THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Military Treatment Facility Mental Health Clinical Outcomes Guidance

This policy provides guidance regarding measurements and documentation of clinical outcomes in mental health treatment in Military Treatment Facilities (MTFs). MTF Commanders will ensure that directors or section heads of inpatient, partial-hospitalization, intensive-outpatient, or outpatient care centers comply with this guidance and that behavioral health care providers understand the applicable policy (Attachment 1, "MTF Mental Health Clinical Outcomes" and Attachment 2, "Annotated Glossary of Screening and Outcome Measures").

Deployment of the routine use of outcome assessment will be expeditious, non-bureaucratic, and action-oriented. Duplicative or redundant efforts will be eliminated with resources transferred or detailed to mature programmatic assessment efforts.

The Executive Champion for this effort is the Deputy Assistant Secretary of Defense for Clinical and Program Policy. Recipients of this memorandum will report measures taken to comply with this policy within 45 days.

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Jonathan Woodson, M.D.

cc:
Surgeon General of the Army
Surgeon General of the Navy
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Joint Staff Surgeon
Director, Health and Safety, U.S. Coast Guard
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ATTACHMENT 1

Military Treatment Facility (MTF) Mental Health Clinical Outcomes

1. Clinical outcomes based on measures standardized for patient cohorts and validated in scientific, peer-reviewed literature will be documented at all points of mental health care in MTFs.

- A Presidential Executive Order, mandates from Congress in the Fiscal Year 2013 National Defense Authorization Act, and the Department of Defense (DoD) Agency Priority Goal require DoD to evaluate and improve the effectiveness of its mental health (MH) programs. Outcome measurement is a standard of care in many disciplines, and its use is widespread in medicine for evaluation, quality surveillance, and risk mitigation. An inferential assessment of Military Health System programs, underwritten by the DoD Cost Analysis and Program Evaluation section, revealed outcome measurement in MH to be an area in need of immediate improvement.
- Measurement of the effectiveness of clinical services for beneficiaries is required for the delivery of high quality care. When used as an adjunct to the practices of conducting a comprehensive clinical interview and consistently adhering to standardized treatment protocols, outcome measures address the *effectiveness* of treatment at multiple evaluation points (e.g., patient progress, clinic practices, and administrative and policy levels). Separate from MH screening measures used in the Deployment Health Assessment process (i.e., Post Deployment Health Assessment (PDHA)/Post Deployment Health Reassessment (PDHRA)) and those used in the Patient Centered Medical Home (e.g., Patient Health Questionnaire [PHQ)-2], with the PHQ-9 if PHQ-2 is positive; Primary Care Posttraumatic Stress Disorder (PC-PTSD), with the PTSD Checklist [PCL] if PC-PTSD is positive; the Alcohol Use Disorders Identification Test-Consumption [AUDIT-C], and Generalized Anxiety Disorder-7 [GAD-7]), the following outcome measures will be used during initial evaluation and periodically until the termination of treatment in MH treatment settings for patients diagnosed with: depression (PHQ-8), anxiety (GAD-7,) and posttraumatic stress (PCL). All measures may be used more frequently to assess a patient's treatment progress or changes to their clinical presentation.
- Measures for suicidal ideation (e.g., the Columbia-Suicide Severity Index) are not outcome measures but may be used as an adjunct to clinical interviews as clinically appropriate or when management of ongoing parasuicidal behavior is a focus of treatment (e.g., skills training/dialectical behavior therapy). Clinical Practice Guidelines and forensic psychiatry literature do not yet support the widespread use of suicide assessment measures as a reliable means of predicting suicide or reliably measuring suicide risk in populations. A comprehensive history of suicidal intent, means, and history is essential to monitoring patient safety. Suicidal ideation, intent, plans, or actions are a mandate for multidisciplinary safety interventions, inside and outside of the medical realm.
- The Army's Behavioral Health Data Portal, a standardized, mobile, and cost-effective standalone system for outcome measurement, will be modified for its best use by all Services in the most expeditious manner possible. Data in the system are subject to the same privacy and information management rules as the remainder of the service

treatment record; hence, all data in the system should be transferred into provider notes in an expeditious and cost-effective manner (e.g., by technicians or office personnel, preferably prior to a patient's encounter with a provider). The system will not be used in a manner that circumvents efforts to destigmatize MH care, such as *de facto* notification of commanders regarding a Service member's use of MH care services which stem from inappropriate access or exchanges between electronic data systems.

2. MH outcome assessment in MTFs will be independent of other existing and ongoing assessments of process and population health measures or care pathways.

