Improving Outpatient Suicide Treatment in Medical Settings:
A Better Alternative to EDs and Hospitals

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Overview

- Discussion of our perspective on suicide care

- Advantages of providing care in outpatient medical settings

- UW Suicide Care Research Center
  - 4 key mechanisms of change
  - Suicide Care Pathway model
  - Methodological approach – integration of human centered design and optimization
  - Our studies, team and plans

APRIL 30, 2021

A Proclamation on National Mental Health Awareness Month, 2021

BRIEFING ROOM ▸ PRESIDENTIAL ACTIONS

"My Administration is committed to advancing suicide prevention best practices and improving non-punitive crisis response."

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Over-referral to the Emergency Department

- Many patients who disclose they are suicidal in healthcare are referred to the ED

- While for many medical issues there are active treatments provided in the emergency room

- Not so for mental health and suicide care – the emergency room is focused on triage, evaluation, and referral (to inpatient, transfer, home)

Over-referral to the Emergency Department

Consequences

- system overwhelm
- negative experiences for patients and clinicians
- frequently referral back to referring primary care clinician due to access issues

2011-2019 Suicide Prevention Standards Focused Increasingly on a "Suicide Care Pathway"

Improving suicide care pathway = Improved outcomes in observational studies

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Standards have led to greater improvements in management of risk than in treatment and recovery

Management
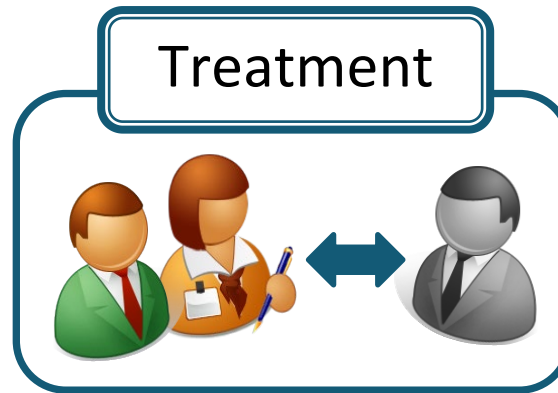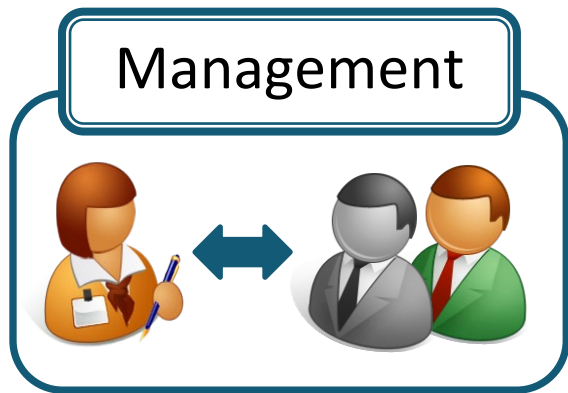
Treatment

What I think of as:
What happens after the safety plan?

	Collaboration	Goal	Target
Management	Optimal when collaborative	Reduce risk	External factors related to suicide risk
Treatment	Necessarily collaborative	Resolve risk	Internal factors intrinsic to suicide risk

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Our Goal is Recovery and Human Connection

CSPAR
The Center for Suicide Prevention and Recovery

- Specialty Behavioral Health
- Public Health

NEW!

Suicide Care Research Center

- NIMH Practice-Based Suicide Research Center (P50)
- Initiated February 2023

Goal: Improve the design and delivery of suicide specific care in outpatient medical settings so they are effective, feasible in busy clinic environments and supportive of adolescent and young adult patients (age 13-30), their clinicians & their families

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Outpatient Medical Settings are a Critical Source of Mental Health Care

Lack of access to specialty mental health care

Familiarity and accessibility

Do people have access to mental health care?
Things that Prevent it

High Cost
1 in 4 Americans reported having to choose between getting mental health care & basic necessities.

Lack of Awareness
29% of Americans did not get treatment because they did not know where to find it.

Disparity
50% of youth in the childhood welfare system have a diagnosable mental health condition.

Limited Options
46% of Americans know someone that has had to drive over an hour roundtrip for care.

What is needed?
- More providers in rural areas
- Better insurance policies
- More publicity of where to find care

Sources:
. Statistics provided by The National Council.
. Statistics provided by The US Department of Health and Human Services.

By Keegan McKoskey / April 11, 2019/ Magnify Mental Health

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Integrated Care Models Incorporate Psychological Interventions

- Example: Collaborative Care (CoCM) meta-analysis
  - Small but significant reductions in suicidal ideation
  - No demonstrated improvements in suicidal behavior

- Few models incorporate principles and components of suicide care

Patient-Centered Care Team

Primary care and behavioral health providers collaborate effectively using shared care plans that incorporate patient goals. The ability to get both physical and mental health care at a familiar location is comfortable to patients and reduces duplicate assessments. Increased patient engagement oftentimes results in a better health care experience and improved patient outcomes.

