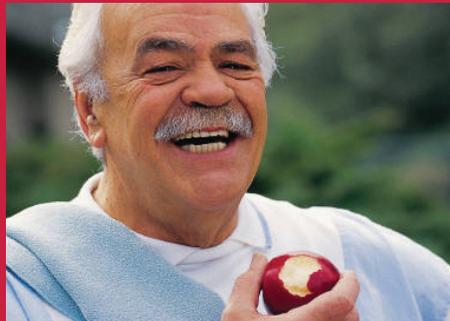


**Help
change
lives**



**for a healthier
Wisconsin**



**Wisconsin Initiative to
Promote Healthy Lifestyles**

Providing evidence-based screening, brief intervention, and referral-to-treatment services

Reducing alcohol and drug problems in Wisconsin

We can make a difference—now



Most of us who live in Wisconsin truly love our state. Its natural beauty, our diverse cultures and rich history, our notable achievements in all areas of knowledge and discovery, our work-hard-and-play-hard ethic, the enlightened concept of the Wisconsin Idea—these are all things we can be proud of.

And then there's our drinking and drug use. To anyone who loves Wisconsin and its people, the damage caused by alcohol and other drug misuse is a source of great concern.

We regularly top national rankings in heavy and high-risk drinking, including binge drinking and drunk driving. Injuries and diseases related to drinking and drug use make it the fourth leading cause of death and hospitalization in our state. Drinking is the leading cause of disability for men.

In addition to the tragic loss of lives, this destructive behavior costs Wisconsin more than \$5 billion each year paid by our health care, social services, and criminal justice systems, our employers—and, ultimately, by our taxpayers.

Fortunately, we have a service at hand that could greatly reduce this suffering. Numerous studies and years of experience show that screening—which simply means posing a few key questions during any health care visit—works in identifying alcohol and other substance use problems even at an early stage. Combining screening with brief intervention sessions and, if needed, referral to treatment—in a service known as SBIRT (Screening, Brief Intervention, Referral to Treatment)—is an evidence-based, cost-effective way we can save both lives and money. That is why, even in an era of belt-tightening, the federal government is funding SBIRT implementation projects in a number of states.

Here in Wisconsin, that project is called the Wisconsin Initiative to Promote Healthy Lifestyles. The initiative is designed to serve a number of health issues besides (and often co-occurring with) alcohol and drug use. They include smoking, depression, unhealthy nutrition, and domestic violence. The initiative is designed to help us all—and, most important, help people help themselves.

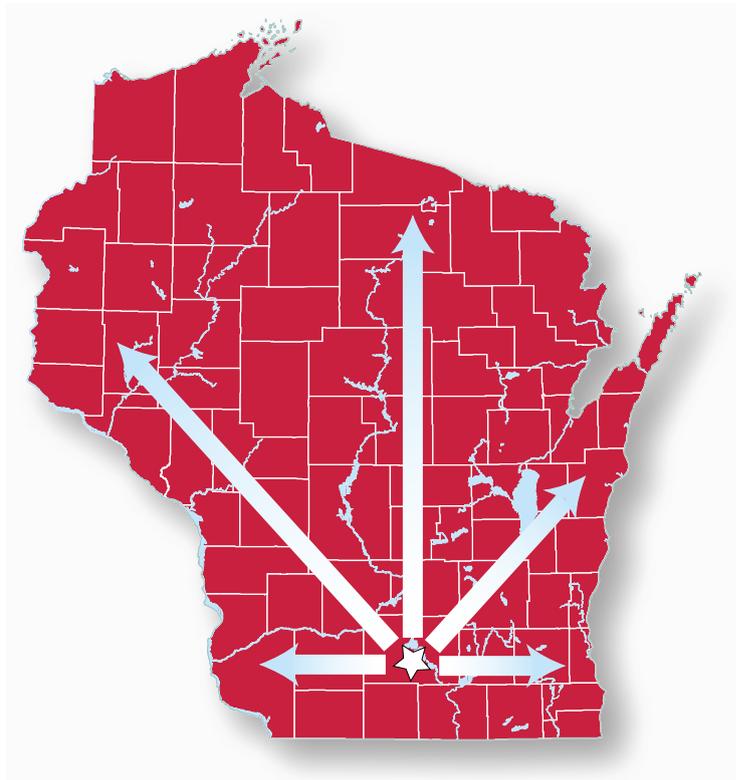
We invite you to learn more about the project in these pages—and consider becoming a part of it. How? By voicing your support and lending help however you are able, as an individual or as part of an organization. We welcome an opportunity to talk with you about your involvement.

Our goal is to help make SBIRT become a routine part of everybody's health care in Wisconsin. The people of our state deserve it. You deserve it.

