

MEMO OF UNDERSTANDING/SCOPE OF SERVICES
University of Wisconsin Department of Family Medicine, and the Wisconsin Medical Society
Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL)
Contract Year 5: September 15, 2010 - May 14, 2011

I. Agreement Purpose:

To enable the Wisconsin Department of Health Services (DHS), the University of Wisconsin Department of Family Medicine (UW-DFM), and the Wisconsin Medical Society (the Society) to implement the five year federal Substance Abuse and Mental Health Services Administration (SAMHSA) Screening, Brief Intervention and Referral to Treatment (SBIRT) Grant.

The Society is entering into this agreement with **(Site)** to pay for patient services, provision of a Health Educator for screening, brief intervention and referral to treatment activities, and to manage **(site)** fiscal resources to support these activities in contract year five. The continued funding for program contract year five (September 15, 2010 to May 14, 2011) is contingent upon satisfactory performance of grant requirements and state and federal approval.

II. Primary Objectives of SBIRT Grant:

The DHS, the UW-DFM, and the Society will collaborate throughout the grant, and will work with **(site)** and with SAMHSA, under terms of the cooperative agreement Notice of Grant Award and the Wisconsin SBIRT/WIPHL grant proposal.

A. Purpose, Goals, and Major Objectives - Statewide:

The purpose of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) is to improve the health of the people of Wisconsin by reducing drug use and at-risk, problem, and dependent alcohol use. The goal of this project is to sustainably enhance delivery of SBIRT services to all Wisconsin residents.

Major objectives of WIPHL statewide over the five years are:

- 1) WIPHL will assemble the organizational infrastructure to support SBIRT implementation, ongoing improvement, evaluation, and policy change.
- 2) Clinical staff at **(site)** will demonstrate knowledge and competence to administer the brief substance abuse screening, using prompts by telephone or written questionnaire.
- 3) Health Educators will demonstrate knowledge and competence to deliver computer-prompted, protocol-driven, culturally competent, standardized SBIRT services. The delivery of Health Education services will be based on the principles of motivational interviewing.
- 4) WIPHL will implement substance abuse brief screening and SBIRT services at primary care, emergency care, and inpatient medical settings (represented in this document by “**(site)**”) in urban, suburban, and rural Wisconsin for the following numbers of individuals statewide within five years:
 - Brief Screening 88,425
 - Screening 21,372
 - Referral to Treatment 1,111
 - Brief Treatment 1,304
 - Brief Intervention 18,957

- 5) WIPHL will finance conventional, specialty-based substance abuse treatment for up to 1,111 patients (statewide) who are referred by WIPHL Health Educators from general medical settings.
- 6) **(Site)**, the WIPHL Health Educator group, and the WIPHL Cultural Competence Steering Committee will participate in efforts to continually improve SBIRT service delivery.
- 7) Patients who receive referral to treatment, brief treatment, and brief intervention services will manifest a 25% decrease in days of risky alcohol use or illicit drug use.
- 8) WIPHL will generate policy-relevant data on penetration, volume, and effectiveness of SBIRT services.
- 9) WIPHL will elicit commitment from major private and public health care providers and financiers to systematically provide SBIRT services to its patients and subscribers by 2011.
- 10) WIPHL will develop, maintain, and continually improve systems that will dependably and sustainably deliver culturally competent SBIRT services.
- 11) WIPHL will support **(site)** in delivery of services at a sufficient volume, and with sufficiently documented quality, that payers will reimburse for clinical service provision when such reimbursement is available.

III. Expected Outcomes:

A. Clinical Site:

1) Institutional Arrangements - The clinical site will work within their organization and with the WIPHL Coordinating Center to establish institutional arrangements prior to the launch or delivery of services for this contract period.

- a) **(Site)** will work with WIPHL staff to ensure that Business Associate Agreements are in place for the duration of the project with the clinical site and the UW-DFM, and the clinical site and Symphony Corporation. If the clinical site or umbrella organization elects to have translation resources provided through the grant, a Business Associate Agreement must be in place with Pacific Interpreters, the clinical site using the translation resources, and the UW-DFM.
- b) **(Site)** will work with WIPHL staff to ensure that a signed Memorandum of Understanding (MOU) has been returned to the WIPHL Coordinating Center.
- c) If required, **(site)** will apply to the appropriate Institutional Review Board (IRB) for exempt status as needed. The UW Health Sciences IRB has declared this project exempt from IRB oversight, because it is a service project and does not fit the federal definition of research. The IRB number is M-2007-1011 issued in the name of D. Paul Moberg for the University of Wisconsin Population Health.
- d) **(Site)** will provide private office space, office equipment, materials, supplies, high speed internet access, and a cell phone/private phone line required by the Health Educator to provide confidential substance abuse screening, brief intervention and referral services.
- e) **(Site)** will provide medical and other appropriate liability insurance for the Health Educator.
- f) **(Site)** will work with WIPHL through WIPHL's IS staff to assure network compatibility and appropriate security between the WIPHL tablet and the clinical site. Health Educators will have access to high speed internet connections and comply with practices to regularly transfer data from the tablets to the central server as instructed by WIPHL staff.