- Outcome assessment, as required within this guidance, will be integrated into MH clinical processes. Metrics and process measures, such as access to care and patient satisfaction are surrogate measures of clinical performance, and are not as informative as the assessments specified in this guidance as outcome measures. While population health measures, such as inpatient utilization, restricted duty percentages, MH diagnostic prevalence from health care encounter data, or point prevalence of symptom endorsement garnered from PDHA/PDHRA self-report data are useful snapshots of the health of the force, these are not a substitute for system-wide outcome measurements. Finally, care pathways, which foster evidence-based treatment and fidelity of care to treatment protocols related to particular diagnoses, will not be useful absent evidence garnered from monitoring of aggregated, individual patient outcomes.

ATTACHMENT 2

Annotated Glossary of Screening and Outcome Measures

PDHA — Post Deployment Health Assessment

The PDHA is an assessment completed at the time of redeployment to identify and address health concerns, with specific emphasis on mental health, which may have developed over time since deployment.

PDHRA — Post Deployment Health Reassessment

The PDHRA provides for a second post-deployment health assessment by a provider, using DD Form 2900, 3 to 6 months following return from deployment.

PHQ-2 — Patient Health Questionnaire-2

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past 2 weeks. The PHQ-2 includes the first two questions of the PHQ-9. The purpose is not to establish a diagnosis or to monitor depression severity but to screen for depression in a "first step" approach. Patients who have positive screens should be further evaluated with the PHQ-8 or PHQ-9 as clinically appropriate to establish the presence of diagnostic criteria for a depressive disorder.

PHQ-9 — Patient Health Questionnaire-9

The PHQ-9 is the nine-item depression scale that assists clinicians in diagnosing depression, as well as selecting and monitoring treatment. There are two components of the PHQ-9: Assessing symptoms and functional impairment to make a tentative diagnosis of depression and deriving a severity score to help select and monitor treatment. The PHQ-9 is based directly on the diagnostic criteria for Major Depressive Disorder in the Diagnostic and Statistical Manual-Fourth Edition (DSM-IV).

PHQ-8 — Patient Health Questionnaire-8

The PHQ-8 is an eight-item depression scale that contains eight questions from the PHQ-9 but omits the question regarding suicide, as a positive response on this question often merits an urgent assessment, and one scale question is not an adequate amount of information to assess suicide risk remotely, such as when a scale is filled out prior to an intake appointment.

PC-PTSD Primary Care-PTSD Screen

The PC-PTSD is a four-item screen that was designed for use in PC and other medical settings. It is currently used to screen for PTSD in veterans at Veterans Affairs Medical Centers. The screen includes an introductory sentence that cues respondents to traumatic events. The authors suggest that in most circumstances, the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to three items. Individuals who have positive screens should then be assessed with a structured interview for PTSD. The measure does not include a list of potentially traumatic events.

PCL PTSD Checklist

The PCL is a 17-item self-report measure of the 17 DSM-IV symptoms of PTSD that can be completed by patients in a waiting room prior to a session or by participants as part of a research study. It takes approximately 5–10 minutes to complete. The PCL has a variety of purposes, including screening individuals for PTSD, diagnosing PTSD, and monitoring symptom change during and after treatment.

There are three versions of the PCL. The version mandated in this guidance is the PCL-M (military) which asks about symptoms in response to "stressful military experiences." The PCL-C (civilian) asks about symptoms in relation to "stressful experiences." The PCL-C is useful because it can be used with any population. The symptoms endorsed may not be specific to one event; hence, it can be helpful in assessing survivors who have symptoms stemming from multiple events. The PCL-S (specific) asks about symptoms in relation to an identified "stressful experience." The PCL-S is useful because the symptoms endorsed are clearly linked to a specified event. Respondents also may be instructed to complete the PCL-S in reference to a specific type of event.

AUDIT The Alcohol Use Disorders Identification Test

The AUDIT is a 10-item questionnaire that screens for hazardous or harmful alcohol consumption. The test correctly classifies 95 percent of people into either alcoholics or non-alcoholics. The AUDIT is particularly suitable for use in primary care settings and has been used with a variety of populations and cultural groups. It should be administered by a health professional or paraprofessional.

AUDIT-C The Alcohol Use Disorders Identification Test-Consumption

The AUDIT-C is a simple three-item alcohol screen that can help identify patients who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence).

GAD-7 Generalized Anxiety Disorder-7

GAD-7 is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder. It has seven items which measure severity of various signs of generalized anxiety disorder according to reported response categories of (e.g., "not at all," "several days," "more than half the days," and "nearly every day"). It cannot be used to establish a diagnosis of GAD; further clinical assessments and evaluations are required to determine the diagnostic significance of reported symptoms.