

# **DoD HEALTH SURVEILLANCE: Across the Continuum of Care**

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**DoD Mental Health Task Force**

20 December 2006



# Outline

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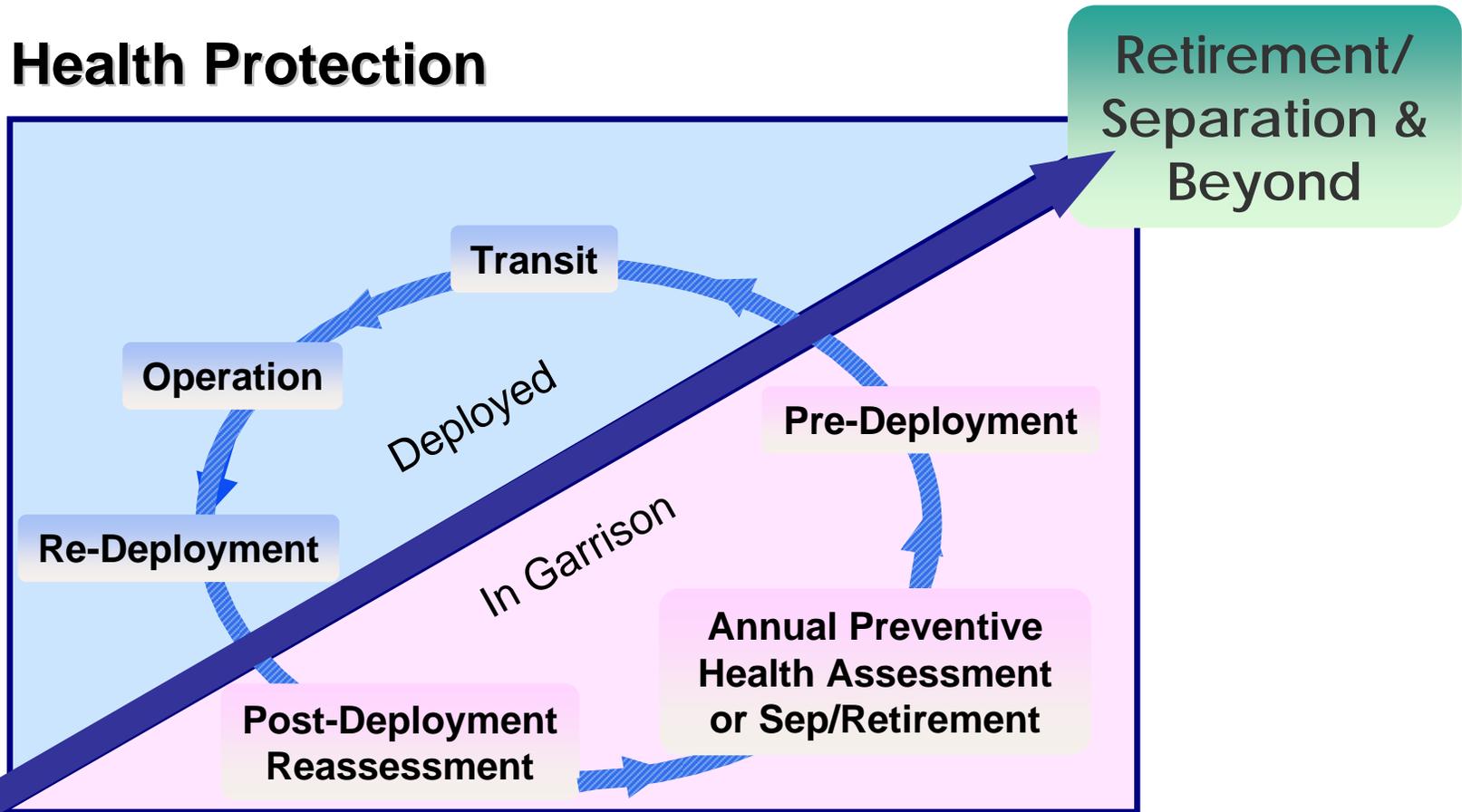
- Background
- Service Member Life Cycle
- Recruit Health Assessment
- Annual Health Assessment
- Assessments related to Deployments
  - Post-deployment Health Reassessment
- Where are we going?



# Service Member Life Cycle

## Health Assessment Opportunities

### Force Health Protection



Accession

Population Health

# Recruit Health Assessment

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- Collect and maintain electronic baseline demographic, medical, psychosocial, occupational, and other health risk data on all recruits and officer accessions at the time of initial military training
- Purpose
  - Improve understanding of the health status and risk factor profiles of service members at the time of entry into the military
  - Enhance development of optimal individual and population-level intervention and prevention programs to enhance Force Health Protection and readiness.