Help us make that vision a reality.

Sincerely,

Richard L. Brown, MD, MPH
Clinical Director
Wisconsin Initiative to Promote Healthy Lifestyles
Associate Professor, Department of Family Medicine
University of Wisconsin School of Medicine and Public Health



Alcohol and drug screening, brief intervention, and referral-to-treatment services have begun at more than 20 clinics around Wisconsin in settings both urban and rural. The goal is to offer such services statewide as a routine part of any health care visit. See accompanying map or visit www.wiphl.org for a current list of participating clinics.



Wisconsin has a problem

Wisconsin stands out in many ways we can point to with pride—but when it comes to drinking and drug use, our state bears some tragic distinctions:

- We regularly stand at or near the top of national rankings for high-risk and heavy drinking (CDC/BRFSS)
- Wisconsin leads the U.S. in drunk driving (National Survey on Drug Use and Health, 2008)
- Pregnant women in Wisconsin drink more than expectant mothers elsewhere in the U.S. (CDC/BRFSS)
- Binge drinking among adults is the highest in the nation, and is widespread and rising among people under age 21 (UW Population Health Institute, 2007)
- **One out of four Wisconsin residents** engage in illicit drug use or alcohol use to a degree defined as “at risk” by the National Institute on Alcohol Abuse and Alcoholism. Yet only 10-20% of people who need help for alcohol abuse or dependence receive it.

These behaviors and our failure to adequately address them are destructive for our citizens and our economy. Diseases and injuries related to alcohol and drug use make it the **fourth leading cause of death** and the fourth leading cause of hospitalization in our state.

Based on the most recent annual data available, alcohol and illicit drug use and misuse in Wisconsin resulted in the following consequences: 2,082 deaths, 5,992 motor vehicle injuries, 16,677 hospitalizations, 126,207 arrests, and 528,000 people suffering with dependence or abuse. About 40% of all motor vehicle deaths are alcohol-related. (UW Population Health Institute, 2007)

The economic toll of such cases: **more than \$5 billion each year** paid by our health care, social services, and criminal justice systems—and, ultimately, by our taxpayers. (Wisconsin DHFS, *Healthiest Wisconsin 2010*, 2000)

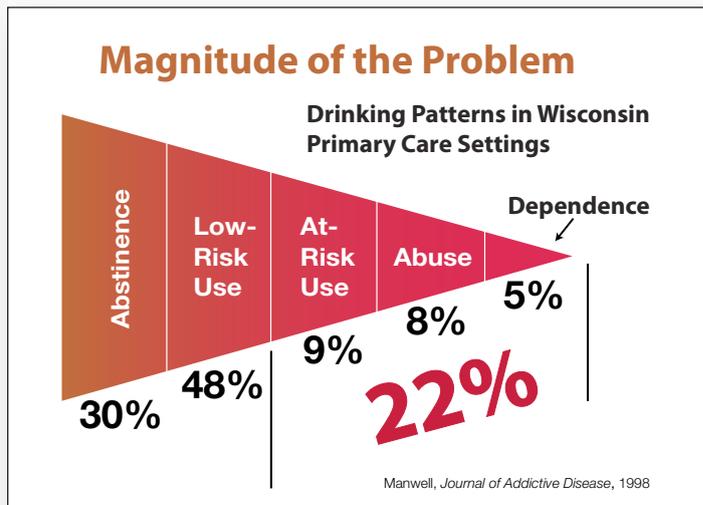
OUR OPINION
Sober up, Wisconsin: Bingeing takes a toll
Wisconsin State Journal, 2007

A Gannett Wisconsin Media Special Report
STATE of DRINKING
 How our love of alcohol shapes Wisconsin's cultural landscape
Appleton Post Crescent, 2008

Drug, alcohol abuse finally being seen as a health issue
Milwaukee Journal Sentinel, 2008

We all suffer from alcohol abuse
Wisconsin State Journal, 2007

About 22% of Wisconsin adults engage in at-risk or heavy drinking. **When illicit drug use is added, about 25% of Wisconsin adults engage in at-risk or problem drinking or drug use.**



