

Community Connections: Suicide Prevention in Rural Primary Care

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Today

Brief overview of the WICHE Suicide Prevention in Rural Primary Care

Lessons Learned (Marty Sabol, YCCHC)

Developing Partnerships (Holly Gartmayer-DeYoung, EHC)

Open discussion (All)



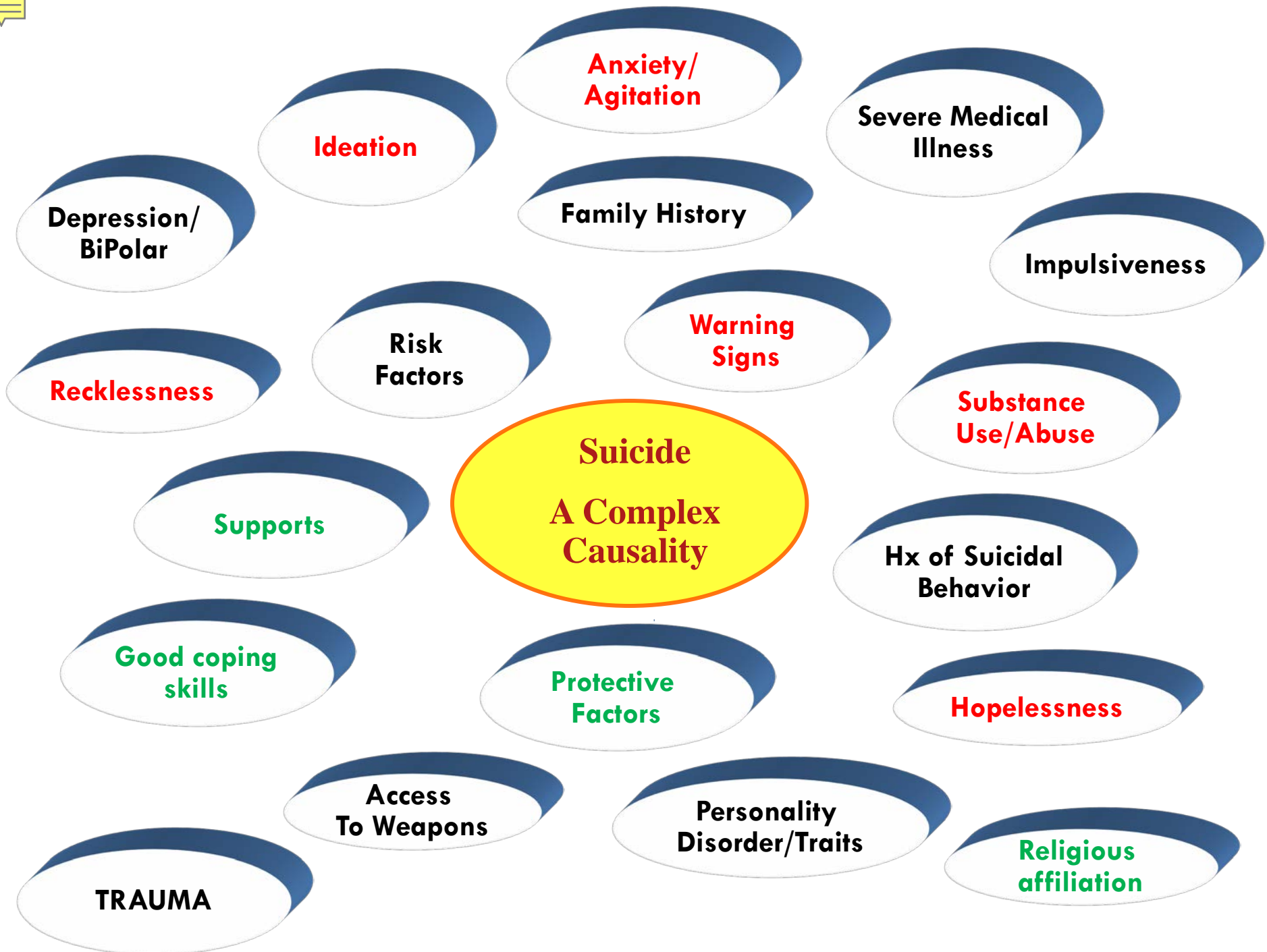
Suicide Prevention in Rural Primary Care

Asking the question/having the conversation is the right thing to do

Vehicle for enhanced integration between BH & PC

Improve resources and response to high risk patient population

Augment your current screening/assessment process.