# Annual Health Assessments

## Periodic/Preventive Health Assessment (PHA)

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- Replaces outmoded every 5-yr physical with tailored annual assessment
  - Self-report using Health Assessment Review Tool (HART)
  - Review medical records and DD Form 2766 (Preventive & Chronic Care Flowsheet)
- Identify personal health risks (occ, lifestyle, etc.), educate, and provide a blueprint for improved health (manage &/or prevent)



# Deployment Associated Surveillance

Predeployment	Intradeployment	Postdeployment
<ul style="list-style-type: none"><li>• Self-assessment with DD Form 2795</li><li>• Archive pre-deploy serum sample</li><li>• Individual medical readiness</li><li>• Periodic Health Assessment (PHA)</li></ul>	<ul style="list-style-type: none"><li>• Monitor health events</li><li>• Monitor exposures<ul style="list-style-type: none"><li>• Occupational</li><li>• Environmental</li></ul></li><li>• Self-assessment with DD Form 2796 prior to leaving operational area</li><li>• Separation exam</li></ul>	<ul style="list-style-type: none"><li>• Archive post-deploy serum sample (&lt;30d)</li><li>• TB test (risk-based)</li><li>• Postdeploy health <u>re</u>assessment (90-180d) with DD Form 2900</li><li>• Health care utilization</li><li>• Periodic Health Assessment (PHA)</li></ul>

Routine Public Health Surveillance  
(communicable dz, mortality, etc.)

# Extending the Value of Post-deployment Health Surveillance

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- Post-Deployment Health Re-assessment (PDHRA)
  - Physical
  - Psychosocial
  - Environmental
  - Functional status
  - Education
  - Refer for further evaluation



# PDHRA Process

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- WHO: re-deployed service members (Army, Air Force, Navy, & Marines, all components)
  - OCONUS: OIF, OEF, & Other Locations
  - CONUS: Katrina responders
- WHAT: Outreach to re-deployed service members
- WHEN: 90-180 days after re-deployment
- WHERE: PDHRA implemented at the unit level
- WHY: Extend the continuum of outreach and referral for necessary health services following re-deployment



# Results

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- 179,531 assessments completed as of 15 Dec 06
- Summary of Service member responses
  - 68,000 (38%) no health concerns
  - 60,400 (34%) report a mental health concern
  - 94,500 (53%) report a health or injury concern
  - 49,000 (27%) report both physical and mental health concerns
  - 33,000 (18%) requested a referral



DMSS Data Jun 05 – Dec 2006

01/31/2007 3:47:20 PM



# Provider Review Patterns

## Symptoms, Concerns, Referrals

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- A healthcare provider reviews concerns with service member
  - Determines clinical significance
    - Referred 45% of those with physical health concerns for additional evaluation
      - Most frequent symptoms **among referrals**: 34% sleep/fatigue; 32% back pain; 22% joints
      - Referred 53% of those with mental health concerns for additional evaluation
      - Divided among depression, anger, PTSD, and interpersonal concerns
- Provides education, guidance, decision support
- Makes referral for further diagnostic evaluation or treatments, as indicated
  - 50,231 (28%) of completed PDHRAs received at least one provider referral. Of these referrals:
    - Less than 1% needed urgent care
    - 54% were sent to primary care or specialty care
    - 29% went to mental health professionals
    - 47% were community-based/non-medical (chaplain, family support services, Military OneSource, etc.)
    - Note: individuals may receive more than one referral, so total exceeds 100%