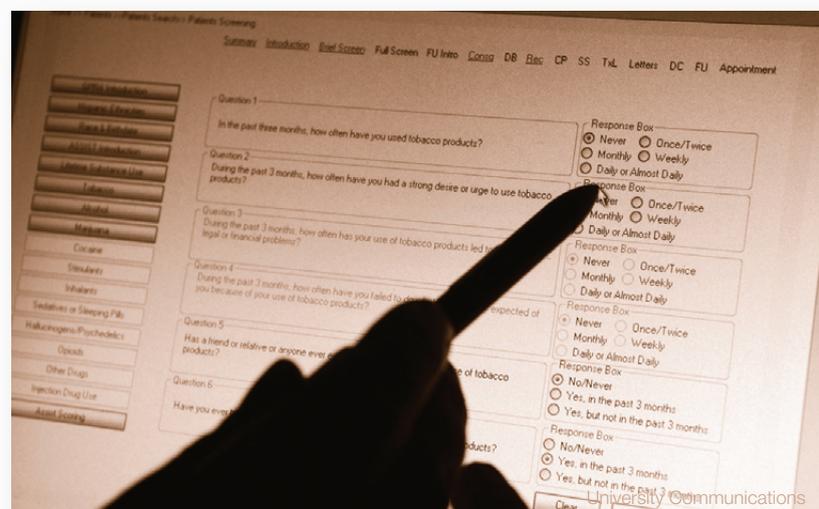
We have a solution

Many people engaging in risky and problem drinking and drug use can be helped by evidence-based, cost-effective Screening, Brief Intervention, and Referral to Treatment services (SBIRT, pronounced ESS-burt). Studies show that SBIRT often identifies and effectively addresses risky behaviors before the problems get worse.

In Wisconsin, this service is being implemented by the **Wisconsin Initiative to Promote Healthy Lifestyles** (or WIPHL, pronounced WIFF-el), funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) through July 2011. Since March 2007, the service has been offered to all patients 18 and older in participating primary care settings.

- A **Brief Screen**, consisting of four brief questions on alcohol and drug use and additional questions on other health behaviors, is administered to each patient once a year as part of any health care visit. The screen identifies people who are at risk for alcohol and drug abuse even at an early stage.
- Patients who score positive meet with on-site **health educators**—who are trained and supported by WIPHL—to discuss their drinking or drug use and agree upon changes.
- This **Brief Intervention** consists of one to three consultations taking about 20 minutes each. For many patients, that service is enough to help them significantly decrease their alcohol and drug use, studies show.
- The health educator and patient may agree that a **Referral to Treatment** for more intensive care—outpatient or residential—is needed. Costs may be covered by WIPHL.
- WIPHL serves patients from a range of ethnic and socioeconomic backgrounds. Health educators are trained in **cultural competence**.
- The program uses **motivational interviewing**, in which patients are helped to identify and strengthen their own motivations for change. Counseling is nonjudgmental and respectful of the patient's own degree of interest and readiness.
- How effective is SBIRT? A Wisconsin study showed **savings of nearly \$1,000 in health care and criminal justice costs for every patient** receiving screening and brief intervention services (Fleming, *Medical Care*, 2000). Another study, performed on patients who sought care in emergency or trauma settings for alcohol-related injuries, found nearly a 50% reduction in recurrent alcohol-related injuries and related emergency visits and hospitalizations. **For every \$1,000 invested in SBIRT services, nearly \$4,000 was saved** (Gentilello, *Annals of Surgery*, 1999). A study in Washington state found **a reduction in total Medicaid costs of \$185 per member per month** among patients receiving screening and brief intervention services (Estee, WASBIRT, 2007).
- SBIRT services would fill the gap between community and school-based prevention programs and alcoholism and addiction treatment. No other services target the 19% of Wisconsin adults in the at-risk and abuse categories, who as a group—because there are so many more of them—generate more harm and economic costs than the 6% of dependent individuals.

Health educators conduct a brief intervention using questions developed by WIPHL, the WHO ASSIST program, and the U.S. government through GPRA. Health educators enter responses directly into a computer tablet to form a confidential health record for each patient and track program progress.



- The federal government is now funding SBIRT implementation programs in a growing number of states, and a number of leading medical associations have formally endorsed SBIRT.
- More and more health plans nationwide are covering SBIRT services, and a number of key stakeholders are working to expand health insurance coverage for SBIRT in Wisconsin.

WIPHL's goal: To provide top-quality SBIRT services to more and more patients around the state—and to inform and support health care professionals, employers, insurance purchasers and providers, policymakers, patients, and citizens in a concerted effort to make SBIRT a routine part of health care in Wisconsin.

These organizations (among others) have endorsed SBIRT:

- American Academy of Pediatrics, 2001**
- American Medical Association, 1999**
- American Society of Addiction Medicine, 1997**
- Center for Medicare and Medicaid Services, 2006**
- National Institute on Alcohol Abuse and Alcoholism, 1995**
- National Quality Forum, 2007**
- U.S. Preventive Services Task Force, 1996**
- Wisconsin Medical Society, 2008**



Meeting diverse patient needs



St. Joseph's Community Health Services, Wonewoc



Aurora Walker's Point Community Clinic, Milwaukee



Menominee Tribal Clinic, Keshena

General health care settings, which offer patients widespread, routine access, are recognized as an optimal place for alcohol and drug screening. Yet physicians and other providers often do not have time to ask about alcohol and drug use, numerous reports show—and as most patients know from their own experience during a 15-minute appointment. Only 8.7% of people with drinking problems report receiving any screening or advice from their primary care physician, one study showed (Solberg, *American Journal of Preventive Medicine*, 2008).

