

## SBIRT VT: Moving forward on population health, wellness and prevention

There is a opportunity to screen & identify suicide risk with PHQ within Primary Care & EDs

The challenge is attending to psychosocial vital signs in medical settings even when they point to a life or death indicator.

The SBIRT process of triage initial screening leading to secondary risk stratification screening works well within medical settings where the culture and staffing allows for immediate effective response.

**Recommendation** - a) utilize automated screening b) utilize the PHQ-2 plus question #9 as initial screen c) develop a responsive and effective provider culture to address risk

### Two studies of SBIRT data

Q1. Depression Risk as per PHQ

Q2. If positive for Depression Risk - how many patients receive and/or answer Q9

Q3. How many endorse Suicide Ideation based on PHQ- Question 9

#### Primary Care PHQ -

13,000 patients at participating sites completed an initial screening for depression. **10%** (840) were positive for possible risk of depressive symptoms.

**33%** of those receiving the **full screening and responding to the question** endorsed suicidal thoughts.

Only **30%** get the secondary screen

Type	Patients screened with PHQ2 as part of SBIRT	PHQ - Depression Risk	If + on PHQ2 Who received secondary screen	Positive for Suicide Ideation if risk for depression
ED (1)	6854 1/16 -1/18	4% = 274 patients	96% = 263 patients	39% = 107 patients
PCP (1)	1474 10/16- 1/18	6% = 88 patients	40% = 35 patients	11% = 4 patients
PCP (2)	8628 5/14-7/16	8% =690 patients	12% = 82 patients	7% = 6 patients