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

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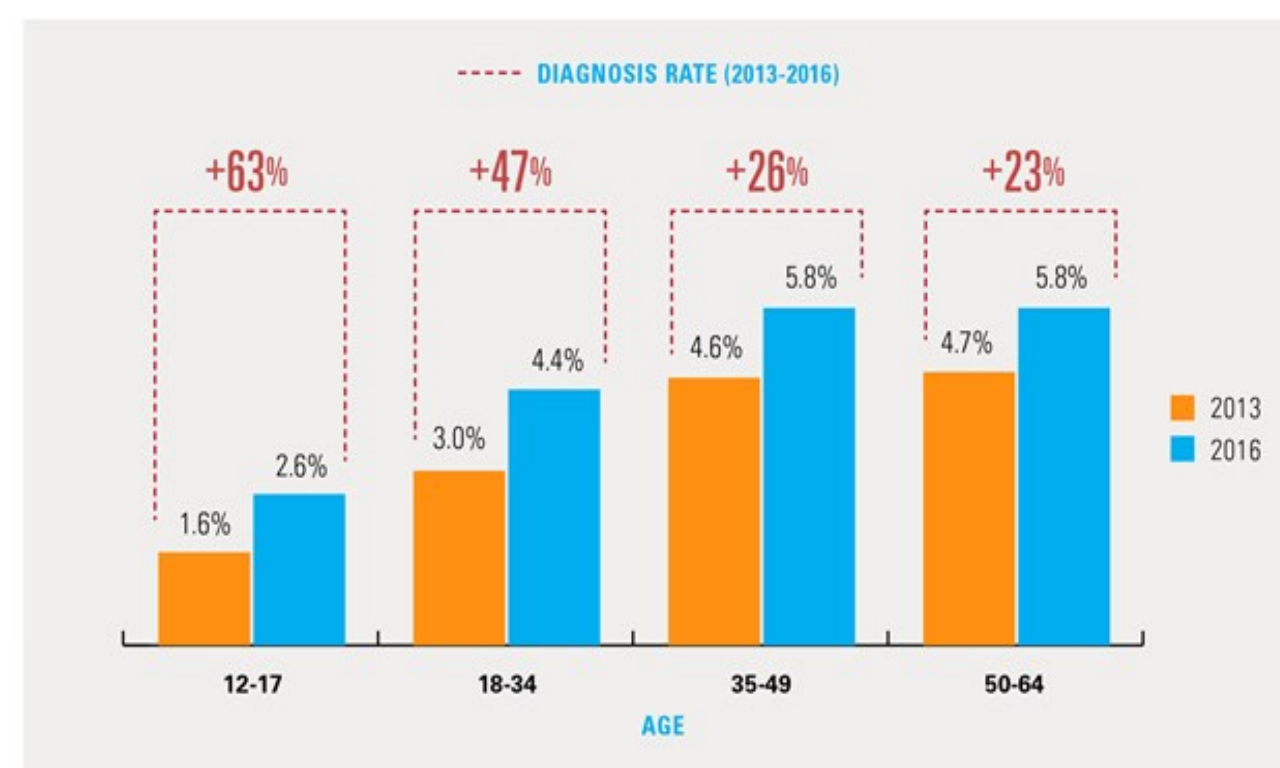The University of Texas Medical Branch, Galveston, TX

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Introduction

- Depression is a common mental disorder and a leading cause of disability worldwide.

- The economic burden to the nation estimated at $210.5 billion as at 2010

- It is associated with increased mortality

- It is the most common mental health condition in patients seen in primary care.

- Depression is one of the most underdiagnosed conditions in the primary care with identification rate at only 50% major depression.

- USPSTF recommends screening for depression in the general adult population

Purpose

- To improve depression screening among underserved population in the primary care setting by implementing universal depression screening of all adult patients in line with the recommendation of the USPSTF


Diagnosis rate and rate of change for major depression by age
.Courtesy Blue Cross Blue Shield

Methods

- **Theory/Conceptual Framework:** Kotter's eight-stage model of change was utilized to guide project implementation

- **Sample:** All patients aged 18 years and older who present to the clinic for an episodic encounter or chronic condition management during the measurement period

- **Model for Improvement:** Plan-Do-Study-Act (PDSA) cycles used for measurement and monitoring of the target change.