Population-Based Care

Care team shares a defined group of patients tracked in a registry to ensure no one falls through the cracks. Practices track and reach out to patients who are not improving and mental health specialists provide caseload-focused consultation, not just ad-hoc advice. Read how to identify a behavioral health patient tracking system in our Implementation Guide.
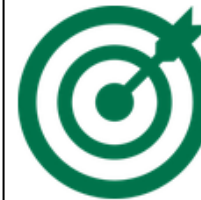
Measurement-Based Treatment to Target

Each patient's treatment plan clearly articulates personal goals and clinical outcomes that are routinely measured by evidence-based tools like the PHQ-9 depression scale. Treatments are actively changed if patients are not improving as expected until the clinical goals are achieved. Measurement-Based Treatment to Target is sometimes called Stepped Care.

Evidence Based Care

Patients are offered treatments with credible research evidence to support their efficacy in treating the target condition. These include a variety of evidence-based psychotherapies proven to work in primary care, such as PST, BA and CBT, and medications. Collaborative care itself has a substantial evidence base for its effectiveness, one of the few integrated care models that does.

Accountable Care

Providers are accountable and reimbursed for quality of care and clinical outcomes, not just the volume of care provided. Read more about accountability in our Financing section.

Source: aims.uw.edu/principles-of-collaborative-care/

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Impact of Improved Evidence-based Suicide Care in Outpatient Medical Settings

Potential for better care experience for:

- diverse patients
- their families
- their providers

hopefully to be felt across both outpatient medical settings and emergency departments

Four Key Mechanisms

Clinical Mechanisms	Implementation Mechanisms
Therapeutic Alliance	**Usability and Acceptability**
Self-efficacy regarding suicide risk management • Patient • Family • clinicians	**Reach** • % suicidal patients who receive evidence-based suicide care • % trained clinicians providing evidence-based suicide care

Suicide Care Pathway in Outpatient Medical Settings

SCRC Methodology

Human Centered Design (DDBT Framework) +

Multiphase Optimization Strategy (MOST)
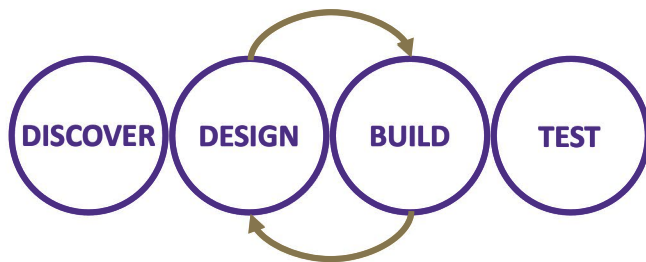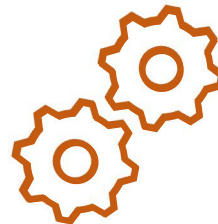
DDBT graphic adopted from UW ALACRITY Center

Components: an intervention's building blocks

Modules, skills, Medications	In-person vs tele, # sessions	Reminders, gamification	Enhanced training, Chat feature
Features of the intervention content	**Features of how program is delivered**	**Features to improve compliance**	**Features to improve fidelity**

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Human Centered Design

Core principle of SCRC is that interventions need to be developed in partnership with the clinics where they will be used and with input from people with lived experience

DISCOVER
- Identify the different needs & points of views of all stakeholders.
- Understand the unadapted EBPI & its context.
- Clarify usability issues & other barriers to implementation.

DESIGN
- Synthesize findings & insights.
- Define requirements for possible solutions.
- Ideate concepts.

BUILD
- Develop concepts into low-fidelity iterative prototypes.
- Test concepts with users for feedback and validation.
- Refine solution.

TEST
- Develop high-fidelity prototypes.
- Implement a pilot to evaluate the feasibility of the solution in a real world context.

Discover modification targets   Redesign solutions   Implementation & service outcomes

Lyon AR et al. Use of human-centered design to improve implementation of evidence-based psychotherapies in low-resource communities: protocol for studies applying a framework to assess usability. JMIR research protocols. 2019 Oct 9;8(10):e14990.

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Optimization Trials

Focus

- Intervention components

Goals

- Identify weak or ineffective components

- Determine magnitude of each component's effect

- Test whether one component improves or weakens the effects of another component (i.e., test interaction effects)

