



## Team-based Primary Care and Suicide Prevention in the VA: Perspectives from the Front Lines

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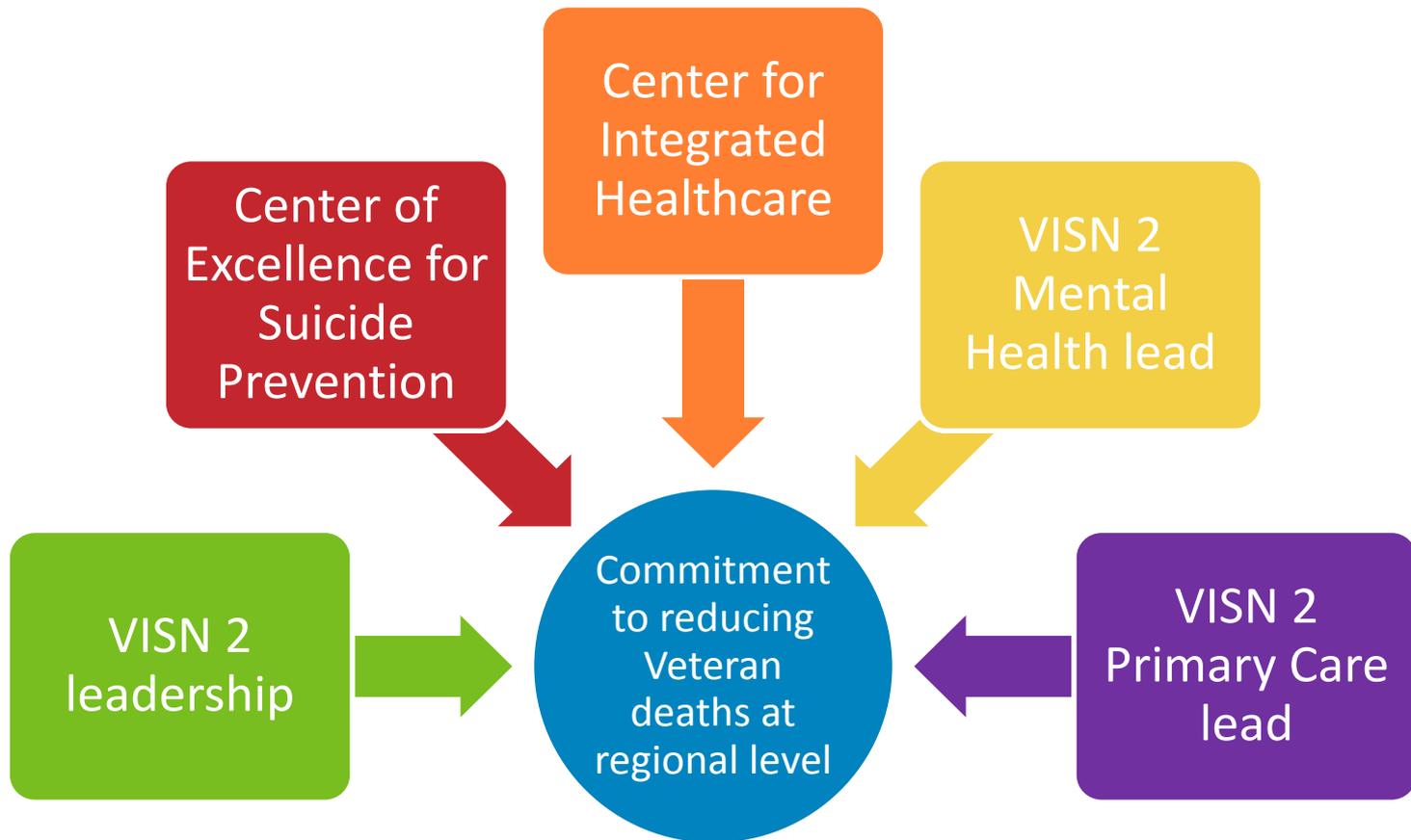
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- The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

# Stakeholder Collaboration



# Acknowledgements

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  - John Langenberg, MD
- VISN2 Behavioral Health Careline:
  - Bruce Nelson, PhD
- Center for Integrated Healthcare in Syracuse, NY:
  - Larry Lantinga, PhD
  - Jennie Tapio, MA

