





HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1 200

DEC 7 2001

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE  
EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY

SUBJECT: Implementation of Department of Defense/Veteran Affairs Post-Deployment Health Evaluation and Management Clinical Practice Guideline

In early 2001, the Department of Defense (DoD) and Veterans Affairs (VA) completed development and initial pilot testing of a Post-Deployment Health Evaluation and Management (PDH) (CPG). Please reference the ASD(HA) Memo dated December 20, 2001 at TAB A. The guideline provides a structure for primary care providers to evaluate and manage patients with deployment related health concerns including family members of recently deployed personnel. DoD-wide implementation will begin on January 31, 2002. The DoD Deployment Health Clinical Center, established in September 1999 by ASD(HA) policy directive (TAB B) will provide overall clinical support and assistance and serve as a Center of Excellence for post-deployment health concerns.

To kick off DoD-wide implementation, a satellite broadcast is planned for January 30, 2002, 1300 to 1500 hours Eastern Standard Time. Each DoD medical treatment facility will receive a PDH CPG tool kit shortly before the broadcast. The target audience consists of all members of the direct care and operational medicine healthcare teams. Details on the broadcast are at TAB C. For questions on the PDH guideline or the satellite broadcast, please contact LTC Charles Engel, Director, Deployment Health Clinical Center, Walter Reed Army Medical Center, (202) 782-8064 or LTC Kathy Dolter, Practice Guideline Project Officer, Quality Management Directorate, US Army Medical Command, (210) 221-6195 or DSN 471-6195. Information is also available at the DoD Deployment Health web site <http://www.pdhealth.mil>

In light of the recent terrorist events and the subsequent deployment of military forces, it is imperative that we stand ready to address the post-deployment health concerns of our service members and their families. The Post-Deployment Health Clinical Practice Guideline will help us meet this challenge.

  
William Winkenwerder, Jr., MD

Attachments

- A. Dec 20, 00 ASD(HA) Memo w/ attachments
- B. Sep 30, 99 ASD(HA) Memo w/ attachments
- C. Info Paper; Implementation of DoD/VA PDH CPG



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WASHINGTON, DC 20301-1200

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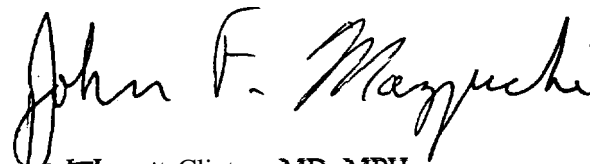
MEMORANDUM FOR SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Implementation of Post-Deployment Health Practice Guideline

In early 1999, the Departments of Defense (DoD) and Veterans Affairs (VA) initiated development of a Post-Deployment Health Evaluation and Management (PDH) Clinical Practice Guideline (CPG). An information paper providing background on this guideline is attached. The guideline, completed in June of 2000, provides a structure allowing primary care providers to evaluate and manage patients with deployment related health concerns. The guideline also applies to individuals who were not deployed, but relate their concerns to a deployment, for example, family members of recently deployed personnel. The next step in implementation of the CPG is pilot testing at one medical treatment facility (MTFs) from each Service. MTFs, along with a physician guideline implementation champion at the MTF selected need to be identified before Jan 15, 2001.

The MTFs selected as pilot sites for the guideline implementation will need to send primary care clinic "teams" to the PDH Guideline Implementation Conference on 22-24 March, 2001, in San Antonio. The Quality Management Directorate, U.S. Army MEDCOM will facilitate the guideline implementation with the assistance of the RAND Corporation. HA has fully funded the CPG development and implementation initiatives through MEDCOM Quality Management. Pilot implementation will be preceded by PDH CPG metric and tool development activities. A Tool Kit developed with Tri-Service and VA provider focus groups will be given to the pilot sites to assist in supporting the implementation of the guideline. Throughout the pilot testing, MEDCOM Quality Management and RAND will assist guideline implementation via several videoteleconferences and scheduled site visits.

