

Depression Screening at KUMC: Examining PHQ2/9 Positivity and Intervention

Ethan Hunt, B.A., Jennifer McRae, M.D.

University of Kansas School of Medicine-Kansas City, Kansas City, KS, Department of Internal Medicine

Received Aug. 21, 2024; Accepted for publication Aug. 26, 2024; Published online Aug. 27, 2024

<https://doi.org/10.17161/kjmvoll7.22736>

Introduction. In primary care, the U.S. Preventative Services Task Force recommends universal depression screening using tools like the Patient Health Questionnaire (PHQ2/9). This study assesses intervention frequency for screened, depressed patients and frequency of missed positive screens.

Methods. A retrospective QI project at KUMC Internal Medicine Clinic examined adult patients diagnosed with depression from January 1 to December 31, 2022. It focused on individuals with PHQ2/9+ screening tests that lacked appropriately documented interventions or referrals. Provider notes were reviewed for those not meeting intervention criteria to identify false negatives. Significant differences were determined through qualitative analysis of the different outcome groups.

Results. Of 492 patient encounters, 35% (n = 174) were PHQ2/9+, with 61% (n = 107) receiving referrals or interventions correctly documented in the PHQ2/9 flowsheet tool. Chart review of the 39% (n = 67) encounters that lacked Electronic Medical Record trackable interventions found that every patient had an appropriate intervention within the provider's notes. Between groups, 75% (n = 50) of the false negative intervention group and 14% (n = 15) of the true positive intervention group started or continued medications. No significant differences were observed between common patient identifiers or raw PHQ2/9 scores.

Conclusions. 100% interventions challenged ideas that automatic screening would increase rates of missed diagnosis in patients with positive PHQ2/9 scores. Evaluating only trackable interventions suggested that 39% of patients did not receive adequate care; however, the issue was related to non-standardized documentation that could not be tracked by the EMR. Calls for improved, standardized documentation is necessary for better analysis and ensuring quality care of the depressed patient population.