



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

The primary care provider's role in preventing suicide

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SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

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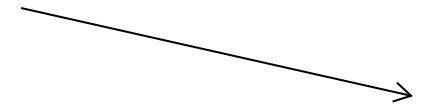
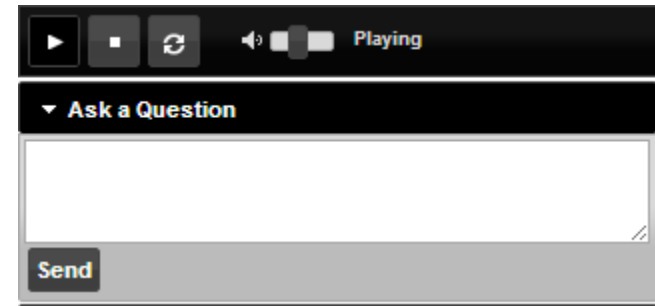
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Media Playback Test	 Passed	
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Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v.Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.107 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

Before We Begin

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SAMHSA-HRSA

Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

Today's Purpose

- Have practical strategies for implementing a comprehensive approach to suicide prevention;
- Recognize suicide prevention as a core responsibility of integrated care environments; and,
- Gain the resources and tools necessary for embedding Zero Suicide into primary care and behavioral health settings, wherever your organization falls on the continuum of readiness.

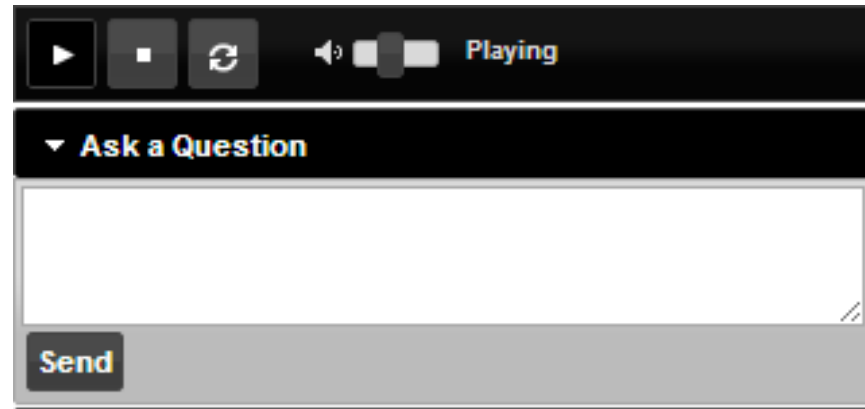
Today's Speakers

- **Virna Little, PsyD, LCSW-r, SAP**
Senior Vice President
The Institute for Family Health,
Psychosocial Services and Community Affairs
- **Julie Goldstein Grumet, PhD**
Director of Prevention and Practice
SAMHSA funded Suicide Prevention Resource Center, Education
Development Center



Questions ?

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Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention



The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.

Poll Question: Where are you with implementing Zero Suicide?

- I am not yet familiar with this approach
- We have reviewed materials and are considering our first steps
- We have taken the organizational self-study and developed a workplan

Defining the Problem: Health Care is Not Suicide Safe

- 45% of people who died by suicide had contact with primary care providers in the month before death. Among older adults, it's 78%.
- 19% of people who died by suicide had contact with mental health services in the month before death.
- South Carolina: 10% of people who died by suicide were seen in an emergency department in the two months before death.