This means patients are not getting the care they need. Knowing whether a patient is engaging in drinking or drug misuse is not only essential for treating that problem—it is crucial to effective treatment of other medical conditions. These include heart disease, stroke, various cancers, diabetes, hypertension, high cholesterol, liver disease, depression, and HIV/AIDS. Drinking and drug misuse may also cause or contribute to such problems as birth defects, mental illness, domestic violence, and child abuse or neglect.

By training health educators to provide SBIRT services, **WIPHL offers a cost-effective solution to the treatment gap.** Health educators receive two weeks of intensive training at the WIPHL coordinating center in the use of evidence-based, culturally competent protocols developed by the World Health Organization, the U.S. government, and UW researchers. They pass a written final exam and demonstrate competence with simulated patients. A computer tablet guides them in delivering all services and creates a confidential health record for each patient that helps track program progress.

WIPHL also fills the treatment gap **by serving a number of other common health needs** that are neglected during health care visits (and which frequently co-occur with alcohol and drug misuse). They include services for depression and other mental health disorders, smoking, nutrition and exercise, safe sexual practices, and domestic violence.

The Wisconsin Initiative to Promote Healthy Lifestyles invites all patients at participating clinics to reflect on their health behaviors. A welcoming, nonjudgmental approach to all, in a general medical setting, helps overcome the sense of stigma that too often keeps people with alcohol or drug problems from seeking help.

WIPHL is addressing these health needs at a number of clinics and will expand upon them in the future. Not only is this crucial for overall patient health care—but presenting alcohol and drug use in the context of “healthy lifestyles” **decreases the stigma** of getting help for those problems.

Indeed, WIPHL strives to **meet patient needs across all barriers and boundaries**, in settings as varied as inner-city Milwaukee, the rural Northwest, suburbs, and farming and tribal communities in various parts of the state. (See the accompanying map or visit www.wiphil.org/clinics for a list of participating clinics.) Screening and assessment materials have been translated to Spanish and Hmong. A director of cultural competence on staff at the WIPHL coordinating center oversees the training and continuing education of health educators to ensure that WIPHL optimally serves patients from a wide range of ethnic and socioeconomic backgrounds.

Clinics participating in WIPHL also reflect our state's diversity. They range from small primary care clinics to family medicine departments within large hospitals to community health centers that serve many people who do not have health insurance. These centers are the health care safety net for communities hit by hard economic times—times when drinking and drug problems tend to increase. **WIPHL's aim is to be accessible to all.**

How much is too much?

Supporting healthy birth outcomes

Pregnant women in Wisconsin were the first patients to be covered for substance abuse and mental health screening and intervention services—under BadgerCare Plus, which began reimbursing for those services in February 2008. Wisconsin leads the nation in risky drinking by pregnant women, which can cause mental retardation, deformities, and neurological problems in the developing fetus.



Expanding SBIRT to teens

Two years after launching services for adults 18 and older, WIPHL expanded screening, brief intervention, and referral-to-treatment services to adolescents. This was done to meet a large unmet need—and also in recognition of the fact that SBIRT is effective with teens. Motivational interviewing, the counseling method used by WIPHL and other SBIRT programs, is a good fit with the adolescent mindset. It is non-judgmental, nonauthoritarian, and allows the patient to remain in control of the pace and goals of behavior change. At the same time, it helps the adolescent develop self-efficacy and a clearer sense of his or her own motivations, identity, and goals.



Patients are given these guidelines for drinking in moderation

Each of these is a standard drink:

12 oz. of regular beer
or wine cooler
or 8 oz. of malt liquor

1.5 oz. of spirits
(whiskey, gin,
vodka, etc.)

5 oz. of wine



Drinking within these limits reduces your risk of having alcohol-related health problems and other life problems:

For healthy men up to age 65:
no more than 4 drinks in a day AND
no more than 14 drinks in a week

For healthy women up to age 65:
no more than 3 drinks in a day AND
no more than 7 drinks in a week

For healthy men and women over the age of 65:
no more than 1 drink in a day AND
no more than 7 drinks in a week

Depending on your own health status, your doctor may advise you to drink less or not at all. Certain people should not drink at all, including: people under age 21, women who are pregnant or trying to become pregnant, people who plan to drive or do other things requiring alertness and skill, people taking certain prescription or over-the-counter medications, people with medical conditions that can be made worse by drinking, and people who have a history of alcohol dependence.