- g) **(Site)** will work with WIPHL staff in efforts focused on quality improvement for the clinical site's SBIRT services, as needed.

2) Evidence-Based Service Delivery - Clinical site will continue providing screening, brief interventions and referral to treatment to individuals throughout the grant year.

- a) Each month, **(site)** will aim to administer WIPHL brief screens to all eligible patients (as defined by mutual agreement between WIPHL and the clinical site). A minimum quality assurance goal is to administer the brief screen to 75% of eligible patients.
- b) Each month, the Health Educator will aim to conduct full screens and provide additional brief intervention, extended intervention or referral services, as indicated, to at least 75% of patients with positive WIPHL brief alcohol and drug screens. This percentage is based on the number of patients with a positive brief screen who are seen by the Health Educator for a full screen.

FORMULA:

$$\frac{100 * \# \text{ of patients seen for full screen after positive brief screen}}{\text{Total number of patients with positive brief screens}}$$

- c) 75% of services must be delivered face-to-face or telemedicine, rather than via telephone.
- d) The minimum service delivery targets, beginning **September 15, 2010 through May 14, 2011**, for all clinical sites receiving funding for 1.0 FTE for Health Educator staffing for this period are as follows. The Health Educator is expected to deliver 180 full screens* in the first quarter (September 15, 2010 - December 14, 2010) and second quarter (December 15, 2010 - March 14, 2011) of the contract year. From March 15, 2011 - May 14, 2011, the Health Educator is expected to deliver 120* full screens.

WIPHL will allow for slight variations from monthly and quarterly targets as long as each clinical site with a full time, full contract year Health Educator delivers SBIRT full screens to a minimum of 480** patients in contract year 5.

*Targets are proportional to the Health Educator FTE funded by WIPHL. For clinical sites with .50 FTE funding, the targets for service delivery are 1/2 of the service delivery target.

** All completed full screens will count towards this deliverable regardless of a previous positive brief screen.

3) Site Operations/Quality Improvement:

- a) The **(site)** Health Educator will participate in weekly conference calls, monthly check-in calls, retreat attendance, and continuing education with the WIPHL Site Operations Team.
- b) The **(site)** Health Educator will participate in individual telephone calls with the WIPHL Associate Director of Cultural Competence once per quarter.
- c) The **(site)** Health Educator will submit plans by October 14, 2010, to complete a cultural competence immersion process with a clinic patient population that they are not familiar with, using the Cultural Competence in Process and Practice (Part III-Workbook Framework) or The California Brief Multicultural Competence Scale (CBMCS) Modules. The WIPHL Associate Director of Cultural Competence will provide technical assistance for this process.
- d) Each month, the **(site)** Health Educator will submit, for review by the WIPHL Senior Manager of Site Operations or her designee, an audiotape of a session with a patient and collaborate on strategies to improve services to patients. Those Health Educators who

repeatedly demonstrate a high level of competence will be asked to submit tapes less frequently per the Site Operations Team.

- e) **(Site)**'s Health Educator will synchronize his/her tablet every day that the Health Educator delivers SBIRT services.
- f) **(Site)**'s Health Educator will have no more than 3 unexcused absences from scheduled weekly conference calls. Excused absences can only be arranged before each call. Absences will only be excused if the Health Educator is not working that day or in the event of unforeseen circumstances.
- g) **(Site)**'s SBIRT team will work with the WIPHL Site Operations Team to conduct QI efforts and Plan-Do-Study-Act (PDSA) cycles that the **(site)** SBIRT team can use to address service delivery objectives as needed when targets are not being met.
- h) A key administrator or manager from **(site)** will attend the designated day of the fall semi-annual statewide project meeting and one teleconference. Up to a total of four administrators and other key site SBIRT staff may attend the final statewide meeting in April 2011; attendance is encouraged but not required. Travel may be required the evening before the meeting is to take place, in which case WIPHL will fully reimburse travel expenses. The meetings for 2010/2011 contract year are:
 - October 1, 2010 in Green Lake
 - February 11, 2011 two hour teleconference, 12:00pm - 2:00pm
 - April 7, 2011 in Madison
- i) **(Site)**'s Health Educator will attend each quarterly retreat and semi-annual statewide project meetings in their entirety. The meetings required for 2010/2011 contract year are:
 - September 30 - October 1, 2010 in Green Lake
 - February 9, 2011 in Madison
 - February 11, 2011 two hour teleconference, 12:00pm - 2:00pm
 - April 5 - 6, 2011 in Madison
- j) **(Site)** will work with the Associate Director of Cultural Competence to address any disparities in processes or outcomes of care that may arise among cultural or demographic groups participating in WIPHL.
- k) **(Site)**'s Health Educator will invite all patients with a social security number that ends with 30-39 to participate in a 6-month follow-up for quality improvement and evaluation purposes, as required by SAMHSA. The Health Educator will obtain written consent from all patients who agree to be contacted for follow-up. Health Educators who fail to get consent from all eligible subjects will be required to work with the Site Operations Team and the Evaluation Team on processes that will assure 100% compliance.