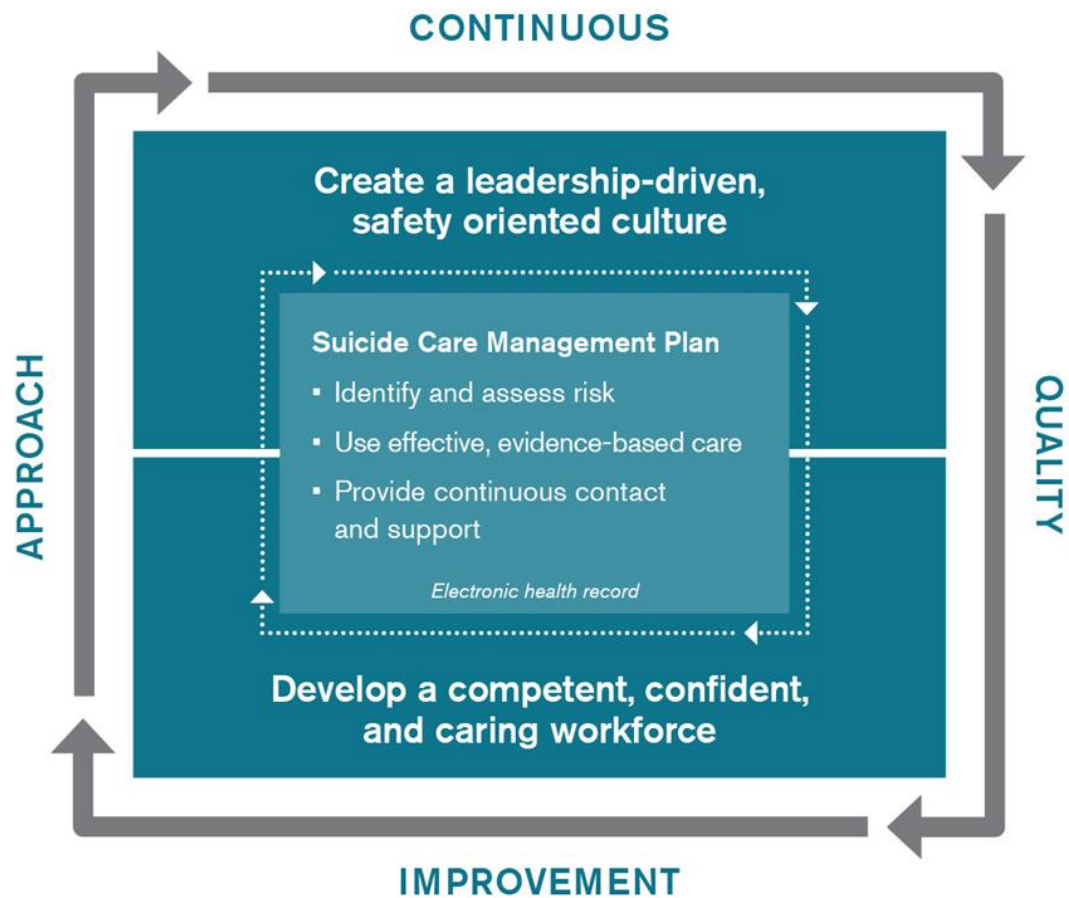
Defining the Problem: Behavioral Health Care is Not Suicide Safe

- **Ohio:** Between 2007-2011, 20.2% of people who died from suicide were seen in the public behavioral health system within 2 years of death.
- **New York:** In 2012 there were 226 suicide deaths among consumers of public mental health services, accounting for 13% of all suicide deaths in the state.
- **Vermont:** In 2013, 20.4% of the people who died from suicide had at least one service from state-funded mental health or substance abuse treatment agencies within 1 year of death

Zero Suicide...

- Makes suicide prevention a core responsibility of health care
- Applies new knowledge and proven tools for suicide care
- Supports efforts to humanize crisis and acute care
- Is a systematic approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- Is embedded in the National Strategy for Suicide Prevention (NSSP).

Elements of Zero Suicide



WHAT IS ZERO SUICIDE?

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools.



ZERO SUICIDE TOOLKIT

VIEW TOOLKIT +

FOR CHAMPIONS

Zero Suicide champions believe that zero is the only acceptable number of suicides.



MAKING HEALTH CARE SUICIDE SAFE

Mike Hogan describes why now is the time for Zero Suicide.



GET INVOLVED

Join the Zero Suicide community.



NEWS AND EVENTS

Zero Suicide is an evolving initiative.

www.ZeroSuicide.com



ZERO SUICIDE ACADEMY



GET TECHNICAL ASSISTANCE



QUICK GUIDE TO GETTING STARTED WITH ZERO SUICIDE

1	Read the online Zero Suicide Toolkit .
2	Challenge your organization to adopt a comprehensive approach to suicide care, using the readings and tools in the Lead section of the toolkit.
3	Convene your Zero Suicide implementation team.
4	Discuss and complete the Zero Suicide Organizational Self-Study .
5	Create a workplan and set priorities, using the Zero Suicide Workplan Template .
6	Formulate a plan to collect data to support evaluation and quality improvement using the Zero Suicide Data Elements Worksheet .
7	Announce to staff the adoption of an enhanced suicide care approach.
8	Administer the Zero Suicide Workforce Survey to all clinical and non-clinical staff to learn more about staff's perceptions of their comfort and competence caring for those at risk for suicide.
9	Review and develop processes and policies for screening, assessment, risk formulation, treatment, and care transitions. Examine the use of electronic and/or paper health records to support these processes.
10	Evaluate progress and measure results. Revisit the Zero Suicide Organizational Self-Study to check your organization's fidelity to the core components of Zero Suicide. Collect data on the measures you selected in Step 6.

- **Create Implementation Team**
- **Take Organizational Self-Study**
- **Develop a Workplan**
- **Plan for Data Collection**
- **Determine Training Needs**
- **Modify EHR**
- **Ongoing Quality Improvement and Review**



3.6.15

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Poll Question: What do you see as obstacles to implementing Zero Suicide?

