

Listening to patients with depression

UCSF's Patrick Finley: MTM can improve outcomes for these patients

Patrick Finley, PharmD, BCPP, knows that it takes empathy, understanding, and sharp clinical skills to help patients with depression. At the Medication Alliance Clinic at the University of California, San Francisco (UCSF) National Center of Excellence in Women's Health, Finley, a board-certified psychiatric pharmacist, provides clinical care that spans the entire therapeutic continuum, including an initial interview, provisional diagnosis, prescription of the right medication, and 6 months of close follow-up and monitoring.

Depression is an illness for which treatment relies heavily on medication, and Finley believes that pharmacists have a remarkable opportunity to make a positive impact on patients with depression through medication therapy management (MTM). "Pharmacists have done a good job at getting involved with counseling patients about diabetes and anticoagulation, where we rely heavily on pharmacotherapy and patient education to

improve outcomes. I feel like depression should be talked about in the same breath," Finley said in an interview with *Pharmacy Today*. "It is something we [as pharmacists] should consider having a much bigger role in, where we can improve outcomes."

The UCSF National Center of Excellence in Women's Health was launched 15 years ago, but the idea for the Medication Alliance Clinic grew out of a pilot program in the early 2000s between the university and Kaiser Permanente of Northern California. Under Finley's leadership, a treatment protocol was developed based on his previous work at the Menlo Park Division of the U.S. Department of Veterans Affairs Palo Alto Health Care System. The program's effectiveness was documented in studies published in *Pharmacotherapy* and the *American Journal of Health-System Pharmacy* in 2002 and 2003, respectively. "The critical thing to understand about the treatment of depression is that medications are not 100% effective," explained Finley. "If the goal is to treat a patient to remission, you often have to adjust the medication, add another medication, switch medications, or consider psychotherapy, and I think that is where the system breaks down. Most primary care providers do a very good job with first-line treatments, but if that does not produce remission, which is the case most of the time, then the system is at a loss."

Finley believes pharmacists can play a crucial role at this point in the care spectrum with MTM. "A huge part of what we do [at the center] is to let patients know that we are accessible and we do care about the outcomes of the medications they are on," said Finley.

'Let the patient speak'

Finley and one additional board-certified psychiatric pharmacist see about 200 patients a year at the UCSF center. Primary care providers or obstetrician/gynecologists typically refer patients to Finley and his team if the patients are thought to be depressed or if they are not responding to their antidepressants. He meets with each new patient for an assessment interview.

"With practice, you realize that there is an art to the interview and you recognize what line of questioning will be most productive. I think it is vitally important to let the patient speak without interruption for as long as possible at the outset. This

Patrick Finley, PharmD, BCPP, reviews the proposed treatment plan for a patient with postpartum depression.





Finley reviews the electronic medical record of a patient with depression prior to prescribing an appropriate antidepressant.

enables me to determine what the patient thinks the problem is and to assess their understanding and attitude toward depression and antidepressants," said Finley. "More importantly, it communicates to them that I am willing to listen in an empathetic manner. Often, I have found that listening is the most important intervention I can make in the ambulatory care setting."

Once Finley arrives at a diagnosis and selects and prescribes an antidepressant, he talks to patients about their illness, what the prognosis is, and their medications. "One of the benefits of our clinic is that we can spend more time with patients than what is allotted to a primary care visit. Our visits are usually about 30–45 minutes—much longer than what a patient ordinarily gets for a routine primary care visit," Finley explained.

Finley puts together a fairly rigorous follow-up plan to monitor the patient's progress. "I call them at week 1 to make sure they are taking the prescription and make sure they not having any significant side effects," he told **Today**. "By week 2, we usually start to see some improvement or an indication that the medication is going to be effective." He has the patient come back to the clinic at week 4 for a follow-up visit. "At that point, we determine whether they are responding well to the medication or whether we need to change it or add something," said Finley. Once the patient is stabilized, follow-up is less frequent, with

another clinic visit at 6 months. "At that point, I talk to them about whether they should continue medication or discontinue. I walk them through what to expect," he added.

Whether Finley is counseling a new mother or a single mom with several children, he has to be prepared for anything. While typically his patients are insured and employed, one patient's drive to overcome depression has stuck with him. This patient was unemployed and living in a shelter and had four previous pregnancies during which she had used crack cocaine. At the time, she was pregnant with her fifth child.