Changing lives for the better

A physician's story

Helping in cases where I didn't

I have been wholly impressed by the impact of the WIPHL program as a positive force in the lives of my patients. Our health educator, Christina, has made amazing progress with several patients whom I was not aware had high-risk alcohol use; or with whom I had not been able to “break through barriers” even after years of discussion; or with whom I just didn't have the time to address those issues during a visit.

Let me share an example. “Neil” is a young adult in his early 20s. I've known him since he was 10 or so. I care for his whole family, but I don't see Neil very often. He's struggled with a variety of work-related overuse injuries and has always taken longer to return to work than he should have, given the nature of his injuries. Christina met with him and uncovered dysfunctional alcohol use. As a result, he stepped back and reflected on how his alcohol use affected his ability to be a father to his young son.

I saw him three weeks ago and he said he was “just in for a release to go back to work”—surprisingly early, given his slow return-to-work history. He shared with me that he had not had any alcohol in over two months.

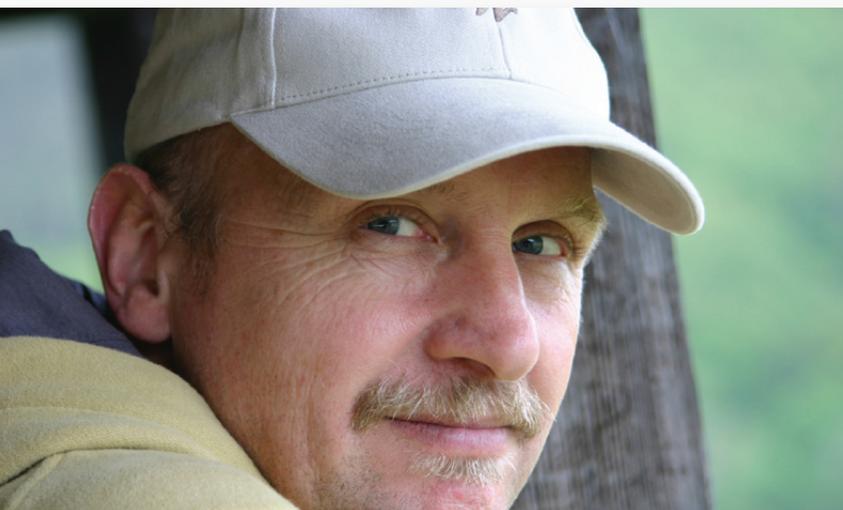
I am a physician who has a special interest in dealing with substance use and mental health issues. If this program has provided so much for my patients, I can't imagine the positive impact for patients of physicians who are less comfortable with these subjects.

Kathy Oriel, MD, MS
UW Health Northeast Family Medical Center, Madison

A health educator's story

Drinking away a house

I have a patient who didn't know about the harmful effects of drugs and alcohol although he had experienced the negative consequences many times. He put it all together sitting here in my office during our second appointment, and he was shocked and dismayed at his discovery. Along with making sense of the ways in which drinking and drugs have affected his health, his job, his mind, and his relationships, we figured out that he spent \$16,000 in one year on drugs and alcohol. He made his third appointment immediately. Over the course of 20 years he has spent approximately \$320,000. This news was upsetting to him because he lives in a compromised financial state, even though he holds a decent job. I tried to focus on what he'll have when he makes changes, not on what he's lost. He thanked me repeatedly for taking the time to talk with him and left in a hopeful state, with a smile. We had worked out a change plan he was determined to keep.



Again and again we hear stories from our clinic partners testifying to the power of WIPHL to improve people's lives. We are pleased to share some of them here.

A health educator's story

At least she had quit cigarettes ...

A resident physician happily told me that, on the orders of her pulmonologist, a woman had just quit smoking cigarettes. Her pulmonologist had told her she'd be

dead in two years if she didn't. The resident told me that the patient had earned some praise and encouragement.

What I discovered when talking with her is that, while she had quit smoking cigarettes, each day she was smoking seven to eight blunts—marijuana stuffed into a hollowed-out cigar. Neither her pulmonologist nor the resident were aware of this. Not only was she still smoking tobacco (because of the cigar wrapper), but the addition of marijuana made the practice even more damaging. A recent study [from *Chemical Research in Toxicology*] reported that each puff from a joint contains more toxins than the average cigarette. Researchers who compared marijuana smoke to

tobacco smoke found that ammonia levels were 20 times higher in the marijuana smoke, and that hydrogen cyanide and nitrogen-related chemicals also were more prevalent in the marijuana smoke. The patient had had no idea how much she was hurting herself.



