

**Contact Information**

**Submitter Name:** Joann Meilinger  
**Submitter Title:** Clinical Integration Project Coordinator, Bronson Network  
**Submitter Email:** meilingj@bronsonhg.org  
**Submitter Phone Number:** 269/341-6014  
**Physician Organization Name:** Bronson Network

**Practice Name:**

**Practice Address:**

**How many physicians in practice:**

**Description of care team (number of care team members and their degrees/qualifications, at the time of the best practice activity):** The care team for this best practice submission includes all Bronson PCP providers (Physician, Nurse Practitioner, & Physician Assistant). It also includes Bronson's 24 Ambulatory Medical Social Workers (LMSWs)

**Executive Summary (5-8 bullet points, must include summary of results)**

- In 2016, Bronson team members began to consult with the Suicide Prevention Resource Center to implement the Zero Suicide model.
- 12 Bronson practices piloted this new model and the standard work developed as part of the project from April 2016 to March 2017.
- In April 2017, after a successful pilot, Bronson expanded the program and standard work to the remaining primary care offices.
- Due to the successful implementation of this project, from March-July 2019 a total of 39,466 depression screenings were completed across Bronson sites.
- PHQ-9 and PHQ-A detection currently demonstrate that 20% of adult screens and 25% of teen screens are positive for depression across the Bronson attributed patient population.
- The project team continues to work to increase the number of patients with a positive screening that receive appropriate follow-up.
- Bronson is most proud of the positive impact the Zero Suicide intervention has had on our patient population and the verbal feedback we have received on lives saved related to these efforts.

**Category of Submission (see page 1):** Behavioral Health Intervention

**Title of Submission:** Bronson Integrated Behavioral Health (IBH) Implementation Project: Zero Suicide

**When did the intervention start and end? (1-2 sentences)**

Bronson initiated Zero Suicide Planning in March of 2016; 12 pilot practices implemented standard work and participated in process improvement efforts from April 2016 through March 2017. In April 2017, Bronson expanded this process to the remaining primary care practices; the process remains in effect at all 26 primary care practices with ongoing engagement of practice care teams in continuous quality improvement.

**Goal of the Program/Intervention: (1-2 sentences)**

Increase appropriate intervention for patients with positive PHQ-9 or PHQ-A screenings to improve depression detection and treatment and to decrease the risk of suicide. Increase utilization of the IBH team and Zero Suicide methodology within the Bronson system.

**Who developed the program/intervention, and how? (2-4 sentences)**

A team consisting of the Behavioral Health Medical Director, Behavioral Health Project Manager, and Lead Social Worker created a plan to pilot at 12 Bronson outpatient primary care practices. This team consulted with the Suicide Prevention Resource Center (SPRC) Zero Suicide Institute during April 2016-March 2017 to guide best practice for suicide prevention. Zero Suicide trainers spent two days with the Bronson executive leadership team, ED staff, outpatient social work, and WMU School of Medicine faculty and students educating these key stakeholders on the components of the Zero Suicide methodology and conducted monthly conference calls for an additional 6 months to support the development of Bronson's Zero Suicide implementation plan. Likewise, the Medical Director, Lead MSW, Bronson Quality and Safety Department, and Data Architect collaborated in the development of tools in Epic and reports to monitor PHQ data collection.

**Description of the Program/Intervention (2-3 paragraphs):**

With guidance from the Suicide Prevention Resource Center (SPRC), each component of the Zero Suicide model - LEAD, TRAIN, IDENTIFY, ENGAGE, TREAT, TRANSITION and IMPROVE was assessed and action was assigned<sup>1</sup>. Zero Suicide trainers presented to the Bronson executive team on these core components. **Lead** is identified as a way to bring culture change across the system to reduce suicides. Bronson stakeholders in our pilot were provided support by Bronson executive leadership to drive cultural change across the system. To fulfill the second component of “**Train**” our stakeholders developed tools to educate all staff on our Zero Suicide plan. Training is provided continuously across the system for new employees and as refreshers to current employees. **Identify** is the step to identify the patient population at risk of suicide with the PHQ-9 screenings. Bronson revisited training materials and redesigned standard work guidelines to appropriately screen patients and interpret the results to align with the Zero Suicide model. This updated process provided triggers for when to enter a social work referral for risk assessment and safety planning. Training is provided across the system to all primary care practices and specialty practices upon request.

