



Do I have to do this every time?: Implementing a PTSD Screening Instrument in a Community Health Center that Serves People Experiencing Homelessness



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Background

- Since 2015, the U.S. Health Resources & Services Administration (HRSA) has required that Federally Qualified Health Centers (FQHCs) screen for depression in all adult patients.
- Some clinic populations also have a high prevalence of other behavioral health disorders such as Post Traumatic Stress Disorder.
- There is little literature on screening tools other than the PHQ-9 for depression or about how frequently to administer the screening tools.
- More evidence is needed to determine best practices for the implementation of screening tools beyond depression and for specific clinical populations.

Objective

- To examine the feasibility and acceptability of using a validated screening tool for PTSD in a busy, urban collaborative care FQHC that predominantly serves adults experiencing homelessness in Oakland, California.



Staff members with the screening tools

Study Setting

- The TRUST Clinic is a collaborative care FQHC that primarily serves African-American low-income patients with a high prevalence of multi-generational trauma who are experiencing homelessness.
- The clinic offers a wide range of services: behavioral health (medication management, psychotherapy, groups), primary care, health and wellness coaching, buprenorphine clinic, acupuncture, podiatry, along with a welcoming environment and free access to showers, bathrooms, clothing, a TV, tea, coffee and food.

Methods

- Study Type:** Mixed-methods pilot study to examine feasibility and acceptability of screening tool implementation.
- Participants:** Patients, behavioral health and primary care providers, medical assistants, health and wellness coaches, a registered nurse and intensive case manager at TRUST from October 1, 2017 to March 31, 2017.
- Study Procedure:** We worked with staff to create stakeholder engagement and a workflow for administration of the PCL-C (PTSD Checklist-Civilian Version) and PHQ-9 (Patient Health Questionnaire) to meet the requirement of screening at every visit.
- A receptionist gave the screening tools to patients at registration for their appointments. Patients completed the survey tools in the waiting room and gave results to clinic staff. Survey results were entered into the EMR.
- We assessed implementation of the screening tools through multiple PDSA (Plan, Do, Study, Act) cycles. The experience of patients, providers and frontline staff was captured through semi-structured interviews.
- Data Analysis:** Basic descriptive statistics were performed with STATA v13.

Demographics

Table 1. Overall TRUST Clinic Demographics since Opening December

Average Age	45 (20-65)
Sex	
Male	65% (301)
Female	35% (160)
Race	
African American	52% (241)
White	17% (81)
Mixed Race/Other	13% (61)
Declined to Specify	17% (81)
Housing Status	
Homeless	57% (263)
Not Homeless	41% (191)
Unknown	2% (7)
Language	
English	98% (451)
Other	2% (10)