## Poll #1- Please tell us about you

- What is your primary role?
  - Research investigator
  - Data manager/analyst
  - Clinician
  - Social worker
  - Other

## Poll #2:

- Who do you think Veterans would feel most comfortable talking about suicidal thoughts with?
  - Primary Care Support Staff
  - Nurses
  - Primary Care Providers
  - Behavioral Health Providers
  - Peer Support Specialists

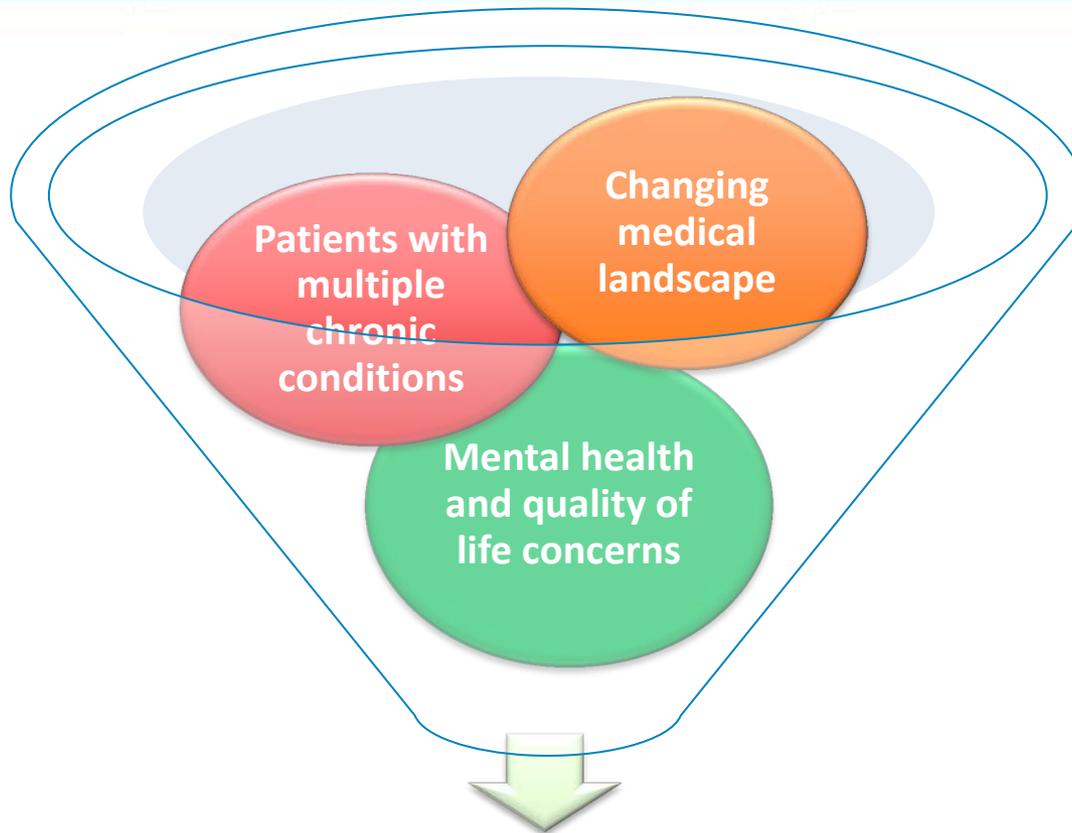
## Poll #3:

- Who do you think Veterans would feel most comfortable talking about hopelessness or life challenges with?
  - Primary Care Support Staff
  - Nurses
  - Primary Care Providers
  - Behavioral Health Providers
  - Peer Support Specialists

