



Deployment Health Clinical Training Series

*LTC Charles C. Engel, Jr., MD, MPH
Director, Deployment Health
Clinical Center*

What Is DHCC?



Deployment Health Centers of Excellence

- ★ **Deployment Health Clinical Center**
at Walter Reed Army Medical Center
- ★ **Deployment Health Research Center**
at Naval Health Research Center in San Diego
- ★ **Deployment Health Surveillance Center**
at Center for Health Promotion & Preventive Medicine

Section 743 of the Strom Thurmond National Defense Authorization Act, 1999

National Science and Technology Council Presidential Review Directive 5

(PRD – Planning for the Health Preparedness for and Readjustment of the
Military, Veterans, and their Families after Future Deployments)

Institute of Medicine, Strategies to Protect the Health of Deployed U.S. Forces, 2000

DHCC Mission

Facilitate & improve post-deployment health care for active & reserve military components, veterans, and families



DHCC Mission – The Details



- ★ Provide care assistance to deployment veterans and their families
- ★ Consult with, learn from and teach other clinicians providing post-deployment health care
- ★ Develop and implement clinical practice guidelines pertaining to post-deployment care
- ★ Provide specialized care for veterans with persistent health concerns
- ★ Collaborate with the VA
- ★ Assist unit commanders and leaders

Deployment Health Clinical Training Series

Objectives



To cover best practices for deployment-related care within the framework of the Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

- ★ Deployment Health Clinical Center (DHCC)
 - Clinical support services and tools
- ★ Pre- and Post-Deployment Health Assessment Process
- ★ Specific deployment-related conditions and concerns
- ★ Related clinical practice guidelines
 - Medically Unexplained Symptoms, Depression, PTSD

Why Post-Deployment Care?

The 1991 Gulf War Example



Gulf War veterans, compared to same era-veterans

- ★ No significant increase in mortality due to disease up to '99.
- ★ No consistently increased incidence of DoD hospitalizations.
- ★ Significantly increased prevalence of physical symptoms and symptom-based disorders.
- ★ Significantly decreased health-related quality of life.

