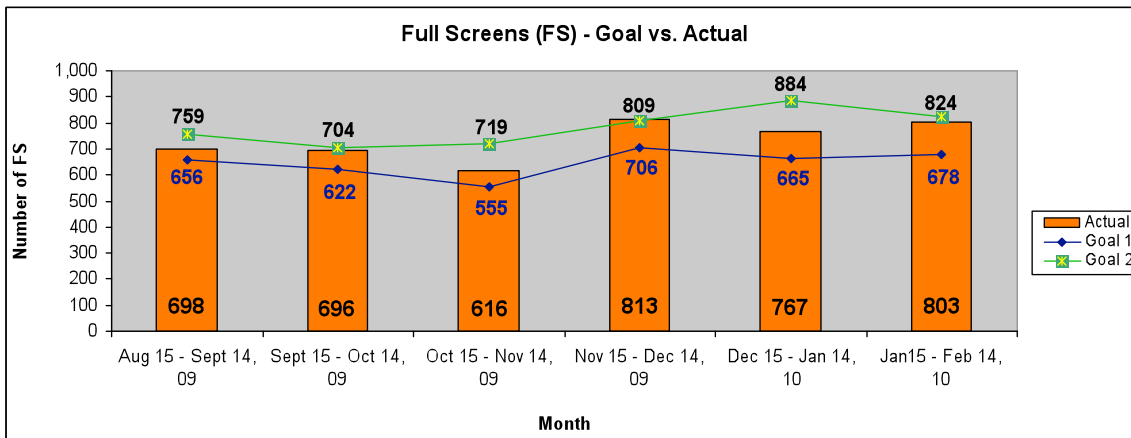
*Eligibility varies by clinic

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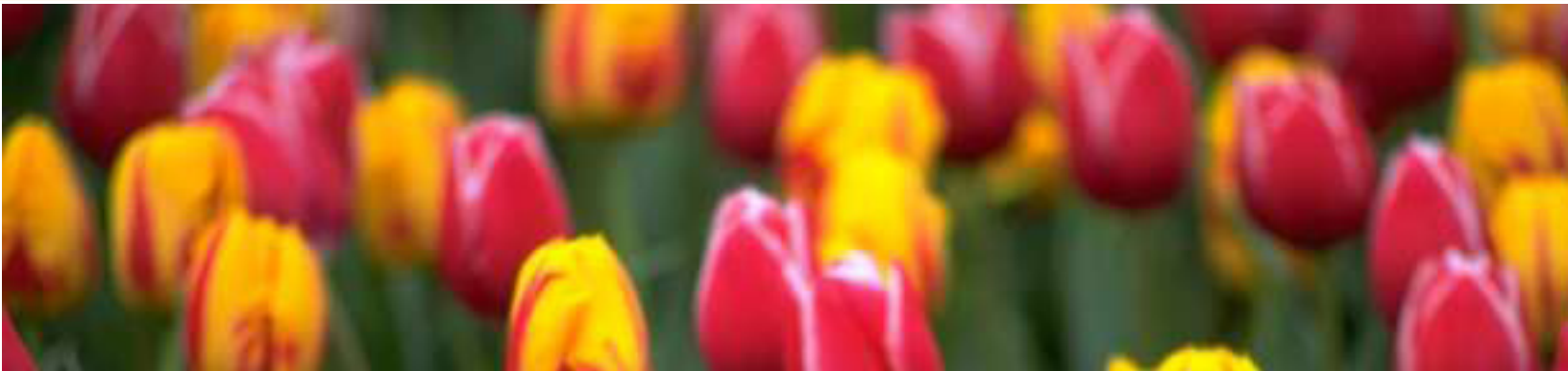
6 Month Wrap-Up



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



Actual: Number of full screens completed
 Goal 1, Year 4 (Sept 15 2009 - Sept 14, 2010) - P4P Clinics: Full screen 75% of patients who brief screen positive
 Goal 2, Year 4 Quarter 1 (Sept 15 - Dec 14 2009) - Number varies based on clinic start date



Save the Date (and Time)

This spring, nobody needs to hit the road for our statewide conference. Instead we'll make use of video-conference/webinar technology to bring the meeting to your office.

The Spring Statewide Meeting will be held on **Friday, April 16, from 12 p.m. to 2 p.m.** Rich Brown will lead the meeting, which will focus on "The Essentials of Billing for SBIRT and Moving Toward Sustainability." People will be able to send in questions via a live e-mail feed.

We will soon send out what media/PC requirements people will need to be able to view over the web. Stay tuned for more info!

The Last Word

It Helps to Hear Your Own "Change Talk"

A woman went to her clinic for a medical visit and screened positive for at-risk alcohol use. Upon meeting with the health educator, she shared that she had already been planning to cut back on her drinking and in fact had begun a plan to stop drinking altogether for a while the day before her encounter with the health educator.

She shared that she had noticed herself drinking more than usual over the past few months in response to stress in her life. As a result, she was feeling sluggish and unhealthy overall. She had also noticed some weight gain. She had just returned from a cruise where she drank more than usual and had decided upon her return home that it was time for a change.

She reviewed all of this with the health educator, who provided her with a forum to solidify her plans and strengthen her motivation. At the end of their meeting, the patient told the health educator, "Talking about it has really helped, it helps me reinforce the change."

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.

