

DSIP Toolkit:

The Depression Screenings in Pharmacies Study



Developed by Family Medical Services, Inc, Samford University McWhorter School of Pharmacy, and the Community Pharmacy Foundation

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Introduction:

Depression is one of the leading causes of disability in persons 15 years and older, and is the leading cause of disability among adults in high-income countries. Depression dramatically impacts quality of life, and is often associated with increased mortality due to suicide. The economic burden in the United States is estimated at \$22.8 billion on treatment in 2009 and another \$23 billion on lost productivity in 2011.

In January 2016, Sui and colleagues at the US Preventative Services Task Force (USPSTF) updated the recommendation statements for screening for depression in adults. A JAMA article outlined the depression screening recommendation, and the USPSTF grade B recommendation is to now screen for depression in the general adult population, including pregnant and postpartum women – succinctly, everyone should be screened for depression. The screenings should be implemented to provide acute diagnosis, effective treatment, and proper follow-up. A variety of instruments may be used for screening, including the Hospital Anxiety and Depression Scales, Geriatric Depression Scale, and Edinburgh Postnatal Depression Scale, however USPSTF recommends the use of the Personal Health Questionnaire -2 (PHQ-2) as the initial screen. Positive PHQ-2 respondents are then assessed with the PHQ-9.

Consequently, the Affordable Care and Patient Protection Act (ACA) has mandated coverage of many health screenings. The basis for whether or not a screening is covered depends on the USPSTF recommendations; any recommendation graded A or B is covered fully by the health plan and not insured patient. The change in the depression screening to grade B has created an avenue for patients to receive screenings with no out-of-pocket cost.

One of the research gaps per the USPSTF is assessing barriers to establishing systems of care and how to address these barriers. The integration of mental health and primary care is a priority focus area of the Patient Centered Outcomes Research Institute (PCORI), and community pharmacists are at the forefront of providing patient-centered outcomes. Potential barriers for mental health care are lack of access, negative stigma, and poor follow-up. A patient-centered outcome is an outcome defined by the patient and/or caregiver, which helps the individual make healthcare decisions.

