Implementation of Depression Screening in Primary Care

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Background:

- **Depression** is a common mood disorder that affects 19.4 million adults per year in the United States. Depression is a leading cause of disability, absenteeism, and suicide.
- Primary care providers (PCPs) may miss 50% of all depression diagnoses without effective screening.
- Use of the validated Patient Health Questionnaire-9 (PHQ-9) screening tool may help aid depression diagnosis and management in primary care settings.

Objective:

- **Quality Improvement (QI) Project:** The purpose of this project was to implement and evaluate the effectiveness of routine PHQ-9 screening among adult primary care patients, to improve depression outcomes.

Methods:

- **Setting:** Primary care clinic. **Population:** Patients aged ≥18 who could speak and understand English, presenting for sick- or well-visits, in-person or through telehealth.
- **Implementation process:** Participants were asked to complete the PHQ-9 prior to their visit, which contained nine Likert-scale questions for rating depression symptom frequency ranging from (0) not at all to (3) nearly every day. Scores were added to determine depression status and severity, per EBP algorithm and clinical judgement.
- **Screening rates, scores, intervention rates, and specific interventions** were collected weekly through chart audit and form review. Data was de-identified prior to analysis.

Results:

- Clinic personnel screened 61.3% (n=233) of eligible patients.
- **n=43** patients had scores ≥5 requiring follow-up and intervention. All patients identified with depression symptoms were offered intervention.
  - **n=37 (86%)** received intervention, **n=6 (14%)** refused.

Discussion:

- **Results:** Depression symptoms were detected in 18.5% of patients screened; higher than the national average (7.1%).
- Run chart data shows an upward trend in screening compliance starting at Week 4, when an electronic PHQ-9 form was launched for telehealth patients.
- **Limitations:** Screening compliance varied due to staffing and appointment changes related to COVID-19.
- The high rate of depression identification may be skewed due to fluctuations in screening compliance and/or the impact of COVID-19 on mental health.
- Clinic policy prohibited the prescription of antidepressants by PCPs; patients were referred to psychiatry. Further projects may explore antidepressant prescription in-office.

Conclusion:

- Routine PHQ-9 use may increase rates of depression identification and facilitate treatment.
- An increase was seen in the number of patients with newly documented depression diagnoses, along with treatment initiation, following project implementation.
- Electronic PHQ-9 screening may be a viable option for reaching telehealth patients during COVID-19 and beyond.

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References: