

## Introduction

- Depression is an illness that can present as a mood state, syndrome, or mental disorder (Wang et al., 2017).
- Most common mental health condition seen in primary care (Williams & Nieuwsama, 2020).
- Without effective screening, only about 50% of major depression is identified in patients (Williams & Nieuwsama, 2020).

## Background and Significance

- Depression affects more than 300 million globally, with 1 in 5 people experiencing depression at some point in their lives (Constantini et al., 2021) and about 850,000 people committing suicide annually (McCrone et al., 2018).
- Economic burden of depression estimated to be \$210 billion annually in the U.S. (Siniscalchi et al., 2020).
- The U.S. Preventive Services Task Force (USPSTF) recommends that adults  $\geq 18$  years old be screened for depression (USPSTF, 2021).
- PHQ-9 is a validated screening tool used to identify depression, assess severity, and monitor response to treatment in different demographic groups (Gonzalez-Blanch et al., 2018).

## Purpose

- To implement the PHQ-9 in a primary care practice.

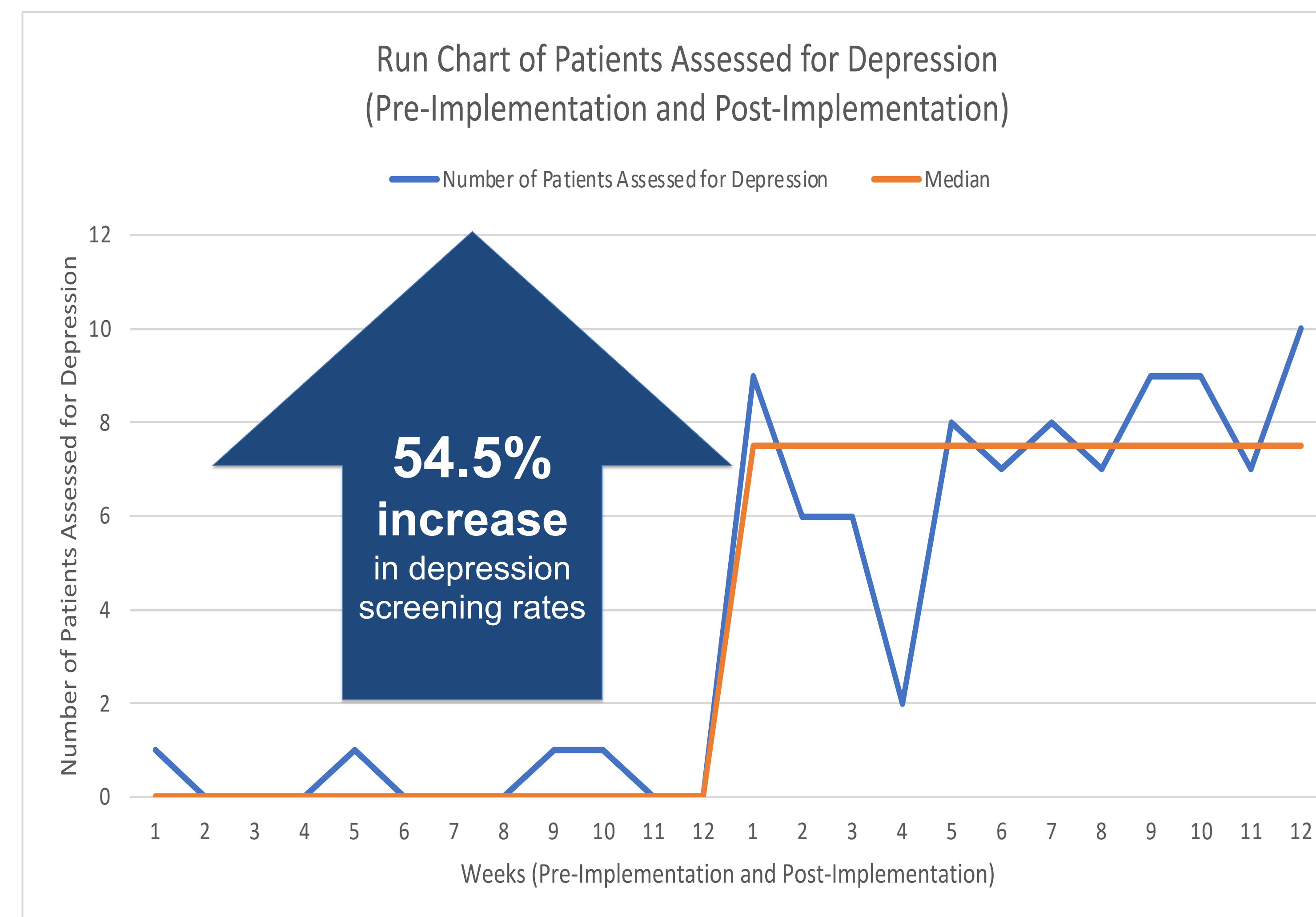
## Clinical Question

- Among patients in a primary care practice, does implementation of a standardized screening tool increase identification of depression compared to usual care over the course of 12 weeks?*

## Methods and Framework

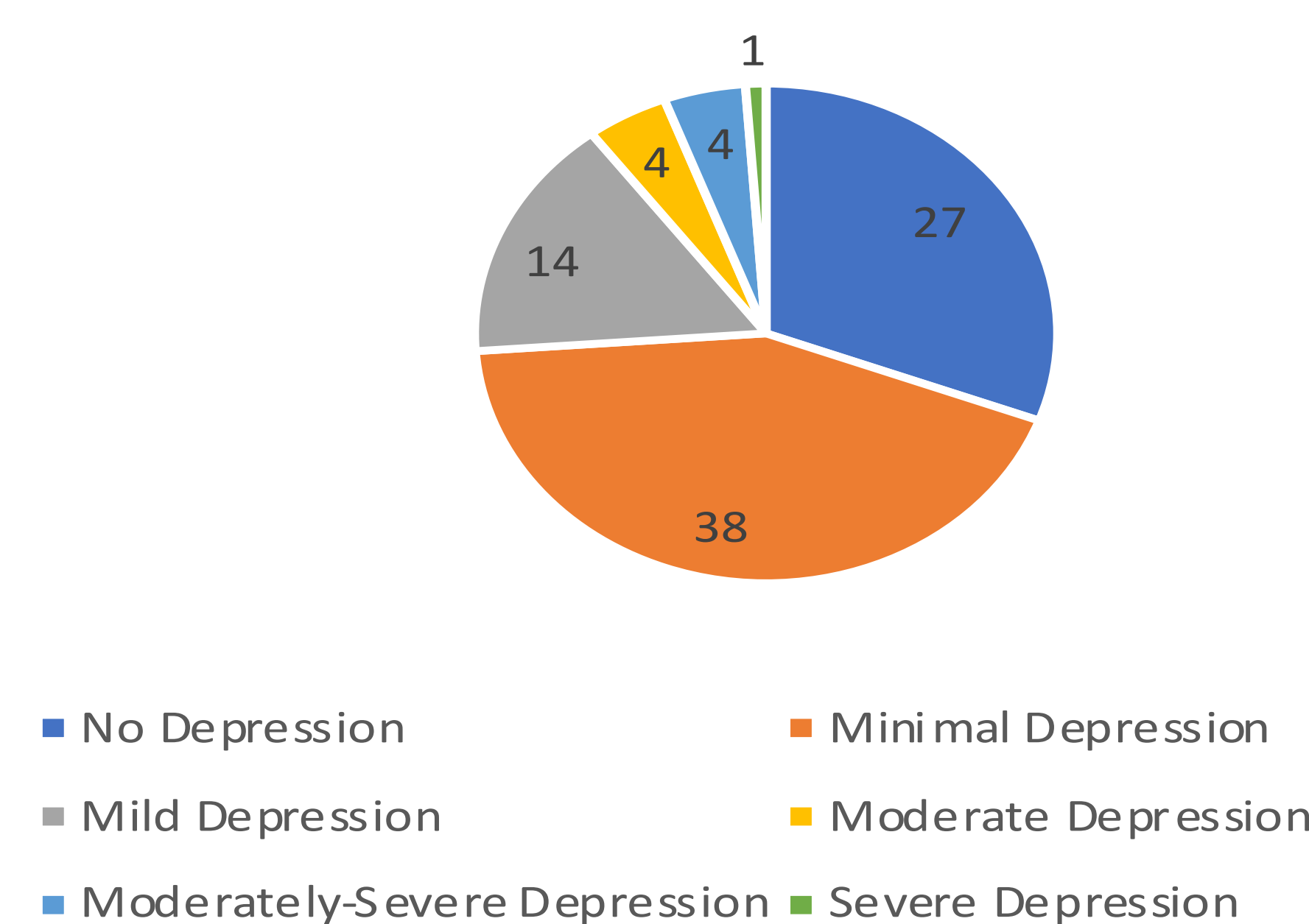
- Framework:** Plan-Do-Study Act (PDSA).
- Design:** This was a Quality Improvement (QI) project with a pre- and post-intervention design.
- Setting:** A private primary care practice located in a suburban area of Northern New Jersey.
- Intervention:** Patients presenting for initial visits or annual visits were screened with PHQ-9 as a standard of care.
- Time Frame:**  
Pre-Implementation: April – June 2021  
Post-Implementation: August – November 2021