Research Design

o Often use factorial designs, but other designs possible

SOARS Study – Optimizing Suicide Crisis Clinic
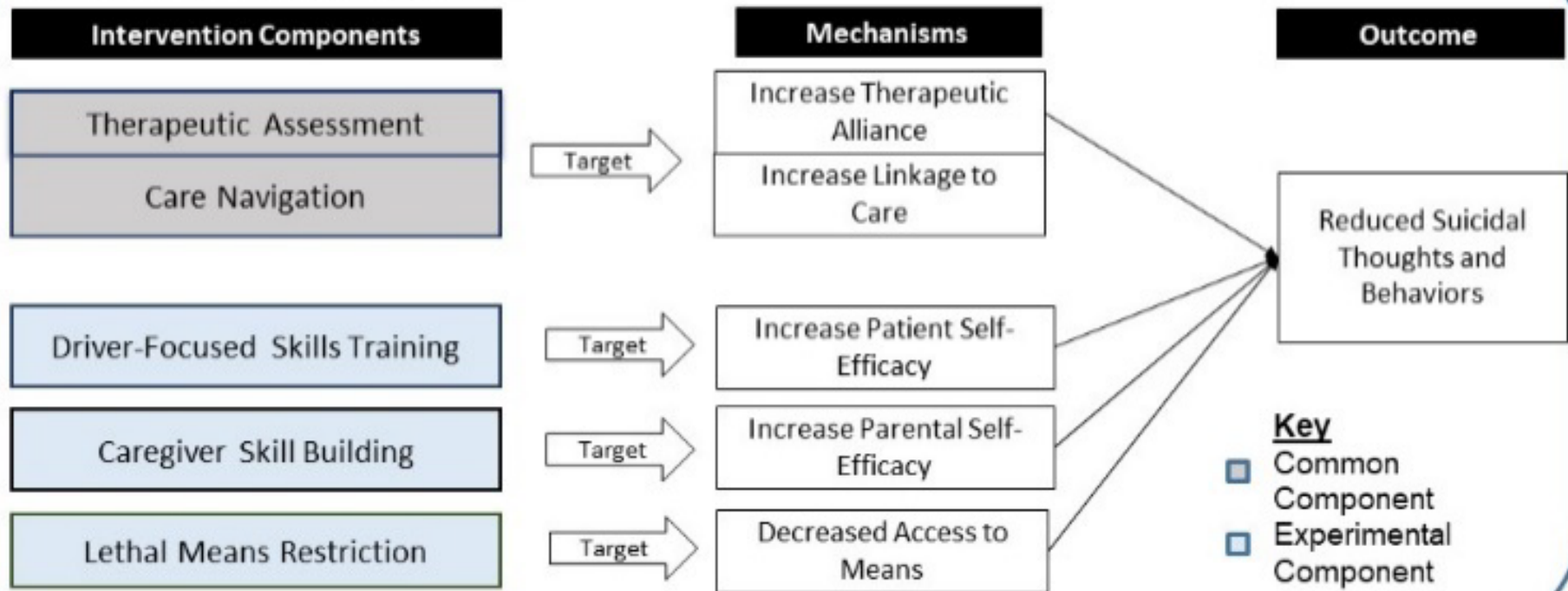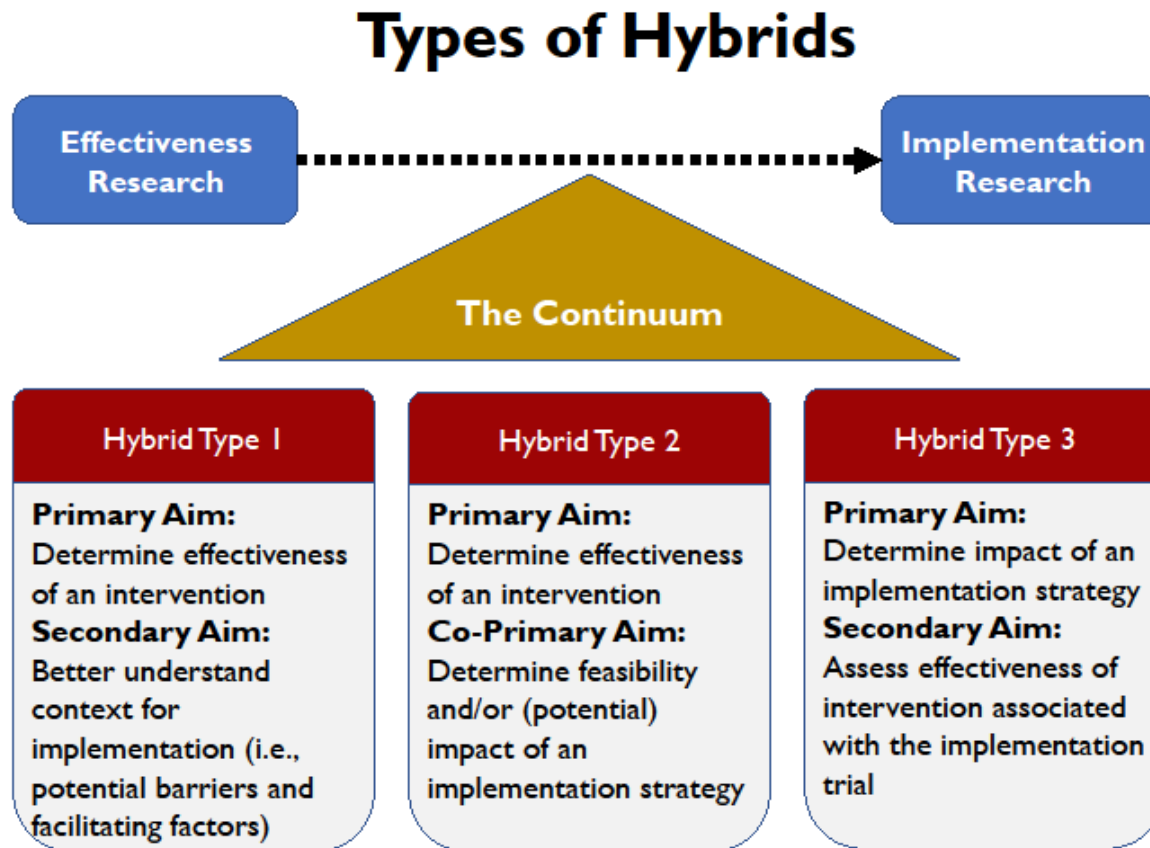

