

## Creating Healthy Work Environments VIRTUAL 2021

### Implementing Universal Depression Screening for Underserved Adult Patients in a Primary Care Setting

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**Background:** Depression is a common mental disorder and a leading cause of disability worldwide (World Health Organization, 2019). US Preventive Services Task Force (USPSTF) recognizes depression as one of the leading causes of disability in persons 15 years and older. It is the most common mental health condition in patients seen in primary care (Williams & Nieuwsma, 2019). Depression is associated with increased mortality due to impaired ability to manage other health issues because of functional impairment (Esiwe, et al., 2015). The economic burden to the nation was estimated at \$210.5 billion as at 2010 (Chow et al., 2019). Depression is one of the most unrecognized and untreated conditions (Karlsson, et al., 2016). Up to two-thirds of patients with depression never discuss their symptoms with their primary care physician (Williams & Nieuwsma, 2019). Depression screening improves the accurate recognition and diagnosis of adult patients with depression in primary care setting (USPSTF, 2016). The efficacy of using the Patient Health Questionnaire (PHQ) for depression screening is established in the literature (Esiwe, et al., 2015; Wagner et al. (2017). Evidence also, shows decreased clinical morbidity in adults with depression identified and treated through screening in primary care settings (Siu, 2016). The USPSTF recommends screening for depression in the general adult population (Siu, 2016).

**Purpose:** The project seeks to improve depression screening in the primary care setting by implementing universal screening of all adult patients according to the recommendation of the USPSTF.

**Methods:** Data on patient being screened for depression will be collected and reviewed weekly for 12 weeks. Daily log of patients completing the PHQ-9 will be maintained by a medical assistant and chart review conducted weekly as part of the data review process. With the PDSA cycle methodology being used, the Annotated Run Chart will be used for data analysis to illustrate the outcome measure over the implementation period. The primary outcome measure will be plotted on the Run Chart and modification made for special variations as appropriate. Graphs and tables will also be used to display and explain results.

**Results:** Data collection and analysis are in progress. It is hoped that the depression screening will improve with the protocol put in place to add to the body of knowledge on how to implement universal depression screening in the primary care setting.

**Implications for Practice:** Screening for depression is critical given its high prevalence and associated morbidity and mortality. The lack of depression screening in the primary care results in suboptimal care leading to poor patients' outcome. The use of a valid screening tool is important to ensure early diagnosis and treatment for people suffering from depression.

**Conclusion:** Implementing universal depression screening in primary care setting, especially one that is focused on the underserved patients will improve early diagnosis thus minimizing the negative impact of the disorder in this patient population. It is hoped

that this will serve as a catalyst for adoption of universal depression screening in the primary care setting.

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**Title:**

Implementing Universal Depression Screening for Underserved Adult Patients in a Primary Care Setting

**Keywords:**

Depression screening, primary care and universal screening

**Abstract Summary:**

Depression is not routinely screened for in the primary care setting despite high prevalence and association with increased morbidity and mortality resulting in great economic burden to the nation. Universal depression screening will lead to early diagnosis and intervention, thus resulting in better patients' outcome.

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