



KENNEDY

PHARMACY INNOVATION CENTER

Assessing the Need for a Pharmacist-Led Mental Health Service

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BACKGROUND

- In the United States alone, about 46.6 million adults have a mental illness, with only 43.3% receiving treatment.¹
- Psychotropic medications are the backbone for the management and treatment of mental disorders either acutely or chronically. These medications are utilized for prolonged periods and their undesirable effects render them unsuitable for management in some patients.²
- The extensive training and expertise in pharmacotherapy make pharmacists the ideal providers in the management of mental disorders. Pharmacists are a great addition to the healthcare team as they can detect, resolve, and prevent drug-related effects with medications.
- The involvement of a pharmacist in chronic disease management has shown a positive impact on quality of care and outcomes.³ A systematic review conducted on the impact of the pharmacist-delivered service targeting medication adherence optimization found conflicting data on the impact of pharmacists on medication adherence in mental disorders.⁴ A study by Boudreau et al. found improvement in medication compliance in patients taking antidepressants with the involvement of a pharmacist through collaborative care.⁵

OBJECTIVE

To assess the need for establishing a pharmacist-led mental health service at an employer-based medical center and pharmacy.

METHODS

- A retrospective chart review was conducted looking at psychoactive, sedative, and hypnotic agents prescribed at an employer based medical center and pharmacy.
- Patients were included if ≥ 18 years old, prescribed at least 1 psychoactive, sedative, or hypnotic agents and/or diagnosis of a mental disorder.
- Data was collected using Epic, an electronic medical record, and Deerwalk, a healthcare data analysis software.
- Information pulled and analyzed included high-cost diagnoses, prevalent chronic conditions, and a comparison analysis from 2019 and 2020.
- Data involving mental disorders and diabetes were compared due to the current existence of a diabetes program at the site.
- Patient information such as name, MRN number, and telephone number were de-identified and the study was approved by the University of South Carolina's IRB board.

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RESULTS

Figure 1: Percentage change in cost for the top 15 diagnoses for 2019 - 2020.

