



COMPLETED GRANT SYNOPSIS

The Depression Screenings in Pharmacies (DSIP) Study

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Objectives

The purpose of this study was to determine a financially viable model for depression screenings in the community pharmacy. Additionally, the project would test the feasibility of pharmacists to offer screenings, to assess the barriers surround these screenings in patients and pharmacists, and to evaluate the impact these screenings offer to the community.

Methods

Design	<ul style="list-style-type: none"> • Pilot clinical service implementing depression screenings • Retrospective chart review of the service at ten locations. Each pharmacy was provided a DSIP Toolkit which contained all policies and procedures the service. Five locations were randomly selected to receive payment for each service compared to five locations without payment. • After one year, non-paid sites were offered payment.
Study endpoints	<ul style="list-style-type: none"> • The study end was a comparison of the number of screenings rendered between the two arms: paid and unpaid. <ul style="list-style-type: none"> ○ The goal was to use all funding, but due to low enrollment the study was stopped early. • Secondary endpoints included patient and provider surveys.

Results

- Paid sites had more screenings 86 versus 0.
- From October 2016 to April 2017, pharmacists were able to screen a total of 50 patients and refer a total of 43 patients.
 - Out of the 50 patients screened, there was an average PHQ-2 score of 1.5 and an average PHQ-9 score of 4.8, with 60% of patients being screened as positive and recommended linkage to care.
- After including all sites into a payer model, an additional 36 patients completed the screening.
- Three of the five paid pharmacies completed screenings, and two of the five pharmacies that switched to being paid completed screenings.
- Patients that completed the patient experience survey all strongly agreed the pharmacists' professional demeanor, the benefit of an established relationship with the pharmacist, improved perceptions of mental health, and would refer others to the pharmacy-based service.

Conclusion

Screening for depression is an effective way to increase early recognition and treatment. There is an opportunity to utilize pharmacists and increase accessibility to these services to the community. The Affordable Care Act established that screenings rated A or B by the United States Preventative Services Task Force (USPSTF) are covered benefits. In 2016, the USPSTF recommended depression screenings services for all adults as a Grade B. This project showed that financial compensation facilitates the provision of non-dispensing services at a community pharmacy. Pharmacists are trained to monitor and communicate with patients on their disease states, which can augment and fill care gaps in the community setting and improve

quality. As mental health becomes a growing issue, pharmacists need to be prepared to take the steps in providing these services for their patients – and work with payers and policy makers to establish financially viable models of care outside of the provision of medications.