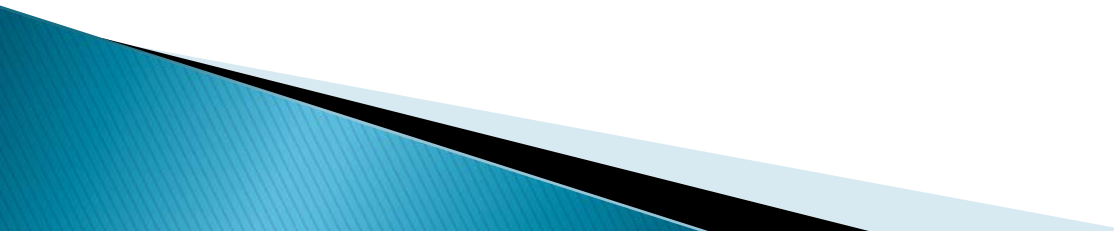


# Universal Behavioral Health Screening

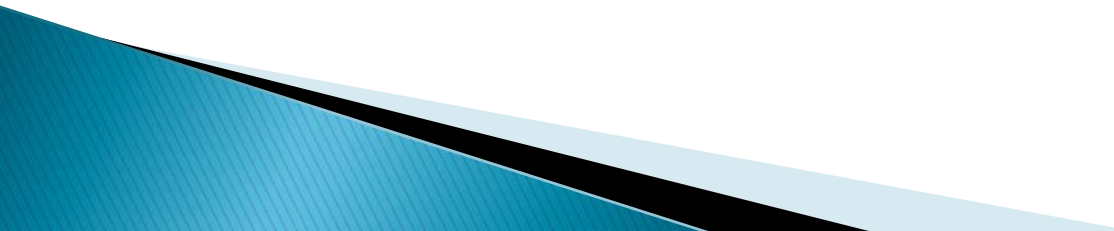
Dave Sprenger, M.D.  
IHS/CAO CMO



# Overview

- ▶ BH GPRA measures
  - ▶ Rationale for increased screening from the literature
  - ▶ Universal screening definition
  - ▶ Examples of tools
- 

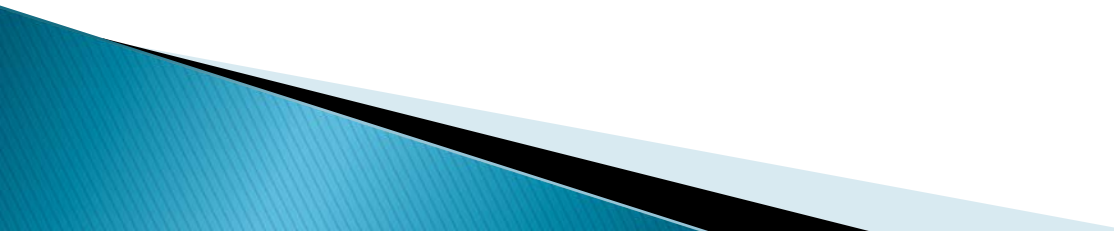
# The Measures

- Depression: Patients screened for depression or with diagnosed mood disorder (Denominator = Active clinical > 18)
  - Alcohol: Patients screened for alcohol use, with an alcohol-related diagnosis, or received alcohol education (Denominator = Female active clinical 15–44 yo)
  - DV/IPV: Patients screened for intimate partner (domestic) violence (Denominator = Female active clinical 15–40)
- 

# 2010 California Area performance

Measure	2010 California	2010 National Targets	2011 National Targets	Difference
Depression Screening	39%	53%	51.9%	12.9%
Alcohol Screening	43%	55%	51.7%	8.7%
Intimate Partner Violence Screening	48%	53%	52.8%	4.8%


# Scientific Rationale for Primary Care Screening of BH

- United States Preventive Services Task Force (USPSTF) rates Alcohol Misuse Screening and Depression Screening in Adults as “B” Recommendation
  - IPV screening is considered as an “I” Recommendation by USPSTF (negative study JAMA 2009) , but recommended by ACOG, higher prevalence in our population provides more justification
- 

# Further justification for Indian country

- ▶ Higher prevalence of Mood Disorders, Alcohol Misuse and IPV increase the Positive Predictive Value of the screening tools