Individuals currently supporting the toolkit development for the PDH guideline have been selected from MTFs supporting operational units. Utilization of these same individuals with pilot testing at one of their MTFs may be preferred given their familiarity with the guideline. Please provide your MTF and implementation champion selections NLT Jan 15, 2001. My point of contact is LtCol James R. Riddle, USAF, BSC, who may be reached at (703) 681-1703, ext. 5211. For questions on the PDH guideline or the guideline adaptation and implementation process, please contact LTC Kathy Dolter, Guideline Coordinator, Quality Management Directorate, (210) 221-6195 or DSN 471-6195 or LTC Charles Engel, Chief, Deployment Health Clinical Center, Walter Reed Army Medical Center, at (202) 782-8064.

  
John F. Magguchi  
Jarrett Clinton, MD, MPH  
Acting Assistant Secretary

Attachment  
As stated

cc:  
Quality Management Directorate, U.S. Army MEDCOM



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1 200

MEMORANDUM FOR SECRETARY OF THE ARMY  
SECRETARY OF THE NAVY  
SECRETARY OF THE AIR FORCE

30 SEP 1995

SUBJECT: Policy - Establishment of DoD Centers for Deployment Health

Section 743 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 authorized the Secretary of Defense to establish a center devoted to “. . .longitudinal study to evaluate data on the health conditions of members of the Armed Forces upon their return from deployment. . .” The Department is committed to protecting the health of our veterans, their families, and all who serve our nation, now and in the future.

I have been delegated authority to execute Section 743 and included in the FY 01 – FY 05 Medical Program Guidance direction to the Services to establish Centers for Deployment Health. I endorse and direct establishment of DoD Centers for Deployment Health based on the attached concept plans developed by the Services, which include the following recommendations:

- Creating a research center at the Naval Health Research Center, San Diego
- Converting a clinical center at Walter Reed Army Medical Center
- Continuing medical surveillance through the Defense Medical Surveillance System

Each Service will provide representation on coordinating boards and center staffs as appropriate. Shared staffing agreements shall be pursued with the Department of Veterans Affairs Center(s) for the Study of War Related Illnesses and Post Deployment Health. The Centers will coordinate activities with the Joint Staff and the Military and Veterans Health Coordinating Board. This coordination will ensure a military operational focus and integration of efforts with the Departments of Defense, Veterans Affairs and Health and Human Services on a broad range of military and veterans’ health matters to achieve the Nation’s commitment to maintain, protect, and preserve the health of the men and women who serve in the U.S. Armed Forces.

Funding support for a core research program and capability at the Naval Health Research Center (NHRC), San Diego will derive primarily from the Deputy Under Secretary of Defense (Science and Technology)/Director Defense Research and Engineering (DDR&E). DUSD(S&T) has established a permanent, statutory program for deployment health research and inter-agency Force Health Protection initiatives, as indicated by the Presidential Review Directive NSTC-5, ***Development of Interagency Plans to Address Health Preparedness for and Readjustment of Veterans and Their Families After Future Deployments.*** The research Program Element (PE) number is PE 060 1105D, currently funded at \$20M annually. Execution of the PE is currently

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being managed by the U.S. Army Medical Research and Materiel Command as agreed by the Armed Services Biomedical Research and Evaluation Management Committee. The NHRC core research program will be funded at \$1 .5M annually.

Initial funding support for the clinical center and associated Service programs will be derived from the \$13.6M provided to the Services in FY 96 for funding the Comprehensive Clinical Evaluation Program (CCEP). I have convened a Workgroup with representatives from each Service to work restructuring of the CCEP and implementation of a deployment health clinical program with a clinical center based at Walter Reed Army Medical Center.

In March 1997, the ASD(HA) directed establishment of a centralized tri-service medical surveillance system. In response, the Defense Medical Surveillance System (DMSS) was established at the Army Medical Surveillance Activity, Directorate of Epidemiology and Disease Surveillance, U.S. Army Center for Health Promotion and Preventive Medicine. DMSS is fully funded and will continue to serve as a comprehensive, longitudinal, relational, epidemiology database. The DMSS migration strategy is towards a "DoD Medical Surveillance Agency" which will serve as the DoD Deployment Health Surveillance Center. All theater medical surveillance and treatment data collected by the Services, the Unified and Specified Commands, and individual commands within the Services will be forwarded to the DMSS. The DMSS shall provide remote access to personnel and health surveillance data to NHRC and other Service organizations involved in medical surveillance and health outcomes research. The TRICARE Management Activity will provide unrestricted access to applicable Military Health System data and support both the DMSS and NHRC as appropriate.