Figure 3. SOARS Conceptual Model

Hybrid Effectiveness Implementation Trials

Types of Hybrids

Effectiveness Research ┈┈┈➤ Implementation Research

The Continuum

Hybrid Type 1

Primary Aim: Determine effectiveness of an intervention
Secondary Aim: Better understand context for implementation (i.e., potential barriers and facilitating factors)

Hybrid Type 2

Primary Aim: Determine effectiveness of an intervention
Co-Primary Aim: Determine feasibility and/or (potential) impact of an implementation strategy

Hybrid Type 3

Primary Aim: Determine impact of an implementation strategy
Secondary Aim: Assess effectiveness of intervention associated with the implementation trial

Landes, S. J., McBain, S. A., & Curran, G. M. (2019). An introduction to effectiveness-implementation hybrid designs. *Psychiatry Research*, *280*, 112513. https://doi.org/10.1016/j.psychres.2019.112513

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Pilot System using EMA for Suicide Risk Management

AMPERE (Augmented Momentary Personal Ecological Risk Evaluation)

AMPERE on The Suicide Care Pathway in Outpatient Medical Settings

Risk Detection • Assessment • Shared decision making • Short-term Risk Management • Treatment • Long Term Surveillance • Follow Up

Acceptability Usability → Therapeutic Alliance / Self-Efficacy → Reach → Suicide Outcomes

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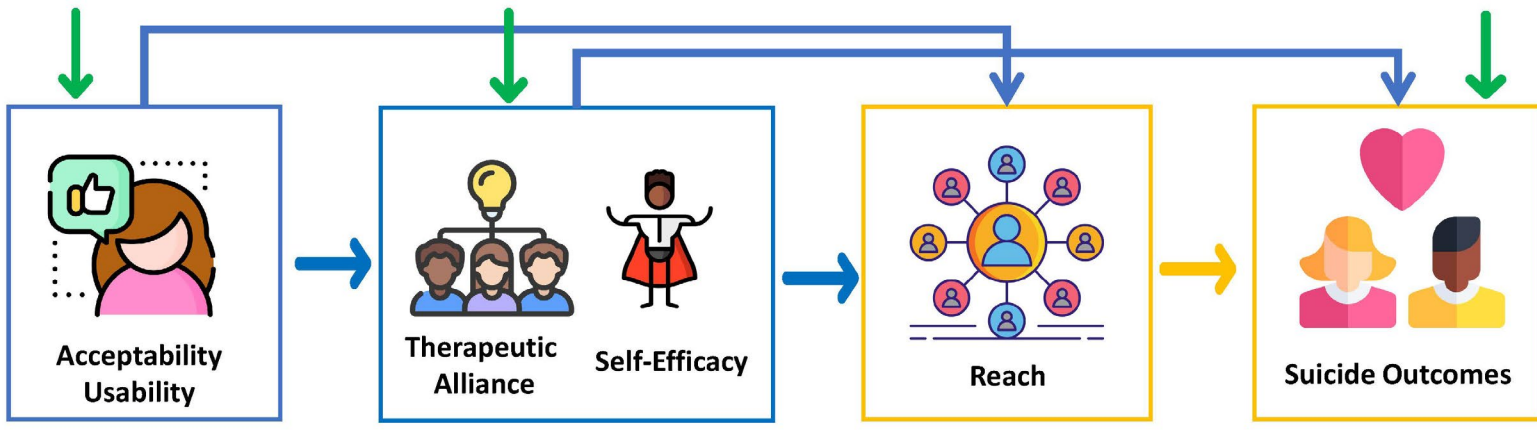
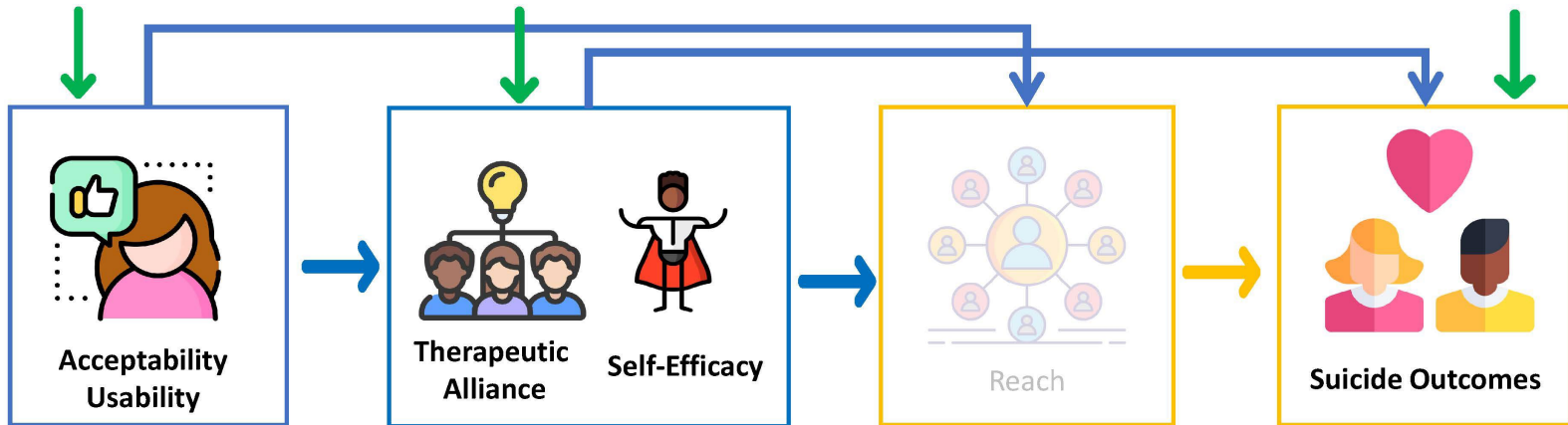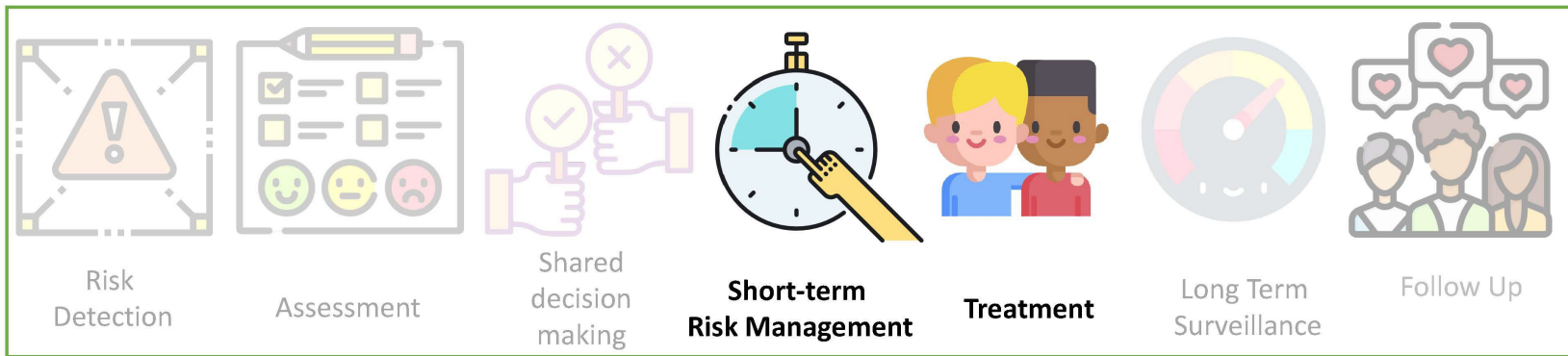# Pilot Digital Tool for Assessment & Collaborative Safety Planning