The Toolkit

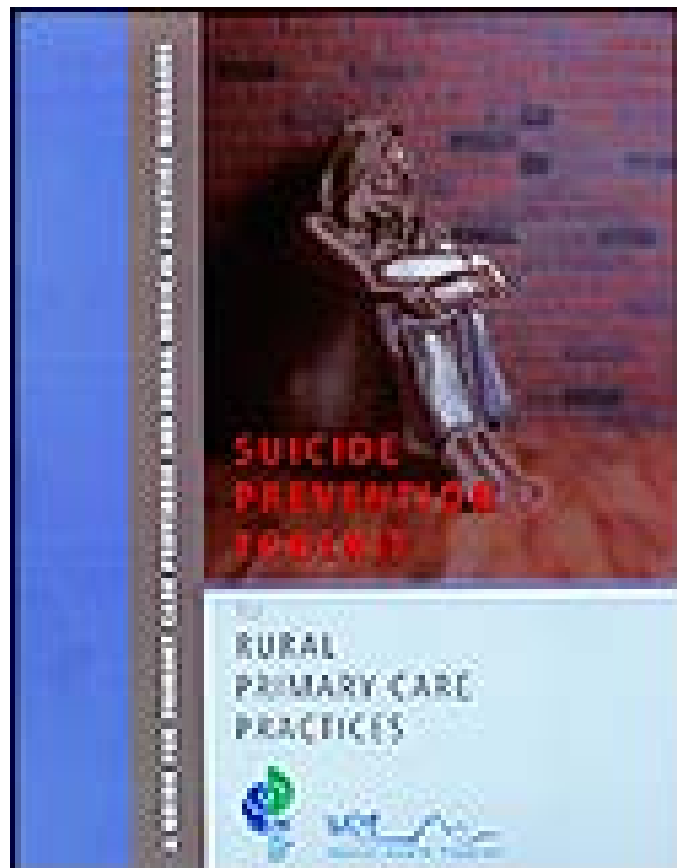
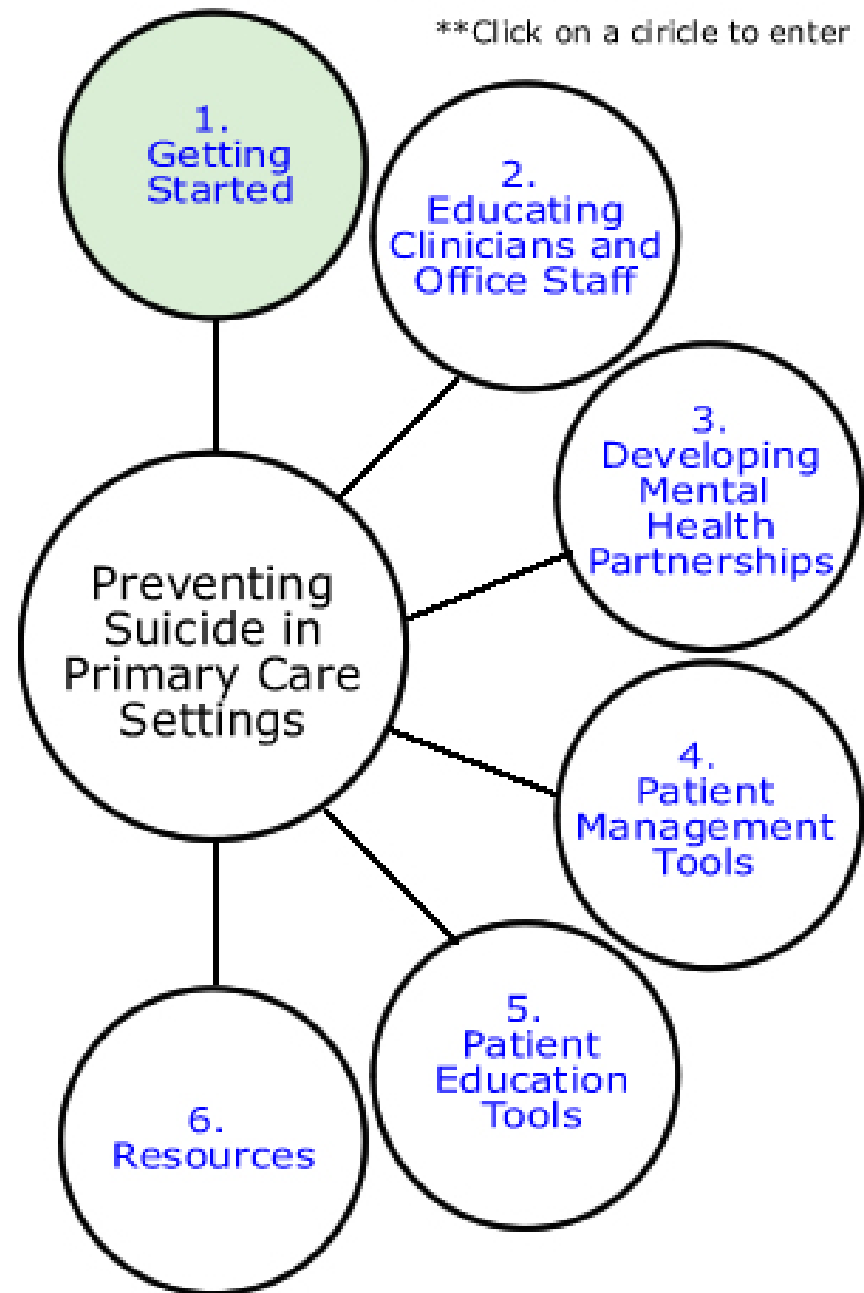


