

Effectiveness and Implementation of eScreening in Post 9/11 Transition
Programs

NCT04506164

Analytic Plan

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We collected data to evaluate eScreening, compared to screening-as-usual, guided by the RE-AIM outcomes of PRISM in 8 TCM programs, using a stepped-wedge design with cluster randomization. These data include: the number of veterans that enrolled in the healthcare system and the date and time they enrolled; the date and time that they received PHQ, PCPTSD, and Audit-C, CSSRS, and the disposition (positive/negative screen); date and time they received a CSRE; and the number of mental health care referrals (see Table). These data were used to calculate the overall rate of screening completion and referral to mental health care.

eScreening Data Elements guided by PRISM

| RE-AIM Dimension | Measures | Data Source(s) | Data Type | Level |
|---|---|---|---|---|
| <u>Reach</u> Proportion of Newly Enrolling post-9/11 veterans who received screening | <ul style="list-style-type: none"> • % of eligible veterans who were screened & unscreened (eScreening versus Paper/Oral Screening) | <ul style="list-style-type: none"> • EMR Query • eScreening Query | <ul style="list-style-type: none"> • Quant | <ul style="list-style-type: none"> • Patient |
| <u>Effectiveness</u> The impact of eScreening on important outcomes: speed of screening completion and rate of referral to needed care | <ul style="list-style-type: none"> • Enrollment date/time • Mental health (PHQ-2, PCPTSD, Audit-C) and suicide risk screening (CSSRS, CSRE) date/time and score • % Consults submitted to Mental Health from TCM clinics with eScreening vs. paper/ oral screening | <ul style="list-style-type: none"> • EMR Query • EMR Query • EMR Query | <ul style="list-style-type: none"> • Quant • Quant • Quant | <ul style="list-style-type: none"> • Patient • Patient • Patient |

Quant = Quantitative; EMR = Electronic Medical Record.

To test whether the likelihood of receiving mental health screening differed between eScreening and Screening As Usual (Reach aim), we conducted logistic regression analyses comparing the proportion of newly enrolled veterans who received PTSD, PHQ-9, AUDIT, and CSSRS screening during the eScreening implementation phase and the sustainment phase to the pre-implementation/Screening As Usual phase. To test whether the number of days it took to receive mental health screening differed between eScreening and Screening As Usual (Effectiveness aim), we conducted Cox regression analyses comparing the number of days from enrollment to PTSD, PHQ-9, AUDIT, and CSSRS screening among newly enrolled veterans during the eScreening implementation phase and the sustainment phase to the pre-implementation/Screening As Usual phase. Finally, to test whether the likelihood of receiving a mental health consult request differed between eScreening and Screening As Usual (Effectiveness aim), we conducted logistic regression analyses comparing the proportion of newly enrolled veterans who received PTSD, PHQ-9, AUDIT, and CSSRS screening within 30 days of enrollment and screened positive for PTSD, depression, suicidality, or substance use during the eScreening implementation phase and the sustainment phase to the pre-implementation/Screening As Usual phase.