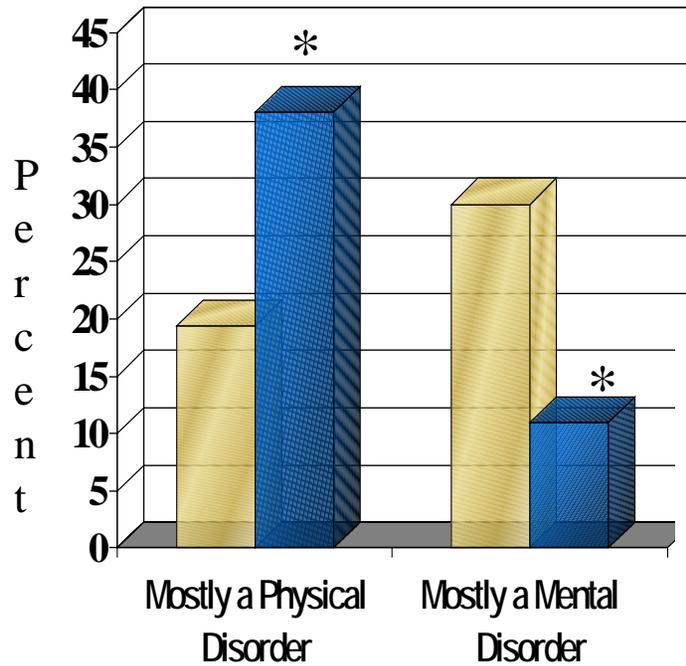
washingtonpost.com

U.S. Tested Sarin in Hawaiian Rain Forest

5,000 Troops Involved in 1967 Experiments Are Urged to Contact Pentagon

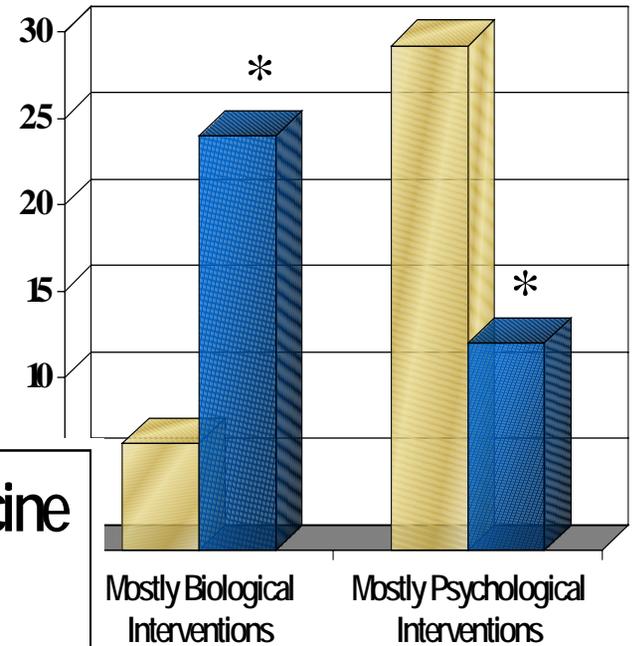


Rate the degree to which you believe
"Persian Gulf Illness" is:



■ Internal Medicine
(n = 67)
■ Mental Health
(n = 203)

Rate the degree to which you believe
"Persian Gulf Illness," in general,
is most effectively treated by:



Gulf War Syndrome

Agent Orange

PTSD

Battle fatigue

Neurocirculatory asthenia

Shell shock

Effort syndrome

Da Costa's syndrome

Soldier's heart

More Recent Exposure Syndromes & Concerns



- ★ Dutch peacekeepers in Lebanon (1980s)
- ★ "Jungle Disease" (Dutch peacekeepers in Cambodia)
- ★ Gulf War Syndrome
- ★ Dutch peacekeepers in Bosnia (1995-6)
- ★ Canadian peacekeepers in Croatia (late 1990s)
- ★ Balkan War Syndrome
- ★ Agent Orange Concerns
- ★ Illnesses after anthrax vaccination (1990s)

- ★ Afghanistan Syndrome (Russia, 1990s)
- ★ Chechnya Syndrome (Russia, 1990s)
- ★ Illnesses after 1992 El Al Airliner crash in Amsterdam
- ★ Illnesses after WTC attack
- ★ Lingering anthrax symptoms
- ★ Irradiated mail concerns
- ★ Exposure concerns at K-2 (Uzbekistan)

Common Factors



- ★ War, deployment or disaster
- ★ Symptoms & concerns
- ★ Suspicion & mistrust
- ★ Debate regarding causes
- ★ Inconclusive investigation
- ★ Credibility lost (and hard to regain)

DoD-VA CLINICAL PRACTICE GUIDELINE ON
POST-DEPLOYMENT HEALTH
EVALUATION & MANAGEMENT



Brief History of the Guideline



- ★ Institute of Medicine (IOM) evaluation of the Comprehensive Clinical Evaluation Program (CCEP)
- ★ CCEP provided specialty care
- ★ DoD and IOM believe focus should be on providing continuity of care in primary care setting
- ★ Collaborative care model

IOM Recommendations



- ★ Use an evidence-based approach to develop and continuously reevaluate clinical practice guidelines
- ★ Focus evaluation and care of deployed forces at the primary care-level
- ★ Enhance the continuity of care
- ★ **Foster the establishment of ongoing therapeutic relationships**

How Was the Guideline Developed?



- ★ DoD/VA Workgroup
 - DoD and VA clinicians
 - Civilian experts
- ★ Veterans
- ★ Multi-disciplinary
- ★ Field tested



Multidisciplinary Guideline Development



Medical disciplines

- ★ family practice
- ★ internal medicine
- ★ psychiatry
- ★ preventive medicine

Allied clinical disciplines

- ★ psychology
- ★ nursing
- ★ social work
- ★ clergy

Essential non-clinical disciplines

- ★ risk communication
- ★ toxicologist



Guideline Involves Veterans!



