Community Connections: Suicide Prevention in Rural Primary Care

Rebecca Morin, MPCA
Martin Sabol, York County Community Health Care
Holly Gartmayer-DeYoung, Eastport Health Care, Inc.
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.
Suicide: A Complex Causality

- Severe Medical Illness
- Impulsiveness
- Substance Use/Abuse
- Hx of Suicidal Behavior
- Hopelessness
- Religious affiliation
- Good coping skills
- Protective Factors
- Access To Weapons
- Personality Disorder/Traits
- Anxiety/Agitation
- Family History
- Warning Signs
- Risk Factors
- Ideation
- Depression/Bipolar
- Recklessness
- Supports
- TRAUMA

TRAUMA: Supports
The Toolkit

Table of Contents

1. Getting Started
2. Educating Clinicians and Office Staff
3. Developing Mental Health Partnerships
4. Patient Management Tools
5. Patient Education Tools
6. Resources

Preventing Suicide in Primary Care Settings
1) Getting Started

**QUICK START GUIDE**

*How to use the Suicide Prevention Toolkit*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Schedule necessary trainings for staff members according to the individual suicide prevention responsibilities determined in Step 2.</td>
</tr>
<tr>
<td>4</td>
<td>Develop a referral network to facilitate the collaborative care of suicidal patients. Use the “Developing Mental Health Partnerships” materials in the Toolkit.</td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
</tr>
</tbody>
</table>

Copyright 2009 by Education Development Center, Inc., and the WICHE Mental Health Program. All rights reserved.
2) Educating Clinicians and Office Staff

5 page learning module
Patient management approaches according to the level of risk
These include:
1) referral or co-management when a mental health assessment and treatment are available,
2) in-office treatment for depression and other psychiatric symptoms,
3) encouraging social support networks,
4) planning collaboratively with the patient for his or her future safety, and
5) documentation and follow-up care.
### 3) Developing Mental Health Partnerships

<table>
<thead>
<tr>
<th>County</th>
<th>Organization Name</th>
<th>Address</th>
<th>Phone (primary)</th>
<th>Phone (B/H/MH Dept)</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penobscot</td>
<td>Acadia Hospital Hospital</td>
<td>P.O. Box 422, Bangor, Maine 04402-0422</td>
<td>1-800-640-1211</td>
<td>NA</td>
<td><a href="http://acadiahospital.org/">http://acadiahospital.org/</a></td>
</tr>
<tr>
<td>Hancock</td>
<td>Blue Hill Memorial Hospital</td>
<td>57 Water Street, P.O. Box 1029, Blue Hill, Maine, 04614</td>
<td>207-374-3400</td>
<td>NA</td>
<td><a href="http://bhmh.org/">http://bhmh.org/</a></td>
</tr>
<tr>
<td>Washington</td>
<td>Calais Regional Hospital, Hospital, MH</td>
<td>24 Hospital Lane, Calais, Maine 04619</td>
<td>207-454-7521</td>
<td>(207) 454-9225-Debbie Kinney, LCSW (Soc. Wk services)</td>
<td><a href="http://www.calaishospital.com/">http://www.calaishospital.com/</a></td>
</tr>
<tr>
<td>Androscoggin</td>
<td>Central Maine Medical Center, Hospital, MH</td>
<td>300 Main Street, Lewiston, Maine 04240</td>
<td>207-795-0111</td>
<td>207-795-2122 (Lewiston office-outpatient therapy)</td>
<td><a href="http://www.cmmmc.org/add_care_therapy.html">http://www.cmmmc.org/add_care_therapy.html</a></td>
</tr>
<tr>
<td>Washington</td>
<td>Down East Community Hospital, Hospital</td>
<td>11 Hospital Drive, Machias, Maine 04654</td>
<td>207-255-3356</td>
<td>NA</td>
<td><a href="http://www.dech.org/">http://www.dech.org/</a></td>
</tr>
</tbody>
</table>
4) Patient Management Tools

Suicidality Treatment Tracking Log (for Patient Chart)

<table>
<thead>
<tr>
<th>Session Date</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y = Visit</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>P = Phone</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>C = Cancellation</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>NS = No Show</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

Suicidal thoughts? Yes No Yes No Yes No Yes N
Suicidal Behaviors? Yes No Yes No Yes No Yes N

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:
  •
  •

Suicide Status Tracking discontinued (date ___/___/___) because: Suicidality Resolved ___ Dropped out ___ Other ___
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)
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.....