# Post-Deployment Health Assessments and Reassessments

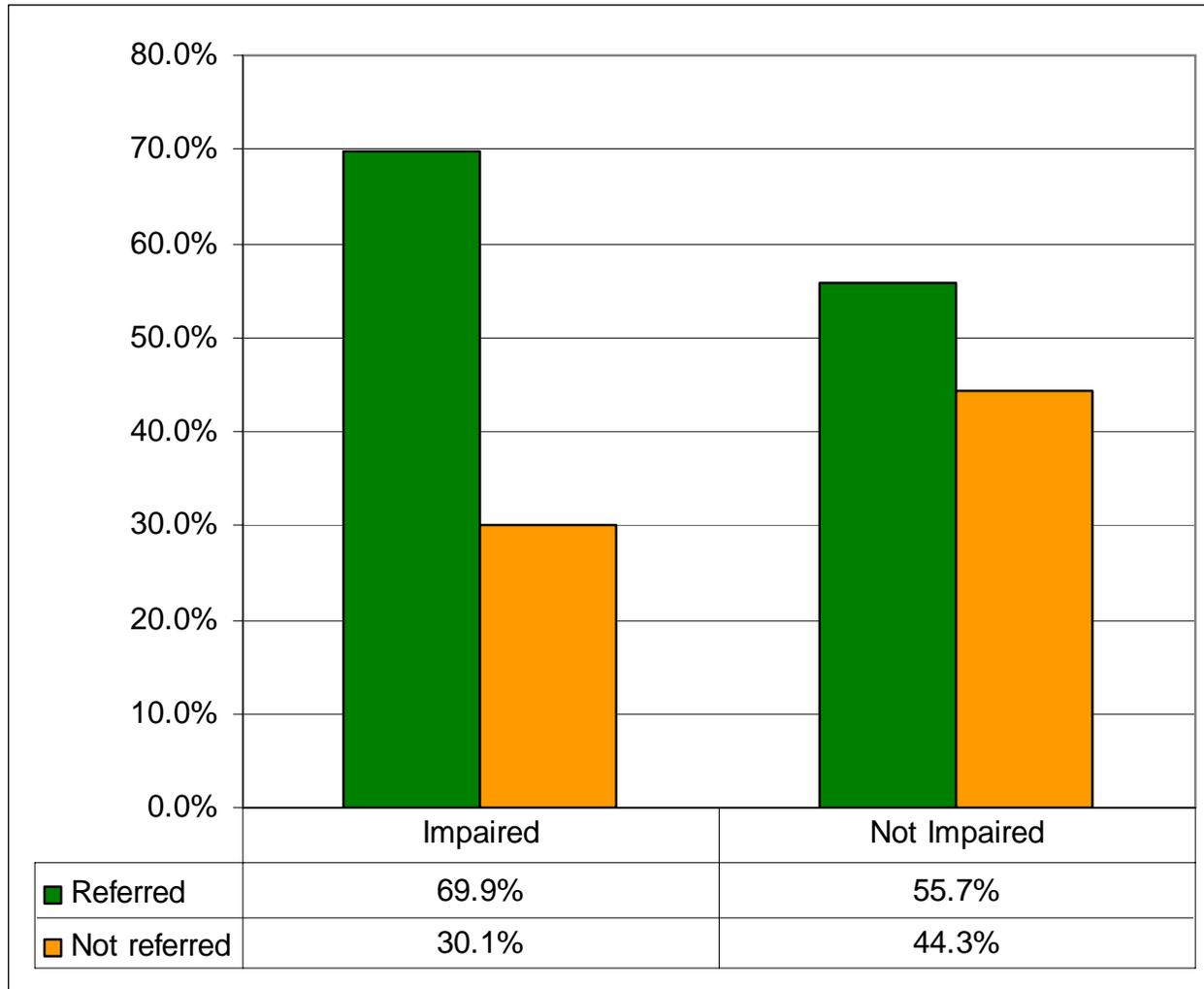
1 January 2006 – 15 December 2006

	PDHA	PDHRA
<b># Completed</b>	<b>237,756</b>	<b>179,531</b>
<b>Self-reported Health</b>		
Excellent, Very Good, Good	93 %	84 %
Fair, Poor	7 %	16 %
<b>Provider Assessment of Concerns</b>	13 %	10 %
Physical Concerns		
Mental Health Concerns	7 %	6 %
Exposure Concerns	14 %	1 %
<b>Referred for Further Care</b>	22 %	28 %
When Assessment is Completed	Within 30 days of return home	3 – 6 months after return

# Effect of Perceived Impairment on Provider Referral

## SM endorses 3 or 4 symptoms of PTSD (n=13,762)

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# Standardization and Validation Efforts

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- Formal validation study underway
  - External contract with John Snow, Inc. in collaboration with Dr. Ronald Kessler (Harvard Medical School)
  - Evaluates physical and mental health aspects
  - Addresses several process variations/options to identify optimal program design
    - Assesses sensitivity/specificity of data collection tool (DD 2900)
    - Determines effect of pre-briefing and psycho-education on responses
    - Compares clinical outcomes for various approaches
      - Individual, regardless of responses, sees a primary care provider
      - Individual, regardless of responses, sees both a primary care provider and a mental health provider
      - Only individuals with concerns are seen by a provider
      - Remote completion (web and call center) vs. on-site, person-to-person
  - Final report expected in Fall 2007