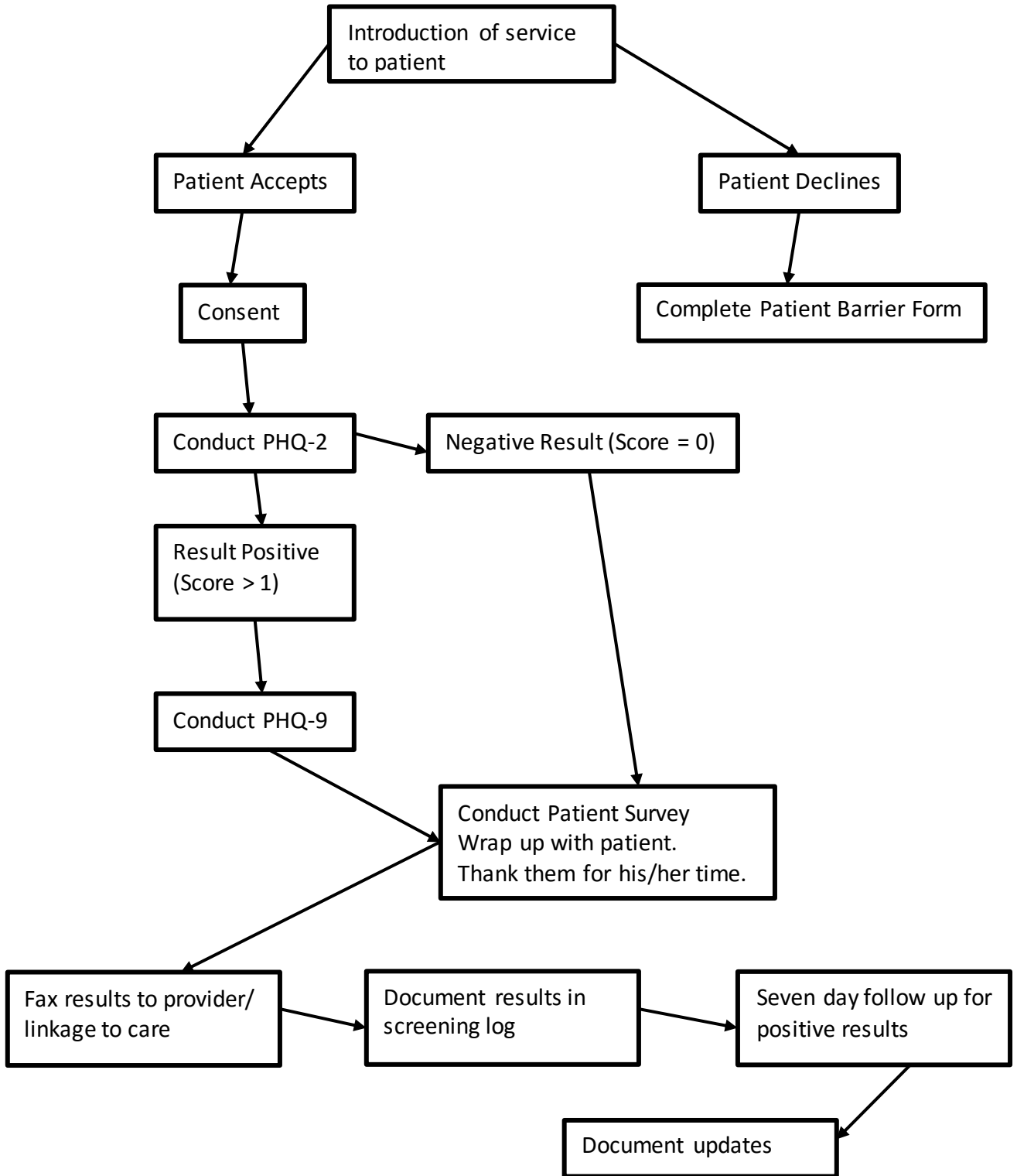
The profession of pharmacy is advocating for provider status on both state and national levels, yet a paucity of data examines the financial model once a pharmacist has the ability to bill for cognitive services. Many health screenings are covered through the ACA, yet the majority of patients do not consume this facet of healthcare. Community pharmacists are poised to advocate and provide preventative health services, but a financial model needs to be established to reimburse the pharmacist for cognitive services.

The mission statement of the Community Pharmacy Foundation is to innovate the practice of community pharmacy. The purpose of this project is to determine the impact cognitive reimbursement has on the number of screenings and follow-up to care for patients with depression. This project could disrupt the healthcare system, and create the pathway for community pharmacists to bill for health screenings, outside of the domain of individual contracts and superbills with

medication therapy management programs. Additionally, this study has the potential to ascertain information regarding the barriers to mental health care and define the patient-centered outcomes.

The Community Pharmacy Foundation previously investigated depression screenings in community pharmacies. The project was concluded in August 2006 and focused on older adults at two community pharmacies. The project utilized the PHQ-9 and had trouble with recruitment, noting the patient fear of being reported as “depressed” to physicians. The DSIP Study is distinct due to the utilization of the PHQ-2, focus on linkage to care, development of patient-centered outcomes, and validation of a payer model. Additionally, the DSIP Study is based on the newer USPSTF recommendations, which should help overcome the fear of linkage to care from over a decade ago. Finally, Wilson and colleagues at the University of Maryland are examining depression screenings in an underserved, rural, and multi-ethnic diabetic population. The DSIP Study is still distinct due to the expanded scope of the project targeting all eligible patients and study outcome of payment model.

