2019

Falling Through The Digital Cracks: An EHR-Focused Approach to Promote Social History and Mental Health in the Outpatient Setting

Daniel De Los Santos
University of Vermont

Falling Through the Digital Cracks:

An EHR-Focused Approach to Promote Social History and Mental Health in the Outpatient Setting

By: Daniel De Los Santos, Larner College of Medicine at UVM

March/April 2019; Brookfield Family Medicine, Danbury, CT

Mentors: Dr. Cornelius Ferreira

Problem Identification

- Eight out of ten people considering suicide give some sign of their intentions.[1]

- Although they may not call prevention centers, people considering suicide usually do seek help; for example, 64% of people who attempt suicide visit a doctor in the month before their attempt, and 38% in the week before.[2]

- Given the recent suicide in Newtown, CT of Jeremy Richman—father to his daughter who was killed in the Sandy Hook Massacre—it needs to be asked if his suicide could have been prevented by having his physician discuss his mental health with him at his most recent check-up.

- Of equal importance, are there flaws within the EHR platform that make it more difficult for physicians to access or document a recent major life event while reviewing a patient's chart?

Public Health Cost

○ The national cost of suicides and suicide attempts in the United States in 2013 was $58.4 billion based on reported numbers alone.[3]

○ Our $93.5 billion estimate of 2013 national cost of suicide and suicide attempts, adjusted for underreporting, is 2.1 times the latest previous study—the CDC's estimate for 2010 of $44.7 billion. [3]

○ The average cost of one suicide was $1,329,553. [3]

○ Every $1.00 spent on psychotherapeutic interventions and interventions that strengthened linkages among different care providers saved $2.50 in the cost of suicides. [3]
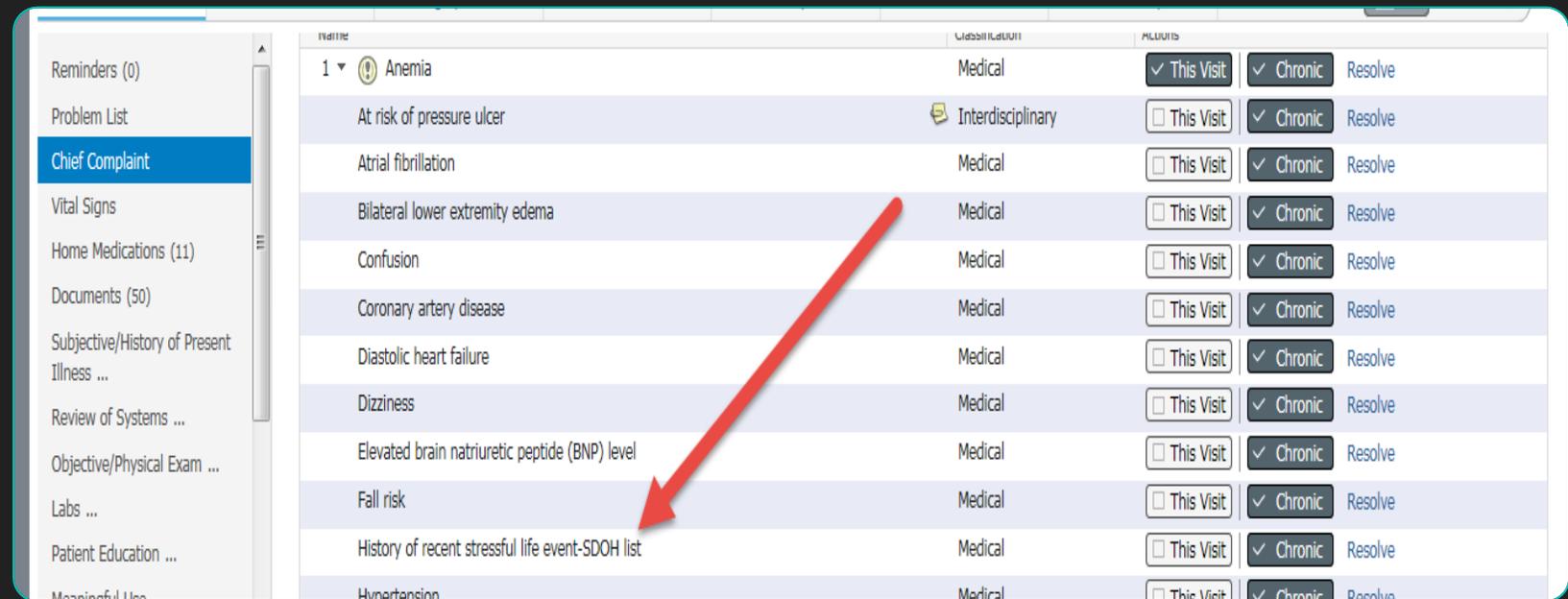
Community Perspective