# Where are we going?

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- Optimize PDHRA processes
  - Incorporating PDHRA into Periodic Health Assessment when the two events coincide temporally
  - Ensuring wide range of referral options for service member convenience
  - Tracking follow-up to minimize barriers and facilitate prompt access
  - Refining clinical practice guidelines and provider training
  - Developing with DVA, approaches to ensure those not eligible for care in the MHS have visibility within the VA system



# Discussion & Questions

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## Backup Material





# The President's Directive (PRD-5)

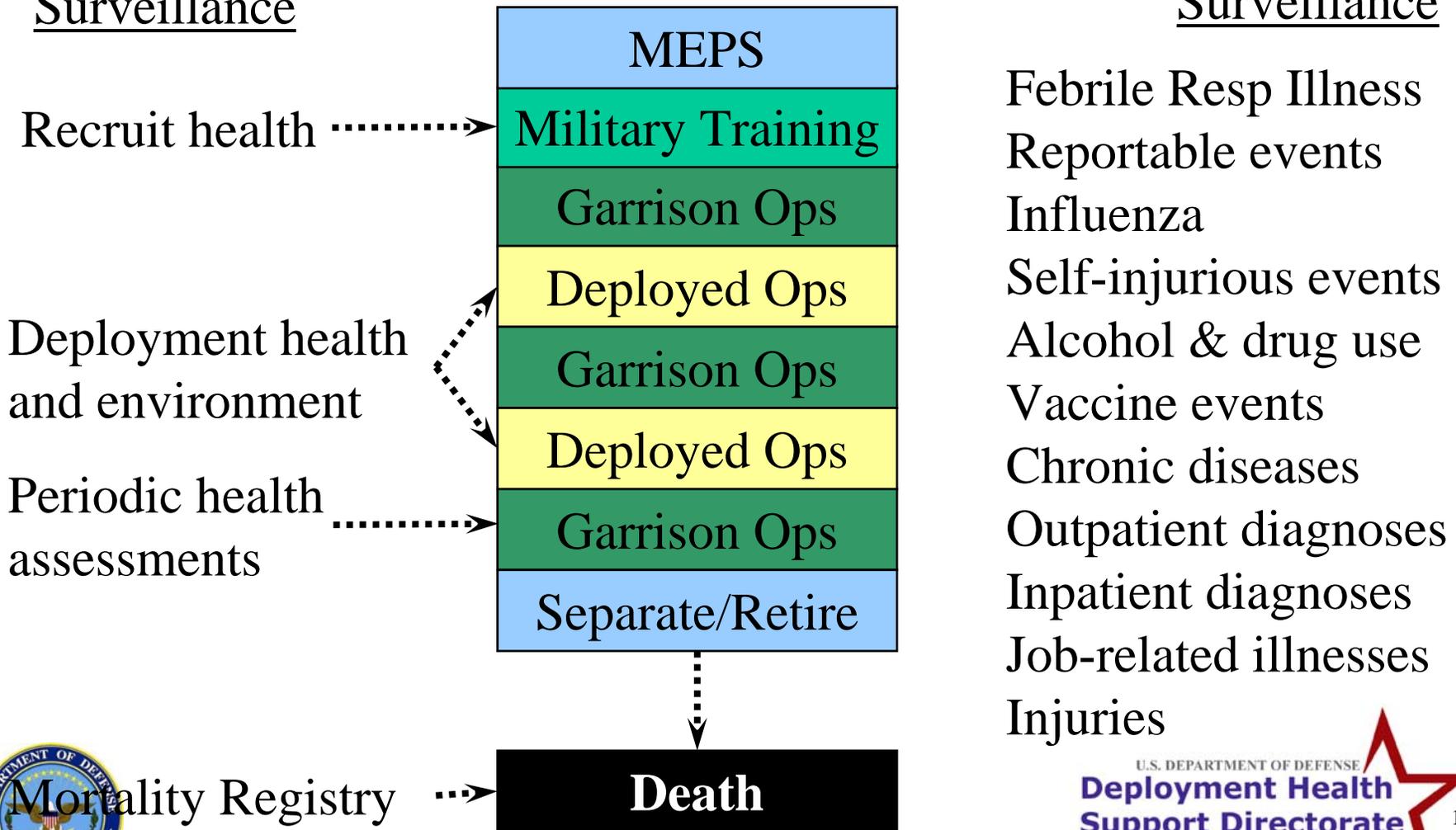
***“The Departments of Defense and Veterans’ Affairs are directed to create a Force Health Protection Program. Every soldier, sailor, airman, and marine will have a comprehensive, life-long, medical record of all illnesses and injuries they suffer, the care and inoculations they receive, and their exposures to different hazards. These records will help us prevent illness, and identify and cure those that occur.”***



