

Implementation of Depression Screening In Primary Care

Jacqueline Flores, BSN, RN

University of Maryland School of Nursing

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:

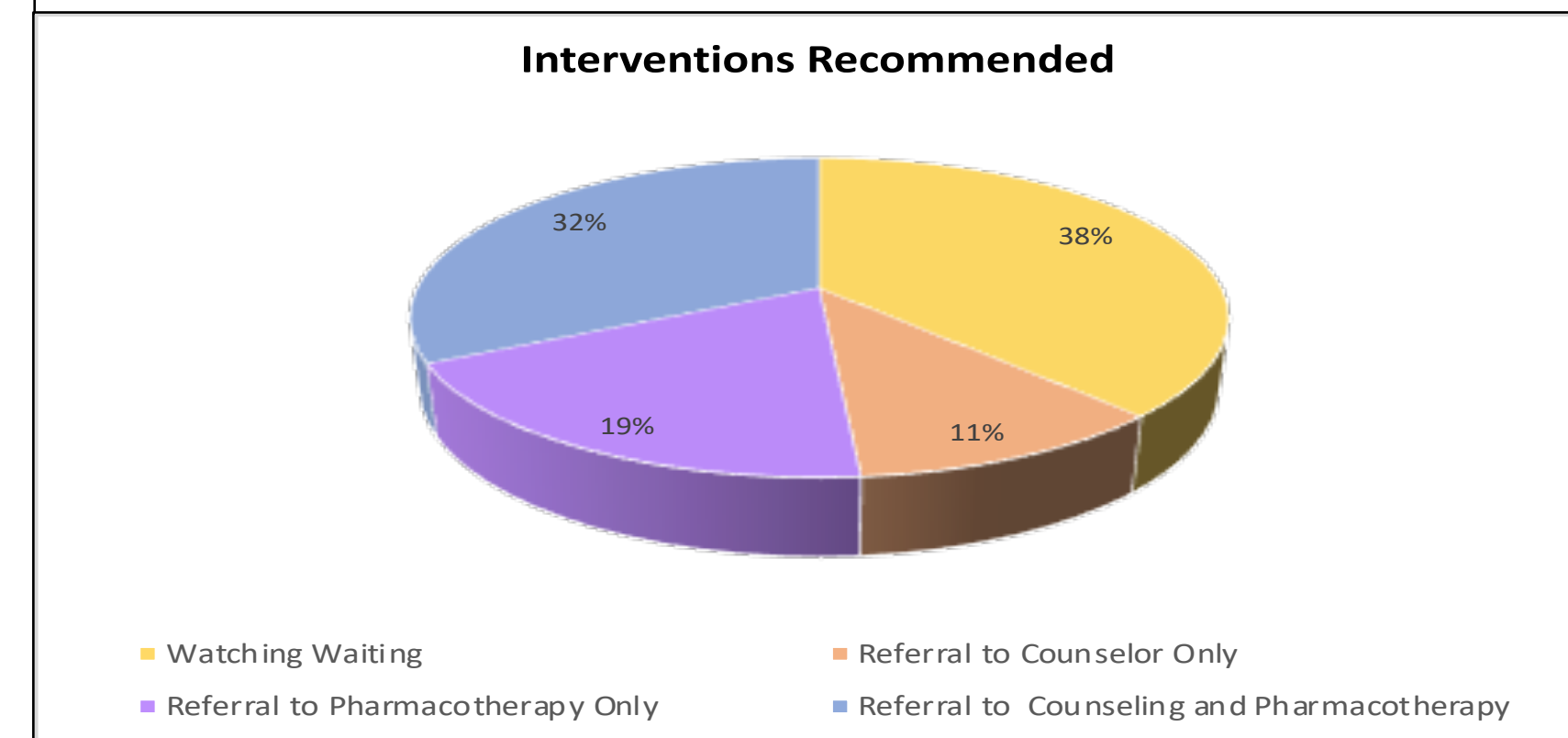
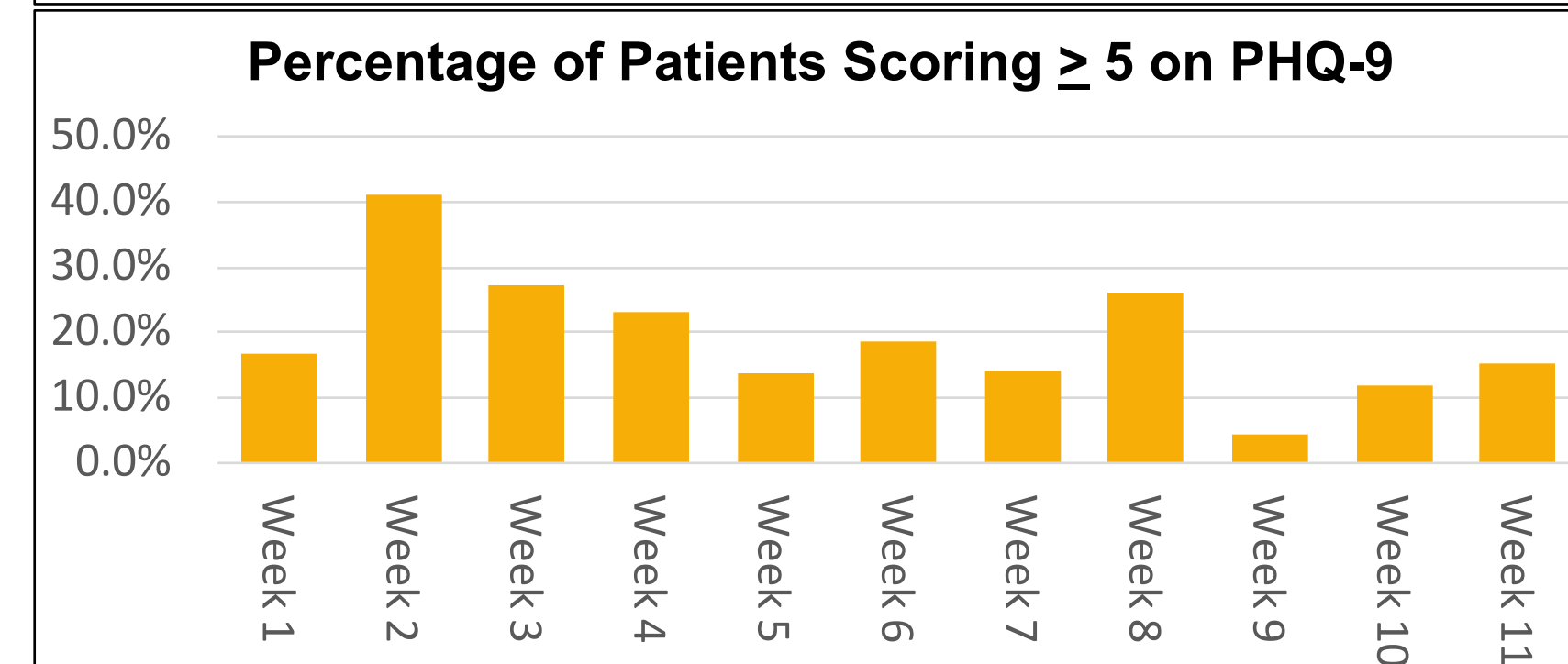
