

## **Depression Screening in Clinic Patients with a Cancer Diagnosis following Standardization of Intake Screening**

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**Background:** The 2022 NCCN guidelines recommend distress screening, including emotional assessment, ideally at each visit for patients with a diagnosis or history of cancer. Our previous randomized retrospective analysis of 100 encounters in patients with a cancer diagnosis found that a PHQ-2 was administered and documented in only 53% of encounters. In January 2021, a nursing intake form including a PHQ-2 Screen was deployed in the Academic Internal Medicine (AIMC) and Medicine-Pediatrics (UPED) clinics to standardize intake screening, aid in the efficiency of provider visits, and identify possible high-risk conditions i.e. depression. We conducted our study to assess the incidence of encounters in which patients with a cancer diagnosis are screened for depression using a PHQ-2 or PHQ-9 following the implementation of a standardized nursing intake form.

**Methods:** A retrospective chart review of a random sample of 100 primary care encounters for patients with a cancer diagnosis seen in the AIMC and UPED clinics between February 2021 and February 2022 was conducted. Chart review was used to determine if the patient was screened for depression using a PHQ-2 and/or PHQ-9 on Epic and if a positive screen or diagnosis of depression was addressed in the “Assessment and Plan” with mental health referral or medication management.

**Results:** Of 100 encounters, 58 patients had a PHQ-2 documented [52 of 86 (60.5%) AIMC encounters and 6 of 14 (42.9%) UPED encounters]. Of 58 PHQ-2 screens, 2 were positive (3.5%). A reflex PHQ-9 was administered in only one of these encounters, however, in both cases, depression was addressed in the plan.

**Conclusion:** The overall incidence of PHQ-2/PHQ-9 screening and documentation increased from 53% to 58% following the implementation of standardized nursing intake forms in the academic clinics, however, the results were not statistically significant ( $p=0.5$ ). Further investigation is required to optimize depression screening in the academic clinic setting.