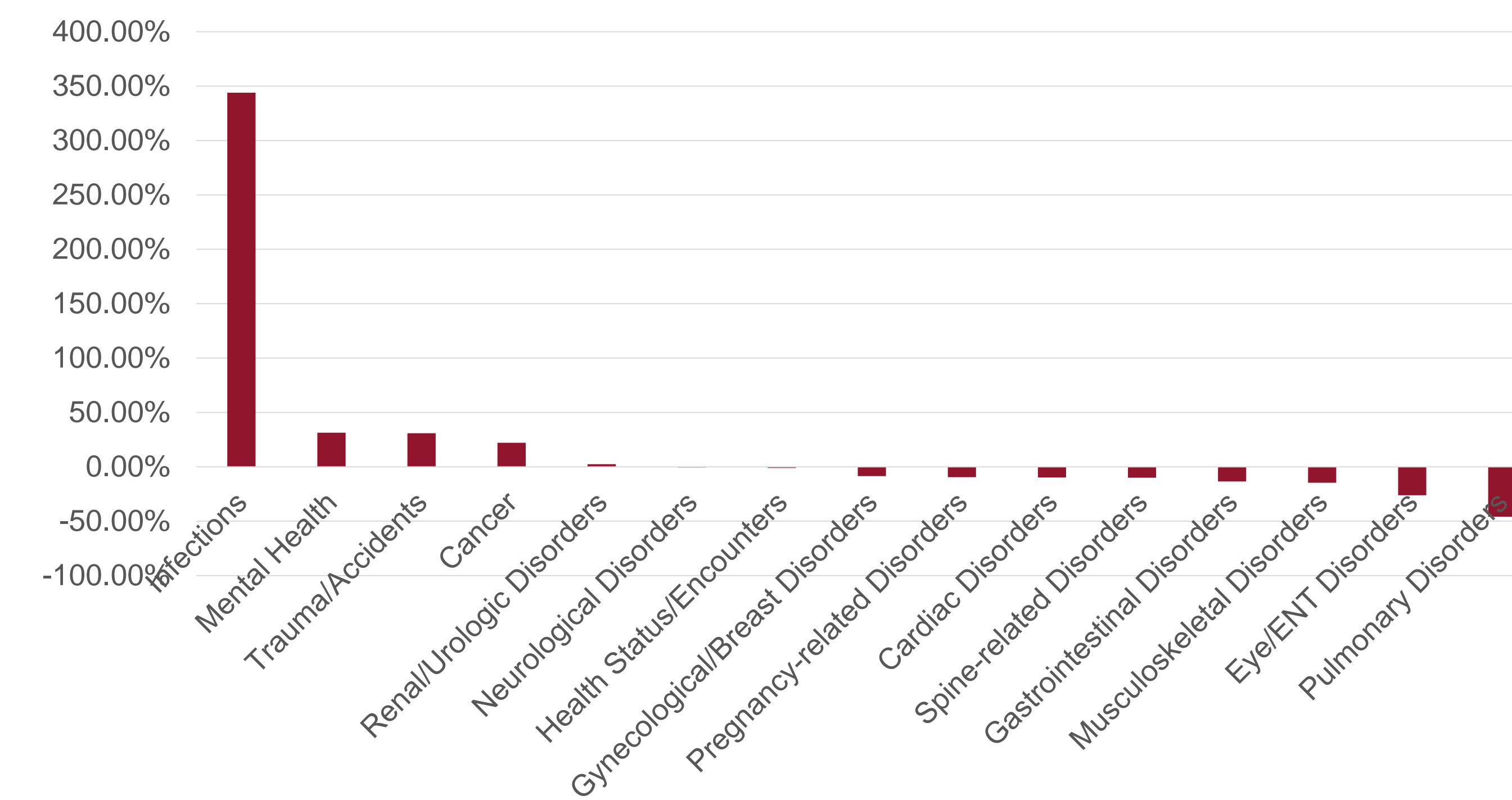


Figure 2: Prevalent of chronic condition

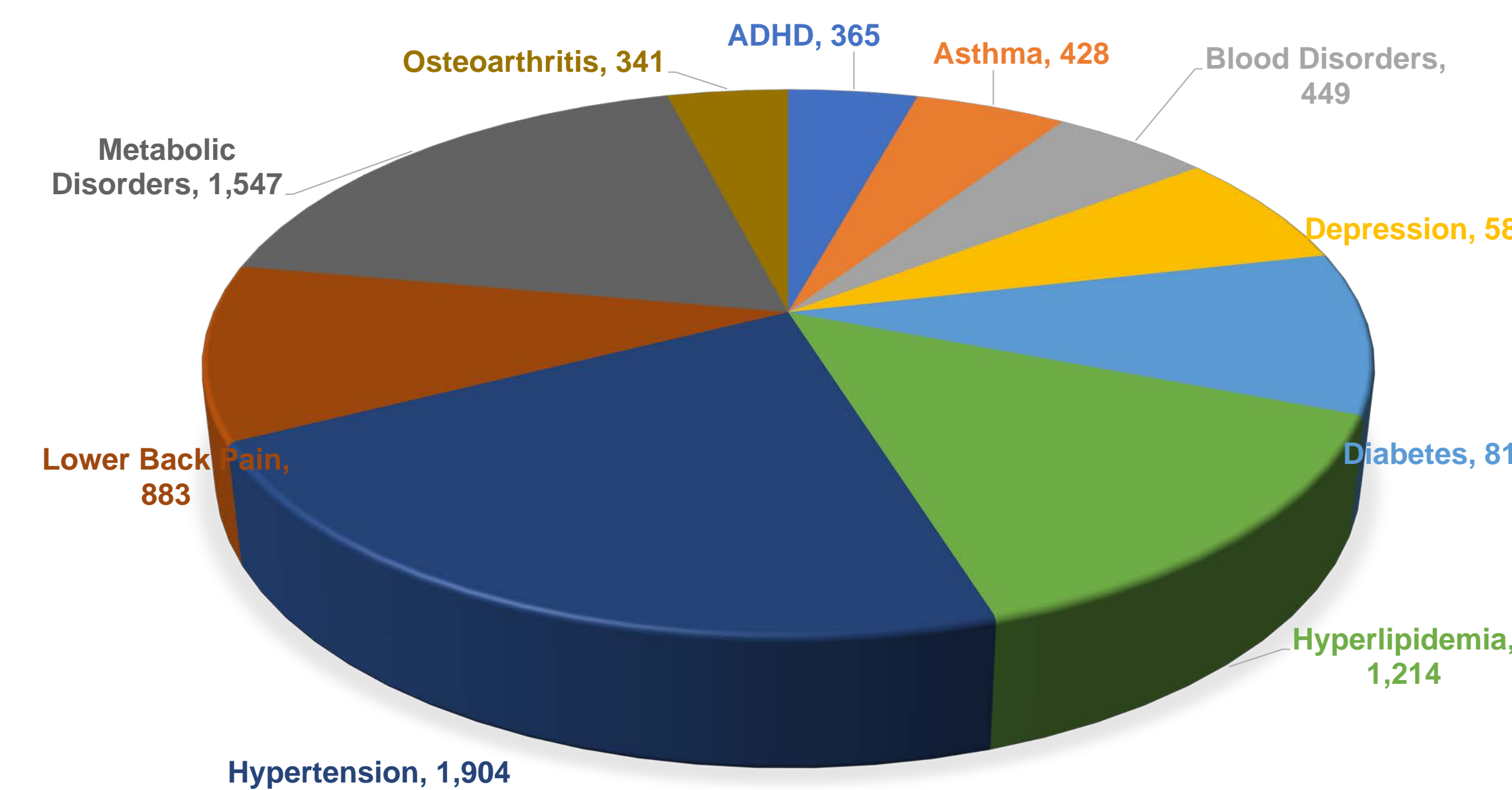


Figure 3: A 3-months comparison of prescriptions filled at the pharmacy for diabetes and mental disorders.

