

Suicide Risk Assessment and Documentation for Behavioral Health in Primary Care Centers

Amanda Chase, MA, LPC; Daveta McReynolds MSN, RN; John Drozd PhD, ABMP; Megan Martz, MA, CPC, LPCC

Premise Health



About Premise Health

Premise Health is the world's leading direct healthcare provider and one of the largest digital providers in the country, serving over 11 million eligible lives across more than 2,500 of the largest commercial and municipal employers in the U.S. Premise partners with its clients to offer fully connected care – in-person and in the digital environment. It operates more than 800 onsite and nearsite wellness centers in 45 states and Guam, delivering care through the Digital Wellness Center and onsite, nearsite, mobile, and event solutions.



Element 1: Purpose

Purpose: Examine compliance with basic suicide risk screening and documentation.

Problem: In 2020, Premise Health identified the need to examine suicide-specific screenings for our program.

Background: Suicide is a leading cause of death for adults and a concern for patients in primary care. One in three behavioral health professionals will lose a patient to suicide during their careers. Integrating behavioral health assessment and treatment into primary care can directly bridge the gap for individuals at risk for suicide that may otherwise go unrecognized and untreated.

Three evidenced based treatment modalities were evaluated for suicidality which included: Cognitive Behavioral Therapy for Suicide (CBT-S), Dialectical Behavioral Therapy (DBT), and the Collaborative Assessment and Management of Suicidality (CAMS). CAMS was identified as the best fit and value for Premise Health's integrated behavioral health service.

Approach: Premise Health's behavioral health service provides collaborative, strength-based, and solution-focused behavioral health care within an integrated primary care setting.

Element 2: Goal

Goal: Conduct behavioral health chart reviews for completion of the PHQ-2 or PHQ-9, with a goal of 80 to 99% completion (3 is substantially compliant).

Rationale for the goal:

- Internal - Manual quantitative chart audit criteria aligning with AAAHC compliance rating, measured quarterly.
- External - Risk assessment scales would be commonly used in clinical practice to quantify the risk of suicide, with 85% of NHS mental health trusts using checklist-style approaches.

Element 3: Defined Data

Defined data: Chart audits would be conducted to examine the current compliance of documenting suicidality risk using a standardized audit form.

Chart review scoring:

- Manual chart audit
 - Risk of harm to self (PHQ-2 and PHQ-9)
 - Risk of harm to others

Rubric for measurement

- 4.0 – Fully Compliant (100%)
- 3.0 - 3.9 – Substantially Compliant (80-99%)
- 2.0 - 2.9 – Partially Compliant (60-79%)
- 1.0 - 1.9 – Minimally Compliant (1-60%)
- 0.1 - .90 – Noncompliant (0%)

Element 4: Collection

Timeframe: The baseline measurement consisted of three months of data (Q4 2020 – October, November and December).

What we collected: We developed an audit form and established a rubric for measurement on Excel to capture ongoing efforts.

Element 5: Analyses

Frequency of problem: The baseline data obtained in Q4 2020 was minimally compliant at 1.77 and determined to be a problem and risk.

Quarter and Year	Chart Review Score
Q4 2020	1.77
Q1 2021	2.42
Q2 2021	2.16
Q3 2021	2.82
Q4 2021	3.08

Source of problem:

- Premise Health did not have a standard quantitative approach for examining and documenting depression and suicide risk.
- Behavioral health professional training was also not standardized for documenting and treating suicide risk.

Severity of problem: The baseline data obtained Q4 2020 was minimally compliant at 1.77.

Element 6: Performance vs. Goal

The baseline measurement of 1.77 (minimal compliance) did not meet our goal of 80 to 99% (substantially compliant) in accordance with Premise Health chart review criteria aligning with AAAHC compliance rating that is measured quarterly.

Key Wins

Due to the challenges of in-person assessments during the Covid pandemic, Premise Health partnered with CAMS and Epic to develop an electronic version for improved compliance when conducting virtual assessments, treatment, and documentation

Element 7: Correction

Key objectives of the program: Identify a suicide assessment and treatment program to improve care for Premise Health members.

Interventions:

- A committee was developed to examine current evidence-based program(s).
- The committee was charged to find a process to improve suicidality assessment. Assumption that a standardized assessment and management practices coupled with continuous training should maximize clinical effectiveness and minimize risk.
- A standardized evidence-based program (CAMS) was selected to meet the screening, assessment, and documentation needs. All behavioral health professionals are required to complete CAMS training.
- Due to the challenges of in-person assessments during Covid pandemic, we partnered with CAMS and Epic to develop an electronic version of the forms for improved compliance and virtual assessment, treatment and documentation.
- Case studies were incorporated in our peer review program.