# Surveillance Programs for the Military Life Cycle

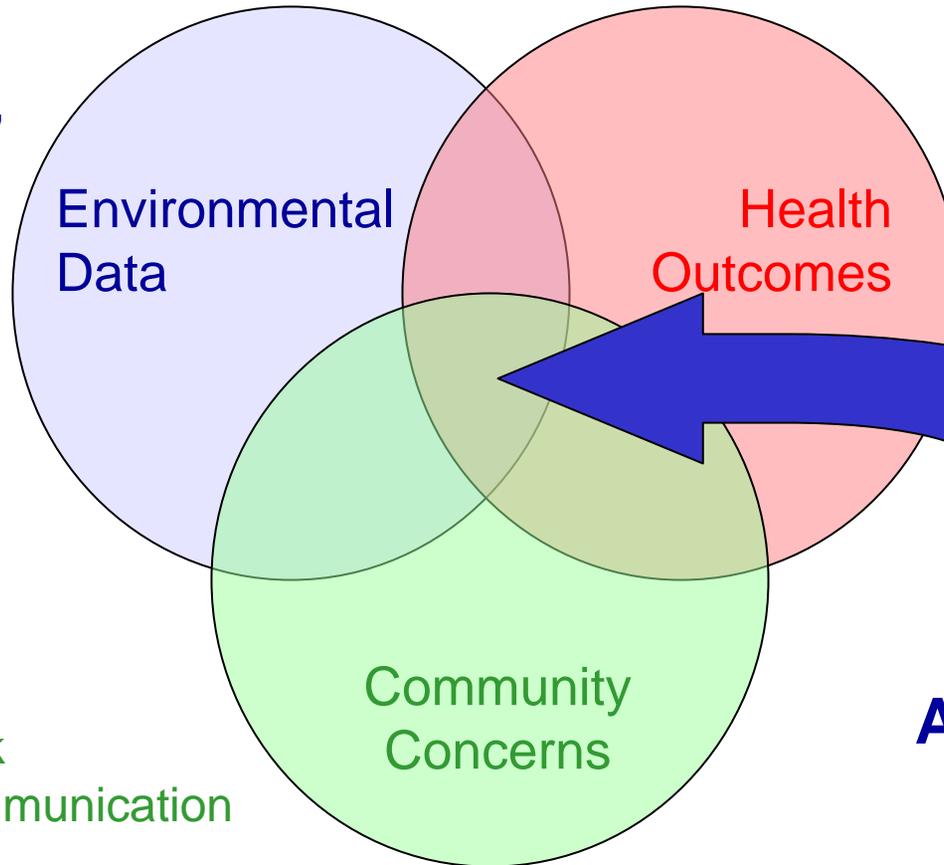
Episodic Surveillance

Continuous Surveillance



# Health Assessment Process

Environ Science,  
Industrial Hygiene,  
Entomology, etc.



Public Health,  
Preventive Med,  
Epidemiology,  
Biostatistics, etc.

Risk  
communication

**Health  
Assessment**



# HART-A Domains

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- General Information
- Overall Health
- Dental
- Chronic Disease
- Exercise and Fitness
- Nutrition
- Tobacco Use
- Alcohol
- Family History
- Clinical Preventive Services
- Reproductive Health
- Injuries
- Mental Health
- Other
  - Seat belts-Anger-Financial



# Clinical Practice Guidelines

<http://www.qmo.amedd.army.mil/depress/depress.htm>

Address <http://www.qmo.amedd.army.mil/depress/depress.htm>

**U.S. Army MEDCOM**  
Quality Management Office

**MAJOR DEPRESSIVE DISORDER**

To email comments, questions or concerns regarding this practice guideline or tool kit, [click here](#).

**NEW Personnel-in-Distress Guides Published**

The Air Force Suicide Prevention Program has produced a new guide for recognizing and assisting with distress-related behaviors. The guide covers 35 stress-related topics and provides checklists and recommended actions. Similar guidance for Marines is available. Click below for more information.

[Air Force](#)      [Marines](#)

**NEW Depressive Detection and Management in the Direct Care System**

Free approved CME, CNE, PA and General Credit CEUs offered.