# Background

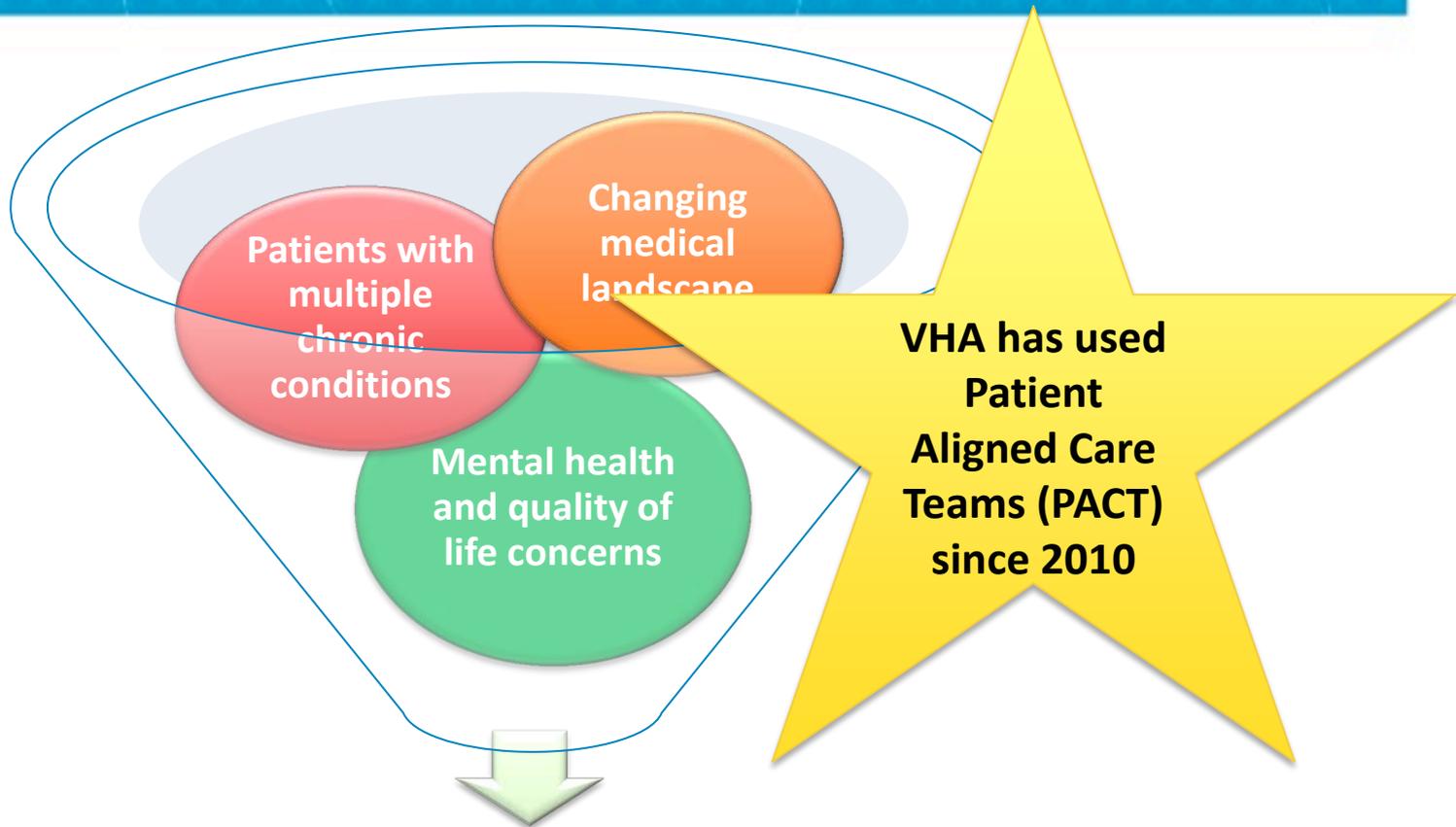
- Veterans are at increased risk for suicide compared to the general population
- Primary care has been identified as a critical venue for prevention of suicide among Veterans
- Over the last decade the VHA has made great strides in developing new primary care-based interventions for screening and prevention of suicide
- **None-the-less, suicide rates among Veterans enrolled in VHA care have not changed significantly**
  - In contrast, suicide rates among Veterans outside VHA have risen