Bronson incorporated **engage** by implementing standard work to develop and update care plans for each patient triggering positive for suicide risk. Therefore, if suicidal ideation is identified on the PHQ-9, patients are referred to the IBH MSW for the risk assessment using the Columbia Suicide Severity Risk Scale (CSSRS). The care team uses evidence-based interventions to **treat** suicide risk patients. Brief intervention including Collaborative Assessment and Management of Suicidality (CAMS)-care strategies and the Stanley Brown Safety Plan are utilized. Bronson patients **transition** through the system and community with warm handoffs and appropriate interventions. Through continuous improvement monitoring, we are routinely modifying our standard work and tools to **improve** the care our patients receive. IT supports the electronic documentation system for us to streamline our processes. This project continues to be guided by input from key stakeholders. Feedback from leadership and employees across the system is continuously received to improve the project.

**How were patients identified for the program/intervention? (1-2 paragraphs)**

Patients 12 and older are screened annually at child and adult wellness visits using PHQ-9 and PHQ-A appropriately. Screening is also used with targeted patients at provider discretion and for patients referred to social work for behavioral health concerns. Patients who had PHQ scores of 10 or greater or had suicidal ideation were considered for referral to social work for further risk assessment and safety planning as appropriate based on risk level.

**How was success measured? Please delineate whether metrics were process-based or outcome-based (2-3 paragraphs)**

Current metrics to track success are primarily process-based. Bronson currently pulls process metrics monthly and assesses data at an overall system level as well as at the individual practice level. Currently, process metrics include a.) percent of patients screened at least once annually for depression using the PHQ-9 and b.) percent of PHQ-9 screenings with a score of 10 or greater.

With process-based metrics now established and validated, Bronson has been working to develop reports to assist in tracking outcome-based metrics. Reports are in development to track the percent of patients who scored positive and received appropriate follow up. Preliminary data is shown below with plans to pull outcome data monthly once practice level reports are finalized.

Finally, a Zero Suicide Workforce Survey (WFS) was conducted in 2018 prior to full implementation. Results collected from the pilot will serve as internal baseline data to compare to follow-up survey results planned for 2020.

**What were the program results? Include qualitative data/graphs (2-3 paragraphs)**

Bronson’s PHQ annual screening increased from a baseline of 40% to 65%, with some practices screening 80% or more. During the pilot, approximately 8-10% of PHQ-9 and PHQ-A screens were positive with a score of 10 or more. Of note, with expansion to all 26 practices our PHQ-9 and PHQ-A detection currently shows that 20% of adult screens and 25% of teen screens are positive for depression. The depression score improved 5 points or more resulting in a 16% reduction.

Following one year of data gathering, the program was expanded due to leader identification of the volume of high-risk patients and impact of appropriate interventions. All 26 Bronson PCP practices have implemented the standard work for Zero Suicide. The following data is now available related to the implementation of this program:

- From March-July 2019 a total of 39,466 screenings were completed.
- 2,845 (7% of population screened) reported suicidal ideation. This includes adult PHQ-9 screening, teen PHQ-9 screening, and Edinburgh screenings.

1. Suicide Prevention Resource Center- <https://www.edc.org/suicide-prevention-resource-center-sprc>

- Preliminary outcome data demonstrated the following:
  - Adults – 51% who scored positive had a follow-up
  - Teens – 50% who scored positive had a follow-up
  - Edinburgh – 71% who scored positive had a follow-up

Follow-up is completed via a phone call or office visit within 4 weeks of the date of screening. Based on the data, Bronson has identified strategies to further improve the process and clinical workflow. Improvements to the process will ensure risk assessment completion for any patient with suicidal ideation. Likewise, a safety plan will be completed for patients with moderate to high-risk scores.

**Were any new tools, processes, or resources developed to aid in the implementation of the program/intervention? (1-2 paragraphs)**

To aid in the implementation of this program, Bronson chose to stop use of the PHQ-2 in favor of the PHQ-9, as this improves detection of suicidal ideation by including question #9 (“thoughts better off dead or harming self”). With a change to the PHQ-9, the team developed an algorithm to manage PHQ-9 scores of 5-9, 10-14 and 15 or more. The algorithm is supported by a standard work process for suicidal ideation management as well as a staff crisis protocol. Standard work included use of an electronic template to ensure consistent and accurate documentation; this template was newly developed as part of this project.

Developing an ongoing training plan for care team members was also an important focus of the implementation team. The group designed a curriculum for CEUs on brief interventions for depression as well as for safety planning development.