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

---

### Primary Care Suicide Prevention Practice Model

<table>
<thead>
<tr>
<th><strong>Preparation Phase</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop office policies and protocols</td>
</tr>
<tr>
<td>2. Staff education:</td>
</tr>
<tr>
<td>- All staff – warning signs, risk factors, protective factors, response</td>
</tr>
<tr>
<td>- Clinicians – suicide risk assessment, depression screening and tx</td>
</tr>
<tr>
<td>3. Strengthen communication with mental health partners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prevention Practices</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff vigilance for warning signs and key risk factors</td>
</tr>
<tr>
<td>2. Depression screening for adults and adolescents</td>
</tr>
<tr>
<td>3. Patient education:</td>
</tr>
<tr>
<td>- Safe firearm storage</td>
</tr>
<tr>
<td>- Suicide warning signs and 1-800-273-TALK (8255)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intervention</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Warning signs, major depression, anxiety, substance use disorder, insomnia, chronic pain, PTSD, TBI</td>
<td>No</td>
</tr>
<tr>
<td>Questions to screen for suicidal thoughts</td>
<td>No screening necessary</td>
</tr>
<tr>
<td>Yes</td>
<td>Rescreen periodically</td>
</tr>
</tbody>
</table>

---

### Risk Management:
- Referral, treatment initiation, safety planning, crisis support planning, documentation, tracking and follow-up
York County Community Health Care

LESSONS LEARNED
Eastport Health Care, Inc.

COMMUNITY ENGAGEMENT
Eastport Health Care, Inc.

Suicide Risk/Mental Health Crisis/Emergency Protocol

First Contact - First Response

- Phone call/off site
  - Identify caller, identify location
  - Assess nature of emergency, ask if anyone with them
  - Options: triage call to medical or behavioral health staff, instruct caller to dial 911 or AMHC Crisis Line (1-800-568-1112)
  - Call 911 - police

- On site
  - Emotional distress or instability → triage to medical or behavioral health staff
  - Agitation, threatening behaviors → call for staff assistance
  - Ask patient to leave building immediately, call 911
  - Weapon in possession **

Medical or Behavioral Health Staff

- Rapid Suicide Risk Assessment
  - Ideation/Intent/Previous attempts
  - Degree of hopelessness
  - Planning; availability of means
  - Barriers to committing suicide
  - Social supports
  - Weapon in possession **

- Rapid Mental Health Crisis Assessment
  - Stressor/trigger
  - Impact (effect, degree of severity, emotional lability, agitation, irrational thinking)
  - Usual coping strategies
  - Similar past experience(s)
  - Psychological / social supports & resources
  - Weapon in possession **

** If weapon in possession
- Clear area
- Call 911

High / Intermediate Suicide Risk?
- Crisis/Violent/Emotional Instability?
  - NO/UNCLEAR
  - Behavioral Health Assessment
    - Medical staff: call BH, provide brief report, escort to BH
    - BH staff: face to face contact
    - Brief evaluation by BH provider
    - Appropriate referrals
    - Follow up appointment

  - YES
    - Acute Intervention
      - Ensure safety if agitated/severely distressed
      - Calm approach
      - Calm, safe environment
      - Close observation
      - Call 911 for transport to ER
      - Violent/anger to self/others call 911 for police
      - Initiate post-incident intervention

Dev. 2/2012. pk, ptl,ib
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