# Provision of primary care is changing



Models of team-based care with  
integrated mental health providers

# Provision of primary care is changing



Models of team-based care with integrated mental health providers

# Provision of primary care is changing

**VHA has had  
integrated  
BH providers  
since 2005**

Patients with  
multiple  
chronic  
conditions

Changing  
medical  
landscape

Mental health  
and quality of  
life concerns

**VHA has used  
Patient  
Aligned Care  
Teams (PACT)  
since 2010**

Models of team-based care with  
integrated mental health providers

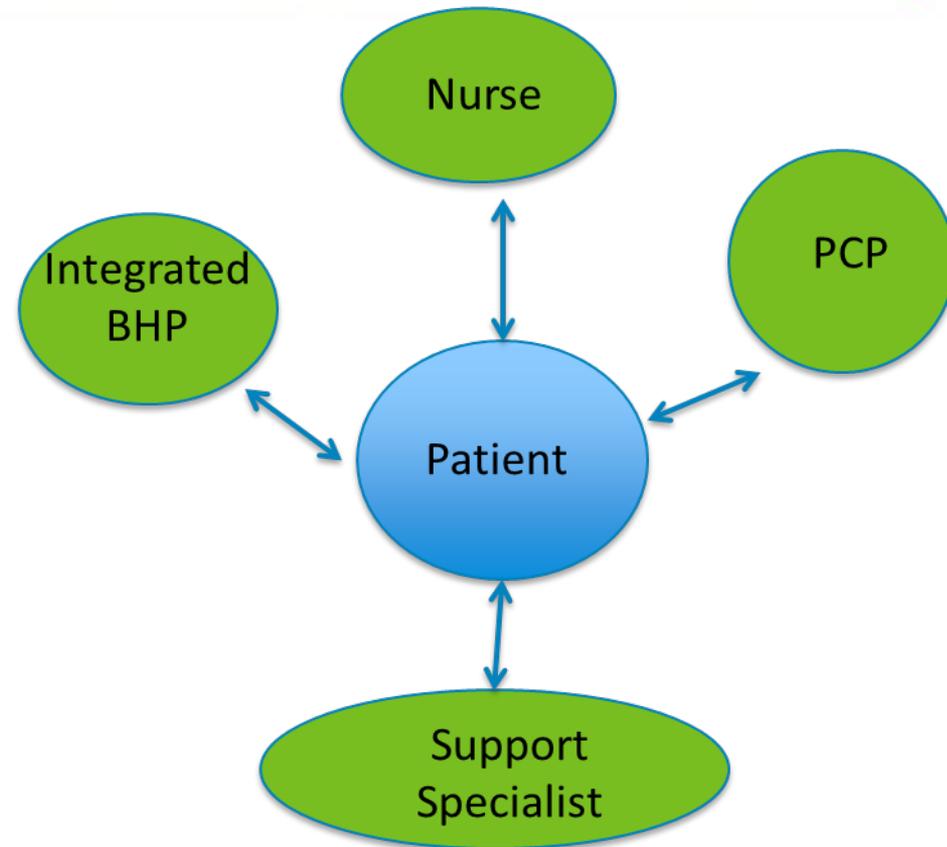
# Suicide in PC

- SI is present but not often discussed<sup>1</sup>
  - PCPs inconsistently ask<sup>2, 3</sup>
  - Patients may not disclose<sup>4</sup>
- Positive depression screens precede structured SI screens<sup>5</sup>
  - Structured screens
    - Gather information to determine risk<sup>6</sup>
    - Develop safety plan<sup>6</sup>



# Suicide prevention efforts

- VA's integrated primary care setting allows for suicide prevention
  - Annual depression screening using Patient Health Questionnaire (PHQ-2)
  - Use of PHQ-9
  - Presence of Integrated Behavioral Health Provider (BHP)
  - Templates within EMR for suicide risk assessment
  - Flag EMR
  - Prevention coordinator for high risk pts
  - National Crisis Line
  - Mandated Educational Program
  - Research



