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)

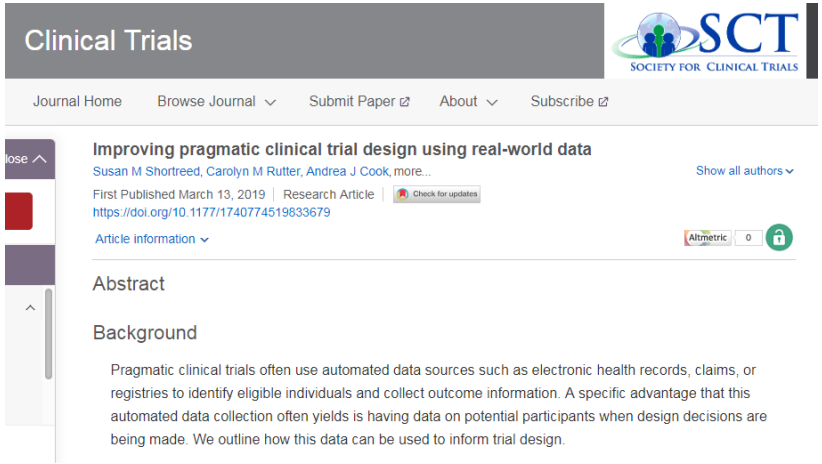
Barrier	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects			X		
Engagement of clinicians and Health Systems	X				
Data collection and merging datasets	X				
Regulatory issues (IRBs and consent)				X	
Stability of control intervention		X			
Implementing/Delivering Intervention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

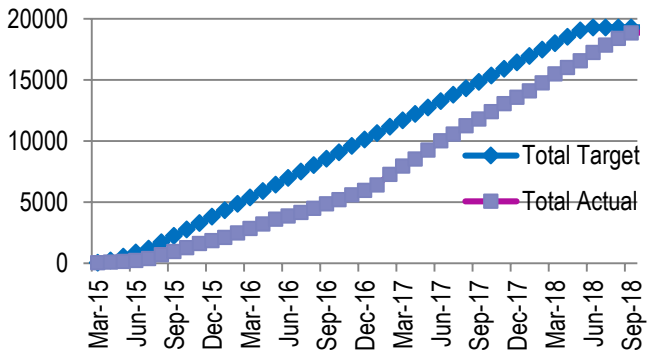
Current challenges

- 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





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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