



# Defense Health Agency PROCEDURAL INSTRUCTION

NUMBER 6200.06  
May 9, 2017

---

---

J3/PHD


SUBJECT: Periodic Health Assessment (PHA) Program

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (w), establishes the Defense Health Agency's (DHA) procedures for annual PHAs in Active Duty and Reserve Components of the DoD.
2. APPLICABILITY. This DHA-PI applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-PI as the "DoD Components").
3. POLICY IMPLEMENTATION. It is DHA instruction, pursuant to References (d) through (w), that the PHA will be the primary health assessment screening tool for the annual evaluation of the medical readiness of applicable Service members (SMs).
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.
6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the DHA SharePoint site at: <http://www.health.mil/dhapublications>.

7. EFFECTIVE DATE. This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (c)).

  
For R.C. BONO  
VADM, MC, USN  
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-PI 5025.01, “Publication System,” August 21, 2015
- (d) DoD Instruction 6200.06, “Periodic Health Assessment,” September 8, 2016
- (e) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (f) DD Form 3024, “Annual Periodic Health Assessment,” April 25, 2016
- (g) Title 10, United States Code – Armed Forces, as amended through January 7, 2011
- (h) DoD Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014
- (i) DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014
- (j) DoD Instruction 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- (k) DoD Instruction 6490.03, “Deployment Health,” August 11, 2006, as amended
- (l) DoD Instruction 6490.12, “Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation,” February 26, 2013, as amended
- (m) DoD Instruction 6040.46, “The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program,” April 14, 2016
- (n) DoD Instruction 8320.02, “Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense,” August 5, 2013
- (o) DoD Directive 5400.11, “DoD Privacy Program,” October 29, 2014
- (p) DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- (q) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015
- (r) DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
- (s) Public Law 104–191, Health Insurance Portability and Accountability Act, August 21, 1996
- (t) International Statistical Classification of Diseases and Related Health Problems, 10th Revision, 2016
- (u) DHA Charter, “Periodic Health Assessment Optimization Working Group (PHAOWG) Charter,” October 28, 2015<sup>1</sup>
- (v) DD Form 2766, “Adult Preventive and Chronic Care Flow Sheet,” March 1, 1998
- (w) DHA Charter, “Public Health Collaboration and Coordination Working Group (PH-CCWG) Charter,” June 22, 2015<sup>2</sup>

<sup>1</sup> This reference can be found at:  
[https://info.health.mil/hco/phealth/deployment\\_health/SitePages/Home.aspx](https://info.health.mil/hco/phealth/deployment_health/SitePages/Home.aspx).

<sup>2</sup> This reference can be found at:  
[https://info.health.mil/hco/phealth/deployment\\_health/SitePages/Home.aspx](https://info.health.mil/hco/phealth/deployment_health/SitePages/Home.aspx).

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, in accordance with Reference (d), will ensure development, execution, and management of the DoD's PHA Program.
2. DIRECTOR, OPERATIONS/J3. The Director, Operations/J3, will provide guidance and oversight to the DHA Public Health Division (PHD) in support of the PHA Program.
3. DIRECTOR, HEALTH INFORMATION TECHNOLOGY/J6. The Director, Health Information Technology/J6, will:
  - a. Assist in the development, initial implementation, and maintenance of DD Form 3024 in Reference (f).
  - b. Provide guidance and assistance in development of a shared Information Management/Information Technology (IM/IT) PHA solution which integrates with the new Electronic Health Record (EHR) and Service Medical Readiness systems, ensuring information security and privacy according to References (m) through (s).
4. DIRECTOR, EDUCATION AND TRAINING/J7. The Director, Education and Training /J7, will assist with the development of a comprehensive PHA training for health care personnel.
5. DIRECTOR, PHD. The Director, PHD, will:
  - a. Provide guidance and oversight to the Deployment Health Branch (DHB) in support of the PHA Program.
  - b. Establish and provide oversight to the PHA Optimization Working Group (PHAOWG) in support of the PHA Program.
6. CHIEF, DHB. The Chief, DHB, will:
  - a. Provide oversight and guidance for the development and implementation of the PHA Program.
  - b. Assist with maintenance of Reference (f).

