Thank you for joining us!

The webinar will begin momentarily…

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How to Ask a Question During the Webinar

In order to ask the presenter(s) a question during the webinar, simply enter your question into the Q & A box at the bottom of the pod and click the button to the right.
Our Mission

NCUIH is a national membership non-profit organization devoted to the support and development of quality, accessible, and culturally-competent healthcare services for American Indians and Alaska Natives living in urban settings.
Welcome to our Community of Learning

• **Pamela End of Horn, MSW, LICSW**, National Suicide Prevention Consultant, Indian Health Service Headquarters in Rockville, Maryland. Pamela is responsible for the development and oversight of the Suicide Prevention and Care Program. Pamela is an enrolled member of the Oglala Lakota Sioux of the Pine Ridge Indian Reservation, Pine Ridge, South Dakota.

• **Wendy Wisdom, MSW**
  IHS Federal Lead for RPMS Behavioral Health System
Objectives

• Learn best practices in suicide screening.
• Learn about universal screening processes regarding suicide prevention.
• Discuss coding processes for suicide screening and related services by UIOs.
Presenters

- Pamela End of Horn, MSW, LICSW
- Wendy Wisdom, MSW
Scope of the Problem

• Suicide Rate for American Indian/Alaska Native (AI/AN) adolescents and young adult ages 15 to 34 (19.1/100,000) was 1.3 times that of the national average for that age group (14/100,000).

• Suicide is the 8th leading cause of death among all AI/AN across all ages.
Clinical Care Pathway

Start

Triage
- Acute Care Required?
  - YES: Stabilize
  - NO: Initiate

Screening
- Screening: Suicide

Assessment
- Assessment: Safety

Disposition
- Inpatient or Outpatient?
  - Inpatient
    - Admission
    - Transfer
  - Outpatient
    - Referral

Follow-up
Evidence Based Pathway Aides

- Suicide risk screening in pediatric hospitals: Clinical pathways to address a global health crisis.
- The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings
What to do, how to do it and how to implement

Universal Suicide Risk Screening
Definition¹

• A screening is a process for evaluating the possible presence of a problem.

• Example:
  – Pain Screen
    • Used to determine if the patient has pain or not.
Screening versus Assessment

- An assessment gathers detailed information through a collection of data, observation, and physical examination.
- Assessments are completed by providers who are deemed qualified through education, training, licensure, and privileging.
- An assessment tools are generally evidence based and often include, an evaluation focusing on intensity, location, quality, and associated symptoms.
- Screening and assessment are the foundation for an individualized treatment and management plan.
Screening Integration

- Document results and mitigation plans in medical record.
- Appropriately alert key ED staff to the patient’s disposition.
- Accelerate or decelerate course of treatment.
- Inform parent or guardian of results.
- Activate in-hospital services.
System Integration³

- Conduct environmental risk assessments.
- Universal suicide risk screening using an evidence based and validated tool.
- Evidence based process to conduct a suicide risk assessment of all patients screening positive.
- Establish policies and procedures for treatment and follow up.
- Monitor implementation and effectiveness of policies and procedures.
Evidence Screening Tool

Ask Suicide-Screening Questions (ASQ)
Ask Suicide-Screening Questions (ASQ)$^2$

- Free toolkit developed by the National Institute of Mental Health
- Four item suicide-screening tool designed for ages 10 to 24 in emergency departments, inpatient units, and primary care facilities.
- Includes a Brief Safety Assessment available for positive screens.
IHS & NIMH Memorandum of Understanding

• Purpose
  – Three year partnership to develop, implement, and evaluate the ASQ within two IHS Emergency Departments.

• Goal
  – Implement universal screening for all patients in the IHS Emergency Departments of White River Indian Hospital, White River, AZ.

• Outcome
  – Evaluation of the ASQ within the IHS population.
ASQ Quality Improvement Pilot

NIH Connection

OPHS Review

TBHCE Connection

NIH Data Review

Team Finalization

Pilot Site Identification

Team Development

OGC MOU Development

Implementation Process Development

MOU Finalization

Pilot Site ED Assessments

EHR Integration

Data Gathering

EHR Implementation

Pilot Site ED Training
ASQ in the RPMS
Coding and the ASQ

• Negative screening
  – Medicare code G0444

• Screening as acute or non-acute positive
  – Code 96127
    • Assessment to be completed under MD supervision
  – Billed up to 4 times per patient, per session
  – Code 90792
    • Psychiatrist
  – Code 90791
    • Non-medical providers for non-medical services
Pulling Data RPMS

• Types and extend of data
• Data reports
Questions & Answers
Contact

• Pamela End of Horn
  – pamela.endofhorn@ihs.gov

• Wendy Wisdom
  – wendy.wisdom@ihs.gov
References

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3. https://www.jointcommission.org/assets/1/18/R3_18_Suicide_prevention_HAP_BHC_11_27_18_FINAL.pdf