ISSP (Integrated Screening and Safety Planning)
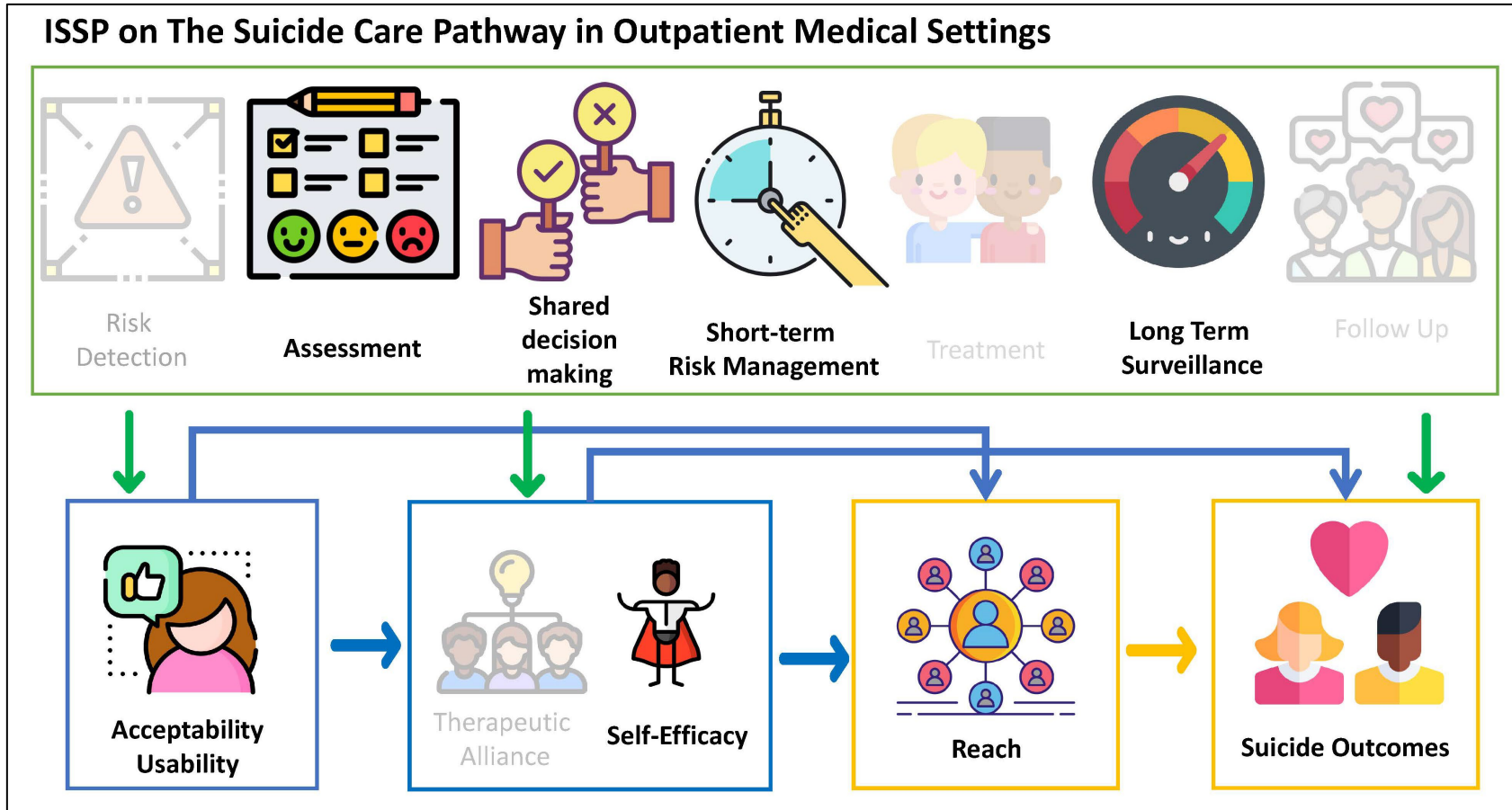
Optimizing Suicide Crisis Clinic

