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

Aislinn Bird, MD, MPH; Melanie Thomas, MD, MS; Jennie Xu, BS; Jeffrey Seal, MD; James Dilley, MD; Christina Mangurian, MD, MAS

University of California, San Francisco and Zuckerberg San Francisco General Hospital

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.

Objective

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

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.

• We assessed implementation of the screening tools through multiple PDOS (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.

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.

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Aislinn.Bird@ucsf.edu