The goal of the centers will be to improve our ability to identify, treat, and minimize or eliminate the short- and long-term adverse effects of military service on the physical and mental health of veterans. Each center director(s) will provide an annual report to the **ASD(HA)** on status and progress, limitations, and accomplishments with the first report due no later than 1 October 2000.



Dr. Sue Bailey

Attachments:  
As stated

cc:  
**ASD(RA)**  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force

## INFORMATION PAPER

SUBJECT: Implementation of Department of Defense (DoD)/Veterans Affairs(VA) Post-Deployment Health (PDH) Clinical Practice Guideline (CPG)

1. Purpose: To provide guidance for implementation of the DoD/VA Post-Deployment Health Clinical Practice Guideline.

2. Facts:

A. As directed by the enclosed memorandum, system-wide implementation of the DoD/VA Post-deployment Health Clinical Practice Guideline (PDH CPG) will begin in all DoD military treatment facilities 31 January 2002.

B. In response to concerns by the United States Congress and upon the recommendation of the Institute of Medicine the Departments of Defense and Veterans Affairs collaborated to develop a clinical practice guideline for identification and management of patients with health concerns related to deployments. System-wide implementation of the guideline will improve continuity of care and health risk communication for service members and their families for the wide variety of medical concerns which may arise after and are related to military deployments. The DoD Deployment Health Clinical Center (DHCC) at Walter Reed Army Medical Center provides consultative support and technical assistance and management of patients with post-deployment health concerns. The guideline has been field tested in DoD medical treatment facilities and metrics to assess implementation success and guideline effectiveness were developed.

C. To kick off the system-wide implementation of the PDH CPG, a DoD-sponsored satellite broadcast is planned on 30 January 2002, 1300-1500 Eastern Time. The broadcast was developed through a collaborative effort between the DoD and VA. The broadcast will consist of:

- 1) A presentation of CPG champions detailing the key points of the guideline and the targeted guideline performance metrics. The presentation will address:
  - The rationale for development and implementation of the PDH CPG
  - Key guideline elements
  - Risk communication strategies necessary for the assessment and evaluation of post-deployment health concerns
  - Quality measures designed to assess the effectiveness of the guideline and completeness of guideline implementation
  - Patient and provider-centered “toolkit” items designed to support employment of the guideline
  - Endorsements by DoD and VA senior medical leaders

2) Interviews with DoD and VA personnel who have experience in implementing the guideline.

3) A panel of guideline experts who will address specific questions and concerns.

D. All members of the direct medical care system should find this guideline useful. The target audience includes primary care providers, their ancillary staff and the operational medicine healthcare team. While network providers are not members of the broadcast's target audience, they may see beneficiaries or members of the Reserves and Guard with deployment related concerns. As such, network providers may benefit from an understanding of the guideline and the resources available for evaluation and management of deployment- related medical conditions. All materials including a tape of the broadcast will be available upon request.

E. Implementation materials provided in the DoD/VA PDH CPG Tool Kit will be mailed to medical treatment facilities (MTF), Medical Commands, and TRICARE Lead Agents in late December 2001. The tool kit, developed with the input of DoD/VA medical providers, is designed to aid in the implementation and continuous employment of the guideline. The information on tool kit purchase is available at <http://www.cs.amedd.army.mil/qmo/redep/redep.htm>. The point of contact for the PDH CPG tool kit is LTC Chris Scott (410-436-2464).

F. Continuing Medical Education credits are provided. The MTF Continuing Medical Education and Continuing Health Education Coordinators can obtain information regarding the broadcast at the DHCC web site, <http://www.pdhealth.mil> (alternate: <http://swankhealth.com>), by clicking on the VA/DOD Practice Guideline button. Individual providers will obtain CME through completion of the evaluation and post-test items on the web site after the broadcast.

G. Communication Coordinators must sign up their facility at through the DHCC web site <http://www.pdhealth.mil> (alternate: <http://www.swankhealth.com>). The broadcast will be available by C-band and Ku-band Satellite or Healthnet/Swank Health Services (Ku-band), GETN/ATN/SEN (Digital Compressed Satellite), VTC, Internet Streaming, or Audio Only (via phone line).