May 9, 2017

c. Assist with the development of a focused educational product for SMs as they complete their self-assessment portion of the PHA.

7. THE PHAOWG. Under the authority, direction, and control of the PHD, and in accordance with Reference (u), the PHAOWG will:

a. Report to the Public Health Collaboration and Coordination Working Group (PH-CCWG), which is sponsored under the Medical Operations Group (MOG) of the DHA as described in Reference (w) and reads: ... “the PH-CCWG is responsible for reporting to and advising the MOG and Military Health System (MHS) leaders on issues related to Department of Defense (DoD) public health. Representatives from the PHD Office of the Chief, PHD Branches, and uniformed Services will work together via the PH-CCWG to provide the subject matter expertise and resources necessary to coordinate the promulgation of execution guidance and resolution of issues related to PH shared service operations.”

b. Meet quarterly, and as needed, to review and update the PHA Program (including Reference (f), SM and provider education) to meet changing Individual Medical Readiness (IMR) and Clinical Preventive Services’ (CPS) guidelines.

c. Establish quality assurance and quality control metrics for uniform implementation and monitoring of the PHA Program.

d. Determine PHA completion time requirements prior to full DoD implementation.

e. Determine IT functional requirements for the development and configuration of the PHA, and prioritize future IT updates and changes.

f. Establish procedures to maximize process standardization across Active and Reserve Components to achieve uniform PHA Program outcomes.

g. Provide recommendations, briefings, and decisional support information to DHB, PHD, the PH-CCWG, and MHS Governance bodies as required. The PHAOWG membership is outlined in Reference (u).

ENCLOSURE 3

PROCEDURES

1. THE PHA PROGRAM. The PHA Program will be uniform across the Military Services. The PHA Program will:

- a. Assess currency of IMR requirements in accordance with Reference (h).
- b. Screen for currency of occupational medical examinations and special duty physicals.
- c. Monitor health of the force, identify duty limiting and deployment limiting conditions in accordance with References (h) through (j), provide preventive health screening and education, and determine if further screening or evaluation is indicated.
- d. Identify required Deployment-Related Health Assessments if SM is within the time frame for completion in accordance with References (k) and (l).
- e. Include a person-to-person MHA with a health care provider trained to perform MHAs as outlined in Reference (d).
- f. Include a face-to-face encounter with a trained health care provider if clinically indicated in any part of the process, requested by the SM, or as directed by individual Services.
- g. Identify if SM requires a Separation History and Physical Examination in accordance with Reference (m).

2. GENERAL GUIDELINES. The following are key steps necessary to execute a comprehensive completion of the annual PHA.

- a. The PHA Program will comply with Reference (s) of this DHA-PI.
- b. The annual PHA is composed of three progressive processes used to assess the health status of all SMs. Reference (f) will be used to complete the three PHA processes. Those processes are:
  - (1) SM's PHA self-assessment.
  - (2) Medical record review.
  - (3) Review by a health care provider to include a person-to-person Mental Health Assessment (MHA).

c. The annual person-to-person MHA, according to Reference (d), will be a part of the PHA requirement and must be conducted person-to-person with the SM by either a health care provider or licensed mental health professional, each with required MHA-specific training as specified in Reference (l). This will also satisfy the deployer-required MHAs if completed in the appropriate timeframe. The purpose of the MHA is to identify mental health concerns requiring referral for further evaluation and care. Use of telehealth is acceptable to meet this requirement.

d. The PHA process will enable completion of Deployment-Related Health Assessments due at the time of the PHA as outlined in References (d), (g), (j), (k), and (l). The PHA process will also provide data utilized by the Disability Evaluation System process as outlined in Reference (i).

e. Special duty physicals may include additional requirements not identified in the PHA.

f. PHA encounters will be coded within designated Service EHRs in accordance with current standards from Reference (t).

g. The PHA will be documented in the current designated EHR per Service-specific guidance.

h. The PHA is considered complete when the health care provider certifies all required PHA components have been completed and reviewed in accordance with Reference (d). The electronic DD Form provides a summary of the SM PHA self-assessment, medical record review, and person-to-person MHA.

i. Further follow-up and/or completion of medical recommendations will be completed per Service-specific guidance.

j. The PHA process map is included in the appendix to this enclosure.

