

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)

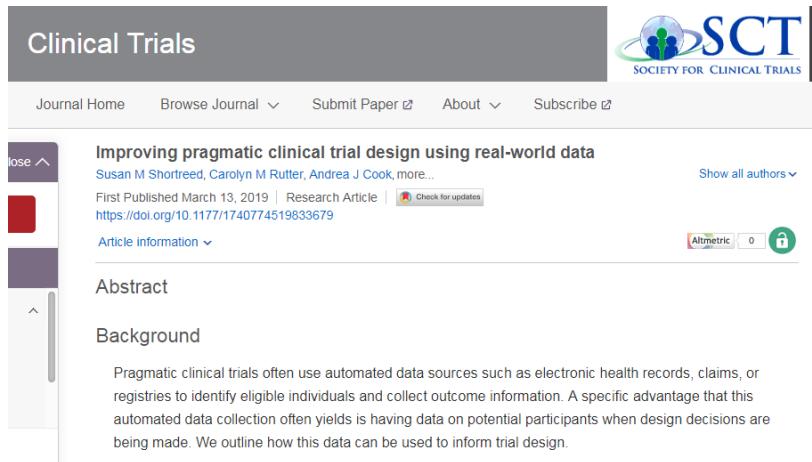
Barrier	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects			X		
Engagement of clinicians and Health Systems	X				
Data collection and merging datasets	X				
Regulatory issues (IRBs and consent)				X	
Stability of control intervention		X			
Implementing/Delivering Intervention Across Healthcare Organizations			X		

Current challenges

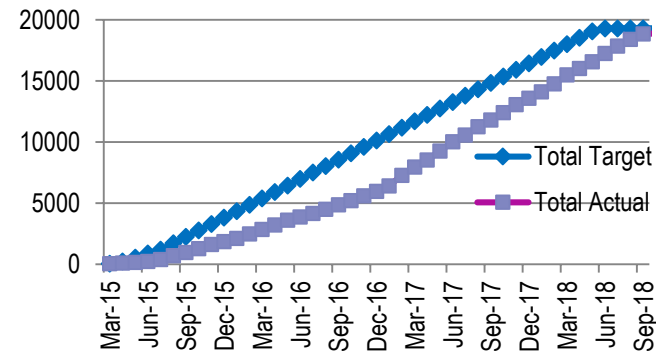
- Maintaining interventionist engagement as caseloads dwindle
- How far should we go in re-validating outcome specification in ICD-10?
- Maintaining health system enthusiasm while we wait for findings

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



The screenshot shows the top portion of a journal article page from 'Clinical Trials'. The header includes the journal title and navigation links. The article title is 'Improving pragmatic clinical trial design using real-world data' by Susan M Shortreed, Carolyn M Rutter, and Andrea J Cook. The article was first published on March 13, 2019. The abstract section is visible, starting with the text: 'Pragmatic clinical trials often use automated data sources such as electronic health records, claims, or registries to identify eligible individuals and collect outcome information. A specific advantage that this automated data collection often yields is having data on potential participants when design decisions are being made. We outline how this data can be used to inform trial design.'



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