

Suicide Prevention Outreach Trial

- Four MHRN health systems: HealthPartners, KPCO, KPNW, KPWA
- Randomized encouragement or modified Zelen design
- Participants automatically identified from routinely administered PHQ9 depression questionnaires
- Randomly assigned to continued usual care or OFFER of:
 - Care management to promote engagement in outpatient care
 - Online DBT skills training supported by online coaching
- Suicide attempts and suicide deaths ascertained from health system records
- Analysis by ITT, regardless of uptake or participation
- 16,000 randomized as of 5/1/18, expect to complete randomization in June or July

SPOT current barriers/challenges

- Intervention uptake is approximately 45% (but we expected that)
- Enrollment rate is fixed (but we expected that)
- Will need to re-validate outcome specification after transition to ICD10

We wish we had known:

- Multi-component prediction scores are a better way to identify people at risk
- If you've seen one Epic instance, you've seen one Epic instance

Our advice:

- Early and continuous engagement with health system leaders is time-consuming and the most important thing you'll do
- Clinical informatics expertise is essential
- If you can, use your own data to simulate enrollment and event rates

Why join this club? Best place to learn about:

- Engaging with health system partners
- Prioritizing/clarifying pragmatic trial questions
- Matching specific design decisions with trial questions

This will all help with your NEXT pragmatic trial