Screening Workflow (Visual)



Screening Policy and Procedures

1. Introduce yourself to the patient
 - a. Offer the service
 - i. If the patient accepts, continue to (2)
 - ii. If the patient declines, offer the service patient barrier form (page 13)
2. Direct the patient to the private screening area
 - a. Educate the patient about the privacy and health policy forms
 - i. The first form informs them that this is only a screening, not a diagnostic test, we are not liable for the results, and that it is their responsibility to follow up if we recommend it. The second form tells them that we know their health information is private and we keep it as such.
 1. This information should be consistent with any health screening based on your current policy and procedures
 - ii. Caveat for mental health screening
 1. If we believe the patient is a danger to themselves or others, we are legally required to send to emergency help. Please make patients aware of this fact.
3. Conduct the PHQ-2 (the healthcare provider fills out)
 - a. If the result is positive, refer to number (4)
 - b. If the result is negative, refer to number (5)
4. Positive Result
 - a. Inform the patient the PHQ-2 was positive, and you would like to conduct the full screening. This is only seven additional questions.
 - i. Conduct the PHQ-9 (the healthcare provider fills out)
 1. Conduct the patient experience survey (page 14)
 - ii. Continue to (6)
5. Negative Result
 - a. Inform the patient the PHQ-2 was negative.
 - i. Conduct the patient experience survey (page 14)
 - ii. Continue to (6)
6. Final wrap up with patient
 - a. Thank the patient for their time and ascertain whether or not any questions remain.
 - b. Provide a copy of the results to the patient (page 9 or 11)
7. Fax the results to whichever provider the patient provided (page 15)
8. Document results in the Depression Screening Log (page 19)
9. If the result is positive, follow up within 7 days with the patient for connection to care
 - a. Document in the Depression Screening Log (page 19)

Scripts for the Service

- Introduction

Welcome, I'm (insert name). Today we are offering a free screening for depression. Would you be interested in answering a few questions today to screen for depression?

- If NO...

Thank you for considering! Would you mind briefly filling out this survey to help us refine our service? (Provide patient barrier survey)

- If YES...

Request the patient fills out consent form. Reassure the patient that if any point they feel uncomfortable answering the questions or want to stop the survey, that we can stop and we are still happy to provide them a copy of their results. (Follow the instructions on the PHQ-2.)

- PHQ-2 score 0:

Thank you for your time today. According to the screening, you did not screen positive for depression today. I am happy to provide you a copy of these results for you to share with your physician at your next appointment. Would you mind answers a few more questions today on your thoughts about this service?

- PHQ-2 score of 1 or greater:

Based on your answers to the previous two questions, I have more questions for you. Just as a reminder, if at any point you do not feel comfortable or do not want to continue the survey, I am happy to stop and will still be happy to provide you a copy of our results. **COMPLETE THE PHQ-9.**

- Conclusion

Thank you for your time today. According to the screening, you are (insert the results). (Discuss the results with the patient.) I am happy to provide you a copy of these results for you to share with your physician or get information for a physician you can contact to discuss your results. Would you mind answers a few more questions today on your thoughts about this service?

Severe depression or if patient reveals they want to hurt themselves and have a plan, refer to the emergency department. Consider calling 911 or 1-800-273-TALK. Alternative, use the Alabama Department of Mental Health referral for your area.

Screening Forms: PHQ-2

PHQ-2¹

Today's Date: _____

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

2. Feeling down, depressed, or hopeless?

0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Total Point Score: _____

1. Developed by Drs. Robert L Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute.

Screening Forms: PHQ-2 Scoring

PHQ-2 Score Interpretation

PHQ-2 Score	Probability of major depressive disorder (%)	Probability of any depressive disorder (%)
1	15.4	36.9
2	21.1	48.3
3	38.4	75.0
4	45.5	81.2
5	56.4	84.6
6	78.6	92.9

Screening Forms: PHQ-9

PHQ-9¹

Today's Date: _____

Over the past two weeks, how often have you been bothered by any of the following problems?

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Question	Score
1. Little interest or pleasure in doing things? (Copy from PHQ-2 above)	0 1 2 3
2. Feeling down, depressed, or hopeless? (Copy from PHQ-2 above)	0 1 2 3
3. Trouble falling or staying asleep, or sleeping too much?	0 1 2 3
4. Feeling tired or having little energy?	0 1 2 3
5. Poor appetite or overeating?	0 1 2 3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down?	0 1 2 3
7. Trouble concentrating on things, such as reading the newspaper or watching television?	0 1 2 3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0 1 2 3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0 1 2 3

Total Point Score: _____

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Screening Form: PHQ-9 Scoring