- Kerri Riley, LCSW, believes that "there can be a stigma for patients over bringing up past social or mental health issues", but acknowledges that implementing a way to make the issues more accessible within the EHR would make it "helpful to not have to go back and read past notes to remember important topics." She thinks important reminders to include would be job loss, social supports, arrests, caregiver stress, access to transportation, and suicidal ideation. She remarked that "For SI, not only can the ideation change frequently, but patient's who don't talk about it are actually more at risk. Therefore, just talking about it can be a method of prevention."

- Jeffrey Michaelis, MD, is a retired psychiatrist and lead informaticist for WCHN. In discussing the best way to remind physicians about a patient's social history/mental health within the EHR, he believes that it would be best suited to put within the problem list instead of within reminders. However, he emphasizes that there are also issues that need to be considered. Among these include the questions of "Who is accountable?", "Who owns the information?", "Who is going to update it?", "Are there any liability concerns?", and "Who has access to it?"

Intervention & Methodology

- With the help of Dr. Jeffrey Michaelis, this intervention consists of creating a specific problem list entry on the Cerner EHR titled "History of Recent Stressful Life Event – SDOH list". This entry is available for providers to use within the WCHN network.

- The aim of this intervention is to remind providers about a recent stressful life event for a patient while seamlessly scrolling down through the work flow.

- Since most providers sequentially go through the work flow during a normal visit, having this cross their eye's path will hopefully remind them about the life event. From there, they can decide if they feel it is appropriate to discuss the event with the patient at that time.

Results & Responses

- To add an entry into the problem list:
  - Click on "Problem List"
  - Click "Modify" on the pop-up screen
  - Under "Display Ads", type "History of recent stressful…" and choose the full title.
- The idea was well-received by the providers at Brookfield Family Medicine and they are confident in its usefulness as an accessible reminder.

Effectiveness & Limitations

- Evaluation of Effectiveness
  - The effectiveness of this intervention could be assessed by distributing a follow-up survey to the providers. The survey would ask questions about how often they see these reminders while going through a patient's workflow and how often they bring up the stressful Imajor life event with the patient after seeing the reminder.
  - In addition, a survey could also be given to the patients. This would aim to assess their opinion on being asked about this stressful life event and if it could possibly improve the doctor-patient relationship.
- Limitations
  - If a provider chooses another way to go through the work flow, they might not see the problem list with the stressful major life event included.
  - If providers feel that they will be held liable for bringing the topic up at every visit, they might opt out of adding a stressful life major event to the problem list in the first place.

Future Interventions

○ Rather than putting a reminder about a stressful major life event in the problem list, implement and code in a small box at the right upper corner of a patient's chart titled "To Do List" or "Checklist".

  ○ This would be more apparent to the provider as it would be in view as they opened the patient's chart

○ Expand on the different topics that could be included to promote social and mental health. Examples of further topics are listed to the right.

Social Determinants of Health
- Financial Security/Employment
- Food Security/Housing Security
- Discrimination/Minority Stressors
- Access to Transportation

Mental Health
- Social Isolation
- SI
- Addiction

Non-stressful Life Events
- Birth of a Child
- Recent vacation/promotion

References

- 1. Hollaway, K. J. (2007). New research on epilepsy and behavior. New York: Nova Science

- 2. Ahmedani, Brian K. "Racial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States." Medical Care 53.5 (May 2015): 430-35. Web.

- 3. Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A., Jr., & Silverman, M. M. (2015). Suicide and suicidal attempts in the United States: Costs and policy implications. *Suicide and Life-Threatening Behavior.*