SOARS (Swift Outpatient Alternatives for Rapid Stabilization)

SOARS on The Suicide Care Pathway in Outpatient Medical Settings

Risk Detection — Assessment — Shared decision making — **Short-term Risk Management** — **Treatment** — Long Term Surveillance — Follow Up

Acceptability Usability → **Therapeutic Alliance** **Self-Efficacy** → Reach → **Suicide Outcomes**

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Re-design and Pilot of Suicide Care Intervention

STRIBH (Suicide Treatment and Recovery in Integrated Behavioral Health)

STRIBH on The Suicide Care Pathway in Outpatient Medical Settings
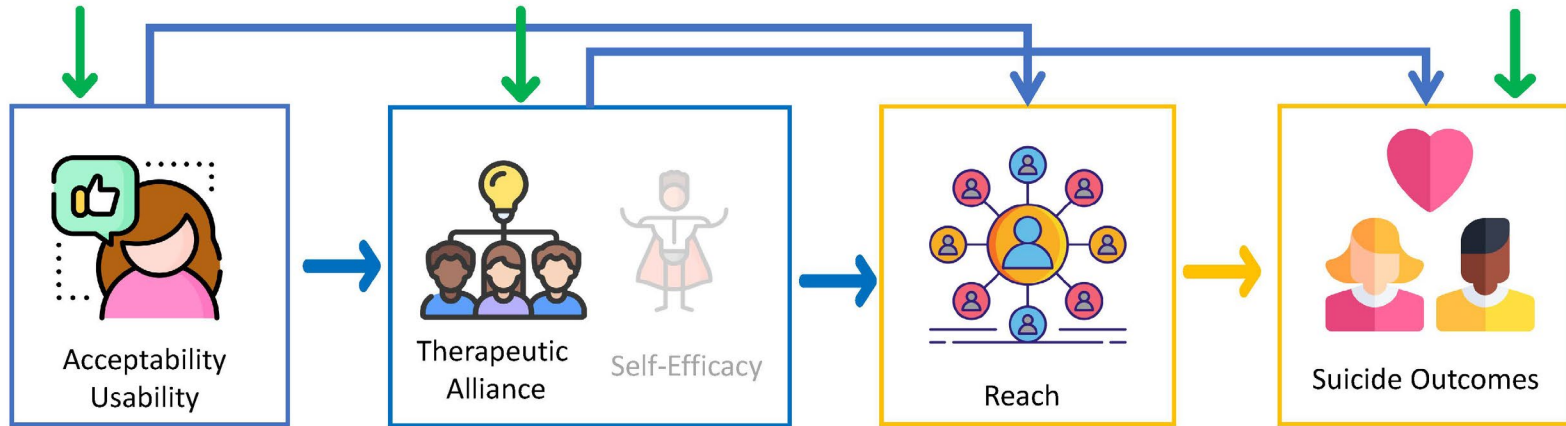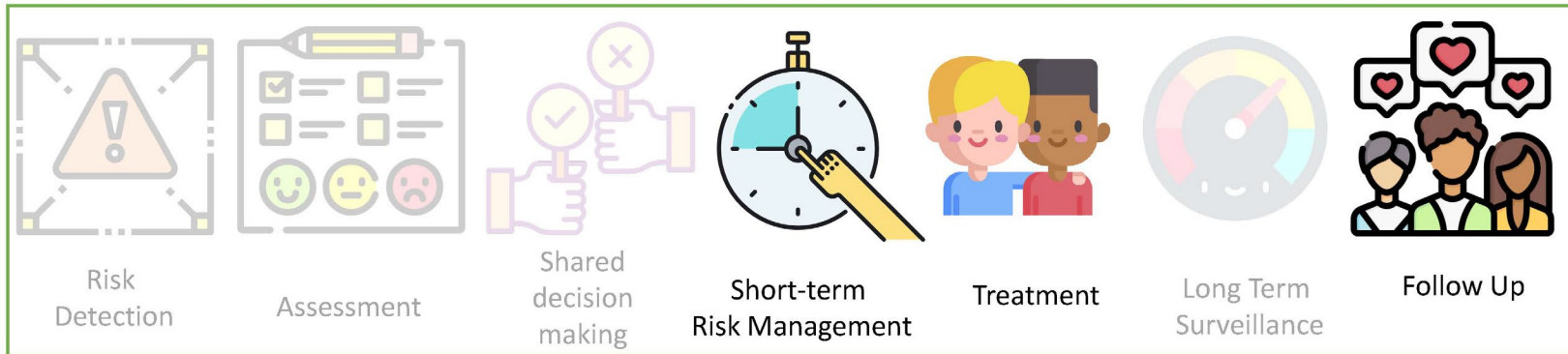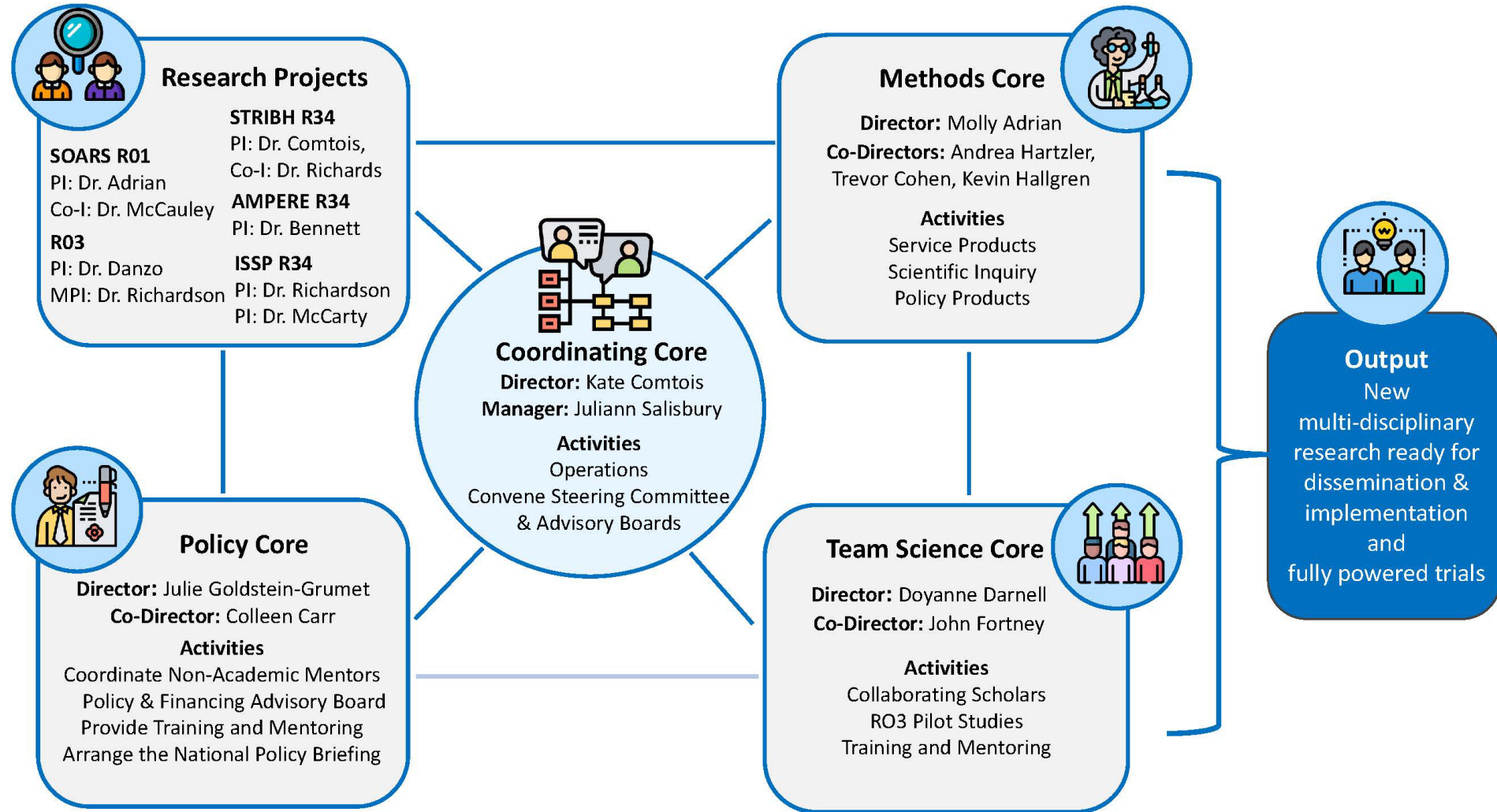
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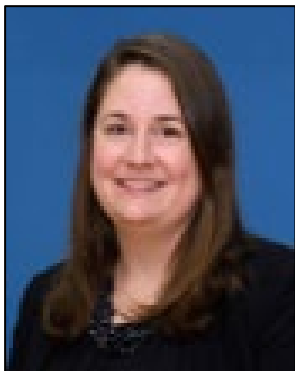
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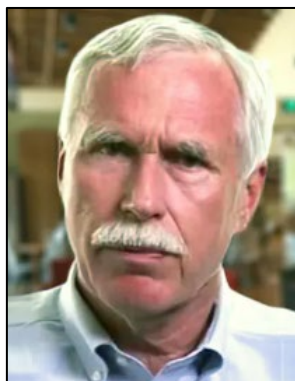
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SCRC Center-wide Plans

