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
- Randomization completed in 9/2018 (n=18,887)
- Intervention delivery will continue through 9/2019
## SPOT Barriers Scorecard (cumulative)

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Level of Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment and engagement of patients/subjects</td>
<td></td>
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<tr>
<td>Engagement of clinicians and Health Systems</td>
<td>X</td>
</tr>
<tr>
<td>Data collection and merging datasets</td>
<td>X</td>
</tr>
<tr>
<td>Regulatory issues (IRBs and consent)</td>
<td>X</td>
</tr>
<tr>
<td>Stability of control intervention</td>
<td>X</td>
</tr>
<tr>
<td>Implementing/Delivering Intervention Across Healthcare Organizations</td>
<td>X</td>
</tr>
</tbody>
</table>
Current challenges

- Maintaining interventionist engagement as caseloads dwindle
- How far should we go in re-validating outcome specification in ICD-10?
- Maintaining health system enthusiasm while we wait for findings
Things we’re happy we thought of:

- Early and continuous engagement with health system leaders is time-consuming and the most important think you’ll do
- Clinical informatics expertise is essential
- If you can, use your own data to simulate enrollment and event rates
Things we wish we had known:

- If you’ve seen one Epic instance, you’ve seen one Epic instance
- Separate research-specific informatics tools from intervention informatics tools
- Multi-component prediction scores are a better way to identify risk