PHQ-9 Results	
PHQ-9 Score \geq 10: Likely major depression	
Depression Score Ranges	Result
5 to 9	Mild
10 to 14	Moderate
15 to 19	Moderately severe
\geq 20	Severe

Patient Barrier Survey

I did not / would not take the survey because... (circle all that apply)

1. It takes too long
2. There are too many papers to fill out
3. I do not have depression
4. I do not think pharmacists are capable of conducting the screenings
5. The location was not private enough
6. I only want to discuss with my physician

Patient Experience Survey:

- | | | | | | |
|--------------------------------------------------------------------------------------------------------|----------------|-------|---------|----------|-----------------|
| 1. The pharmacist conducted the screening in a professional demeanor. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 2. I feel comfortable talking with my pharmacist. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 3. I have an established relationship with my pharmacist that allowed me to be honest with him or her. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 4. The screening lasted for an appropriate amount of time. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 5. There was an appropriate number of questions, not too few or too many. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 6. The questions are easy to understand. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 7. I appreciate this initiative to change perceptions of mental health. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 8. I did not feel pressured into taking the screening. | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |
| 9. I would refer friends to this service | 1 | 2 | 3 | 4 | 5 |
| | Strongly Agree | Agree | Neutral | Disagree | Strong Disagree |

Healthcare Provider Survey
For Technicians and Pharmacists

1. I feel knowledgeable in my ability to conduct screenings.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
2. I feel knowledgeable in who is candidate for these screenings.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
3. Before giving the screenings, I saw the patient as the illness.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
4. After giving the screening, I see a patient with an illness.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
5. The screenings have changed my perspective of depression.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
6. I feel that these screenings are important for the general public.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
7. I feel that these screenings will impact the way depression is viewed.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
8. I feel that these screenings will have a positive impact on changing the stigma of mental illnesses.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
9. I will only conduct these screenings for appropriate reimbursement.				
1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strong Disagree

Referral to Healthcare Provider Form (Template for Pharmacy to customize):

PHARMACY LOGO

Attn: Provider Information (Name)
 Phone
 Fax

Date: June 1st, 2016

Patient: Name
 DOB

This patient was seen on the date above for a depression screening at the pharmacy. The pharmacy utilized the Patient Health Questionnaire consistent with the United States Preventative Services Task Force recommendations. The PHQ-2 was utilized and if positive (score ≥ 1), then a PHQ-9 was conducted.

Objective:

PHQ-2 Score	Probability of major depressive disorder (%)	Probability of any depressive disorder (%)
1	15.4	36.9
2	21.1	48.3
3	38.4	75.0
4	45.5	81.2
5	56.4	84.6
6	78.6	92.9

PHQ-9 Results	
PHQ-9 Score ≥ 10 : Likely major depression	
Depression Score Ranges	Result
5 to 9	Mild
10 to 14	Moderate
15 to 19	Moderately severe
≥ 20	Severe

The patient above scored ____ on the PHQ-2 / PHQ-9.

If you have any questions, please feel free to call the pharmacy at any time.

Thank you,

Pharmacist Signature: _____

References:

