

BACKGROUND

- Depression is the leading cause of disability among adults in high income countries
- The US Preventable Services Task Forces (USPSTF) updated recommendations for screening depression in adults with a Grade B
 - The USPSTF mandates coverage for grade A or B recommendations, which is a covered service through the Affordable Care Act (ACA)
- However, one of the research gaps is assessing barriers to establish systems of care and how to address these barriers
- Community pharmacies can play an integral role in identifying and overcoming these barriers
- Sustainable models of care are dependent on cognitive reimbursement and help establish models of care for eventual provider status legislation

OBJECTIVE

- The purpose of this project is to determine the impact reimbursement for cognitive services has on the number of screenings and follow-up to care for patients with depression

METHODS

- The study is a chart review of a clinical service
- Ten pharmacies implemented a new clinical service of depression screenings with a DSIP Study Toolkit
- Depression screenings were conducted using the Patient Health Questionnaire 2 (PHQ-2) survey and if positive results then a PHQ-9 survey was administered and provided linkage to care
- Pharmacy staff identified patients for study and pharmacists were encouraged to offer services once a week. The service was a one-time event and follow up with linkage to care within 7-10 days.
- Five pharmacies were randomly selected to be reimbursed at \$15 per screening while the other five pharmacies did not receive any payments for the screenings
- Two arms were compared against each other for number of patients' screened, average cost to administer the service, and patient-centered outcomes

RESULTS

Location	Number of Patients Screened	Number of Positive PHQ-2	Number of Positive PHQ-9	Number of Patients Referred
Store 1	21	17	17	13
Store 2	5	3	2	2
Store 3	9	1	1	0

- Stores 4 and 5 were paid for services, and the team did not screen any patients
- Stores 6 through 10 were not paid for services, and the team did not screen any patients
- Sixty percent of patients screened (21/35) had a positive screening on the PHQ-2
- The average PHQ-2 score was 1.54
- The average PHQ-9 score was 5.42

DISCUSSION

- Pharmacist that are paid for their clinical services are more willing to implement innovative services
 - 60% of the paid sites compared to 0% of the unpaid sites implemented the service
- Pharmacist that are confident in providing depression screenings have been successful to link patients to care
 - One pharmacist is extremely passionate about mental health and has really taken ownership of the program
 - Some pharmacists requested additionally training for mental health screening
- One site discussed the impact to care he/she feels/knows he/she is producing noting a few instances of linkage to care and subsequent follow up

CONCLUSIONS

- The toolkit provided pharmacists the resources needed to perform depression screenings in the community
- Three out of the ten community pharmacies have shown initiative in these services, but there are continual barriers facing mental stigma and addressing depression screenings
- Pharmacists are ideal to initiate these innovative services due to increased interaction with patients and to broaden their scope in healthcare
- The results from this study has shown the potential impact that depression screenings with follow up on referrals from pharmacist have in the mental healthcare community

DISCLOSURES

- This project was funded by the Community Pharmacy Foundation
- Additional funding was provided by Our Family Pharmacy (OFF)
- Additional acknowledgements to the teams at Mills Discount Pharmacy and FMS Pharmacy

REFERENCES

- U.S. Preventative Services Task Force. Depression in adults: screening. Final recommendation statement. January 2016. <http://www.uspreventiveservicetaskforce.org>