# Justification for *increased* screening

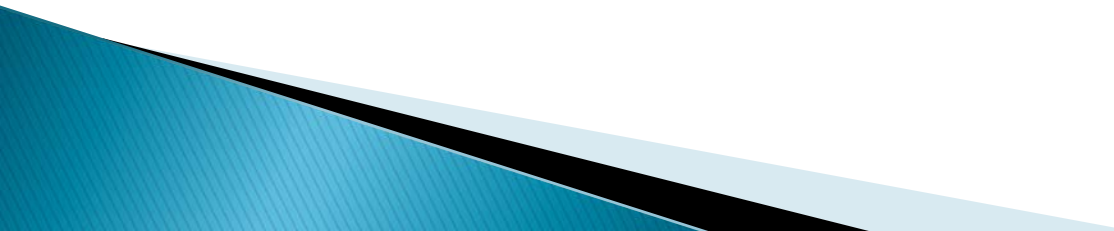
- President's New Freedom Commission on Mental Health (2003) called on Federal agencies to take lead in increasing screening
  - Some VA, DOD and HRSA facilities have had significant success with Universal Screening Protocols
  - Preliminary, anecdotal evidence by IHS demonstrated that programs with universal screening protocols do better on screening rates
- 

# Further justification

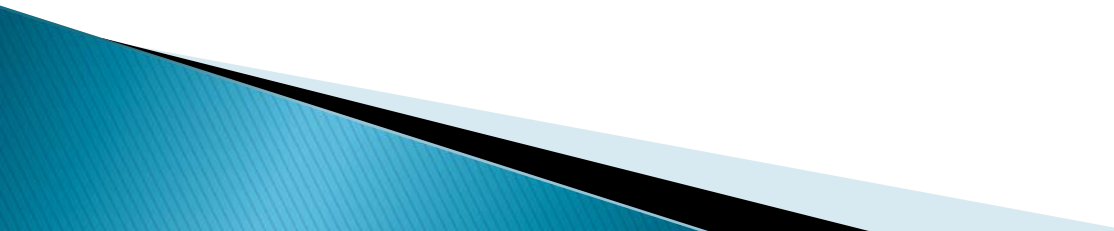
- ▶ The GPRA measures are demographically limited (ALC = Females 15–44 yo)
- ▶ Some research on SAMHSA's Screening, Brief Intervention, Referral and Treatment (SBIRT) project demonstrated ROI in excess of 400% from this project



# Summary of rationale for enhanced screening

- Uncertainty exists regarding frequency of BH screening
  - Primary risk of BH screening is false positives, which can waste time, and/or lead to inappropriate treatment, but mitigated by higher prevalence
  - Because of high prevalence in our population, early evidence of higher screening rates and success of Federal partners, we believe universal screening is justified
- 

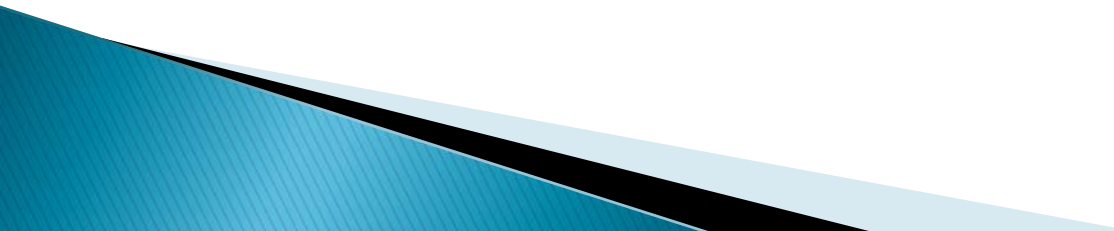
# Universal Screening

- ▶ Screening every patient, every time
  - ▶ For our purposes, it will be screening every patient (both sexes) above the age of 15 for depression, alcohol abuse and intimate partner violence at every visit (exceptions for very high utilizers)
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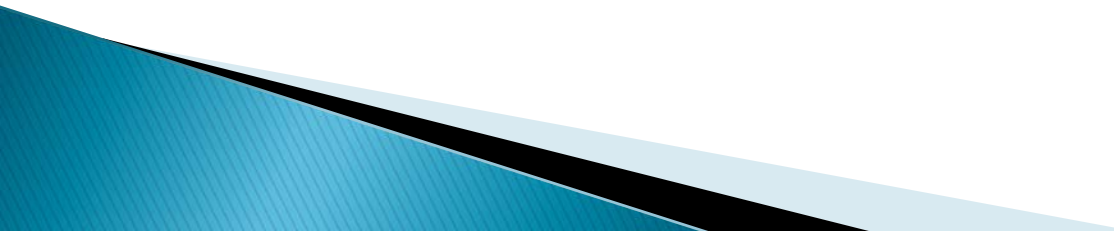
# Benefits of Universal Screening

- ▶ Don't have to track who needs what, when
- ▶ If done while patient checking in, can relieve burden from clinical staff, save their effort for diagnosis and treatment

