

Enhancing Follow-Up Care: Implementing Routine Depression Screenings in Primary Care Visits

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BACKGROUND

- Depression is a common mental health disorder that can affect daily functioning and can be worse with co-existing chronic conditions.
- The PHQ-9 is a validated, easy-to-use screening tool recommended for routine use in adults to detect and monitor the severity of depression.
- National guidelines recommend depression screening for all adults 18 years and older, regardless of symptoms or risk factors.

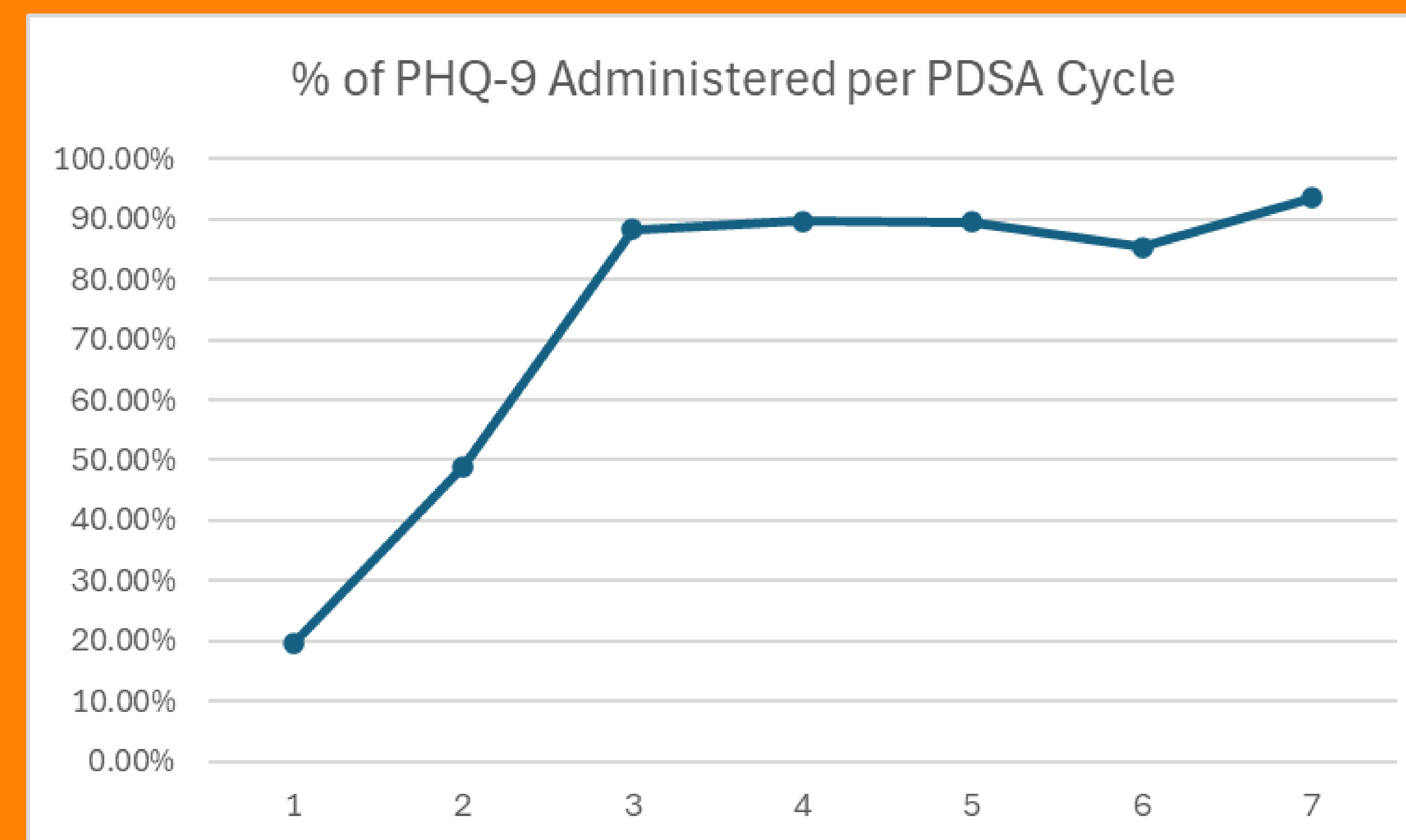
LOCAL PROBLEM

- A rural primary care clinic in East TN lacks routine PHQ-9 screening during follow-up visits, despite using it routinely during new patient appointments.
- The clinic serves an at-risk population in Appalachia with high poverty rates, limited access to mental health care, and increased depression risk.
- Depression screening rates are low, with no current data tracking system in place to monitor follow-up screenings.
- Inadequate screening at follow-up visits limits early detection, treatment adjustments, and overall management of depression.

METHODS

- The Johns Hopkins Evidence-Based Practice Model provided the framework for project implementation.
- The intervention was developed using current evidence-based guidelines and stakeholder input, tailored to meet the needs of the rural Appalachian patient population.
- Baseline data of amount of PHQ-9s administered during initial and follow-up primary care visits along with number of referrals.
- The practice change process was followed using PDSA cycles and data was collected throughout implementation.

Depression screening rates increased to 93.5% at follow-up visits.



INTERVENTIONS

- Initially, hard copies of the tool were placed throughout the clinic. After the 1st PDSA cycle, it was determined this was not effective as anticipated. The tool was then integrated into the EMR of the clinic for the nurse and provider to utilize with the patient.
- Educational sessions were utilized throughout the process for staff.
- The intervention was low cost for the clinic and aligned with reimbursement opportunities.

RESULTS

- PHQ-9 screening compliance improved during follow-up visits from 49% in the 1st PDSA cycle to 93.5% in the final cycle.
- Referrals to mental health services or community resources increased from 0% to 93.5%. There were 29 total referrals during implementation compared to 3 total referrals in retrospective data collection.
- The 1st PDSA cycle identified low compliance, prompting integration of the tool into the EMR and additional training.

CONCLUSIONS

- Routine PHQ-9 screenings during follow-ups improved depression detection and referral rates, enhancing patient care and improving outcomes.
- EMR integration and staff education supported sustainable workflow changes and aligned with reimbursement goals.
- The project had a positive impact on clinical efficiency and system processes in a rural setting.
- Next steps include continued staff training, EMR prompts, and expansion to other clinic locations.