Addressing Suicidality in a Family Medicine Residency Clinic

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Rationale

- Family physicians are often the sole providers of mental health care
- Suicide is the 10th leading cause of death in the United States ¹
- According to a large national study, nearly 50% of suicide completers had seen a healthcare provider within a month prior to death ²
- PHQ-9 item #9 has shown to be a strong predictor of suicide attempts and death ³

9.	Thoughts that you would be better off dead
	or of hurting yourself in some way

Not Sever At all Days		More han Half he Days	Nearly Every Day
0	1	2	3

- Patients whose PHQ-9s were addressed by their
 PCP were twice as likely to follow up ⁴
- Malpractice implications for failure to address positive response to item #9



Methods

- Chart review of 143 consecutive PHQ-9s
 with positive suicide item (anything > 0)
- 5 month study period
- Large family medicine residency program in urban underserved setting
- Looking for documentation of suicidality in patient chart

Results

- Over half (57%) of encounters in which the patient disclosed suicidality on a depression screener did not have any provider documentation regarding further assessment
- No statistically significant difference in total PHQ-9 score or item #9 score between patients for whom suicidality was documented and those for whom it was not
- FM residents were significantly more likely to document suicidality than FM faculty (p = 0.0063)
- Only 29% of all providers documented suicidality consistently in this 5-month period

Implications

- Missed opportunities to intervene and provide resources for suicide prevention
- Working with a patient population with many risk factors for suicide, we must find ways to increase our vigilance

What's Next

- Clinic-wide trainings on addressing item #9 on the PHQ-9
- Creation of Epic dotphrase to assist providers in assessing and documenting suicidality (including risk factors, intent/plan/barriers, and treatment plan)
- Creation of Epic dotphrase for patient instructions that describes local resources
- Repeat chart review over next 5 months to assess impact of training and creation of new dotphrases on documentation

References

¹ CDC Increases in Suicide (2016), National Vital Statistics System, Mortality http://www.cdc.gov/nchs/products/databriefs/db241.htm#ref3

² Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., ... & Operskalski, B. H. (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine*, *29*(6), 870-877.

³ Simon, G.E., Coleman, K.J., Rossom, R.C., Beck, A., Oliver, M., Johnson, E... & Rutter C (2016). Risk of suicide attempt and suicide death following completion of the PHQ depression module in community practice. *Journal of Clinical Psychiatry*, 77(2), 221-227.

⁴ Tiemstra, J.D. & Fang, K. (2017). Depression screening in an academic family practice. *Family Medicine*, *49*(1), 42-45.