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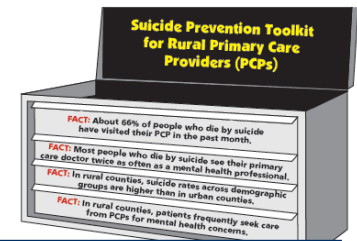
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1) Getting Started

QUICK START GUIDE

How to use the Suicide Prevention Toolkit



STEP
1

Communicate with staff about the new Suicide Prevention Initiative in your office. Determine who will be the lead coordinator in your office. That individual should familiarize himself/herself with the entire contents of the Toolkit.

STEP
2

Meet to develop the “Office Protocol” for potentially suicidal patients. See the “Office Protocol Development Guide” instruction sheet in the Toolkit.

STEP
3

Schedule necessary trainings for staff members according to the individual suicide prevention responsibilities determined in Step 2.

STEP
4

Develop a referral network to facilitate the collaborative care of suicidal patients. Use the “Developing Mental Health Partnerships” materials in the Toolkit.

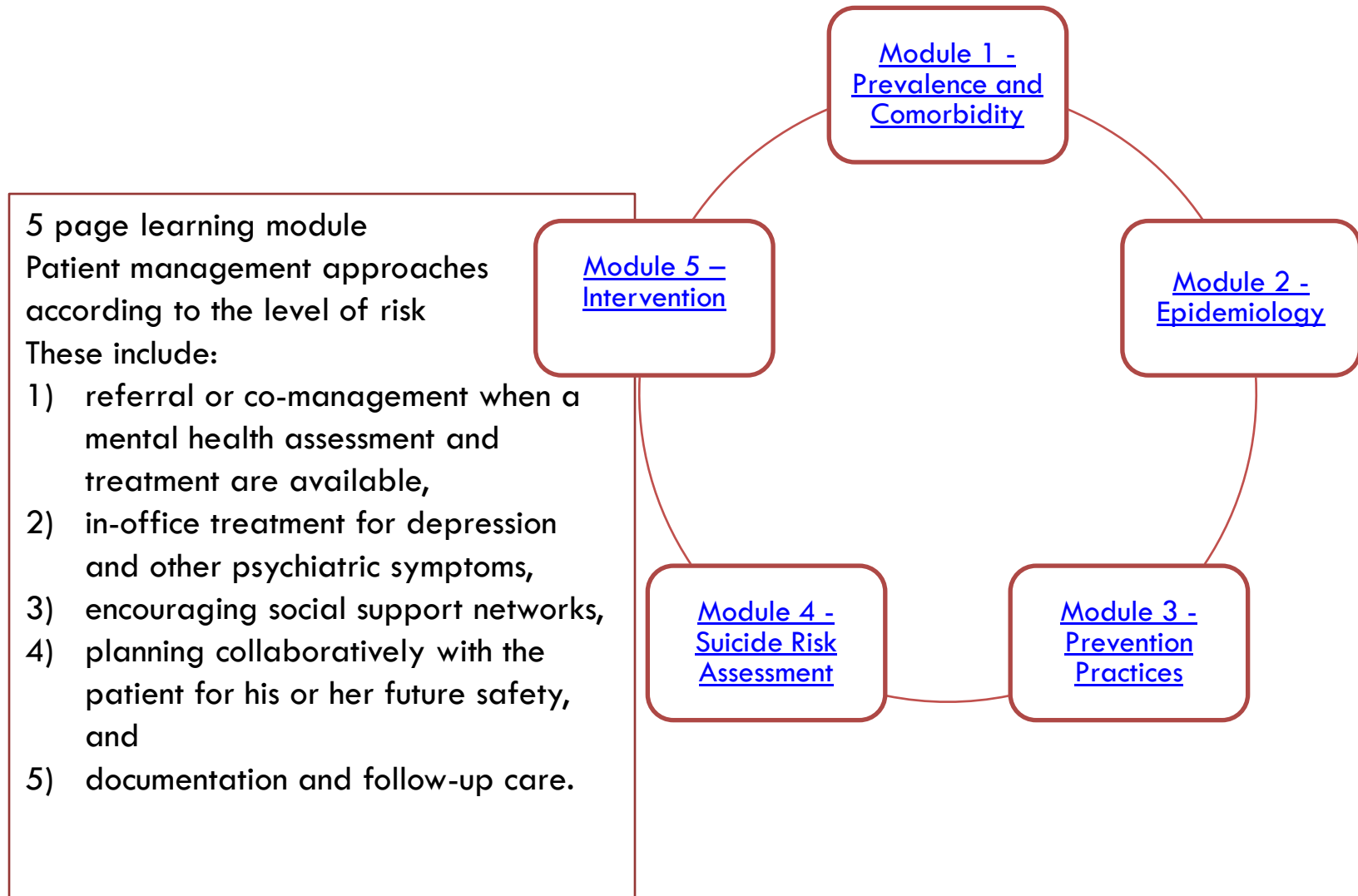
STEP
5

Read the Toolkit’s “Primer”. Providers may wish to study the last two sections on Suicide Risk Assessment and Intervention first. The first three sections may then be reviewed in order to gain knowledge about Prevalence, Comorbidity, Epidemiology, and Prevention.

STEP
6

Order community and patient education tools, such as suicide prevention posters and brochures, for your office. See the “Patient Education Tools” section of the Toolkit.

2) Educating Clinicians and Office Staff



3) Developing Mental Health Partnerships

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

for Mental Health Professionals

1

IDENTIFY RISK FACTORS

Note those that can be modified to reduce risk

2

IDENTIFY PROTECTIVE FACTORS

Note those that can be enhanced

3

CONDUCT SUICIDE INQUIRY

Suicidal thoughts, plans behavior and intent

4

DETERMINE RISK LEVEL/INTERVENTION

Determine risk. Choose appropriate intervention to address and reduce risk

5

DOCUMENT

Assessment of risk, rationale, intervention and follow-up

NATIONAL SUICIDE PREVENTION LIFELINE
1.800.273.TALK (8255)

