



WIPHL Clinical Site Guide and Checklist

PART A: Administrative Information

GENERAL INFORMATION

Please complete the following sections to provide us with information about your site.

OFFICIAL NAME OF CLINICAL SITE	
Address	
Mailing address (if different)	
Main phone number	
Fax number	
Website	

CLINICAL SITE INFORMATION

Number of FTE providers at your site: _____

Do resident physicians see patients at this site? _____ Yes _____ No

If yes, how many residents do you typically have? _____

KEY CONTACTS

MAIN CONTACT	
<i>Please list the main contact for your site regarding information on this guide and checklist.</i>	
Name & credentials	
Title/position at site	
Phone number	
E-mail address	

BUSINESS CONTACT	
<i>Please list the contact person for monthly submission of invoices to WIPHL for health educator salary and benefits.</i>	
Name & credentials	
Title/position at site	
Phone number	
E-mail address	

INFORMATION TECHNOLOGY CONTACT	
<i>Please list the contact person for your site regarding information technology needs and arrangements.</i>	
Name & credentials	
Title/position at site	
Phone number	
E-mail address	

BILLING CONTACT	
<i>Please list the contact for your site regarding billing third-party payers for SBIRT services administered at your site.</i>	
Name & credentials	
Title/position at site	
Phone number	
E-mail address	

WIPHL IMPLEMENTATION TEAM

Who participates in the WIPHL implementation team at your site?

Each clinical site is unique and each WIPHL implementation team has a somewhat different composition.

As a general rule of thumb, it is helpful to include representation from each area of the clinic that is impacted by WIPHL programming. Each team should have a site administrator, a champion, a site facilitator, and the health educator.

Successful teams also typically have representation from front-end staff, patient care/nursing staff, providers, and the health information management and patient accounts/billing departments.

SITE ADMINISTRATOR	
<i>The site administrator understands the objectives of the WIPHL Program and is committed to leveraging resources to deliver SBIRT services to patients within their clinic or site. In cooperation with the WIPHL Manager of Site Operations, this person or the site facilitator typically co-supervises the health educator.</i>	
Name & credentials	
Title/position at site	
Phone number	
E-mail address	

CHAMPION	
<i>The clinic champion is seen as a leader at the clinical site. He or she must understand why SBIRT services are needed in this clinical setting. He or she should be highly committed to the success of SBIRT services, have insight into the culture at the site, and able to elicit participation from others for the successful implementation of WIPHL initiatives. This person is not necessarily involved in the day-to-day implementation of WIPHL but takes an active interest in the progress.</i>	
Name & credentials	
Title/position at site	
Phone number	
E-mail address	

DESCRIPTION OF PATIENTS TO BE SERVED

Please complete the following items to provide us with information about your patient population. Approximate information is sufficient.

PATIENT VISITS

Total number of visits per year: _____

Unduplicated current patients: _____

GENDER

Female _____%

Male _____%

ETHNICITY

Hispanic _____%

Non-Hispanic _____%

RACE

White/Caucasian _____%

Asian-American _____%

Black/African American _____%

Native American/Native Alaskan _____%

Hawaiian/Pacific Islander _____%

Other _____%

AGE

Age 12 and younger _____%

Ages 13 to 17 _____%

Ages 18 to 64 _____%

Ages 65 and older _____%

LANGUAGE

Able to participate in English _____%

Spanish only _____%

Other, please specify: _____%

Number of pregnant women seen per year: _____

Which counties do most of your patients live in? _____

HEALTH INSURANCE

Medicaid _____%

Medicare _____%

None _____%

Please list major private insurers and approximate %

_____ %

_____ %

_____ %

_____ %

_____ %

INSTITUTIONAL ARRANGEMENTS

IRB STATUS	
The UW Madison has declared WIPHL to be IRB exempt, as it is a service project not a research project. The data we collect is for contract monitoring and quality improvement efforts. If you intend to conduct research on the data your site collects regarding WIPHL, please send the coordinating center a copy of your IRB application for our records.	
Do you anticipate any IRB approval necessary at your clinical site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate what is WIPHL's status with your IRB?	<input type="checkbox"/> Application will be submitted <input type="checkbox"/> Application submitted and awaiting action <input type="checkbox"/> IRB approved as research (least desirable) <input type="checkbox"/> IRB agreed to exemption (most desirable)
Please send the WIPHL coordinating center a copy of any IRB action related to WIPHL.	

BUSINESS ASSOCIATE AGREEMENTS (BAAS)

DO YOU HAVE SIGNED BAAS WITH:	
NOTE: THESE FORMS, IN ADDITION TO THE MEMORANDIUM OF UNDERSTANDING, MUST BE IN PLACE BEFORE SERVICE DELIVERY CAN BEGIN.	
UW Department of Family Medicine and Population Health Institute	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
Symphony Corporation (WIPHL's information technology vendor)	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
Pacific Interpreters (WIPHL will pay for language line services as needed) <i>optional</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> Decline

INFORMATION TECHNOLOGY

Please send a copy of your organization's acceptable use policy for technology. The items below outline WIPHL's information technology requirements.

WIPHL provides health educators with tablets and software to guide them in conducting SBIRT services and gather required data. WIPHL provides technical support for tablets and software. We require the following from your site:

- Provide an IT contact person for WIPHL to communicate with regarding IT issues
- Not run competing software applications on the health educator tablet
- Make the tablets available via remote access to Symphony and the WIPHL Coordinating Center to update health educator software or address software concerns
- Work with WIPHL to assure that tablets are used only for work related activities
- Provide the health educator with the necessary hardware and software to interface with any required programs at your site (i.e.: electronic medical records, email system, etc.)