Figure 1. Screening Tool Results

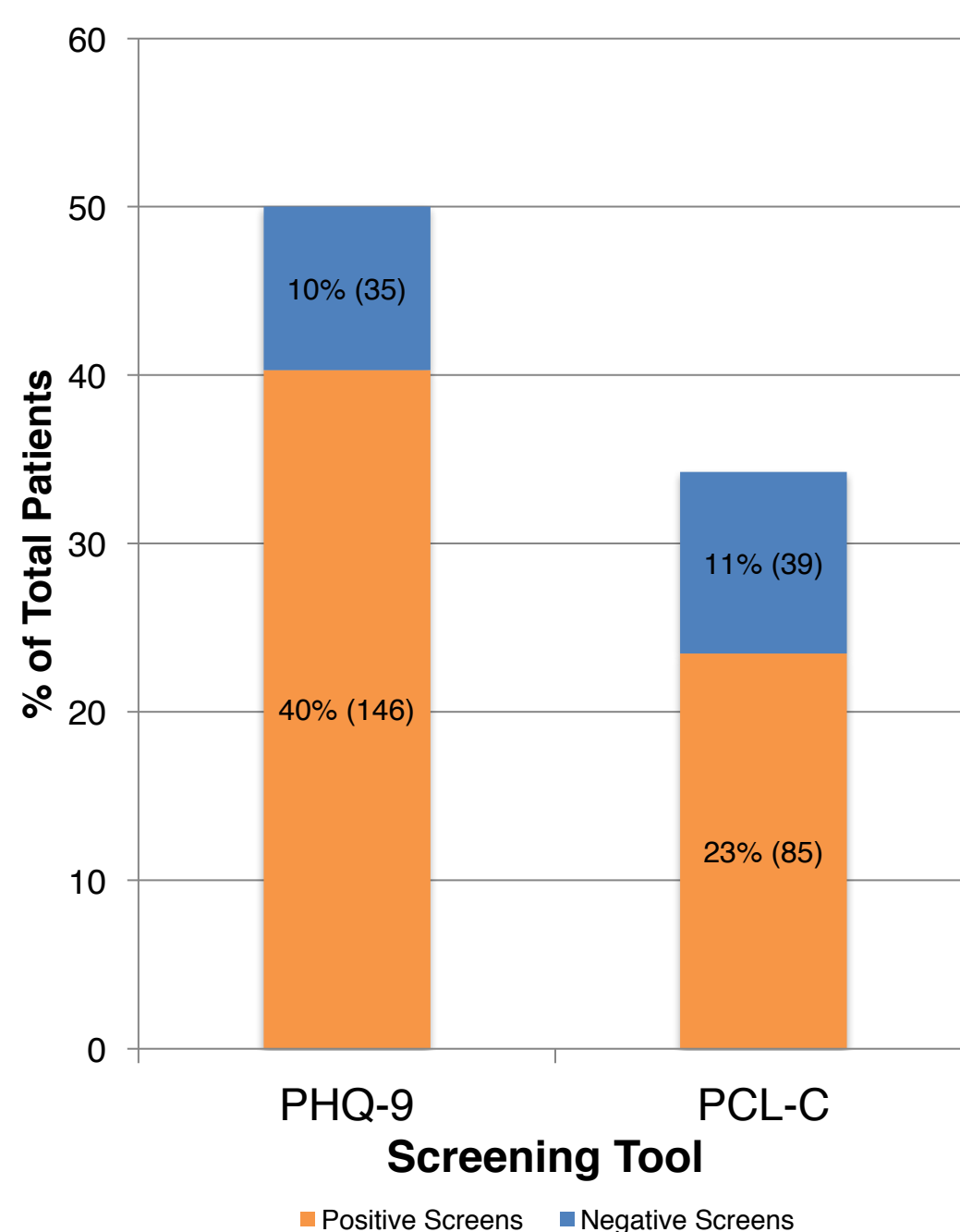


Table 2. Qualitative Data: Stakeholder Perspectives on the Implementation of the Instrument

	Positive	Negative
Patients	“That feels good to see (graph of improving scores). I really have been feeling better!”	“I felt a little uncomfortable filling it out in the waiting room. I felt like everyone was looking at me.” “Nothing has changed! I just did this yesterday.”
Behavioral Health Providers	“Maybe it will help identify those who are struggling who would downplay what is going on face to face, but more comfortable being honest on paper.”	“The best indicator for how someone is doing is their functionality. Their relationships, human connections, being able to get out of bed in the morning. This is not captured in the screening tools.”
Primary Care Providers	“I think it saves me time and helps me prioritize what problems to address that day.”	“It’s another thing to review which is hard when a patient’s problem list is so long.”
Front Line Staff	“I guess it’s a quick way to address psych stuff, which is important.” “I think most patients are indifferent, but are willing to do it if it helps their doctor.”	“This sucks!” “Sometimes patients are annoyed when I ask because they had just filled it out earlier in the week.”



Clinic staff at the 7th Anniversary of the ACA Celebration

Results

- 50% of our patients completed the screening questionnaires at least once during the study period.
- Acceptability was mixed given the qualitative feedback and concern that more patients are declining to complete the forms over time.
- The PCL-C screening tool was chosen in addition to the PHQ-9 (required) to better reflect the high prevalence of multi-generational trauma in our patient population.
- Of the 124 patients screened for PTSD, 69% (85 patients) screened positive (score of 44 or higher out of 85).

Discussion & Future Directions

- Implementing the screening tools was feasible, as evidenced by 50% of the patient population completing the screening tools.
- Clinics working with people experiencing homelessness should screen for trauma and PTSD.
- More research is needed to determine the frequency of administering screening tools that is most acceptable and clinically relevant.
- We plan to develop a provider specific patient registry (modeled after the AIMS Center) to track patient engagement, symptoms and other population-health measurements with the assistance of a Patient Care Coordinator.

Acknowledgments & Contact Info

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