**What are you proudest of regarding this submission? Why does this work matter? (1-2 paragraphs)**

Prior to implementing Zero Suicide and IBH in our practices, patients with suicidal ideation were sent to the ED for crisis evaluation. Bronson PCP practices are now able to circumvent that step by assessing risk, offering safety-planning strategies, and managing the majority of patients with suicidal ideation in the outpatient setting. This ensures that only the highest risk patients are sent to the ED or to inpatient psychiatric hospitals when the need is indicated.

Responding to suicidal ideation is not, as described by Zero Suicide, “the heroic efforts of individual clinicians” but is instead a methodical process that can be managed by a team to provide compassionate, evidence-based care. Individual and family members want providers who are both compassionate and confident in the care they provide. This is especially true when struggling with depression and suicidal ideation. The care team is called to offer reassurance, hope, develop a plan to mitigate distress and despair, and risk of suicide. Recently, a Bronson PCP office social worker assessed a patient for suicidal ideation using the protocol implemented for risk assessment and safety planning. The patient was assessed to be at high risk for suicide (had a method, access to the method, and plan of intent to carry out her plan) and was admitted later that evening to an inpatient psychiatric facility after the office social worker coordinated with the patient and the local ED for admission. Upon receiving discharge paperwork from the psychiatric facility, it was documented that the patient told her treating physician that the PCP office social worker “saved my life” by evaluating her and getting her to the ED for immediate help. As a team, we are most proud of the positive impact our Zero Suicide intervention has had on our patient population and the verbal feedback we have received on lives saved.

**How will your organization use the funds if your submission wins? (1 paragraph)**

Funds will be used to support and sustain IBH efforts across the Bronson system. They will be utilized to assist in further training and development of our IBH team, tools, and resources. Likewise, funds will assist in development of further process and outcome reporting. This support will ensure that Bronson is able to maintain the current PHQ-9, PHQ-A, and Edinburgh screening and follow-up process at all Bronson primary care practices. Ultimately, through supporting this program, funding will allow Bronson care team members to continue their efforts to save the lives of patients who may otherwise be lost to suicide.

## MSW PHQ 9 Standard Work Sheet

Process: MSW PHQ 9 Intervention and Follow Up Guidelines (ADULT)

Last modified: 2/26/2019

Major Step	Key Point	Reason Why
PHQ-9 (Patient Health Questionnaire)	<p>Two components:</p> <ul style="list-style-type: none"> <li>Assesses patient symptoms and functional impairment to make a <u>tentative</u> depression diagnosis.</li> <li>Derives a severity score to help select and monitor treatment.</li> </ul>	<p>Corresponds with the 9 signs and symptoms of the DSM IV diagnosis.</p> <p>Can quantify the severity of depression.</p> <p>Provides a reliable measurement over time.</p> <p>Strong evidence of reliability and validity.</p>
<p>The Patient Health Questionnaire (PHQ 9) is considered part of the annual health assessment and whenever symptoms suggest its presence (e.g. patient is seeking treatment for symptoms of depression).</p> <p>The purpose of the screening is not to predict suicide, but rather to plan effective suicide care.</p>	<p>PHQ 9 Workflow:</p> <ul style="list-style-type: none"> <li>In most cases within the practice, the PHQ-9 is provided to the patient by front desk staff and completes the questionnaire in the waiting room.</li> <li>MA receives the questionnaire when taking patient back to the exam room.</li> <li>MA reviews and scores the form (unless provider prefers to do this).</li> <li>MA pays particular attention to question #9 which indicates suicidal symptoms.</li> <li>If question # 9 is positive, MA ensures the provider is aware that patient is endorsing suicidal ideation. MA will also alert provider if # 9 was not answered for additional follow up by the provider during the exam.</li> </ul>	<p>Most people with depression will receive treatment in primary care, many solely in primary care.</p> <p>“Up to 45% of individuals who die by suicide have visited their primary care physician within a month of their death.”</p> <p>Additional research suggests that up to 67% of those who attempt suicide return to primary care for medication management as a result of their attempt. Given these statistics, primary care plays a significant role in suicide risk prevention.”</p> <p>Source: SAMHSA-HRSA Center for Integrated Health Solutions</p>
PHQ 9 Scoring	<p><b>Step 1: Questions 1 and 2</b> Need one or both of the first two questions endorsed as a “2” or “3” (2= “More than half the days” or 3= “Nearly every day”)</p> <p><b>Step 2: Questions 1 through 9</b> Need questions 1-8 endorsed as a “2” or a “3”; question 9 must be endorsed as a “1” a “2” or a “3.”</p> <p><b>Step 3: Question 10</b> This question must be endorsed as “Somewhat difficult” or “Very Difficult” or “Extremely Difficult.”</p>	<p>Use of PHQ 9 makes a <i>tentative depression diagnosis</i>. Important to also rule out physical causes for depression, normal bereavement or history of a manic/hypomanic episode.</p> <p><b>Clinician should look at question “9” first when reviewing the score. If “9” is positive, it is most likely further assessment and intervention is appropriate.</b></p>

