**From:** Brown, Steven H.
**Sent:** Wednesday, January 24, 2018 1:24 PM
**To:** Nebeker, Jonathan; Kenneth Samuel Rubin (ken.rubin@utah.edu); Donahue, Margaret; Hunolt, Elaine; Williams, Kim C. (VHACO); Scott, Jeanie (VHA OIA); Wilck, Nancy; Ward, Merry; Condon, Kellie; Long, Brenna M.; Brown, Steven H.
**Subject:** HI discussion - suicide screening project

Last week we talked about some short term wins for HI that came out of the HI directors meeting last week. Deploying standards-based suicide screening forms in CPRS was one of the items.  Here is some background information I offer to help us move forward as a team.

In 2014 KBS made significant progress in the area of standards-based suicide screening by working closely with the VACO Mental Health team and their informatics cadre. The products of this effort were CDS “Smart Forms” and LEGOs providing SNOMED encoding of the underlying data elements. The HTML version of the screening form and the related xml-based LEGOs are attached to this message

In 2017 KBS helped the Mental Health Informatics team respond to a call for innovative ideas. We pitched the idea of standards-based suicide screening formulated as HL7 Knowledge Artifacts. The standards-based screening activity was funded for implementation in CPRS (but not via KNARTS).  As it now stands, there is a 3 part escalating strategy to  suicide screening

1.       PHQ-9 item 9: “In the last 2 weeks how often have you been bothered by thoughts that you better off dead or hurting yourself in some way”

2.       Columbia Suicide Severity Rating Scale (version attached)

3.       VA specific questionnaire derived at least in part if not whole from the 2014 collaborative effort (see attached)

In December 2017, KBS informatics architect Keith Campbell reached out to Kaiser Permanente (KP) to discuss their approaches to standards-based suicide screening. We learned that KP is using the Columbia SSRS in an EPIC deployment. The KP Convergent Medical Terminology (CMT) team was very interested in sharing SNOMED modeled terms from the SSRS with VA via a method called a SNOMED “Extension”. An extension is a freely available way for healthcare organizations to share novel SNOMED terms in advance of world-wide publication.

Another relevant piece of the puzzle is an pending VistA Patient Care Encounter (PCE) enhancement to support coded health factors.  Current CPRS point-and-click clinical data is gathered via  “Reminder Dialogs” and is stored free-text “health factors” in the VistA PCE package. Examples of health factors could be “LIFETIME NON SMOKER” and “NEVER SMOKED”. Today VistA would consider these two health factors to be different because the strings are not *exactly* the same - even though they would clearly mean the same thing to a person. This type of terminology problem is simply solved by linking the free-text string to an ID number that represents the underlying idea. VistA or any other computer system could easily “know” that  health factor #57 “LIFETIME NON SMOKER” is the same as #57 “NEVER SMOKED” based on the common ID of 57.  Unfortunately VistA cannot currently manage coded health factors. This makes achieving enterprise standard clinical decision support (cds), national reporting and interoperability with healthcare partners (DoD and others) much more difficult. An upcoming (possibly imminent) VistA enhancement will address its inability to manage coded health factors

Just today KBS and IO were given the opportunity to proffer the idea to EHRM (in a fhir-drill) as a possible Argonaut project that may well win Whitehouse backing. A version of  Argonaut write up is attached for your reading pleasure.