A treatment liaison's story

Gratitude

A patient in his mid-40s who had been drinking since his late teens visited a primary health clinic. In addition to drinking four or more drinks a day, he was a longtime crack user. Although for years he had restricted his use to weekends, he was now spiraling up to using four or five days a week. The patient filled out the WIPHL brief screen and told his physician that he was eager to undergo treatment. The physician immediately connected the patient with the WIPHL health educator.

The health educator informed the patient that getting into treatment can be a complex process and could take some time, particularly since his insurance coverage was highly restricted. The patient remained undaunted and visited the health educator twice during the waiting period, once to talk about options he could immediately pursue, such as Alcoholics Anonymous.

It's my job as the WIPHL treatment liaison to work with the patient, the health educator, and other agencies and organizations to get needed funding. We were able to do this, and the patient entered and successfully completed a 30-day residential treatment program.

Every day in group discussion, patients were asked to think and talk about the positive things in their lives, the things for which they were grateful. I heard from a provider at the facility that this patient had a long list—but each and every day, he specifically named both the WIPHL health educator and me.



WIPHL is good for business



If you are an employer, **drinking and drug abuse are your concern**. Why? Because most heavy drinkers and drug users are employed full-time—67.3% and 57.5% of them respectively (NSDUH Report, *Worker Substance Use*, August 2007).

Employers pay the price of employee drinking and drug use in the form of health care premiums for related injuries and illnesses, tardiness, absenteeism, workers' compensation and disability claims, turnover, and decreased productivity. Untreated alcohol problems cost American business an estimated \$134 billion in lost productivity each year. (Ensuring Solutions, George Washington University Medical Center, Washington, D.C.)

Nationwide, disturbing statistics highlight the magnitude of this problem:

- Health care costs for employees who have alcohol problems are about twice as high as for the average employee. (Schneider Institute for Health Policy, Brandeis University, *Substance Abuse, the Nation's Number One Health Problem*, February 2001)
- Each untreated substance-abusing employee costs his or her employer an estimated \$640 annually. (Center for Substance Abuse Treatment, *Substance Abuse in Brief*, January 1999)
- One in five employees report that their co-workers' alcohol problems caused them to fear injury, work harder, redo work, or cover for the drinker. (Mangione, *New Perspectives for Worksite Alcohol Strategies*, JSI Research and Training Institute, 1998)
- Heavy drinkers have higher rates of absences due to injuries and illness, unexcused absences, and job turnover. (Zhang, *Worker Drug Use and Workplace Policies and Programs*, 1999)
- Alcohol use is involved in 20-30% of all ER visits and nearly half of all such visits for trauma and injury. (CDC, *Alcohol Problems Among Emergency Department Patients*, 2000; MacDonald, *Archives of Internal Medicine*, 2004)

Employers:

You pay for your employees' drinking and drug use!

- Higher health care premiums
- Absenteeism and tardiness
- Productivity declines
- Workers' compensation
- Higher turnover

- In a company that employs 200 workers, employees and family members make 40 alcohol-related emergency room visits per year and 121 alcohol-related ambulatory care visits per year. (U.S. Statistical Abstracts, 2000)

Why WIPHL is best

SBIRT can save money for your company. As noted, each untreated substance-abusing employee costs his or her employer an estimated \$640 annually. To determine how much alcohol abuse affects your business, visit the Alcohol Cost Calculator at Ensuring Solutions (www.alcoholcostcalculator.org/).

SBIRT services save money for our state, which is good for Wisconsin's overall economy and business climate. A study done in Wisconsin showed that the state saves nearly \$1,000 in health care and criminal justice costs for every patient receiving SBIRT services (Fleming, *Medical Care*, 2000)—and this study probably underestimates health care savings because it considered only hospitalizations and emergency room visits. In other words, providing SBIRT services costs less money than not providing them.

SBIRT provides optimal service to employees—but keeps that assistance in an off-site, confidential medical setting, alleviating concerns employees may have about stigma or privacy. Those concerns can hinder people from seeking treatment.

SBIRT is evidence-based. Some 50 published randomized controlled trials attest to the value of SBIRT services for identifying and treating alcohol misuse. Many other services and products are pushed to companies claiming they will help employees with drinking or drug problems—but very few stand up to the rigors of science.

SBIRT is becoming part of our health care system!

The federal government is funding a number of SBIRT implementation projects around the nation, and the movement to include SBIRT services in standard health plans is gaining momentum nationwide and in Wisconsin.