H. The guideline will be monitored using system-wide quality metrics. The metrics will address the degree to which each facility has successfully employed the guideline and the effectiveness of the guideline in assisting providers in managing post-deployment health concerns and achieving patient satisfaction. This will be achieved through of combination of locally applied metrics, patient and provider surveys and special studies. The Tricare Management Agency will support the collection and analysis of these quality metrics. The major indicators of successful guideline employment are

1) Universal application of the deployment health screening question during non-prevention primary care visits

2) Follow up of cases where the deployment related ICD-9 code (V70.5\_\_6) was applied

3) Patient satisfaction with total care

4) Providers reporting adequate support

5) Referred personnel receiving post-deployment health care

6) Improvement in patient functional status. Further details regarding the quality indicators will be provided during the broadcast.

I. The success of this guideline initiative depends on its effective implementation at each MTF. Local PDH CPG champions should be designated to provide leadership. Guideline action teams, led by the PDH CPG champion, should be designated prior to the satellite broadcast and all members should attend. Action team members should include primary care providers, nurses, NCOICs, senior enlisted leadership, and quality managers. The form in the attachment to this Information Paper provides guidance on team membership, along with a grid to list your team members. Once local teams are formed, forward a copy of the attached document to the DHCC via fax (202) 782-3539 or you may email an electronic copy of the attached document to [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil). An implementation manual developed to guide CPG team activities can be downloaded from the Quality Management Directorate web site at [http://www.cs.amedd.army.mil/qmo/rand\\_document\\_4\\_01.pdf](http://www.cs.amedd.army.mil/qmo/rand_document_4_01.pdf) or found in the tool kit binders each MTF will receive prior to the broadcast. The teams will require time to develop their action plan. Off sites for implementation plan development are highly encouraged. Forward MTF action plans to the DHCC by fax or email by 1 May 2002.

K. Locations currently using the deployment related ICD-9 code (V70.5\_\_6) for conditions other than health concerns related to past deployments, should cease such use prior to 31 January 2002.

L. The points of contact for further information on the post-deployment health clinical practice guideline are LTC Kathy Dolter, Chief, Outcomes Management & Practice Guideline Project Officer, Quality Management Directorate, US Army Medical Command, (210) 221-6195, [DSN 471]; LTC Charles Engel, Director, Deployment Health Clinical Center, Walter Reed Army Medical Center, (202) 782-8064; or Lt Col Roger Gibson, Program Director, Clinical & Program Policy, Office of Assistant Secretary of Defense (Health Affairs), (703) 681-1703 [DSN: 761]. Information is also available at the DoD Deployment Health web site <http://www.pdhealth.com>.

1 Atch  
CPG Implementation Team Form

## Identify the Right Mix for Your Guideline Implementation Team

The right team is absolutely crucial for successful implementation of the Post-Deployment Health Evaluation and Management Clinical Practice Guideline (PDH-CPG). Because the guideline impacts multiple functions, a multidisciplinary team has been found to work most effectively. A maximum of 8-10 members for your total team is suggested.

You will want:

- A credible physician champion to lead the team
- A facilitator who can keep all team members involved in the process
- Someone familiar with your data systems
- Representatives of the people involved in the care of patients with deployment health concerns: primary care providers, the specialist(s) who receive referrals, the nurses, technicians, aides, and the receptionists who do initial patient intakes. Consider also including CCEP program staff, if available.
- A leader from every location where you will be implementing the PDH guideline

Please use the following grid to identify team members. Forward the names of the team champion and team facilitator to the DoD Deployment Health Clinical Center (DHCC) by fax (202-782-3539) or e-mail attachment (<mailto:pdhealth@na.amedd.army.mil>).

<b>MTF Name:</b> <b>MTF Location:</b> <b>Parent MTF;</b> <b>Individual Outlying Facilities</b> Date:	
<b>Team Member Position</b>	<b>Name</b>
Physician Guideline Champion	
Group Process Facilitator	
Clinic NCOIC/Senior Enlisted Staff	
Utilization Management POC	
Nurse	
Administration Technician	
Nursing Technician	
NPs/Pas	