County	Organization Name	Hospital, MH or Crisis	Address	Phone (primary)	Phone (BH/MH Dept)	Website
Penobscot	Acadia Hospital	Hospital	P.O. Box 422 Bangor, Maine 04402-0422	1-800-640-1211	NA	http://acadahospital.org/
Hancock	Blue Hill Memorial Hospital	Hospital	57 Water Street, P.O. Box 1029, Blue Hill Maine, 04614	207-374-3400	NA	http://bhmh.org/
Washington	Calais Regional Hospital	Hospital, MH	24 Hospital Lane Calais, Maine 04619	207-454-7521	(207) 454-9225-Debbie Kinney, LCSW (Soc. Wk services)	http://www.calaishospital.com/
Androscoggin	Central Maine Medical Center	Hospital, MH	300 Main Street Lewiston, Maine 04240	207-795-0111	207-795-2122 (Lewiston office-outpatient therapy)	http://www.cmmc.org/ad_care_therapy.html
Washington	Down East Community Hospital	Hospital	11 Hospital Drive Machias, Maine 04654	207-255-3356	NA	http://www.dech.org/

4) Patient Management Tools

Suicidality Treatment Tracking Log (for Patient Chart)

Patient Name _____ Medical Record # _____ Primary Care Provider _____

Session Date								
V = Visit P = Phone C = Cancellation NS = No Show	V P C NS	V P C NS	V P C NS	V P C NS	V P C NS	V P C NS	V P C NS	V P C NS
Suicidal thoughts?	Yes No	Yes No	Yes No	Yes No				
Suicidal Behaviors?	Yes No	Yes No	Yes No	Yes No				
Risk: H = High M = Moderate L = Low	H M L	H M L	H M L	H M L				
Medication Prescribed?	Yes No Meds	Yes No Meds	Yes No Meds	Yes No M				
Medication Dosage/Start Date								
Medication Adherence	Yes No	Yes No	Yes No	Yes No				
Medication Side Effects								
Other Interventions								
Mental Health Provider	Yes No	Yes No	Yes No	Yes No				

Suicide Status Tracking discontinued (date ____/____/____) because: Suicidality Resolved _____ Dropped out _____ Other _____

Crisis Support Plan

FOR: _____ DATE: _____

I understand that suicidal risk is to be taken very seriously. I want to help _____ find new ways of managing stress in times of crisis. I realize there are no guarantees about how crises resolve, and that we are all making reasonable efforts to maintain safety for everyone. In some cases inpatient hospitalization may be necessary.

Things I can do:

► Provide encouragement and support

- _____
- _____

► Help _____ follow his/her Crisis Action Plan

► Ensure a safe environment:

5) Billing Tips, State Resources and Policy

Tips for Diagnostic and Evaluation Codes to use in Billing for Mental Health Services:

Tip #1: Diagnosis Codes

Use one of the following ICD-9-CM diagnosis codes, if appropriate:

311	Depressive Disorder, Not Otherwise Specified (NOS)
296.90	Mood Disorder, NOS
300.00	Anxiety Disorder, NOS
296.21	Major depressive disorder, Single episode, Mild
296.22	Major depressive disorder, Single episode, Moderate
296.30	Major depressive disorder, Recurrent
309	Adjustment Disorder with Depressed Mood
300.02	Generalized Anxiety Disorder
293.83	Mood Disorder due to Medical Condition (e.g. Postpartum Depression)
314 or 314.01	Attention Deficit/Hyperactivity Disorder (Inattentive and combined types)

Tip #2: Evaluation and Management (E/M) CPT Codes

- Use E/M CPT codes 99201-99205 or 99215 with a depression claim with any of the ICD-9-CM diagnosis codes in Tip #1.
- Do not use psychiatric or psychotherapy CPT codes (90801-90899) with a depression claim for a primary care setting. These codes tend to be reserved for psychiatric or psychological practitioners only.

Note: According to the American Medical Association (AMA) Current Procedural Terminology (CPT) 2005 Evaluation and Management Services Guidelines, when counseling and/or coordination of care dominates (more than 50 percent) the physician/patient and/or family encounter, then time may be considered the controlling factor to qualify for a particular level of E/M service; this may allow the physician to code a higher level of service.

