CONFERENCE ABSTRACT

Improving care for patients with depression: A collaborative project with community pharmacy and primary care providers

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Introduction

Re-admission rates for mental health and addictions issues are significantly higher than any other health issue. In northern regions in Ontario, Canada, readmission rates are the highest in the province. In these regions there are reported challenges which serve as barriers to treating patients with mental health disorders. These include: low health care provider-to-population ratios, travel time to reach service providers, higher hospital readmission rates, and local demand for services. The purpose of this project was to improve quality of care through provider collaboration for patients with depression

Aims Objectives Theory or Methods

A group of primary care physicians and community pharmacists co-designed and tested a model to implement best practices and improve care for patients with depression. The model was aligned to the Ontario Health Quality Standard for Major Depression. The project was conducted using continuous quality improvements methodologies and was informed by a patient's lived experience receiving care in the community. The project leads provided a training session on CQI to the group members. The model was informed by a patient's lived experience receiving care in the community. Through this model, pharmacists provided regular follow-up to patients prescribed new antidepressant therapy

Highlights or Results or Key Findings

Through this initiative, pharmacists followed-up with 29 patients every 2 weeks as per the HQO Quality Standard, provided education on adjunct supports and engaged in additional clinical activities such as pharmaceutical opinions. Outcomes were measured through patient survey and emotional mapping. A total of 14 patients completed a survey and 93% of respondents indicated

that they felt better supported and would recommend this model to others. The emotional mapping was analyzed to determine any trends in negative and positive responses. Balancing measures were also collected through a provider survey. A total of 5 providers complete a survey and 80% felt that the collaboration was helpful to patents and would recommend this project to colleagues. Community pharmacies were able to sustain this model and embed this into their practice for their patients with primary care.

Conclusions

Through this project, a model was established that integrated care between community pharmacy and primary care to provide support for patients with depression. Patients received follow-up care from pharmacists in collaboration with primary care. Care was provided across the continuum, aligning with best practices to maximize health outcomes.

Implications for applicability/transferability sustainability and limitations

The model is this project is applicable to other patient populations and conditions in which collaboration and strengthening primary care can help to improve outcomes by implementing best practices