### 3. SM's PHA SELF-ASSESSMENT

a. The SM will be required to complete the PHA annually. Completion of the SM self-assessment should only be accomplished utilizing Reference (f) on the Service-specific electronic solution of record.

b. The PHA self-assessment consists of questions to assess a SM's medical readiness status based on DoD IMR requirements, SM's deployment and health history, population health measures, and the U.S. Preventive Services Task Force's (USPSTF) recommended CPS.

c. In accordance with Reference (h), the SM is responsible to report health issues (including mental health) that may affect medical readiness to deploy or fitness to continue serving in an active status (Active, Guard, and Reserve Components).

d. The electronic PHA self-assessment provides targeted health education to the SM based

on their individual responses.

4. MEDICAL RECORD REVIEW. The record review is completed by health care personnel trained on the PHA Record Review process. This step includes review of the SM's paper medical record (if required and available), EHR (if required and available), IMR status, past and present limited duty/permanent/temporary profiles, Veterans Affairs (VA) disability rating (if applicable and available), care provided outside of the MHS (if required and available), and the SM's PHA self-assessment responses since the last PHA as required in Reference (f). The purpose of this review is to complete the Record Review portion of Reference (f) with the following information:

a. Key clinical information such as most recent blood pressure, height/weight, cholesterol tests, and medical care received since the last PHA.

b. Any allergies and current active medications, as well as identification of discrepancies (if any) with SM's responses on the PHA self-assessment.

c. Family history (and follow Service-specific guidance regarding updating SM's Adult Prevention and Chronic Care Flowsheet, Reference (v)).

d. Any limited duty and temporary/permanent profiles, as well as available VA/workman's compensation information for Reserve Component personnel.

e. Any outstanding IMR and deployment-related health assessment requirements, such as immunizations or labs.

f. Identification of any special duty physical exams, medical surveillance, and occupational health surveillance requirements.

5. REVIEW BY A HEALTH CARE PROVIDER. The health care provider completes applicable clinical-service portions of the PHA and updates the EHR and applicable readiness system, as required by Service guidance. The health care provider will:

a. Review and evaluate SMs' responses on the PHA self-assessment, as well as information provided by the Record Reviewer.

b. Review medical records created and care received outside the MHS since the last PHA, available data from ordered laboratory tests, CPS screenings or referrals, and SM limited duty or temporary/permanent profiles.

c. Conduct person-to-person encounters (if/when required), recommend referral(s), and/or follow-up care as necessary per Service/Component guidelines, and make recommendations if evaluation for limited duty or profile is warranted.



