

Bree Collaborative | Suicide Care Workgroup
May 10th, 2018 | 3:00-4:30
Foundation for Health Care Quality
705 2nd Avenue, Suite 410 | Seattle, WA 98104

MEMBERS PRESENT

Hugh Straley, MD (Chair), Bree Collaborative
Kate Comtois,* PhD, MSW, Psychologist,
Harborview Medical Center
Karen Hye,* PsyD, CHI Franciscan
Matt Layton,* MD, PhD, FACP, DFAPA, Elson S.
Floyd College of Medicine, Washington
State University
Neetha Mony,* MSW, Washington State
Department of Health

Julie Richards, MPH, Kaiser Permanente
Washington Health Research Institute
Julie Rickard,* PhD, Confluence Health
Jeffrey Sung , MD, Washington State
Psychiatric Association
Jennifer Stuber, PhD, University of Washington
School of Social Work

STAFF AND MEMBERS OF THE PUBLIC

Alicia Parris, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

WELCOME AND INTRODUCTIONS

Hugh Straley, MD, Bree Collaborative, opened the meeting and those present introduced themselves.
Ginny Weir, MPH, Bree Collaborative

Motion: Approve 4/12/2018 Minutes.
Outcome: Passed with unanimous support.

PRESENTATION SUICIDE CARE: BARRIERS TO ACCESS

Jeffrey Sung, MD, Washington State Psychiatric Association, presented slides *Suicide Care: Barriers to Access*:

- Environmental contingencies that are barriers to care
 - Payment, regulatory & legal systems
- Why talented doctors don't take on suicide care
 - Malpractice liability
 - Burnout
 - Personal/professional blame for patients' deaths
- Risk factors for suicide are barriers to treatment
 - Psychosis, financial, substance abuse, etc.

The group discussed how to address these issues:

- In adverse outcomes not blaming providers but looking at systems of care
- Death review only in children under 18
 - Discussion but no means of communicating findings

REVIEW OF RECOMMENDATION FOCUS AREAS

Group viewed Recommendations Suicide Prevention Draft – Recommendation Focus Areas and discussed:

- Value of aligning family members with care providers
 - Education and support for families

- Possibly building in reimbursable case management for families
- Changed “screening” to “identification of suicide risk”
- Adding medication to the safe storage list
- Screening directly for suicide risk in all patients rather than associated conditions
 - Depression, anxiety, and drug use as associated conditions
- Not requiring a specific assessment tool
 - No consensus so far on best or most sensitive
 - Any validated tool may be used
- Correlation between stigma of a condition and lack of an effective treatment
 - Effective treatments might reduce stigma
- Scripting questions physicians can ask
- Difficulty formulating risk
- Follow up after suicide attempt and suicide death
- Providing a clear role for people administering screenings

Action Item: Ginny Weir will send recommendations for group to write in recommended language along with National Strategy for Suicide Prevention

NEXT STEPS AND PUBLIC COMMENTS

Dr. Straley and Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.