# Communication among team members

## Direct

- Team Huddles
- Feedback/Consultation

## Indirect (EMR)

- Additional signer on notes
- Templates
- Flags

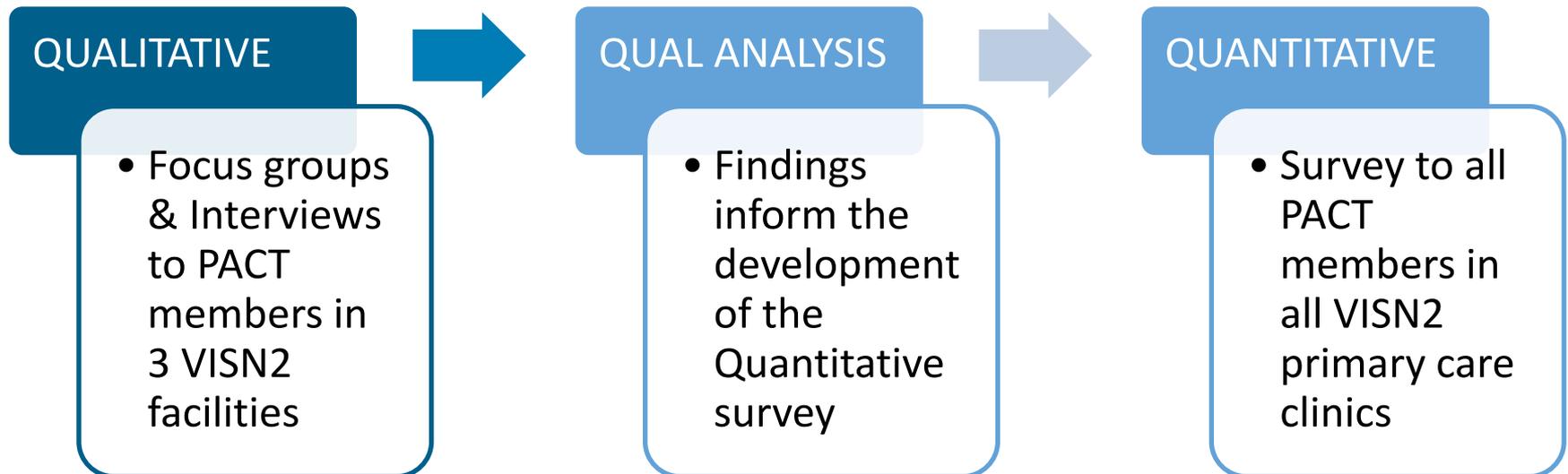


## Study objectives

**Overarching goal: Identify key ways in which team based care and collaborative health can be leveraged to facilitate suicide prevention in the VA**

- Assess PACT clinician's perspectives on facilitators and barriers to successful suicide prevention
- Assess PACT clinicians' perspectives on the value of PACT and Integrative care for overall veteran wellbeing → downstream suicide prevention
- In order to develop:
  - potential areas for improving existing suicide prevention efforts
  - Potential areas for refining suicide prevention efforts to be aligned with primary care initiatives

# Sequential Exploratory Design (Mixed Methods) to inform implementation or interventions to enhance suicide prevention





# **QUALITATIVE RESEARCH**

# Methods

?

- **What do key provider stakeholders see as the facilitators and barriers to current suicide prevention efforts within primary care?**

Data

- 8 focus groups with nurses and behavioral health providers
- 8 in-depth interviews with primary care providers and integrated behavioral health providers

Analyses

- Simultaneous deductive and inductive content analysis
- focus on across and within group differences and similarities



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- Suicide Surveillance Success Stories - July 13, 2016
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# Overarching ideas

Communication

Between Veterans and Providers

Within PACTs

Building Relationships

Within PACTs

Between Veterans and Providers

## Communication between Veterans and clinicians leads to disclosure of Veteran concerns

“Some of them, even offer at [depression or suicide] screening, ‘I’m depressed. I’m not usually depressed, but I’m going through a tough time’ and the tears sometimes just fall. And then they’ll tell you exactly why. ‘I lost my mother last week. I lost my brother last week.’ And we add that to the reminder, so it’s already pre-known. And we let them have their moment too.”

-Nurse

## Communication within teams supports high quality care provision

“[Huddles have] really made a difference in communication within the group...It impacts the Vets a lot, because for a given day when patients are coming in, we're more likely to make sure everything is in place that we need...right records....right labs have been ordered, and studies have been done in advance....it makes for a more coordinated team execution day in and day out.”

-Primary care provider

## Communication between Veterans and clinicians builds trust

“It’s really relationship[s] with that patient. And if you have a relationship with that patient, you’re going to be begin to know when they’re sitting in front of you in their appointment. You know better than what that paper is saying.”

-Behavioral health provider

## Relationships within teams facilitates connections

“I have a good relationship, I would say, with the majority of my panel. And nurses, doctors, they’ll just IM or come to me and say, ‘I really think you need to see this person before they leave today’.”

-Behavioral health provider

## Take Away Points

- Communication...
  - Is bidirectional
  - Is facilitated by nurses
  - Occurs at verbal and electronic levels
- *Which leads us to ask: how can communication frequency and levels be measured?*



## Take away points

- Relationships...
  - Can be improved through regular teamlet meetings
  - Need to be tended
- *Which leads us to ask: how does direct and indirect communication support relationship development & strengthening?*





# QUANTITATIVE RESEARCH

# Methods

?