"After I got a good history from her, it became pretty obvious to me that she was using crack cocaine to self-treat her depression," said Finley. "The patient became depressed during pregnancy, called antepartum depression, and she would take crack cocaine to alleviate the symptoms. As a result of that, her babies had the telltale signs of crack exposure and they were taken away from her." Once Finley realized what was going on, he initiated an antidepressant and follow-up care. The patient had a very positive response, delivered a healthy baby, and was able to keep her child.

Team effort

"I get a lot of satisfaction out of treating depression because you can change people's lives in a dramatic way and they are appreciative," said Finley, who is a Professor of Clinical Pharmacy at

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UCSF in addition to his patient care role. “You get to a certain level of intimacy in terms of getting to know more about people’s lives. That level of trust is flattering and patients are willing to share things with you that they don’t share with other health care providers.”

Finley is quick to point out that the success of the center is a team effort. “UCSF School of Pharmacy Dean Mary Anne Koda-Kimble ... is a visionary who has historically had a strong influence delineating the roles pharmacists can assume in modern health care. She also sees the tremendous impact we can have on the outcomes of individuals with mental illnesses, and she has long supported my ventures out into this specialty area.”

At the 2011 APhA Annual Meeting & Exposition in March, Finley participated in a session about MTM services for patients with depression. “From a health policy standpoint, I think the consensus is that collaborative care models are the wave of the future for optimizing depression outcomes in primary care,” Finley told attendees. “Even short of participating in collaborative care models, there are a lot of areas where pharmacists can intervene,” including serving as a source for mental health information and interventions. “We are ideally trained and situated to have a huge impact on depression,” he added. “Depression is the number one medical reason why consumers access the Internet—they are hungry for information about this illness and are



Finley shares the results of a depression survey with Linda Dulong, NP, a colleague in the primary care clinic.

actively seeking solutions on their own before reaching out to their providers.”

Finley provides MTM services for all the patients at the center, although he does not use the MTM billing mecha-

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nisms. “Our clinic is fee for service—\$40 per visit—because we have not been able to convince private insurance companies to add us to their provider lists,” said Finley. “Ultimately, I think that finding a mechanism to routinely bill and receive equitable reimbursement for MTM services would be a monumental step for clinical pharmacists on the road to becoming recognized nationally as providers.”

—Amy K. Erickson



At APhA2011, Finley speaks on MTM services in depression.

Pharmacists’ impact on clinical, economic outcomes for patients with depression

As a Professor of Clinical Pharmacy at the University of California, San Francisco (UCSF) College of Pharmacy, Patrick Finley, PharmD, BCPP, has numerous research interests, including the role pharmacists can play in helping patients with depression.

At the 2011 APhA Annual Meeting & Exposition, Finley, along with Benjamin Bluml, BPharm, Vice President for Research at the APhA Foundation, presented the results of a study dubbed the “Asheville Project for Depression.” In this proof-of-concept trial published in the January/February 2011 issue of the *Journal of the American Pharmacists Association*, Finley and colleagues assessed the clinical and economic impact of a pharmacist-focused health management program for patients with depression. They implemented a collaborative care practice model for depression that depended in large part on the services of clinical pharmacists.

Adults with depressive symptoms were enrolled in an employer-sponsored treatment program conducted at two ambulatory clinics in Asheville, NC, where consultative services were provided. Employers supported the program financially by agreeing to waive the medication copays for any employees who agreed to participate. “This certainly makes fiscal sense since depression is the number one medical cause of absenteeism and presenteeism in the workplace,” Finley said.

Patients were included in the analysis if they participated in the program for at least 1 year and had two or more documented visits with a pharmacist who provided assessment, follow-up, and treatment recommendations to primary care providers within a collaborative care management model.

“The Asheville study demonstrated a significant decrease in medical costs from projected values—a savings of roughly \$1,000 per subject. I was also quite impressed by the retention rates: 82% of employees who entered the protocol participated for at least 12 months,” said Finley. “The fact that this benefit continues to be offered to employees in Asheville to this day also speaks to the sustainability of the model. We hope to be able to find the funding to conduct a randomized controlled trial of this model.”