4) Sustainability Efforts:

- a) **(Site)** will submit to WIPHL a quarterly worksheet, to be provided by WIPHL, summarizing revenue generated from billing for SBIRT services and costs of SBIRT service delivery and barriers to enhancing revenue generation as necessary for sustaining SBIRT services after the termination of grant funding. This worksheet will be due at the end of each quarter.

5) Reporting:

- a) Each month, the **(site)** Health Educator will accurately complete discharge documentation on all cases according to posted/published policies about discharge procedures.
- b) Each month, with the assistance of clinical staff, the **(site)** Health Educator will report the number of patients who are eligible to participate in WIPHL brief screening, the number of patients who refused brief screening, the number of patients who refused full screening, and the number of patients who are seen face-to-face. These numbers will be reported on a WIPHL-generated, month specific worksheet. The worksheet will be

completed and returned via email to the Site Operations Team by noon on the first business day after the 14th of each month.

- c) **(Site)** will work with WIPHL staff to document changes in WIPHL implementation plans as requested.
- d) **(Site)** will provide information as necessary to assist their umbrella organization and the WIPHL Coordinating Center in complying with DHS reporting requirements.

B. WIPHL Project Staff:

1) Will work with **(site)** to recruit and hire the Health Educator and provide clinical supervision to the Health Educator. The WIPHL Coordinating Center will provide feedback to the clinical site on Health Educator performance and collaborate on any HR issues that may arise.

2) Will train the Health Educator in WIPHL protocols prior to providing services.

3) Will provide a tablet computer to the Health Educator with pre-programmed software necessary for delivering WIPHL services. The tablet computer will remain the property of WIPHL.

4) Will work with **(site)** to assure the Health Educator receives appropriate training on WIPHL protocols, best practices and WIPHL Health Educator responsibilities.

5) Will provide opportunities through weekly Health Educator meetings, continuing education/quarterly retreats, technical assistance clinical site visits as needed and semi-annual meetings for ongoing learning and quality improvement.

6) Will provide policy updates through www.wiphl.com, the WIPHL Word electronic newsletter, project listservs, and other forms of written and verbal communication.

7) Will provide a translation line with a WIPHL code for the Health Educator to use with patients who are non-English speaking.

8) Will provide treatment liaison services and necessary sponsorship to assist patients in navigating treatment systems.

9) Will work with **(site)** to develop and implement quality improvement plans and to monitor planned changes, as needed to assist and assure Health Educator and **(site)** achieve efficiency targets, clinical site screening volume, intervention targets, cultural competence and protocol requirements for **(site)**.

C. The Society:

1) Compensation:

The Society will reimburse **(site)** for Health Educator salary and benefits, not to exceed \$40,000 for the contract period (September 15, 2010 through May 14, 2011) for 1.0 FTE. Contingent on **(site)**'s full participation in key WIPHL activities and completion of obligations as listed in Section III.A., the Society will also provide **(site)** with up to \$3,335 for administrative activities, space, and/or general support, as **(site)** deems appropriate. Of this amount, \$1,250 will be distributed after each quarter (prorated to \$835 for March 15 - May 14, 2011) provided the obligations listed in Section III are met in their entirety by **(site)**.

IV. Non-compliance, Corrective Action, and Termination of Agreement:

A. Compliance/Non-compliance:

WIPHL will provide each clinical site with monthly progress reports about their implementation, service delivery, QI efforts and sustainability benchmarks in comparison with expectations as outlined in Section III. If quarterly service deliverables are not met, the areas of non-compliance will be identified and **(site)** will work in collaboration with the WIPHL Site Operations Team and DHS on a corrective action plan that outlines concrete and specific actions and benchmarks that must be met. If demonstrable progress is not made toward achieving service delivery goals and sustainability benchmarks, a 30 day notice will be issued and funding will be terminated.

B. Termination:

This agreement may be terminated:

- 1) At any time by mutual agreement of the Society, WIPHL Program and **(site)**.
- 2) Immediately by the Society or **(site)** for just cause.
- 3) By the Society or **(site)** with 30 days notice.

V. Signatures:

Signature

Date

Signature

Date

Print Name

Print Name

Wisconsin Medical Society

(Clinical Site, Location)