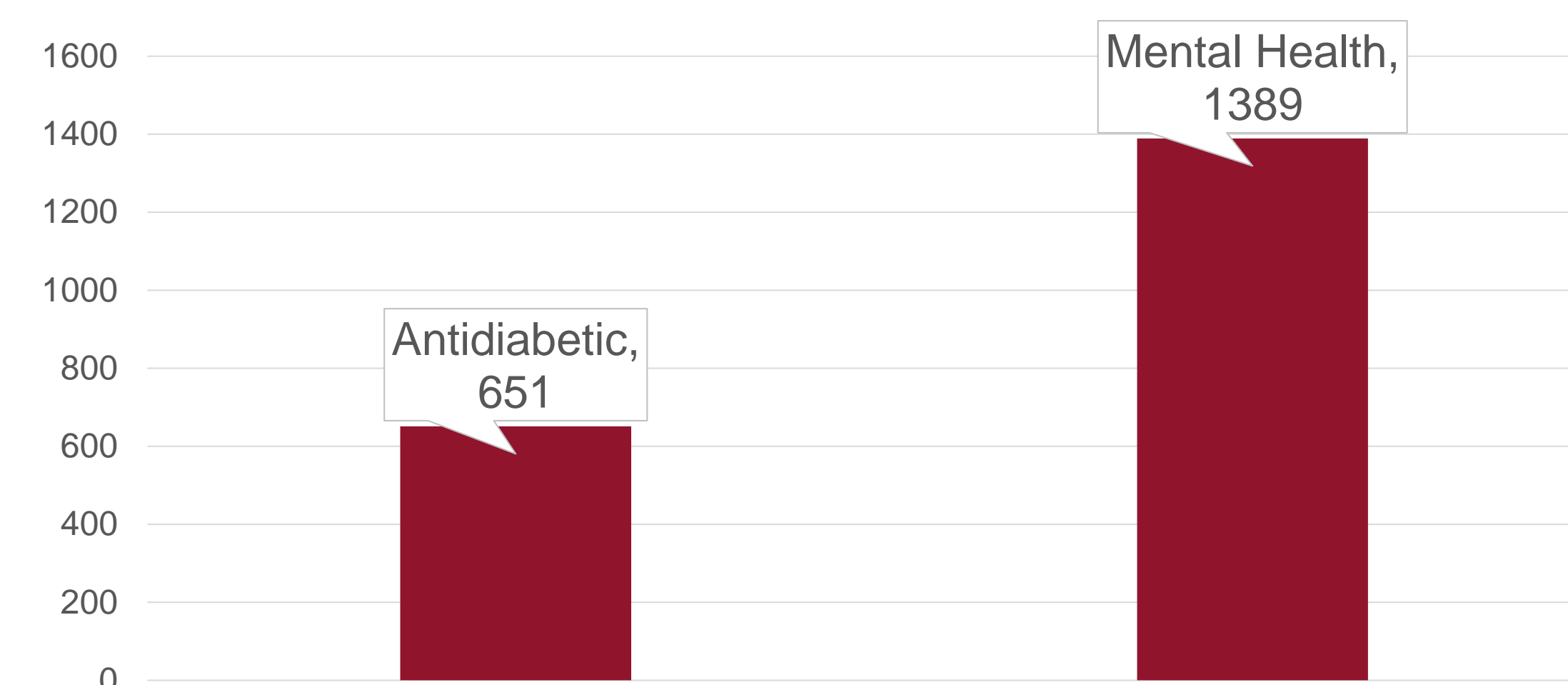
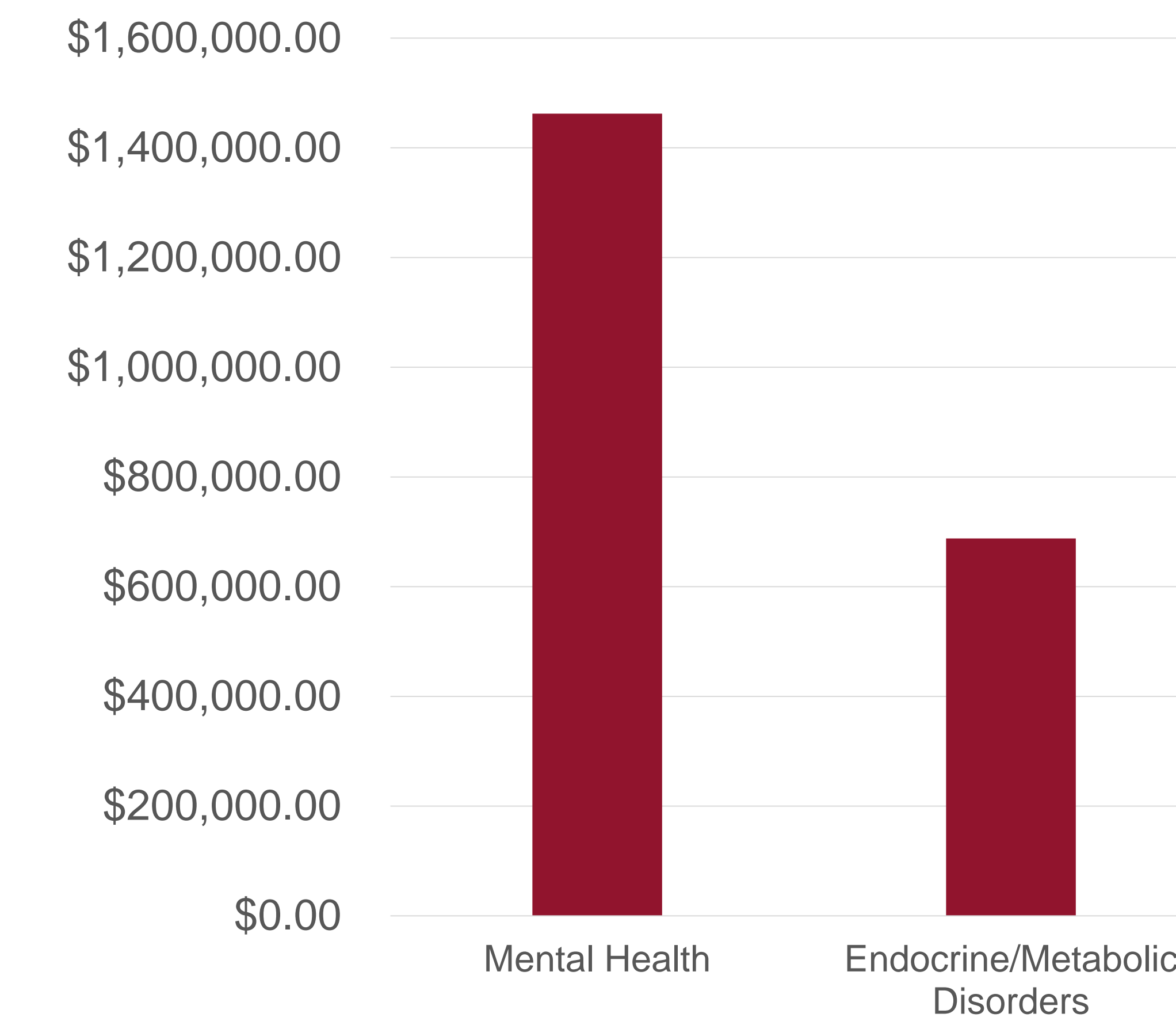