- ★ Helped to develop the guideline document
- ★ Posted guideline document on the internet for public comment
- ★ Shared ideas with DHCC veterans' health advisory council
- ★ Participated in toolkit development conference

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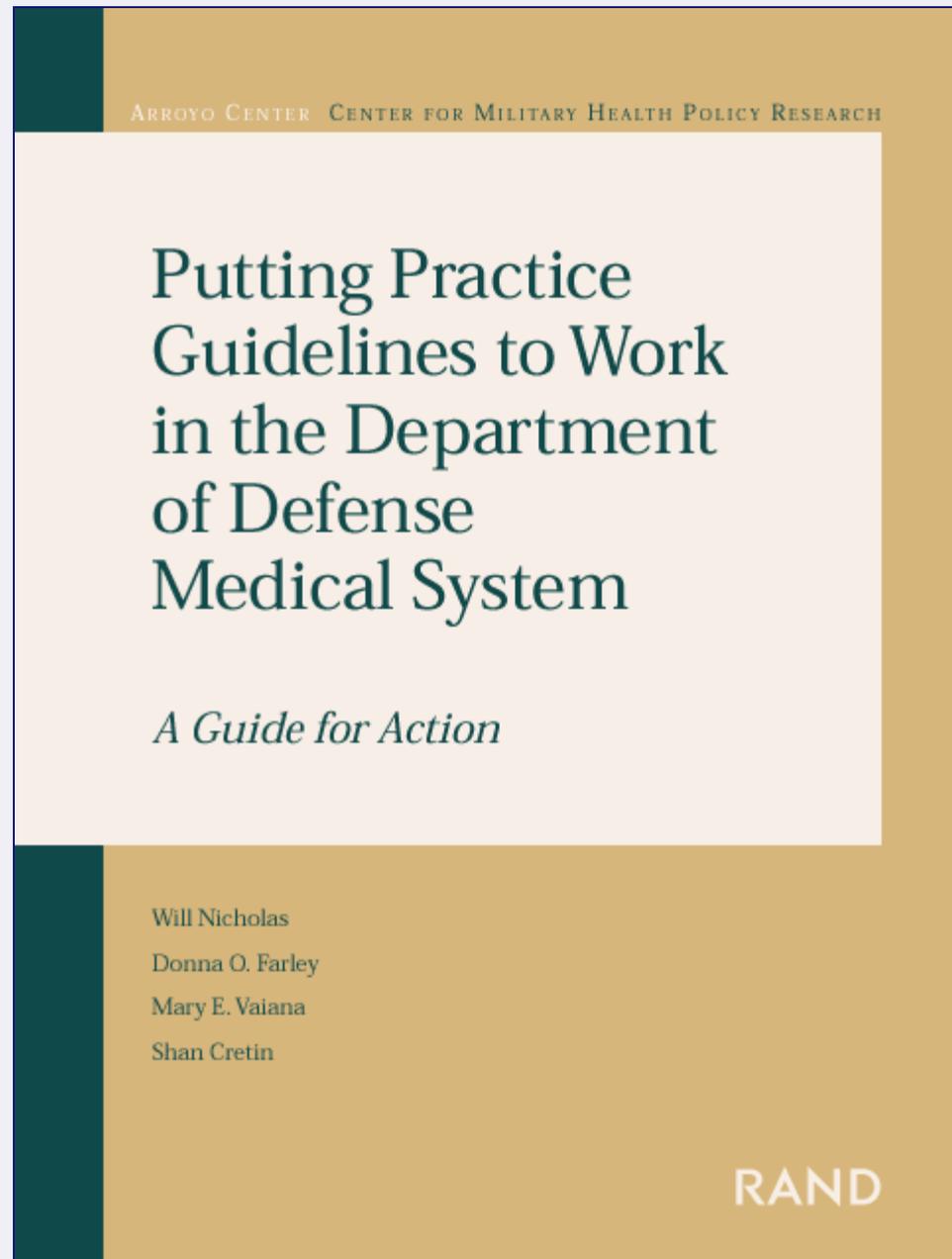
Guideline Goals and Objectives



To aid primary care providers in evaluating patients with post-deployment concerns

- ★ Optimize clinical risk communication
 - Achieve satisfaction & positive attitudes regarding post-deployment health care
 - Support patient education and communication
- ★ Improve data collection
- ★ Prevention in subsequent deployments
- ★ Provider learning tools & education

