disturbances in mood associated with recent CRC thoughts at 7-14 days (RR=5.58, 95% CI: 1.86, 16.74), (p=0.002), and mood disturbances increased four-fold from baseline to 7-14 days post (5.45% to 22.73%), then declined to baseline levels by 4 months post. We did not observe significant group differences in general anxiety or perceived health status. **Discussion:** Receipt of a positive FOBT result is associated with elevated colon cancer worry and mood disturbances immediately following FOB test, however, respondents demonstrated recovery from cancer worry by four months after receiving the result.

Keywords: Cancer; Screening; Mental Health
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PS2-23:

Identify Causes of Depression with Latent Regression

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Background/Aims: Clinical researchers, especially in the area of mental health, have noticed strength of some psychometric methods. Clinical researchers, often coming from a background of biostatistics or mathematical statistics, had little training in psychometrics using item response theory. In recent years, Food & Drug Administration's requests on pharmaceutical companies to report item fit statistics have echoed such phenomenon. **Methods:** To demonstrate how item-specific type of analysis can expand our understanding in causes of depression, we use demographic variables to predict patients' levels of depression through a traditional regression and a latent regression (i.e., an explanatory Item Response model). **Results:** of these two models on the same data are compared. When using the general regression model, level of depression is sum of 15 items from Short-Version Geriatric Depression Scale. When using the latent regression, a distribution of propensity for endorsing each GDS item is generated. As a result, some demographic variables prove to be no effective predictors for level of depression in the general regression model, but an effective predictor in the latent regression. **Discussion:** The current paper aims to explain how analyzing clinical data on item levels can contribute to our understanding in causes of depression, especially when clinical data contain information of specificity for different aspects of depression.

Keywords: Depression; Latent Regression; Mental Health
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CB7-01:

Psychology in Primary Care: An Evaluation of Best Practices

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Background/Aims: Integrating psychology and mental health professionals into primary care settings has emerged as a means to improve the access to and utilization of mental health services. Three models linking psychology to primary care are: (1) referring a patient to a psychologist located in a facility outside of the primary care physician's (PCP) office; (2) referring a patient to a co-located psychologist who is not integrated into the PCP; (3) integrated model where the PCP and the psychologist are co-located and communicate regarding the patient's health. The overall purpose of this project was to investigate predictors of patients' initial response patterns to their primary care physicians' referrals to psychologists across the Scott & White Healthcare system in the context of the models delineated. **Methods:** Using clinician notes and claims data housed within the S&W electronic medical records (EMR), we identified patients with ICD-9 codes for depression (311, 300.4, 296.2, 296.3,) and anxiety disorder (308.3, 300.00) referred to mental health clinics those satisfy one of the three main psychology models mentioned above. Our main outcome variable of interest was patients' attendance at their initial appointment with psychologists (binary outcome variable yes/no). Patients' demographics (age, gender, race, ethnicity), clinics from which patients were referred, and the number of days between referral and scheduled appointment were included in the logistic regression model. **Results:** Our preliminary results indicated that older patients were likely to attend initial appointments after being refereed by their PCP (odds ratio estimate=1.01, 95% CI: 1.006, 1.032). Patients that were seen by psychologist or mental health professional in a facility was integrated into the PCP practice were more likely (odds ratio estimate= 1.79, 95% CI: 1.12, 2.84) to attend their initial appointments compared to the other two models of care. Finally, patients with the greatest time between referral and time of scheduled appointments were less likely to attend their initial appointments. **Discussion:** Results of this study provide useful information about how patients can receive effective mental healthcare services when the primary care physicians and psychologists work within an integrated co-located environment and communicate about the patient's health.

Keywords: Psychology; Primary Care; Mental Health
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CB7-02:

Medicare Part D Cost-sharing and Antipsychotic Drug Use in Two Medicare Advantage Systems

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Background/Aims: The Affordable Care Act phases out the Medicare Part D coverage gap over the next decade; however, beneficiaries will continue to face substantial cost-sharing even after 2020. Higher cost-sharing has been associated with reductions in necessary drug use. Non-adherence to antipsychotics, a mainstay of schizophrenia treatment, is associated with worse clinical outcomes. We investigated the impact of Part D cost-sharing on antipsychotic spending and adherence for beneficiaries with schizophrenia, focusing on within-person cost-sharing increases associated with the gap. **Methods:** We included Medicare Advantage (MA) beneficiaries enrolled in plans linked with an integrated delivery system (IDS, N=999) and non-integrated systems (non-IDS, N=3,878) who received 1+ inpatient or 2+ outpatient schizophrenia diagnoses during 2006-2007 and antipsychotics in 2006. We examined total and out-of-pocket antipsychotic spending and adherence based on the proportion of days covered (PDC) using Part D drug event data. We examined changes in monthly costs and adherence before and after beneficiaries reached the gap using within-person fixed effects models to account for unmeasured, time-stable confounders across comparison groups. **Results:** Overall, 34% of subjects faced a gap in 2007; most remaining beneficiaries received low- income subsidies (LIS) that covered the gap. Among gap subjects, 45% (IDS) and 55% (non-IDS) reached the gap threshold of $2,400 in total drug spending. Monthly out-of-pocket spending increased substantially in both systems during vs. before the gap (IDS: $139 [$118 to $159]; non-IDS: $84 [$79 to $91]). Total monthly antipsychotic costs and adherence decreased after reaching the gap among non-IDS beneficiaries (costs: -$163 [-$179 to -$146]; adherence: -14.7 percentage points [-16.2 to -13.1]). Among IDS beneficiaries, changes in total costs and adherence pre- vs. post-gap were not significant (costs: -$82 [-$179 to $15]; adherence: 3.1 pp [-0.6 to 6.8]). For LIS beneficiaries with no gap, adherence did not decrease after reaching the gap spending threshold. **Discussion:** Antipsychotic adherence decreased during the gap among non-IDS MA beneficiaries, but did not among IDS beneficiaries or among LIS recipients without a gap. Cost-related non- adherence to antipsychotics among beneficiaries with schizophrenia could result in adverse clinical outcomes. Work is needed to explore potential system-level characteristics that influence patients' responses to cost-sharing.

Keywords: Antipsychotics; Adherence; Mental Health
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