HEALTH EDUCATOR

Anticipated health educator start date	
What languages would you like your health educator to be able to speak?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
What steps have you completed in hiring, training, and orienting your health educator? Posting the position Screening initial applicants Interviews by appropriate staff of the clinical entity Interview/approval by WIPHL Health Education Manager Hiring completed Orientation to clinical site	 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of health educator	
Professional Licensure or Certification (none necessary)	
(A) Full-Time Equivalent (1.0 or less)	
(B) Full-Time Salary* (typically \$45,000)	
(C) Actual Salary (A) x (B)	
(D) Benefit Rate	
(E) Actual Benefits (A) x (D)	
(F) Total Compensation (C) + (E) <i>(not to exceed \$60,000 per year for 1.0 FTE)</i>	

The health educator will require the following:

- office space for storing paperwork and documents
- privacy for patient interviews (may take place in exam rooms or separate office)
- a telephone line with voice mail
- internet access

OTHER REQUIREMENTS*

Please be advised that in addition to the health educators are responsible for the following:

- Attending weekly teleconferences
- Attending monthly one-on-one coaching/supervision calls
- Attending quarterly 1-2 day retreats
- Producing an audiotape of a patient session once a month for submission to WIPHL
- Inviting and consenting a random 10% sample to participate in a 6 month follow-up interview
- Participating in cultural competence efforts to address any disparities in processes or outcomes of care that may arise among cultural or demographic groups

Sites/administrators are responsible for the following:

- Submit monthly invoices for health educator salary and benefits
- Attendance at bi-annual statewide meeting by site administrator, champion, or site facilitator

* See Memorandum of Understanding (MOU) for a complete list of contractual site requirements

PART B: Implementation Planning

The following sections will help guide you through preliminary plans for implementing the SBIRT process.

BRIEF SCREENING

Most primary care sites utilize universal brief screening to identify the appropriate patients for targeted full screening and brief intervention or referral. This strategy facilitates efficient utilization of the health educator's time. Most emergency departments and inpatient settings find that brief screening is inadvisable. If you are unsure if brief screening is ideal for your setting, please discuss this with WIPHL staff.

For sites that conduct brief screening, we require that you incorporate WIPHL's alcohol and drug questions into a written questionnaire. We recommend that you embed those questions in a form that also asks about other healthy lifestyle behaviors. Note: The WIPHL health educator will provide very brief feedback and brief referral for these other behaviors only to patients whose brief screens are positive for alcohol and drug use. Clinics will need to provide brief feedback and referral to patients whose brief screens are negative for alcohol and drug use but are positive for other health risk behaviors.

SCREENING TOPICS

Would you like your patients screened for:		If so, would you like WIPHL to provide materials to help with brief feedback?
Tobacco Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Note:</u> Patients who screen positive for depression and risk of violence will need immediate brief assessment and triage. WIPHL health educators are not able to provide these services.
Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	

You must submit your brief screen for approval prior to printing or administering the screening instrument. WIPHL's alcohol and drug screening questions may not be modified.

TARGETED PATIENTS

WIPHL requires universal access to SBIRT services. Each site can determine its own eligibility criteria so long as it allows for universal patient access. Some sites decide to limit eligibility to certain providers or appoint types of lengths. Please specify your site's intended eligibility criteria. Note: We recommend starting with patients of ages 18 and up. Services for adolescents can be added later.

BRIEF SCREENING PROCEDURE

Where will the questionnaires be kept?	
Who will be responsible for replenishing the supply of written questionnaires?	
Who will determine which patients are to receive the questionnaire, and how?	
Who will hand out the questionnaires to patients?	
Who will collect the completed questionnaires?	
Who will score the completed questionnaires?	
Where will the completed questionnaires go?	
How will patients whose alcohol and drug screen is positive be directed to see the health educator when the health educator is ...	
... idle?	
... seeing another patient?	
... on the phone?	
Who will provide feedback to patients whose alcohol/drug responses are negative? Where? How?	

Note: In maximizing the proportion of patients with positive brief screens who receive further services from health educators, a key best practice is providing “warm hand-offs.” It’s best if a clinic staff member can introduce the patient to the health educator, or if the health educator can enter the exam room and introduces him/herself to the patient. We strongly recommend against relying on the health educator providing telephone services, as phone calls to patients result in minimal service delivery, and phone services are not billable.

SERVICE DELIVERY AND DATA COLLECTION FOR QUALITY IMPROVEMENT

At the end of each month, the WIPHL central office will need to know four distinct points of data. The health educator tracks this data and conveys it to WIPHL staff. Initially, the health educator may need assistance in setting up systems to locate and track this some of this data at your site. The numbers the health educator will need to track are:

- Number of patients eligible for brief screen (or full screen if not conducting brief screening)
- Number of patients who refused to complete brief screen (if applicable)
- Number of patients who refused to meet with health educator
- Number of services health educator delivered face-to-face versus via telephone

ORIENTATION, TRAINING, AND ONGOING COMMUNICATION

When do you plan to launch WIPHL services at your site?	
When and how would you plan to train clinicians and staff in their roles? How would you be sure to reach all clinicians and staff?	
<p>We strongly recommend that you plan a launch meeting shortly before starting to provide services. At this meeting, a WIPHL staff member can make a presentation, and the clinic leadership can review WIPHL procedures. All clinicians and staff should attend.</p> <p>When might this meeting take place?</p>	
How would you continue to update clinicians and staff about progress and changes in procedures?	
Over time, how would you keep staff focused on newly implemented new procedures?	