Figure 4: Cost comparison analysis between diabetes and mental disorders.



CONCLUSIONS

- The cost associated with mental disorders increased from 1.1 M in 2019 to 1.5 M in 2020 which is a 31.3% increase in cost.
- Subgroup analysis for mental disorder showed that alcohol/substance disorder, depression, and mood/anxiety disorder are the top three costs associated with mental disorders.
- Cost analysis of diagnoses showed mental health to be one of the top 15 highest cost diagnosis at the site. Due to the prevalence of mental disorders, there is a need for a mental health service at the site.
- Upon comparison between mental disorders and diabetes prescriptions and cost to the employer, the study showed that the diabetes program has decreased diabetes associated cost to the employer. We can extrapolate from this data that the implementation of a mental health service will reduce cost to employer and improve overall well-being of employees, spouses and dependent.

REFERENCES

1. National Institute of Mental Illness. Mental Illness. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>. Accessed August 24, 2020.
2. Morant N, Kaminskiy E, Ramon S. Shared decision making for psychiatric medication management: beyond the micro-social. *Health Expect*. 2016 Oct; 19(5): 1002-1014. Published online 2015 Aug 10. doi: 10.1111/hex.12392
3. Capoccia KM, Boudreau DM, Blough DK et al. Randomized trial of pharmacist interventions to improve depression care and outcomes in primary care. *Am J Health-Syst Pharm*. 2004; 61:364-72. <https://doi.org/10.1093/ajhp/61.4.364>
4. Bell S, McLachlan AJ, Aslani P et al. Community pharmacy services to optimize the use of medications for mental illness: a systematic review. *Aust New Zealand Health Policy*. 2005; 2: 29. doi: 10.1186/1743-8462-2-29
5. Boudreau DM, Capoccia KL, Sullivan SD, et al. Collaborative Care Model to Improve Outcomes in Major Depression. *Annals of Pharmacotherapy*. 2002;36(4):585-591. doi:10.1345/aph.1A259.