(Source: Mid-American Coalition on Health Care, 2004)

6) Patient Education Tools / Other Resources

Increase awareness in patients, families, and communities about suicide.

Free Public Awareness Materials

Posting in your clinic as well as items that may be disseminated to patients and families

Of greatest benefit.....

Primary Care Suicide Prevention Practice Model

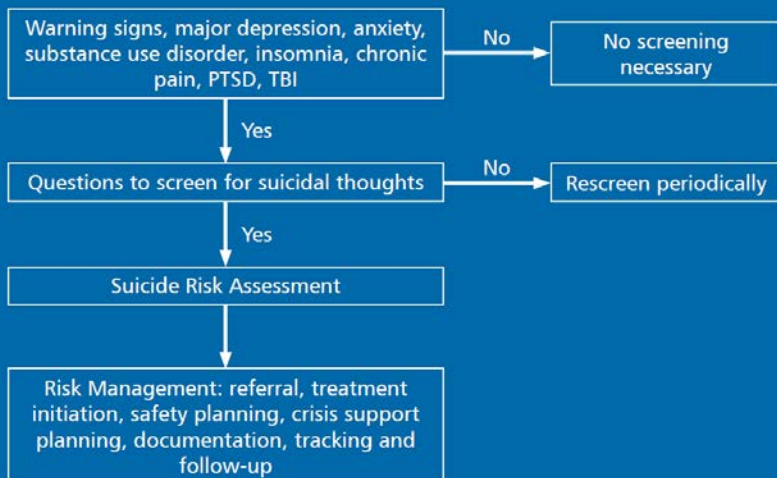
Preparation Phase

1. Develop office policies and protocols
2. Staff education:
 - All staff – warning signs, risk factors, protective factors, response
 - Clinicians – suicide risk assessment, depression screening and tx
3. Strengthen communication with mental health partners

Prevention Practices

1. Staff vigilance for warning signs and key risk factors
2. Depression screening for adults and adolescents
3. Patient education:
 - Safe firearm storage
 - Suicide warning signs and 1-800-273-TALK (8255)

Intervention

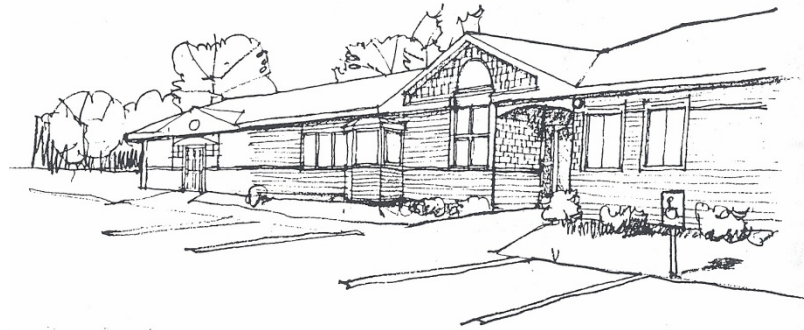


- Policy & Protocol review & development
- Relationship building
- Population management approach
- Re-visit screening process (indicated vs. universal)