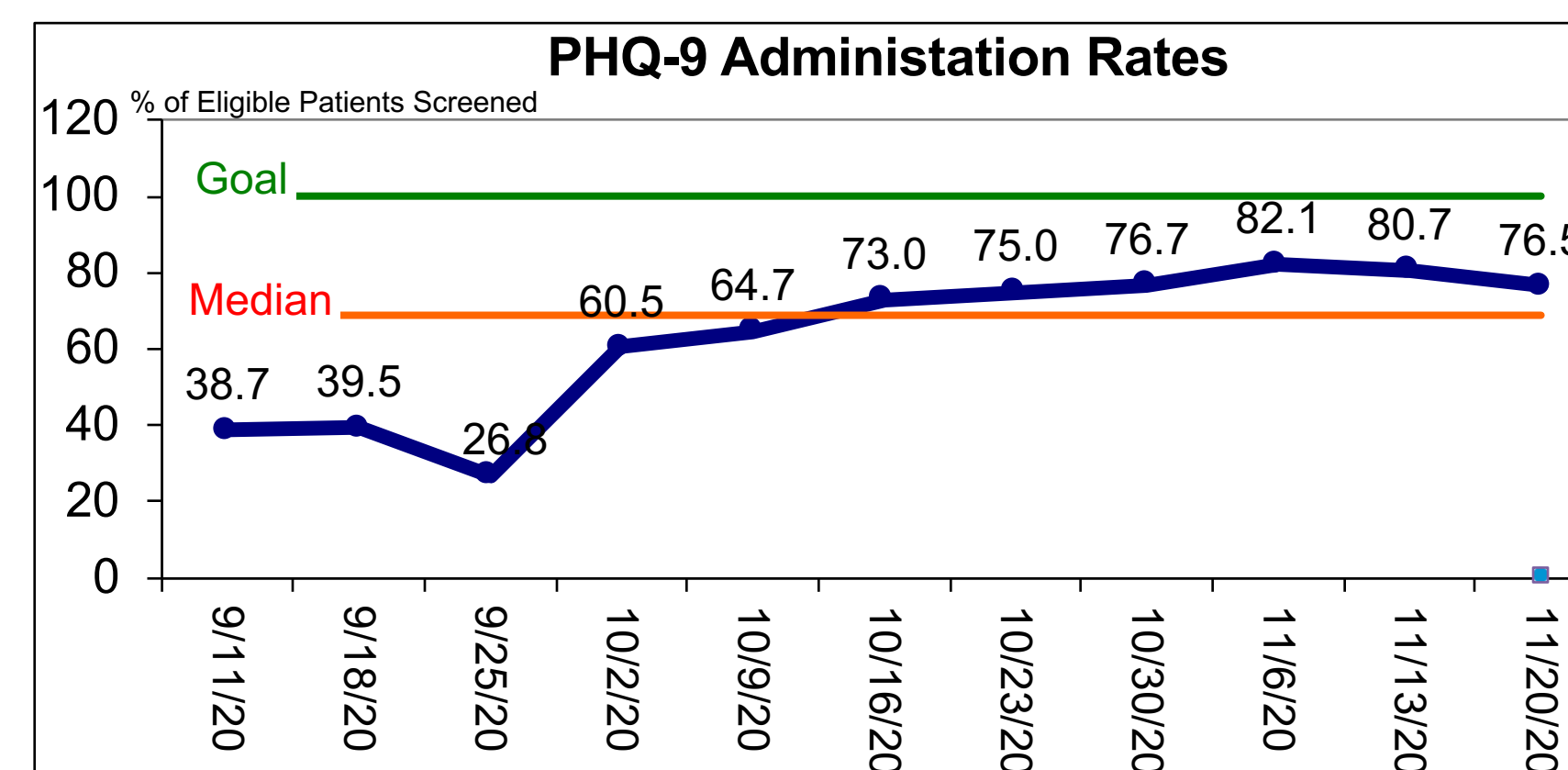
- **Quality Improvement (QI) Project:** The purpose of this project was to implement and evaluate the effectiveness of routine PHQ-9 screening among adult primary care patients, to improve depression outcomes.

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.

Acknowledgement:

Thank you to my project advisor, Dr. Allison Davis, PhD, RN; and second reader Dr. Kristin Seidl, PhD, RN, for your support and guidance with this Doctor of Nursing Practice project.

References:



The University of Texas at Austin
School of Nursing