- **How does communication occur among team members?**

Data

- Online survey sent to PC staff in all VA PC clinics in VISN2
- 139 completed surveys; 91 in final analysis

Analyses

- Descriptive statistics in Excell

# SURVEY SAYS...



		0	1-2	3-4	5-6	7-8	9-10	>10
How often do integrated behavioral health provider attend huddle in past month?	PCP							
	Nurse							
How often do PCP talk to integrated behavioral health provider in past week?		0	1	1-3	>3	-	-	-
Health provider in past week?	PCP							
	Nurse							

When I have a concern about med interactions or side effects	
When I disagree with the treatment plan	
When a patient has had a significant change in life circumstances	
When I refer a patient to the PCMH provider	
When a patient is in acute mental health crisis situation	

# Direct Communication SURVEY SAYS...



		0	1-2	3-4	5-6	7-8	9-10	>10
How often do the integrated behavioral health provider attend huddle in past month?	PCP	61%	13%	16%	3%	-	-	6%
	Nurse	56%	26%	9%	3%	3%	-	3%
How often do PCP talk to integrated behavioral health provider in past week?		0	1	1-3	>3	-	-	-
	PCP							
	Nurse							

Least Likely to Initiate Contact with the PCMHI Provider	PCP	Nurse
When a patient has a new medical diagnosis		
When I have a concern about med interactions or side effects		
When I disagree with the treatment plan		
When a patient has had a significant change in life circumstances		
When I refer a patient to the PCMHI provider		
When a patient is in acute mental health crisis situation		

# Direct Communication SURVEY SAYS...



		0	1-2	3-4			
How often do the integrated behavioral health provider attend huddle in past month?	PCP	61%	13%	16%			
	Nurse	56%	26%	9%			
How often do PCP talk to integrated behavioral Health provider in past week?		0	1	1-3			
	PCP	19%	28%	41%			
	Nurse	29%	32%	29%			
When a patient has a new medical diagnosis							
When I have a concern about med interactions or side effects							
When I disagree with the treatment plan							
When a patient has had a significant change in life circumstances							
When I refer a patient to the PCMHI provider							
When a patient is in acute mental health crisis situation							

# Direct Communication SURVEY SAYS...



		0	1-2	3-4	5-6	7-8	9-10	>10
How often do the integrated behavioral health provider attend huddle in past month?	PCP	61%	13%	16%	3%	-	-	6%
	Nurse	56%	26%	9%	3%	3%	-	3%
How often do PCP talk to integrated behavioral health provider in past week?		0	1	1-3	>3	-	-	-
	PCP	19%	28%	41%	13%			
	Nurse	29%	32%	29%	9%			

Least Likely to Initiate Contact with the PCMHI Provider	PCP	Nurse
When a patient has a new medical diagnosis	53%	31%
When I have a concern about med interactions or side effects	20%	25%
When I disagree with the treatment plan	17%	31%
When a patient has had a significant change in life circumstances	7%	-
When I refer a patient to the PCMHI provider	3%	6%
When a patient is in acute mental health crisis situation	-	6%

# Indirect Communication

- Electronic Medical Record
  - Flag Chart
    - Violence or suicide
  - Suicide Risk Assessment Template
  - Add Additional Signers on note
    - Presence of the note indicates that provider saw the patient
    - Content of the note can convey information about work doing together



# Electronic Medical Record

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I've used suicide template in EMR in the past 6 months	93	61	36	7	39	64
Template suicide risk assessments are impersonal	57	57	-	43	43	-
I find the alerts helpful for identifying violent pts						
I find the alerts helpful for identifying suicide pts						
I value electronic alerts EMR when other providers saw pt						
I find it hard to identify relevant info in other providers notes						
I value information in progress notes from other providers						
Other providers often adds me as an additional signer						

# Electronic Medical Record

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I've used suicide template in EMR in the past 6 months						
Template suicide risk assessments are impersonal						
I find the alerts helpful for identifying violent pts	93	91	87	7	9	13
I find the alerts helpful for identifying suicide pts	100	94	90	0	6	10
I value electronic alerts EMR when other providers saw pt						
I find it hard to identify relevant info in other providers notes						
I value information in progress notes from other providers						
Other providers often adds me as an additional signer						

# Electronic Medical Record

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I've used suicide template in EMR in the past 6 months						
Template suicide risk assessments are impersonal						
I find the alerts helpful for identifying violent pts						
I find the alerts helpful for identifying suicide pts						
I value electronic alerts EMR when other providers saw pt	86	97	-	14	3	-
I find it hard to identify relevant info in other providers notes	29	41	-	71	59	-
I value information in progress notes from other providers	100	96	-	0	4	-
Other providers often adds me as an additional signer	47	78	-	53	22	-

## Individual Factors

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I feel comfortable initiating a conversation about depression/suicide	100	97	85	0	3	15
I am less concerned about a patient's risk for suicide if they are actively involved in txt with a behavioral health provider						
I depend on nurses to alert me if patient is not engaged in treatment						
I depend on nurses to alert me if patient's life circumstances has changed						
I depend on nurses to alert if I should ask more about patient's mood						
I value in-person feedback regarding shared pts						

## Individual Factors

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I feel comfortable initiating a conversation about depression/suicide						
I am less concerned about a patient's risk for suicide if they are actively involved in txt with a behavioral health provider	60	56	44	40	44	56
I depend on nurses to alert me if patient is not engaged in treatment						
I depend on nurses to alert me if patient's life circumstances has changed						
I depend on nurses to alert if I should ask more about patient's mood						
I value in-person feedback regarding shared pts						

## Individual Factors

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I feel comfortable initiating a conversation about depression/suicide						
I am less concerned about a patient's risk for suicide if they are actively involved in txt with a behavioral health provider						
I depend on nurses to alert me if patient is not engaged in treatment	73	44	92	27	56	8
I depend on nurses to alert me if patient's life circumstances has changed	67	53	100	33	47	0
I depend on nurses to alert if I should ask more about patient's mood	-	68	95	-	32	5
I value in-person feedback regarding shared pts						

# Individual Factors

	% Agree			% Disagree		
	Integrated BHP	PCP	Nurse	Integrated BHP	PCP	Nurse
I feel comfortable initiating a conversation about depression/suicide						
I am less concerned about a patient's risk for suicide if they are actively involved in txt with a behavioral health provider						
I depend on nurses to alert me if patient is not engaged in treatment						
I depend on nurses to alert me if patient's life circumstances has changed						
I depend on nurses to alert if I should ask more about patient's mood						
I value in-person feedback regarding shared pts	100	93	-	0	7	-

## Take Away Points

- Indirect communication:
  - EMR suicide/violence flags are valued and perceived as useful for high risk patients
  - Asking a provider to be an additional signer of a progress note conveys that they have seen the patient and is valued, but communication within the note may be ineffective
  - A mixed level of indirect communication occurs from PCP's to integrated behavioral health providers.



## Take away points

- Direct communication:
  - Value In-person feedback
  - Missed opportunities: huddles
  - If have something to tell provider, direct communication may be the way to go
- Diffusion of Responsibility may be a problem
- Not all PCPs feel that changes in medical/medications need to be shared with integrated BHP





# **INTEGRATION OF FINDINGS NEXT STEPS**

# Overarching Ideas Discussed: Next Steps



## PACT functioning

- Fluid communication exchanges
- Relationship building between clinicians and Veteran-clinician dyads



## Suicide prevention within PACTs

- Barriers
- Facilitators
- Expertise and role differentiation

# Overall findings to influence future studies

- [Clinicians](#) were seen as having unique roles to play in prevention.
  - How can these various roles be leveraged?
  - What does it mean to suicide risk if the team has greater communication?
  - What is being done already that could be made more explicit for downstream prevention?
- Provides preliminary [data from one VISN](#)
  - Is this data characteristic of other clinics?
- Missing [patient perspective](#)
  - How do patients feel about communication about suicidal risk factors among medical home team?



## Next Steps: Mixed Methods

- Patient stakeholder perspectives
  - Chart review to determine timeline of care
  - In-depth interviews to obtain perspective of care and recommendations



## Intervention development and testing (capitalizing on the added value of PACT)

- Capitalize on expertise of each member in primary care
- Further integrate suicide prevention into overall healthcare team function
- Might further explore nurses unique relationships to patients
- Nurses and PCMHI providers in particular might be well-positioned to help link the care team to the patient's community.



# Thank you

- QUESTIONS OR COMMENTS??
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