Proposed treatment actions by PHQ 9 Score	<p><b>PHQ-9 SCORING FOR SEVERITY DETERMINATION</b>  <i>For healthcare professionals use only</i>  Scoring – add up all checked boxes on PHQ-9  For every ✓: Not at all = 0; Several days = 1;  More than half the days = 2; Nearly every day = 3  Interpretation of Total Score</p> <table> <tr> <th>Total Score</th><th>Depression Severity</th><th>Suggested Treatment Action</th></tr> <tr> <td>0-4</td><td>None—consider psychoeducation</td><td></td></tr> <tr> <td>5-9</td><td>Mild—possible brief therapy</td><td></td></tr> <tr> <td>10-14</td><td>Moderate— brief therapy or outpatient referral.</td><td></td></tr> <tr> <td>15-19</td><td>Moderately severe – community referral/risk assessment.</td><td></td></tr> <tr> <td>20-27</td><td>Severe- suicide risk prevention, safety planning</td><td></td></tr> <tr> <td>Positive # 9</td><td colspan="2">If #9 is positive assess for risk and safety plan.</td></tr> </table>	Total Score	Depression Severity	Suggested Treatment Action	0-4	None—consider psychoeducation		5-9	Mild—possible brief therapy		10-14	Moderate— brief therapy or outpatient referral.		15-19	Moderately severe – community referral/risk assessment.		20-27	Severe- suicide risk prevention, safety planning		Positive # 9	If #9 is positive assess for risk and safety plan.		<p>Appropriate treatment based on severity of symptoms.</p> <p>A score of 10 or greater and/or a positive response to #9 requires a depression follow up plan. <i>It is highly advisable that an MSW referral automatically be made if patient endorses suicidal ideation &amp; that a safety plan be made by either the provider or MSW</i></p> <p>Smart-Phrase</p> <p>.SUICIDERISKASSESSMENT .SUICIDESAFETYPLAN</p> <p>Or use Suicide Prevention Smart Form</p>
Total Score	Depression Severity	Suggested Treatment Action																					
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Upon Provider referral to MSW, a positive depression screening follow up call is recommended within 6-8 weeks, especially if patient is started for the first time on medication. It is advisable for patient to be seen or called by MSW within 120 days for repeat PHQ-9.	<ul style="list-style-type: none"> <li>Introduce self to patient, especially if patient has not worked previously with ambulatory office MSW</li> <li>Confirm call is to follow up on patient's symptoms of depression.</li> <li>If helpful, follow suggested depression follow up script in H: Drive.</li> <li>Document follow up and keep provider updated on progress.</li> </ul>	<p>Confirm patient has started medication and/or has been scheduled with a therapist (if referral was given)</p> <p>Reinforce education on signs/symptoms of depression, relapses, or reoccurrences.</p> <p>Reemphasize what patient can do to activate/reactivate their depression plan.</p> <p>Reinforce crisis call options previously discussed.</p>																					
It is recommended annually that MSW's and/or their PCP mental health champion review the reason for depression screening in primary care, SOW, role of social work in assessment and follow up.	<p>Suggested brief overview (15 minutes) at a staff meeting:</p> <p>5 min Review the value of PHQ-9 screening in primary care.</p> <p>5 min. Provide standard work on PHQ-9 work flow in the practice.</p> <p>5 min. Discuss the role of social work in assessment and follow up.</p>	<p>Half of all behavioral health conditions are treated in the primary care setting. Four out of five patients with a mental health condition will visit a primary care physician within a year.</p>																					
		<p><b>Sources:</b>  <a href="http://www.CDC.gov">www.CDC.gov</a>  Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues/Pfizer Inc.  SAMHSA-HRSA Center for Integrated Health Solutions</p>																					