Enhancing Depression Detection and Care: The Impact of Routine Screening in Primary Care

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ABSTRACT

Depression is a prevalent and often underdiagnosed condition in primary care settings, impacting patient well-being and healthcare outcomes. Routine screening using a standardized tool, such as the Patient Health Questionnaire-9 (PHQ-9), is recommended to enhance identification and management of depressive symptoms. However, gaps remain in consistent application of screening protocols and subsequent linkage to care. This study evaluates the effectiveness of routine depression screening in a primary care setting by examining screening adherence, symptom identification, initiation of pharmacologic treatment, and referrals to follow-up care. Conducted as a retrospective chart review at Kintegra Family Medicine (KFM) – Statesville, the study provides insights into current screening practices and identifies areas for improvement in depression management within Federally Qualified Health Centers (FQHCs).

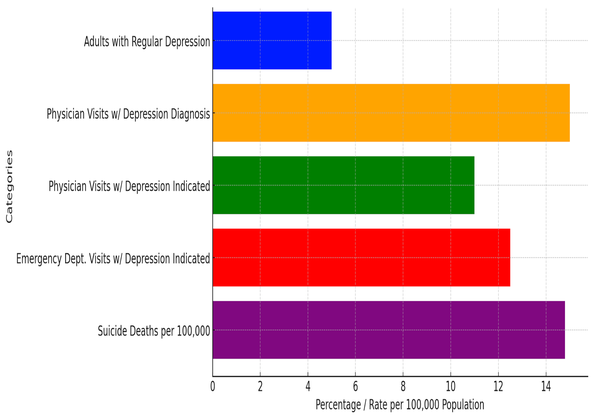
INTRODUCTION

Depression remains a significant public health concern and is often unrecognized in primary care despite its impact on health. While routine screening with the PHQ-9 is recommended, adherence and follow-up care are inconsistent.

OBJECTIVES

- Analyze depression screening and follow-up practices using the Donabedian Model.
- Identify patterns and gaps in depression management within the primary care setting.
- Provide evidence-based recommendations to optimize mental health care integration in FQHCs.

Prevalence of Depression In the U.S.



METHODS

This study is a retrospective chart review (n = 124) conducted at KFM – Statesville, a FQHC. The study reviewed electronic health records (EHRs) from January 1, 2025, to February 1, 2025, for adult patients (≥18 years) who had a documented PHQ-9 screening. Patients receiving active psychiatric treatment prior to screening were excluded.

DATA COLLECTION/INTERVENTION:

Depression Screening & Severity:
- PHQ-9 Administered: Yes/No
- PHQ-9 Score
- Depression Severity Classification

Clinical Interventions & Follow-up:
- Medication Initiated: Yes/No
- Follow-up Care Recommended: Yes/No
- Follow-up Type: Primary Care Provider (PCP), Counseling, Psychiatry, Community Mental Health, None
- Follow-up Plan Documented: Yes/No

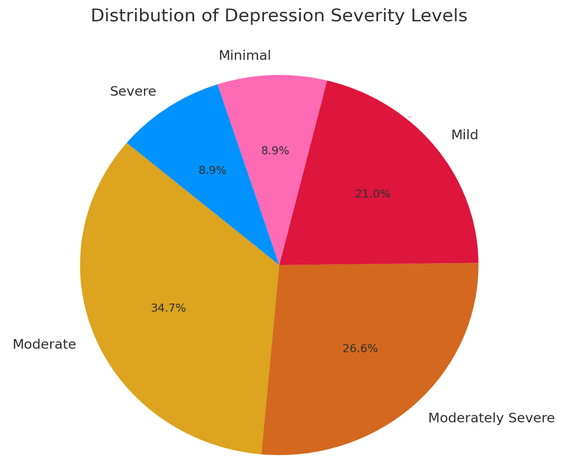
LITERATURE REVIEW

- Standardized depression screening increases detection and management (Pfoh et al., 2020).
- Integrated behavioral health models improve access and patient outcomes (Blackstone et al., 2022).
- 30.6% of patients with moderate depression do not receive appropriate follow-up (Battiola et al., 2025).
- Warm hand-offs to behavioral health providers increase follow-up adherence (Anand & Desai, 2023)

RESULTS

Findings suggest that while depression screening was conducted routinely, variability existed in follow-up interventions. Most patients diagnosed with moderate to severe depression (PHQ-9 ≥10) were referred for follow-up care, yet not all received pharmacologic treatment

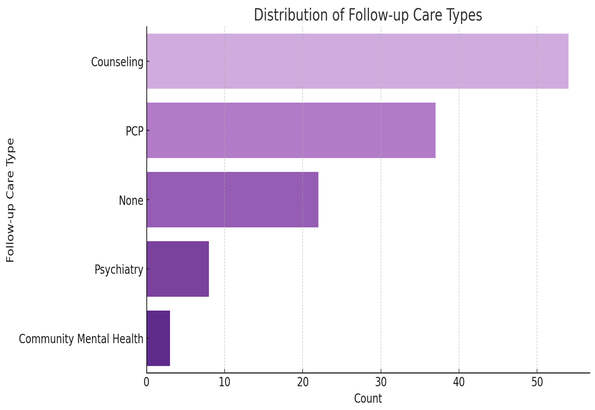
- **Screening adherence:** Most eligible patients received PHQ-9 screenings.
- **Depression severity distribution:** A significant proportion of patients scored within the moderate to severe range.
- **Medication initiation:** Patients with higher PHQ-9 scores were more likely to receive medication.
- **Follow-up referrals:** Counseling was the most recommended intervention, though gaps were noted in adherence to scheduled follow-ups



- The PHQ-9 scores range from 0 to 27
- The mean score is 12.3

Statistical Significance:

The independent t-test results show a **t-statistic of 17.99** and a **p-value of 6.25×10^{-22} ($p < 0.01$)**, indicating a highly significant difference in PHQ-9 scores between patients who were recommended follow-up care and those who were not. This suggests that follow-up care recommendations are strongly associated with higher PHQ-9 scores.



Interpretation:
Most patients were referred to **counseling** or a **PCP**, while some received **no follow-up care**, highlighting gaps in mental health referrals. **Psychiatry** and **community mental health** were less common, suggesting reserved use for severe cases. Strengthening follow-up pathways could improve care.

LIMITATIONS

- **EHR Documentation Variability:** Differences in provider documentation may impact data accuracy and limit assessment of decision-making.
- **Short Data Collection Period:** A one-month timeframe may not fully capture long-term trends in depression screening and follow-up.
- **Retrospective Study Design:** May introduce missing data and selection bias.
- **Single-Site Study:** Findings may not be generalizable beyond this FQHC setting.
- **Limited Longitudinal Follow-Up:** Data collection was timed to include the return of a key counselor, but a longer study period could provide a more comprehensive analysis.

CONCLUSIONS

Routine depression screening in primary care enhances identification of depressive symptoms but does not guarantee treatment initiation or follow-up adherence. Findings highlight the need for standardized protocols to ensure patients receive appropriate care.

RECOMMENDATIONS

•**Improve Follow-Up:** Use automated reminders and structured scheduling.
•**Enhance Training:** Educate providers on managing positive depression screens.
•**Integrate Behavioral Health:** Strengthen primary care and mental health coordination.
•**Utilize Care Coordination:** Assign coordinators to track referrals and adherence.
•**Optimize EHR:** Implement prompts for follow-up documentation.

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