Paying for SBIRT—the time has come

The National Commission on Prevention Priorities, an agency that identifies public health measures that would help the most people and offer the greatest return on investment, came out with a list that might surprise people. Right behind an aspirin regimen for cardiovascular health, childhood immunizations, and smoking cessation is **alcohol screening and intervention**—ahead of screening for hypertension, diabetes, high cholesterol, and cancers of the breast, cervix, and colon. In other words, SBIRT services are more effective at averting deaths, preventing illness, and saving health care dollars than most other preventive services that are more frequently provided and reimbursed!

Rankings of Preventive Services

Number	Service	CPB	CE
1	Aspirin - Men - 40+, Women - 50+	5	5
2	Childhood immunizations	5	5
3	Smoking cessation	5	5
→ 4	Alcohol screening & intervention	4	5
5	Colorectal cancer screening	4	4
6	Hypertension screening & treatment	5	3
7	Influenza immunization	4	4
8	Vision screening - 65+	3	5
9	Cervical cancer screening	4	3
10*	Cholesterol - Men 35+, Women - 45+	5	2

* The ranking continues with 15 other services.

Maciosek, *Am J Prev Med*, 2006; Solberg, *Am J Prev Med*, 2008

The medical profession has long recognized the value of SBIRT services, and a number of medical associations have been calling for widespread implementation, including the American Medical Association, the National Quality Forum, and the National Institute on Alcohol Abuse and Alcoholism (see list on page 3). Wisconsin organizations are joining the call (see page 11).

Now, at last, a real momentum is gathering for reimbursement for these needed services. New CPT (Current Procedural Terminology) codes recently issued by the American Medical Association and other codes issued by the Center for Medicare and Medicaid Services have given health care providers a means of billing for SBIRT services (see chart).

All federal employees—5.6 million people whose benefits often serve as early indicators of a trend—are now guaranteed access to SBIRT services as part of their health plans. Large employers and health insurers, who purchase health care in bulk, are increasingly recognizing the value of SBIRT services for their employees or subscribers. Eighty-six out of 150 plans recently surveyed by the National Business Coalition on Health will pay for substance use screening and brief intervention services. These plans include AETNA and CIGNA nationwide and Anthem Blue Cross and Blue Shield (in 11 states).

Here in Wisconsin, alongside implementation and expansion of WIPHL, momentum is gathering for health care purchasers to request SBIRT services and for insurance providers to include them in their health plans. Pregnant women became the first patients in Wisconsin to be guaranteed SBIRT services, under BadgerCare Plus.

The Wisconsin Initiative to Promote Healthy Lifestyles is developing a guide for billing and reimbursement for SBIRT services in Wisconsin. Visit www.wiphl.org/policy for the latest information.

New billing codes for SBIRT service delivery (and similar new codes for tobacco services)

Payer	Code	Description	*Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

Note: Medicaid codes were approved by CMS as of January 1, 2007. Wisconsin Medicaid is considering whether to include payments for these codes in the next biennial budget, which starts on July 1, 2009. For pregnant women with BadgerCare Plus, SBIRT services are currently paid under codes H0002 and H0004.

*Subject to change



What you can do



Every resident in our state will benefit from SBIRT services. When we help people who engage in risky or problem drinking or drug use, we make our roads safer and our workplaces more productive, we ease the burden shared by all in our health care, social services, and criminal justice systems—and, most important, we reduce needless suffering and loss of lives.

We all stand to gain by SBIRT services. The Wisconsin Initiative to Promote Healthy Lifestyles invites a conversation with all interested individuals and organizations, with the goal of making these crucial services become a routine part of health care and accessible to all.

Clinics

Consider participating in WIPHL! The initiative is developing various models for participation in an effort to meet the needs and capacities of a variety of general health care settings. We are able to offer training, support, and technical assistance in a number of ways. We can show you how becoming a WIPHL clinic can pay for itself. Our goal is to make SBIRT services as widely available and as easy to access as possible. Please see accompanying information about how your clinic might participate and contact us for a meeting to talk more about it.

Businesses

- Find out whether your company's health insurance plan covers SBIRT services and whether your providers administer them. If not, inform your insurance purchaser and provider that such services are important for your employees' health and your company's success.
- Consider becoming a corporate sponsor of WIPHL services. Talk to us about how your financial support, to be granted visible recognition, can help bring WIPHL to your community.

Foundations/Donors

Your support can bring WIPHL to your community! WIPHL can make your community a healthier and safer place to live and a more nurturing environment for children to grow up in. If your funding priorities include access to health care, quality in health care, or improvements in public health, WIPHL is an evidence-based initiative that can help meet those goals. Talk with us about how we can partner with clinics to give patients in your area the care they deserve. You may also donate on our website, www.wiphl.org.

Health care professionals

Let your workplaces, associations, and your larger community know about the value of WIPHL services. WIPHL places few or no demands on clinician time while vastly improving patient care. WIPHL is a win-win for all!