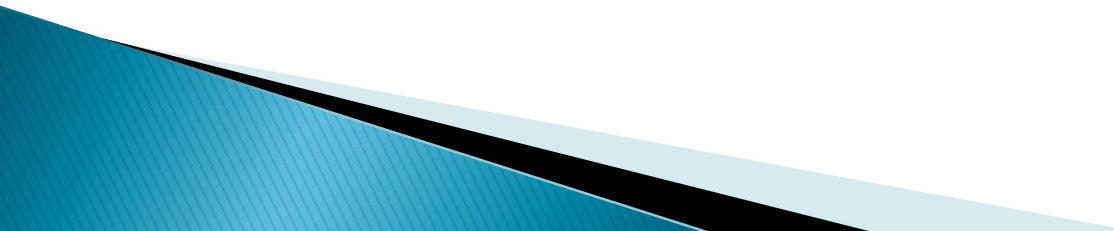
1. Choices
2. Leadership commitment
3. Staff preparedness and comfort
4. No EHR
5. Don't currently screen for suicide
6. Competing Priorities
7. Referral Resources
8. All of the above
9. None of the above

Suicide Identification and Prevention in Primary Care Settings

Virna Little, PsyD, LCSW–r, SAP, CCM
The Institute for Family Health



Why Primary Care

- ▶ Research shows individuals many individuals who completed a suicide saw primary care provider
 - ▶ Internal data from primary care settings mirrors what research says
 - ▶ Transition of focus into primary care for prevention efforts
 - ▶ Focus on new care models, payment transformation efforts have related components
- 

Primary Care and Technology

- ▶ Electronic health systems in primary care
- ▶ Ability to work with emr vendors to build in suicide prevention functionality
- ▶ Can assist with prevention efforts overall and within a primary care organization



Why Primary Care.....

- ▶ Screening for depression is becoming standard, required in FQHC
- ▶ Most electronic records have PHQ built in as standard part of system

 Please perform patient's annual PHQ2 assessment.

 [Complete PHQ-2](#)

Primary Care Initiatives

- ▶ Joint Commission– NPSG
- ▶ NCQA / PCMH populations at risk
- ▶ Treatment teams

Care Plan Status: New Review Discharge Transfer

Care Plan Goals

Type	Goal	Discussed	Objective	Status	Target Date	Person Responsible	Intervention
Medical	Attend 100% of PCP Appointments	Yes	Call Access-a-Ride 24 hours before...	New	5/26/12	Patient	Patient and writer will complete Access...
			Keep a calendar of appointments	New			
Social ...	Obtain air conditioning before June	No	Apply for HEAP	New	4/1/12	Patient and CM	CM and patient will complete HEAP Ap...



What is a Patient Portal?

A patient portal is a healthcare related online application that allows patients to interact with their healthcare providers.



My Visit at the Institute for Family Health

6/21/2010 Office Visit Description: **60 year old male**
 Provider:
 Department: **Urban-Fam Med**

My Regular Medical Provider

Your primary care clinician is listed as If you have any questions after today's visit, please call
 718-293-3900.

My Reason(s) for Today's Visit

Diabetes

Refill Follow-up

My Vital Signs

Blood Pressure	Pulse	Temperature	Height	Weight	BMI
150/79	76	98.6 °F	5' 2"	254 lb	46.45 (kg/m sq)

My Problems At This Visit and Problems Related to My Medications

DIABETES MELLITUS TYPE II UNCONTR UNCOMPL [250.02]
 HYPERLIPIDEMIA NEC/NOS [272.4]



We Performed the Following

- NCQA PROVIDER ASSESSMENT COMPLETED [99999.515 CPT(R)]
- TSH, HIGH SENSITIVITY (SERUM) [84443 CPT(R)]
- ALT (SGPT) [84460 CPT(R)]
- CREATININE (BLOOD) [82565 CPT(R)]
- LIPID PANEL [80061 CPT(R)]
- HGA1C (HGB GLYCOSYLATED) [83036 CPT(R)]
- RANDOM GLUCOSE IN HOUSE [82947 CPT(R)]

My Goals And Plans

You have a diagnosis of DIABETES. Here are your personal treatment goals:

HgbA1C (average sugar level): Your goal is less than 7 %
 - Your last results are:

Lab Results	Value	Date
HGBA1C	8.3*	6/21/2010

LDL (bad cholesterol): Your goal is less than 70

Monitoring Depression



Patient Health Questionnaire 9



Your answers indicate that you might be at risk for harming yourself. Please note your clinician will not see the results of this questionnaire immediately. You are advised to see your doctor or a mental health professional immediately for a complete evaluation- or dial 911- or call 1-800-273-8255- or go immediately to the nearest hospital emergency room for an evaluation.

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