Behavioral Health Screening Best Practices In Indian Health Care

James Ward, MBA
J.L. Ward Associates, Inc.

Behavioral Health Screening

- IHS/GPRA Performance
- National IHS/ASPE Best Practice Evaluation
- RSBCIHI Project with ScreenDox
Behavioral Health Screening
IHS GPRA (National Averages)

2004
2006
2009
2012
2017

7% 4%
AA VV DD

68% 66% 69%

2006
2009
2012
2017

Behavioral Health Screening
IHS GPRA (National Averages)

2018

Tobacco Cessation
Alcohol 12-75
Depression 12-17
Depression 18+
D/IPV Violence

28.9% 40.9% 36.0% 43.3% 38.1%
IHS/ASPE
National Behavioral Health Screening Best Practice Evaluation

16 Health Centers
10 States

Medical Administration
Behavioral Health Data Entry

Barriers Best Practices

Screening Barriers

- Not enough staff to always complete screens
- Staff doesn’t receive enough training (resistant)
- Lack of standardized process
Screening Barriers

- Community norms often don’t see the problem
- Referral resources are sometimes limited
- Patients don’t always answer truthfully

While numerous barriers existed, the sites were able to screen their patients and document the screenings successfully enough to be considered high-performers by the IHS.
Best Practices (Recommendations)

- Require staff to screen
- Standardize the screening process
- Train staff on screening procedures

Best Practices (Recommendations)

- Screen all patients during each visit
- Screen even if referral resources are unavailable
- Improve staff communication
One participant said: [We screen everyone] because you never know when you’re going to hit somebody that has problems. Domestic violence or alcohol or even all three screenings…it is a respecter of no person or status. It doesn’t matter if you have a diamond necklace or if you have an old ragged t-shirt, you’re going to get screened.

Benefits to Using Best Practices

- It is easier to screen everyone
- Staff grows more comfortable with the questions and competency increases over time
- Patients grow accustomed to being screened
Benefits to Using Best Practices

- Patients don’t feel “singled out”
- Screening at each visit increases the chances of identifying people with problems
- People’s circumstances change

Application of Recommended Practices by Riverside-San Bernardino County Indian Health
Screening Policy

All medical department patients, regardless of gender identity, sexual orientation, race or ethnicity, insurance coverage, purpose of the visit, or physical/mental disability will be screened for behavioral health problems, according to the following pre-established parameters and settings, at every visit, during the vital routine using ScreenDox:

<table>
<thead>
<tr>
<th>Behavioral Health Problem</th>
<th>Screening Frequency</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>Annually</td>
<td>12</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Quarterly</td>
<td>12</td>
</tr>
<tr>
<td>Non-Medical Drug Use</td>
<td>Quarterly</td>
<td>12</td>
</tr>
<tr>
<td>Depression</td>
<td>Every Visit</td>
<td>12</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>Every Visit</td>
<td>12</td>
</tr>
<tr>
<td>Domestic/Intimate Partner Violence</td>
<td>Every Visit</td>
<td>12</td>
</tr>
</tbody>
</table>
### ScreenDox

Electronic Behavioral Health Screening Application

<table>
<thead>
<tr>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screens every patient as frequently as needed without dependence on staff</td>
</tr>
<tr>
<td>Tracks which patients need to be screened</td>
</tr>
<tr>
<td>Scores standardized tools</td>
</tr>
<tr>
<td>Exports results to EHR (RPMS &amp; NextGen)</td>
</tr>
<tr>
<td>Results are immediately available in the EHR for the medical visit</td>
</tr>
<tr>
<td>Standardizes screening process across all departments and health centers</td>
</tr>
<tr>
<td>Real-time patient information and prevalence rate reports</td>
</tr>
</tbody>
</table>
Riverside-San Bernardino County Indian Health, Inc.

**38,580**
Screens

**15,768**
Unique Patients

4,254 (26.9%)
Patients screened positive for depressive symptoms.

2,218 patients (14%) screened positive for depression with a PHQ-9 score of 10 or higher.
Patients screened positive for suicidal ideation.

Patients screened positive for domestic/intimate partner violence.
1,663 Patients screened positive for an alcohol problem.

6,090 Patients screened for drug use starting October 2019.

436 patients screened positive for depression drug use problem.
James Ward, MBA
J.L. Ward Associates, Inc.
619-249-6641 (cell)

james@jlwardassociates.com
jlwardassociates.com

screendox.com