"How To" Information



DoD/VA PDH-CPG

Objectives



- ★ Identify and address deployment-related health concerns
- ★ Integrate deployment-related health with overall health
- ★ Improve satisfaction with and the process of care for deployment-related care
- ★ Facilitate clinical health risk communication
- ★ Establish a PDH medical surveillance system
- ★ Track post-deployment health concerns
- ★ Reduce health care use and functional impairment

The Broad Guideline Goals

Collaborative Care



- ★ The primary goal is for patient & provider to *collaborate* in a joint effort to *activate* positive health-related behaviors (e.g., improved satisfaction and reduced use).
- ★ The two parties *negotiate* exact & explicit behavioral goals and *monitor* progress using behavioral indices (e.g., symptom reports, quality of life estimates, or capacity to function and fulfill roles).
- ★ *Follow-up is valued*, planned, and systematic.

What are the Guideline Key Elements?



- ★ Screening and triage
 - Military Unique Vital Sign
 - Is the health concern causing you to seek care today related to a deployment?" (yes–no–maybe)
 - Triage to one of three algorithm arms
- ★ Evaluation, assessment, and measurement
- ★ Clinical management and follow-up
- ★ Stepped clinical risk communication
- ★ Outcomes management
- ★ Medical surveillance
 - Coding and documentation

How Is the Guideline Applied?



- ★ Algorithm-based standard of care
 - Asymptomatic Concerned
 - Definitive Diagnosis
 - Medically Unexplained Symptoms
- ★ Web-based support
 - www.PDHealth.mil

"Umbrella Guideline"

Guidelines and Clinical Guidance



- ★ Medically Unexplained Symptoms
- ★ Major Depressive Disorder
 - Suicide Guidance
- ★ Post-Traumatic Stress Disorder
- ★ Specific Conditions and Concerns
 - Leishmaniasis
 - Depleted Uranium
 - Malaria Prophylaxis

Outcomes Management & Database Support



- ★ Post-Deployment Clinical Assessment Tool (PDCAT)
- ★ Patient Health Questionnaire (PHQ)
- ★ SF-36v2
- ★ PTSD Checklist (PCL)
- ★ Post-Deployment Health Tracking Database
- ★ Post-Deployment Health Assessment Process Tracking Database

DHCC: Supporting Center of Excellence



- ★ Only CPG to have a center of excellence
- ★ DHCC provides
 - Training and clinical guidance from a multidisciplinary team of health care providers
 - Toll-free helpline and e-mail support
 - Clinical tools for guideline implementation and practice
 - Informatics and risk communication support
 - Referral center for tertiary care of refractory health problems
 - On-going resource to primary care