Figure 2 Early, Mid-term, and End of Center Outcomes

Early Center Outcomes

1. Common Barriers and Constraints Across OMS for AYA patients and their providers and families
2. Prioritization of OMS Suicide Care Pathway Barriers
3. Funding R03s by Collaborating Scholars from new disciplines
4. Identification of Key Constraints for OMS Optimization Research
5. Validation of standard EHR-derived suicide outcomes

Mid term Center Outcomes

1. Dissemination of OMS Suicide Care Pathway Components with High Acceptability and Usability
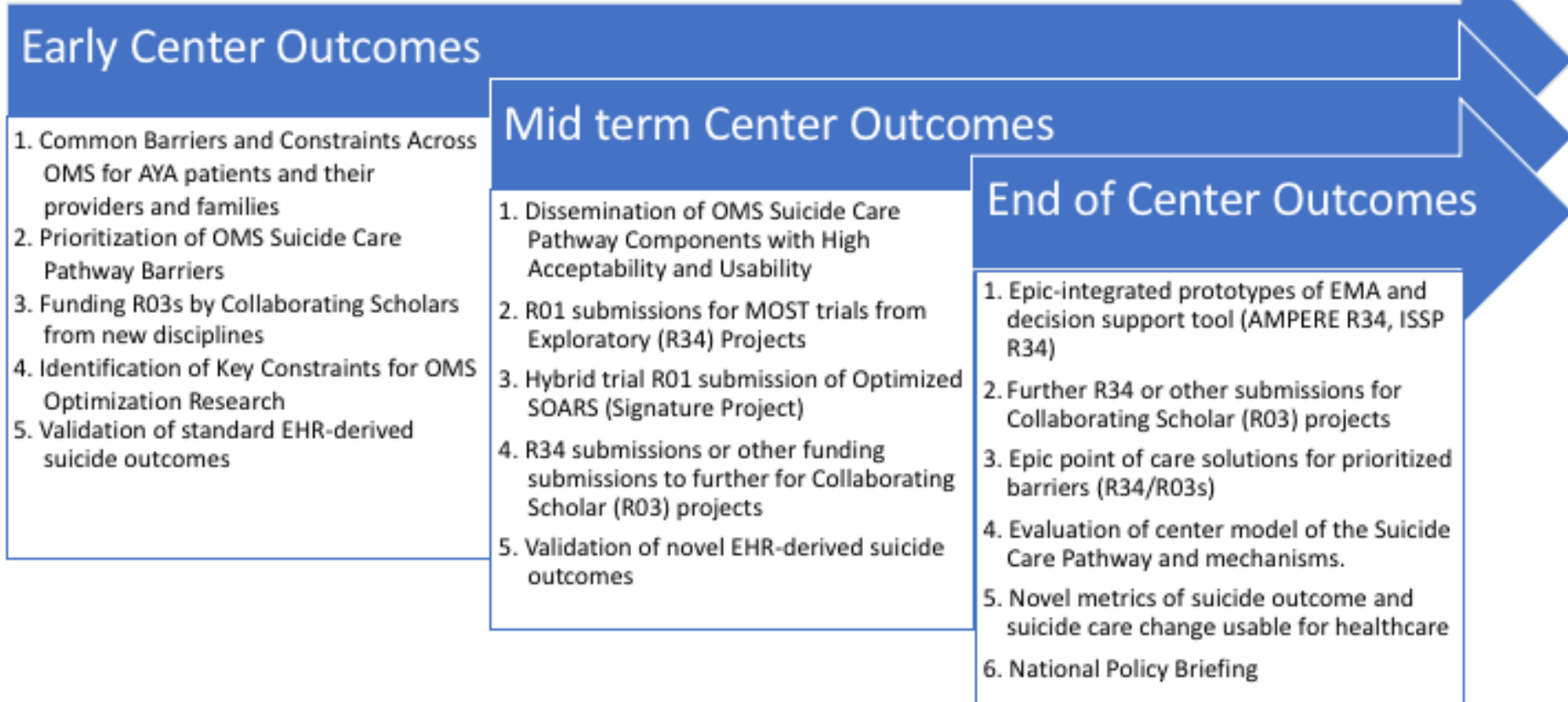2. R01 submissions for MOST trials from Exploratory (R34) Projects
3. Hybrid trial R01 submission of Optimized SOARS (Signature Project)
4. R34 submissions or other funding submissions to further for Collaborating Scholar (R03) projects
5. Validation of novel EHR-derived suicide outcomes

End of Center Outcomes

1. Epic-integrated prototypes of EMA and decision support tool (AMPERE R34, ISSP R34)
2. Further R34 or other submissions for Collaborating Scholar (R03) projects
3. Epic point of care solutions for prioritized barriers (R34/R03s)
4. Evaluation of center model of the Suicide Care Pathway and mechanisms.
5. Novel metrics of suicide outcome and suicide care change usable for healthcare
6. National Policy Briefing

OMS= Outpatient Medical Setting; AYA= Adolescent and Young Adult; EHR= Electronic Health Record; EMA= Ecological Momentary Assessment

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So, we are all off on this adventure…. Stay tuned to see what we discover and create
Happy to take questions or comments

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