## Results

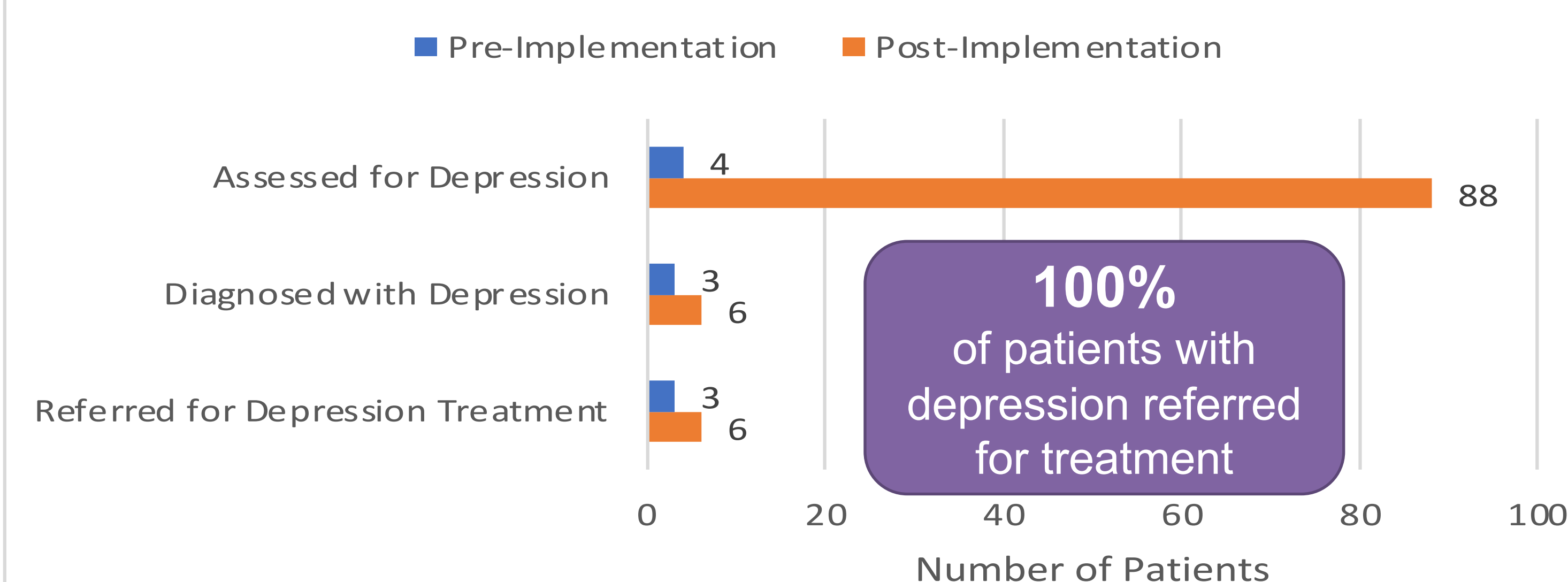


**Statistically significant difference**  
pre- and post-implementation:  
 $\chi^2 (1) = 80.71, p < .001.$

## PHQ-9 Depression Screening Tool Results



## Depression Assessment, Diagnosis, and Referral for Treatment



## Discussion

- This QI project demonstrated a significant improvement in depression screening with the use of the PHQ-9 screening tool.
- There was an increase in the identification of depression and severity of depression in patients at the primary care practice.
- The main objectives to increase the identification of depression in patients; increase the number of patients referred for appropriate depression treatment; and increase the number of PHQ-9 scores documented in the electronic medical record were met.