All of us — as citizens, patients, and voters

- Ask whether your health insurance coverage includes SBIRT services—and if it doesn't, let your insurance provider know you want them.
- Encourage health care purchasers to demand that health insurance plans include SBIRT services.
- Share your support for WIPHL with your political representatives.
- Let us know of your interest and your support. Please see our contact information on page 12.
- Consider signing our statement of support for SBIRT services! (See next page.)

Take a stand for SBIRT in Wisconsin

Please consider adding your name to a growing list of organizations and individuals who support the following statement of demand for Screening, Brief Intervention, and Referral-to-Treatment (SBIRT) services in general health care settings in Wisconsin:

Whereas, alcohol and drug misuse is a major public health problem that is the fourth leading cause of death and hospitalization in Wisconsin and has given our state these tragic distinctions:

- Wisconsin regularly leads U.S. rankings for high-risk and heavy drinking
- Wisconsin leads the U.S. in drunk driving
- Binge drinking among Wisconsin adults is the highest in the nation and is rising among people under 21
- One out of four Wisconsin residents engage in illicit drug use or alcohol use to a degree defined as “at risk” by the National Institute on Alcohol Abuse and Alcoholism; and

Whereas, alcohol and drug misuse results in lost productivity, higher health insurance premiums, and other expenses for Wisconsin employers and more than \$5 billion each year paid by our health care, social services, and criminal justice systems; and

Whereas, the effectiveness of SBIRT has been demonstrated in numerous studies, is considered best practice by leading national medical associations for identifying and treating substance misuse even at an early stage, and is being funded in a number of states (including Wisconsin) by the U.S. Substance Abuse and Mental Health Services Administration; and

Whereas, SBIRT can be applied to many damaging and costly health behaviors, including those that often co-occur with alcohol and drug misuse; and

Whereas, SBIRT can be implemented in general health care settings as a routine, universally administered part of any health care visit in a manner that overcomes stigma and other cultural or socioeconomic barriers; and

Whereas, more than 400,000 Wisconsin residents are in need of treatment for substance use disorders but only 10-20% of them receive it;

I/we support Screening, Brief Intervention, and Referral-to-Treatment services being implemented in general health care settings under the coordination of the Wisconsin Initiative to Promote Healthy Lifestyles.

Please express your support for this statement by sending an e-mail with the subject line “statement of support” to info@wiphl.org. We will add your name to a list posted on our website. It also will appear in various publications and awareness efforts.

“I’d much rather keep people out of the hospital than treat them in the hospital. Prevention saves lives.”

— Valerie Gilchrist, MD
Chair, Department of Family Medicine
University of Wisconsin School of
Medicine and Public Health

“SBIRT is one of the most effective clinical preventive services yet identified, more effective even than colorectal cancer screening, cervical cancer screening, vision screening in older adults, and pneumococcal immunizations in older adults.”

— Michael M. Miller, MD (referring to Solberg, *Am J Prev Med*, 2008),
President and Board Chair, American
Society of Addiction Medicine

Medical Director, NewStart Alcohol/Drug
Treatment Program, Meriter Hospital,
Madison

Wisconsin Wants SBIRT

A growing number of organizations and individuals have signed this statement of support for SBIRT in Wisconsin.

They include:

Wisconsin Medical Society

Wisconsin Manufacturers & Commerce

Wisconsin Hospital Association

Wisconsin Primary Health Care Association

Menominee Indian Tribe of Wisconsin

Addiction Resources Council, Inc.

Add your name!

**(See instructions beneath statement of support.)
An updated list will be posted at www.wiphl.org.**



From a patient



WIPHL is a blessing

"This program has been one of life's blessings to me. You have helped me to find ways around all of the barriers that I thought were preventing me from getting well. I've discovered that I was the one creating a lot of those barriers in the first place. I'm not all the way healthy yet, and I may never be, but I know I'm better off now than I was before I worked with all of you."

A key goal of WIPHL is to inform and support health care professionals, employers, insurance providers, policymakers, patients, and citizens in their efforts to make SBIRT become a routine part of health care in our state.

We welcome your help!

Please contact us with your comments and ideas.

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The Wisconsin Initiative to Promote Healthy Lifestyles is

Funded by

Substance Abuse and Mental Health
Services Administration, U.S. Department
of Health and Human Services

Coordinated by

Department of Health Services
State of Wisconsin

Administered by

Department of Family Medicine
School of Medicine and Public Health
University of Wisconsin-Madison



Wisconsin Initiative to Promote Healthy Lifestyles

Providing evidence-based screening, brief intervention, and referral-to-treatment services

[**www.wiphl.org**](http://www.wiphl.org)

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