York County Community Health Care

LESSONS LEARNED

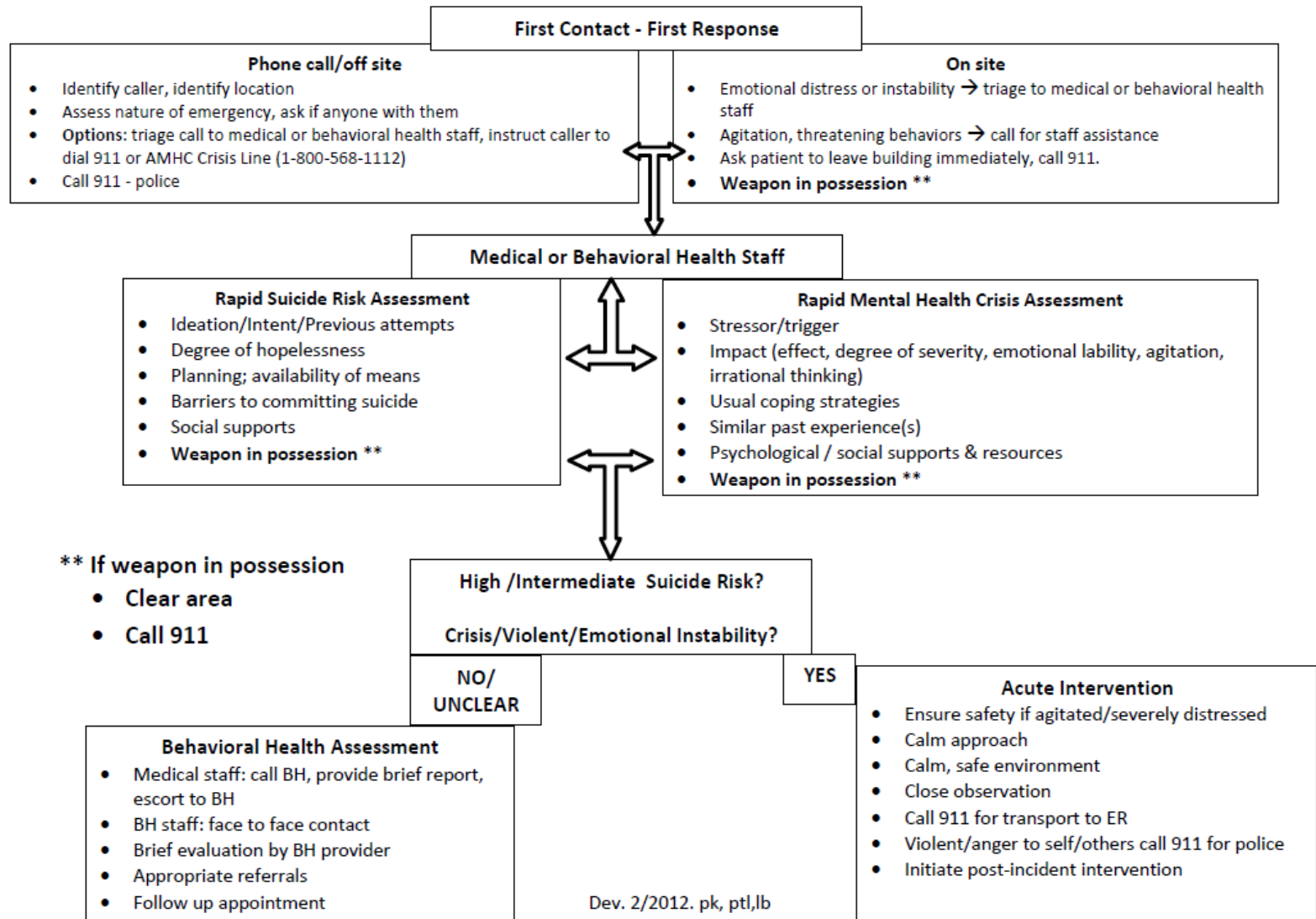


Eastport Health Care, Inc.

COMMUNITY ENGAGEMENT

Eastport Health Care, Inc.

Suicide Risk/Mental Health Crisis/Emergency Protocol



Our Change Process

Work with the willing and their priorities

Include Healthcare Leadership + a site-based champion

Keep in contact – start by taking small bites

Learn your stakeholders

Always come back to the “heart” – the patient(s), families and community

Moving Forward

Focus on screening for suicide – build upon successful use of PHQ-2/9

Practice change & improvement

- increase screening rates
- increase in referrals for BH/MH services (internal & external)

Use of the Toolkit as one of many resources available to primary care

Open Discussion

Q & A

For More Information

MPCA: www.mepca.org

Eastport Health Care, Inc: <http://www.eastporthealth.org/hdeyoung@eastporthealth.org> OR pbender@eastporthealth.org

York County Community Health Center: <http://www.yccac.org/ycchc-health-center-home.html>

WICHE Toolkit: <http://www.sprc.org/for-providers/primary-care-tool-kit>