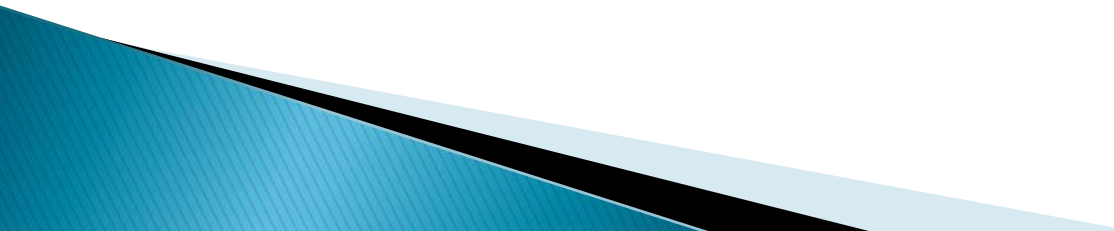
# Area Office Investment in Universal BH Screening

- CAO sent out some “seed” money in April (\$1 per Active User)
  - Then, incentive payments to be made to each clinic that achieves either  $>50\%$  improvement in all measures, or achieves 80% for each
  - Incentive amounts will be \$5000, \$7500, \$10000, depending on size of clinic
- 

# Other universal screening initiatives

- ▶ Check in kiosk to perform automated screening
  - ▶ Developing web-based tutorials for clinicians
- 

# Tools

- Some facilities just use a simple question
  - Recommend something which is validated and evidence-based
    - Depression: PHQ-2 (scaled and non-scaled), PHQ-9
    - Alc: CAGE, SASQ (1 item), AUDIT, CRAAFT (adolescents)
    - IPV: HITS
- 

*In an effort to provide complete and comprehensive preventative care to our patients we would appreciate your assistance with completing this questionnaire. Please complete the questions as completely as you can and give to your nurse. Thank you for taking an active part in your health care.*

If the health screenings are positive, would you like to be contacted by the Behavioral Health Department?

☐ Yes / ☐ No

Are you currently a patient at the Oklahoma City Indian Clinic Behavioral Health Department?

☐ Yes / ☐ No

## Depression Screening

Chart #: \_\_\_\_\_ Date: \_\_\_\_\_

Over the ***last 2 weeks***, how often have you been bothered by any of the following problems? Read each item carefully, and mark your response.

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed, or hopeless	0	1	2	3
c. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
d. Feeling tired or having little energy	0	1	2	3
e. Poor appetite or overeating	0	1	2	3
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down	0	1	2	3
g. Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
i. Thinking that you would be better off dead or that you want to hurt yourself in some way	0	1	2	3
(Office Use Only) Totals				

Score	Chart	Action
0-14	DP -	Chart Only
≥ 15	DP +	BH Referral
I ≥ 1	DP +	BH Staff

*Behavioral Health Use Only*

Name: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In an effort to provide complete and comprehensive preventative care to our patients we would appreciate your assistance with completing this questionnaire. Please complete the questions as completely as you can and give to your nurse. Thank you for taking an active part in your health care.*

## CAGE Questionnaire: Screening Test for Alcohol Dependence

Chart #: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the one response to each item that best describes how you have felt and behaved over your whole life.

**Do you currently drink alcohol, beer or wine?**

☐ Yes

☐ No → **Please proceed to Intimate Partner/Domestic Violence Screening**

1. Have you ever felt you should *cut* down on your drinking?

☐ Yes

☐ No

2. Have people *annoyed* you by criticizing your drinking?

☐ Yes

☐ No

3. Have you ever felt bad or *guilty* about your drinking?

☐ Yes

☐ No

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*eye-opener*)?

☐ Yes

☐ No

CAGE Score	Chart	Action
Unable to Screen	ETOH UAS	Chart Only
0	ETOH -	Chart Only
1	ETOH -	Chart Only
2	ETOH +	BH Referral
3+	ETOH +	BH Staff

## Intimate Partner/Domestic Violence Screening (*Females only*):

1. Are you in a relationship with a person who physically hurts or threatens you?

☐ Yes

☐ No

2. Have you ever been in a relationship with a person who hurt you?

☐ Yes

☐ No

3. Would you like to talk to someone about Intimate Partner/Domestic Violence?

☐ Yes

☐ No

IP/DV	Chart	Action
Unable to Screen	DV-UAS	Chart Only
1Y	DV-PR	BH Referral
2Y	DV-PA	Chart Only
1N or 2N	DV-N	Chart Only

**PLEASE RETURN THE COMPLETED FORM TO YOUR NURSE**



# Resources

## ▶ GPRA:

- <http://www.ihs.gov/California/Universal/PageMain.cfm?p=623>
- [http://www.ihs.gov/cio/crs/index.cfm?module=crs\\_performance\\_improvement\\_toolbox](http://www.ihs.gov/cio/crs/index.cfm?module=crs_performance_improvement_toolbox)