1. Siu AL and USPSTF. Screening for Depression in Adults US Preventive Services Task Force Recommendations. *JAMA*. 2016;315(4):380-387
2. U.S. Preventative Services Task Force. Depression in adults: screening. Final recommendation statement. January 2016. <http://www.uspreventiveservicestaskforce.org>
3. *PL Detail-Document, Improving Care in Patients with Depression. Pharmacist's Letter/Prescriber's Letter. March 2016.*
4. Enrollee Support in High-Deductible Health Plans Workgroup. Patient Centered Outcomes Research Institute. January 2015. Topic Brief. <http://www.pcori.org/sites/default/files/PCORI-IHS-HDHP-Workgroup-Topic-Brief-010815.pdf>
5. Levkott, S. Community Pharmacy Foundation. Depression Screening in Community Pharmacy: Final Report. August 31st, 2006. http://communitypharmacyfoundation.org/resources/grant_docs/CPFGGrantDoc_44325.pdf. Accessed May 1st, 2016.
6. Wilson C. Pharmacist led depression screening and intervention in an underserved, rural, and multi-ethnic diabetic population and the result on clinical outcomes. http://communitypharmacyfoundation.org/grants/residents_details.asp?residents_id=66. Accessed June 5th, 2016.
7. Preventative care benefits for adults. Healthcare.gov. <https://www.healthcare.gov/preventive-care-adults/>. Accessed June 5th, 2016.
8. Leonard C, DeLoach L, Cohenour F, Galdo JA. Impact of an automated outbound call system on influenza vaccine administration in a community pharmacy. ASHP Midyear Meeting 2015 Poster 387506. <http://www.ashpmedia.org/mcm15/docs/OPD-MCM15-Resident-Poster.pdf>
9. DeLoach L, Leonard C, Meador A, Galdo JA. Patient adherence in patient assistance programs. ASHP Midyear Meeting 2015 Poster 387501. <http://www.ashpmedia.org/mcm15/docs/OPD-MCM15-Resident-Poster.pdf>.
10. Alonzo M, Gates V, Traylor C, Freeman M, Galdo JA. The Effects of a Pharmacist-led Wellness Program on Health Care Outcomes and Costs for an Independent Employer. APhA Annual Meeting 2016 Poster 339. [http://www.japha.org/article/S1544-3191\(16\)30029-2/pdf](http://www.japha.org/article/S1544-3191(16)30029-2/pdf)
11. Ellard B, Dancy A, Lander R, Galdo JA. Determination of Anticholinergic Medication Use in Patients Prescribed Medications for the Treatment of Dementia. APhA Annual Meeting 2016 Poster 128. [http://www.japha.org/article/S1544-3191\(16\)30029-2/pdf](http://www.japha.org/article/S1544-3191(16)30029-2/pdf)
12. Gates V, Alonzo M, Traylor C, Freeman C, Galdo JA. Impact of a Pharmacist-Led Disease State Management Program on Patient Outcomes Using a Cloud-Based Data Management Program. APhA Annual Meeting 2016 Poster 342. [http://www.japha.org/article/S1544-3191\(16\)30029-2/pdf](http://www.japha.org/article/S1544-3191(16)30029-2/pdf)
13. Leonard C, DeLoach L, Cohenour F, Galdo JA. Impact of an Insurance Plan Comparison Platform on Costs for Medicare Part D Beneficiaries. APhA Annual Meeting 2016 Poster 341. [http://www.japha.org/article/S1544-3191\(16\)30029-2/pdf](http://www.japha.org/article/S1544-3191(16)30029-2/pdf)
14. DeLoach L, Leonard C, Meador A, Galdo JA. Community Pharmacy-Based Insulin Pharmacotherapy Clinic. APhA Annual Meeting 2016 Poster 84. [http://www.japha.org/article/S1544-3191\(16\)30029-2/pdf](http://www.japha.org/article/S1544-3191(16)30029-2/pdf)

15. Weidle P, Lecher S, Botts L, Jones L, Spach D, Alvarez J, Jones R, Thomas V, et al. HIV testing in community pharmacies and retail clinics: A model to expand access to screening for HIV infection Journal of the American Pharmacists Association. Volume 54 , Issue 5 , 486 - 492
16. Newsome R, Murphy E, Galdo JA, Bourg C. Impact of a Community Pharmacy Specialty Program for the Treatment of Patients with Rheumatoid Arthritis. APhA Annual Meeting 2014 Poster 43. [http://www.japha.org/article/S1544-3191\(15\)30167-9/pdf](http://www.japha.org/article/S1544-3191(15)30167-9/pdf)
17. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-92.
18. Patient Health Questionnaire (PHQ) Screeners. Available at <http://www.phqscreeners.com/select-screener/36>. Accessed Sept. 12th, 2016.

Location: _____

Submitted form by: _____

Reporting periods: ___/___/___ to ___/___/___

Sheet: ___ of ___

Depression Screening Log

#	Date	PHQ Score (#)	Referred	Patient Name / Contact	Pt. Notes	Date	Linkage to Care	Screened / Followed Up
Ex:	10-1-16	3	PCP	Marshall Cates / 205-731-4431		8-8-16	Y	JG / AB
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								