- **Setting:** Nurse managed clinic in Galveston with patient's population mostly uninsured or underinsured

- **Interventions:**

  - Protocol for depression developed for depression screening based on American Psychiatric Association (APA) guidelines

  - Patient Health Questionnaire (PHQ-2) & PHQ-9) screening tools are been utilized
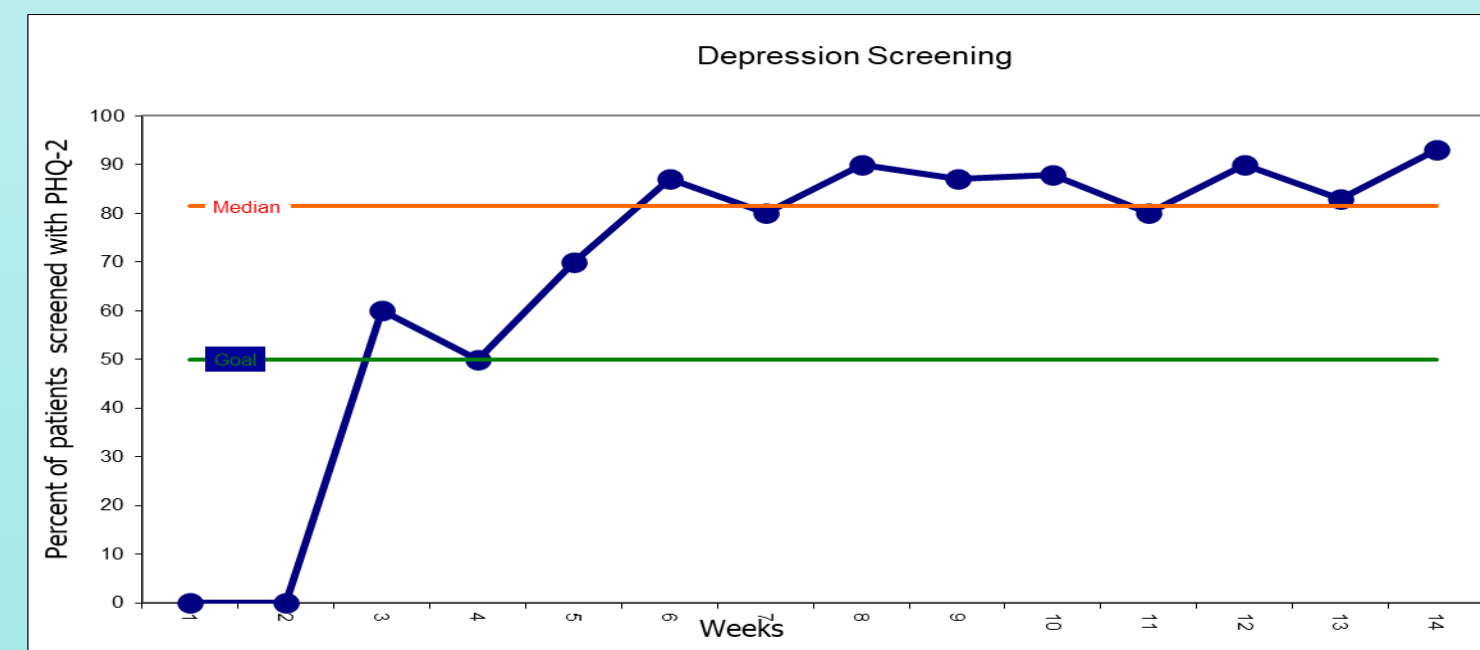
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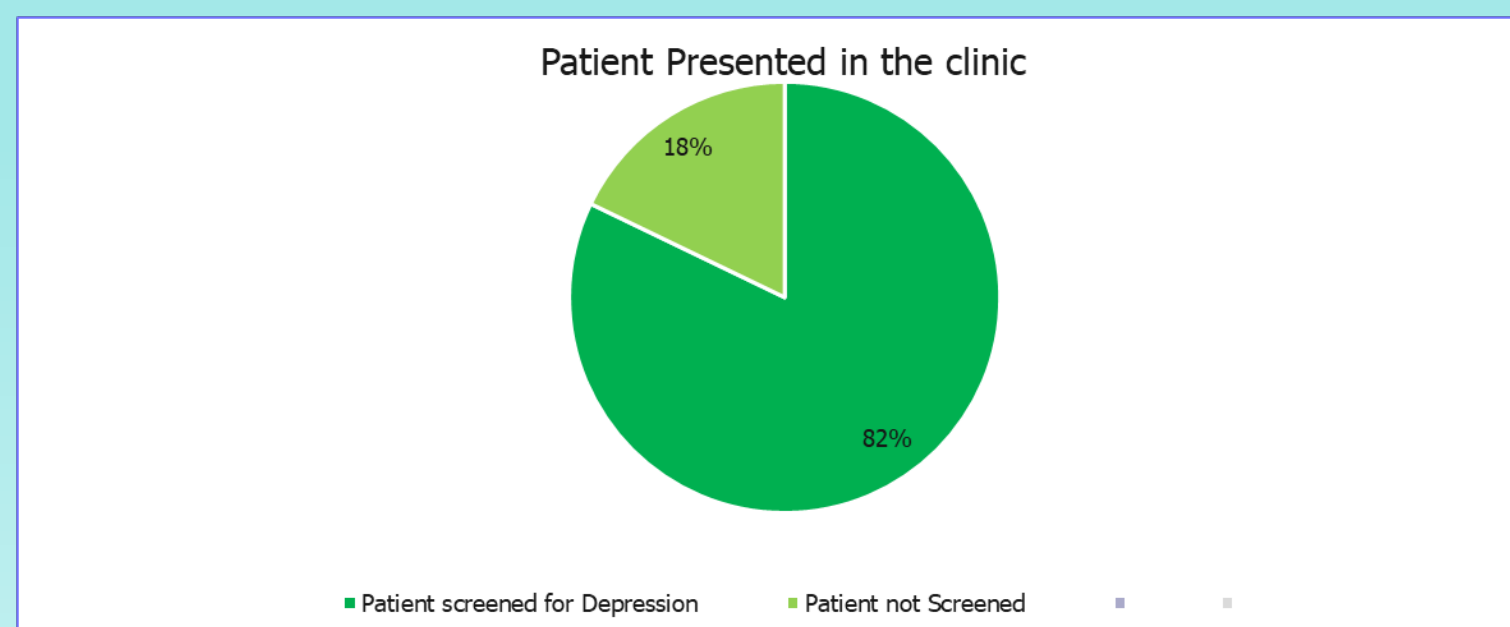
Implementation

- Implementation period is October to December 2020.

- Educational session conducted for providers and clinic staff on the screening process.

- Front office staff guide/assist patients in completing the PHQ-2

- Patients with initial positive screen (PHQ-2 utilized) were referred to clinician for further evaluation using PHQ-9, and appropriate intervention initiated

- Weekly review and follow up with clinic staff to ensure compliance with screening protocol.

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Results

- 580 of the 706 patients were screened for depression

- This represents 82 percent of total patients as against the target of 50 percent.

- 126 of the 706 were not screened; most of them were seen via virtual encounters as a result of COVID-19 pandemic

- 29 of the 580 patients screened positive, representing 5% of the total patient screened.

Summary and Conclusion

- Screening for depression is critical due to its high prevalence and associated morbidity and mortality.

- The lack of depression screening results in suboptimal care and poor patients' outcome.

- The use of a valid screening tool is important to ensure early diagnosis and treatment.

- Implementing universal screening especially in primary care minimizes the negative impact of the depression.

- The project will hopefully serve as a catalyst for adoption of universal depression screening in the primary care setting.