Element 9: Additional Correction, Measurement, Results vs. Goal

Additional interventions:

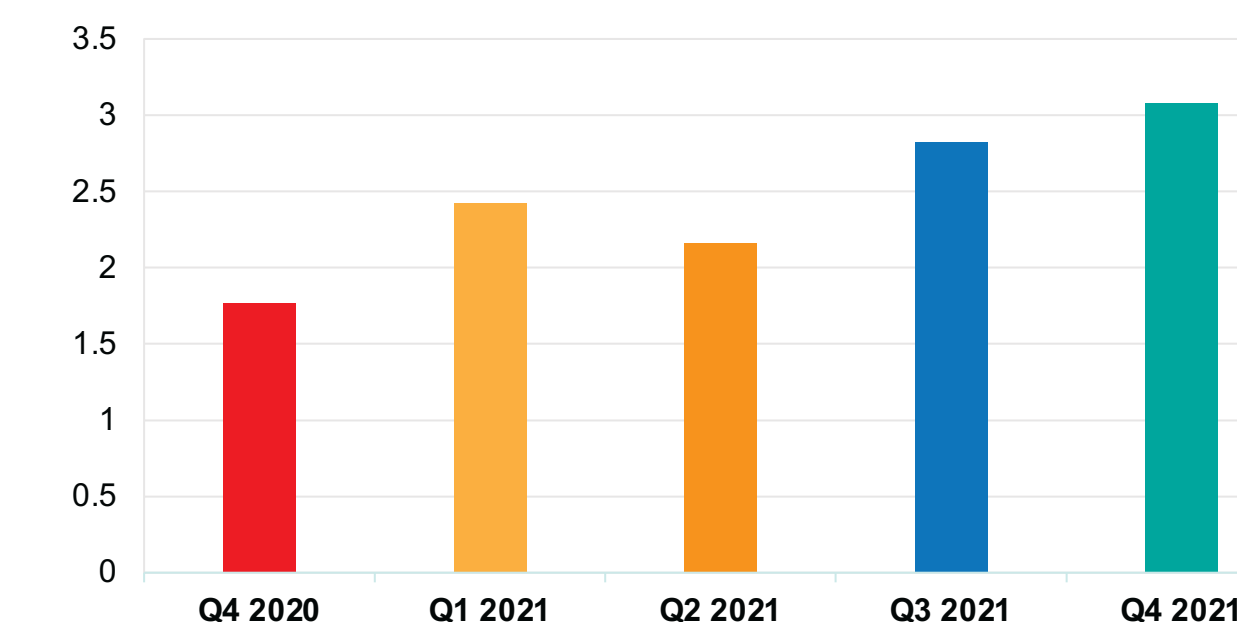
- Electronic health record champions were made available to mentor and help behavioral health professionals with questions on documentation.
- Leadership reinforced the need for ongoing monthly training, case reviews, CAMS literature, and webinars to support professional development.
- Behavioral health professionals were required to complete CAMS suicide training which is now a condition of employment going forward.

Element 8: Re-Measurement

Incremental improvements quarter over quarter:

- Q1 2021 data was 2.42 (partially compliant 60-79%)
- Q2 2021 data was 2.16 (partially compliant 60-79%)
- Q3 2021 data was 2.82 (partially compliant 60-79%)
- Q4 2021 data was 3.08 (substantially compliant 80-99%)

Chart Review Score



Re-measurement:

- Q4 2021 data was at 3.08 meeting the goal of 80 to 99% (substantially compliant).
- Documented suicide risk also improved from 42% in Q4 2020 to 81% in Q4 2021.
- 2022 AAAHC compliance survey representing 115 centers to include organizational guidance, workflows, and data resulted in 100% fully compliant for the standards and charts reviewed.

Element 10: Reporting

The findings were presented and approved by the Clinical Governance Council and presented to Corporate QI Committee in 2022.

Resources

- Greaney, 1995; Chemtob et al., 1988
- <https://link.springer.com/content/pdf/10.1007/s40596-015-0434-6.pdf>
- Article - Embedding an Evidence-Based Model for Suicide Prevention in the National Health Service: A Service Improvement Initiative

Documentation of suicide risk improved from 42% to 81%

Behavioral health professionals now have standardized training and suicide assessment tools to support members