[Click here for more information](#)

**Major Depressive Disorder Treatment in the Military Health System**

A National Quality Management Program Special Study

**VA/DoD CLINICAL PRACTICE GUIDELINE ON THE MANAGEMENT OF MAJOR DEPRESSIVE DISORDER IN ADULTS**

**SATELLITE BROADCAST**  
Wednesday, 4 September, 2002 1300-1500 Eastern Time

[Syllabus / Handouts](#)

[Introduction to MDD](#)

[Major Depressive Disorder](#)

[Improving Care for Depression in Primary Care Settings](#)

[Key Practice Guideline Elements](#)

**SUICIDE PREVENTION**

[Suicide Prevention Identification Assessment](#)  
[VA/DoD Tools and Resources](#)



# Clinical Practice Guidelines

<http://www.qmo.amedd.army.mil/mus/mus.htm>

Address <http://www.qmo.amedd.army.mil/mus/mus.htm>

**U.S. Army MEDCOM**  
Quality Management Office

**MEDICALLY UNEXPLAINED SYMPTOMS:  
Chronic Pain and Fatigue**

To email comments, questions or concerns regarding this Clinical Practice Guideline, [click here.](#)

**VA/DoD Medically Unexplained Symptoms: Chronic Pain & Fatigue** **NEW**  
Medically Unexplained Symptoms Brochure

**The Epic of Gilgamesh** **NEW**  
[View Poster](#) [View Video](#)

**Post-Deployment Health Web Site** **NEW**  
The objective of this site is to support busy clinicians who are charged with following the post-deployment evaluation and management CPG with a Web-based information repository. This repository will aim to continuously keep clinicians representing a wide range of specialties practicing in a broad array of highly unique military and civilian practice settings abreast of new health knowledge pertaining to any and all United States Armed Forces deployments.  
[Click here to go to PDHEALTH Web Site](#)

**DoD/VA Guideline**  
**Metrics**  
**Provider Material**  
**Pharmacy Material**  
**Patient Information**  
**Implementation**  
**Tool Kit**  
**Resource Material**  
**Helpful Links**  
**Go To Another CPG**  
**QMO Home**



# Clinical Practice Guidelines

http://www.oqp.med.va.gov/cpg/PTSD/PTSD\_Base.htm

Address [http://www.oqp.med.va.gov/cpg/PTSD/PTSD\\_Base.htm](http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm)

**Post Traumatic Stress Disorder**  
*Clinical Practice Guidelines*

Office of Quality and Performance

CPG PTSD

**Guideline Reference** **Download Center**

	View Online	word	pdf
OVERVIEW	<a href="#">Information about the PTSD guideline</a>	<input type="checkbox"/>	
GUIDELINE	<a href="#">Complete guideline online (Interactive site)</a>		<input type="checkbox"/>
ALGORITHMS	Core Module - <a href="#">Management of Post Trauma Stress</a> Module A1 - <a href="#">Acute Stress Reaction</a> Module A2 - <a href="#">Combat or Ongoing Operation Stress Reaction</a> Module B - <a href="#">ASD/PTSD In Primary Care</a> Module C - <a href="#">ASD/PTSD In Mental Health Specialty</a>		
SUMMARY	CORE - <a href="#">Initial Evaluation and Triage</a> Module A - <a href="#">Acute Stress Reaction (ASR)</a> Combat Ongoing Military Operation Stress Reaction(COSR) Module B - <a href="#">ASD/ PTSD in Primary Care</a> Module C - <a href="#">ASD/PTSD in Mental Health Specialty</a> Treatment <a href="#">Interventions</a> for PTSD		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
POCKET CARD	<a href="#">ASR - Acute Stress Reaction [PDF format]</a> <a href="#">ASD/PTSD - Primary Care - [PDF format]</a>		<input type="checkbox"/> <input type="checkbox"/>
KEY POINTS	<a href="#">The key points</a> addressed by the guideline		<input type="checkbox"/>
Reminders	N/A		
Archive	N/A		
		<input type="button" value="Help"/>	

CPG Home

- Contact / Feedback
- Order Pocket Guides/Tools



# Who is involved in PDHRA?

<b>Agency</b>	Plan/Coordinate Outreach Programming	Report/Evaluate PDHRA Processes	Provide Direct Services to re-deployed member	Conduct follow-up tracking for referred service members	Provide funding to assist in data collection/service member contact
Army, Air Force, Navy/Marines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TMA			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LHI/Feds_Heal			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Force Health Protection & Readiness		<input checked="" type="checkbox"/>			
Veterans Administration			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