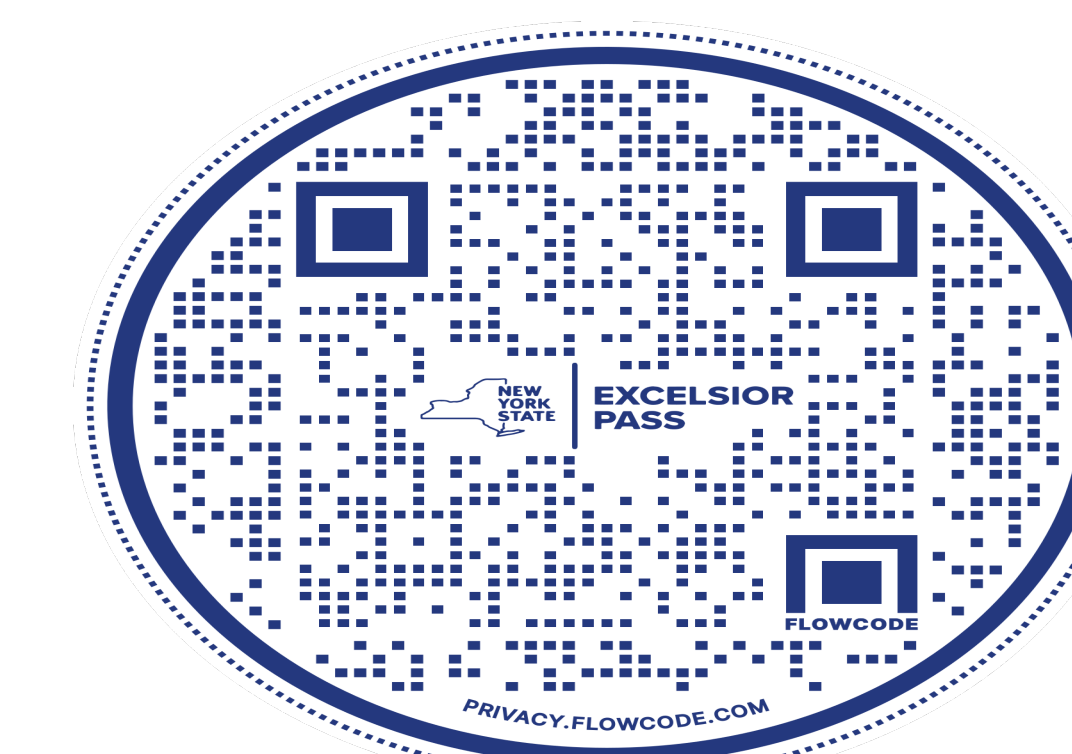
## Limitations

- There were 3 missed opportunities to diagnose depression in patients with PHQ-9 scores  $\geq 10$  and refer them for appropriate treatment. Those patients remain undiagnosed and may not seek treatment.
- Recommendation: Review the PHQ-9 scores of those patients during future visits to evaluate depression status and treatment.
- There were 66 eligible patients who were not screened for depression using the PHQ-9 screening tool. Their depression status remains unknown.
- Recommendation: Screen those patients with the PHQ-9 during future visits to assess their depression status.

## Implications

- Healthcare Policy:** The PHQ-9 can be implemented into the standard of care at primary care practices.
- Clinical Practice and Patient Care:** Screening patients for depression annually in primary care can improve identification, diagnosis, and treatment of depression in patients.
- Economic:** Early identification and treatment of depression can decrease healthcare costs stemming from family care, lost productivity, and unemployment.

**PHQ-9 Depression Screening Tool**



**Reference List and Contact Information**