Building a Center of Excellence

The DHCC Experience Base



Gulf War Health Center

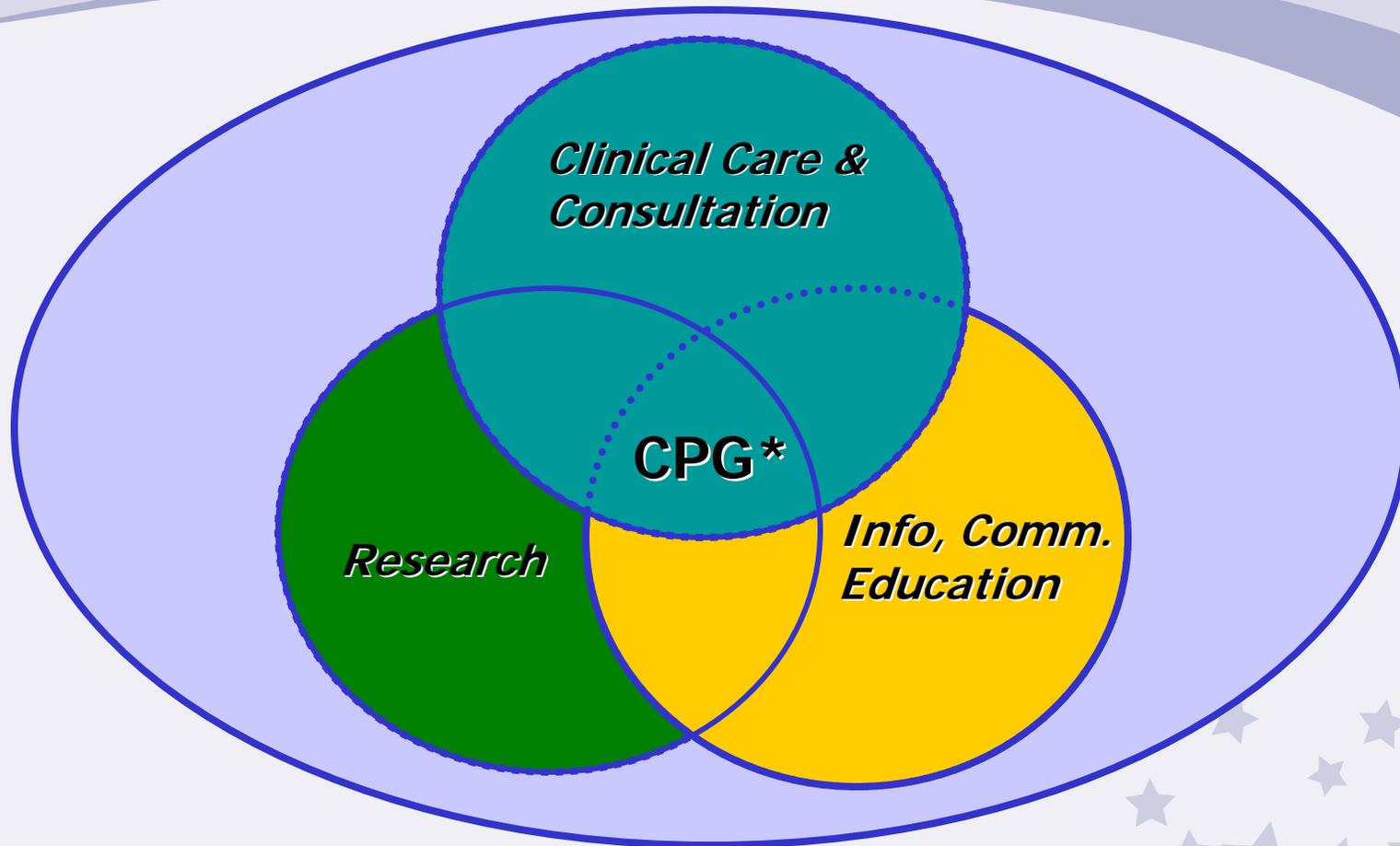
Caring for America's Finest

Walter Reed Army Medical Center



Deployment Health Clinical Center

*DoD Center of Excellence for
Post-Deployment Care*



* **CPG** = Post Deployment Health Clinical Practice Guideline

Clinical Care

Specialized Care Program



- ★ Worldwide tertiary referral care program
 - For all services, all deployments, veterans, family members
 - Referrals for chronic, medically unexplained symptom
 - Multi-disciplinary, rehabilitative, chronic pain model
 - Supportive, validating, person-centered care
 - Non-confrontational effort to improve global functioning
 - Invite a positive, collaborative dialogue

Clinical Care

Specialized Care Program (cont.)



- ★ Posture of advocacy
 - To care for the veteran you have to care about the veteran
- ★ Provide best scientific data
- ★ Promote shift from medical care to self care
- ★ Instill positive, accepting, forward looking attitude
- ★ Ambulatory Care and Clinical Consultation

Deployment Health Clinical Training Series

PDH-CPG Modules



- ★ Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
 - Screening and Evaluation
 - Management and Follow-Up
 - Clinical Health Risk Communication
 - Coding and Documentation
 - Pre- and Post-Deployment Health Assessment Process

Deployment Health Clinical Training Series

Clinical Support Modules



★ Associated Guidelines

- Medically Unexplained Symptoms
- Major Depressive Disorder
- Post-Traumatic Stress Disorder

★ Emerging Health Concerns

- Leishmaniasis
- Depleted Uranium
- Suicide
- Malaria
- Vaccine Safety and the Military Vaccine Program

Questions, Information, Assistance



DoD Deployment Health Clinical Center

Walter Reed Army Medical Center

Building 2, Room 3G04

6900 Georgia Ave, NW

Washington, DC 20307-5001

E-mail: pdhealth@na.amedd.army.mil

Website: www.PDHealth.mil

202-782-6563

DSN:662

Provider Helpline

1-866-559-1627

Patient Helpline

1-800-796-9699