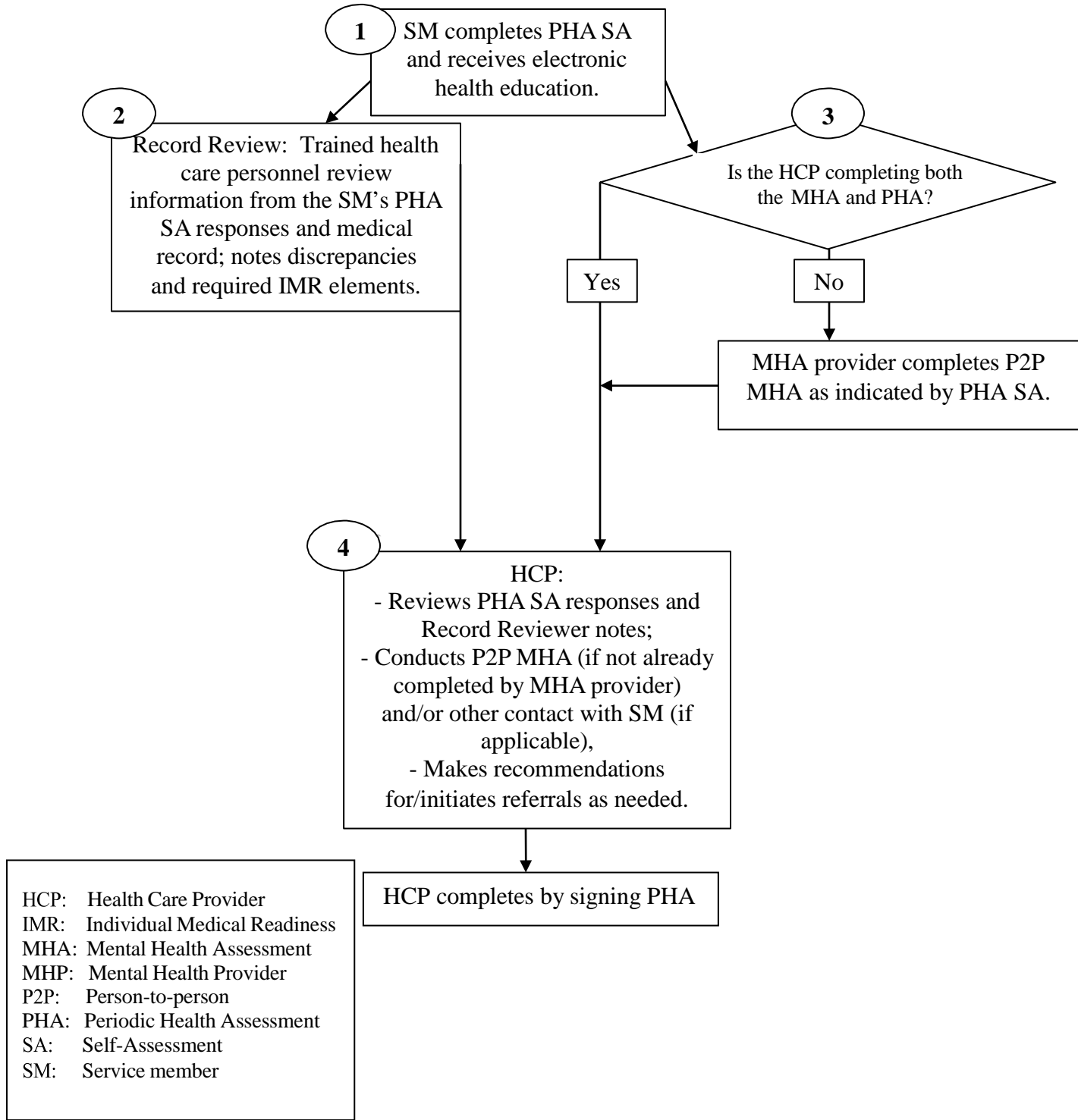
d. Conduct a face-to-face encounter if clinically indicated in any part of the process, or requested by the SM.

e. Ensure all required elements of the PHA (including the MHA) are complete and applicable dispositions have been documented in the appropriate medical system of record per Service guidance. Health care providers with specific PHA and MHA training can accomplish both the MHA and PHA.

6. IM/IT SYSTEMS. The current designated Service-specific electronic solution of record will be utilized to capture PHA completion and forwarded to Armed Forces Health Surveillance Branch, DHA, until new DoD EHR capability is available.

APPENDIX TO ENCLOSURE 3

PERIODIC HEALTH ASSESSMENT PROCESS



## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

CPS	Clinical Preventive Services
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHB	Deployment Health Branch
EHR	Electronic Health Record
IM/IT	Information Management/Information Technology
IMR	Individual Medical Readiness
MHA	Mental Health Assessment
MHS	Military Health System
MOG	Medical Operations Group
PHA	Periodic Health Assessment
PH-CCWG	Public Health Collaboration and Coordination Working Group
PHD	Public Health Division
PHAOWG	Periodic Health Assessment Optimization Working Group
SM	Service member
USPSTF	U.S. Preventive Services Task Force
VA	Veterans Affairs

### PART II. DEFINITIONS

CPS. Services recommended by the USPSTF intended to prevent or reduce the risk for heart disease, cancer, infectious diseases, and other conditions and events that impact health (utilizing USPSTF A Recommendations).

face-to-face. An encounter when the individuals are physically in the presence of each other.

health care providers. Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA Program-specific training. This definition does not

imply authority to prescribe use of prescription drugs.

licensed mental health professional. A health professional who is trained and certified to perform MHAs and able to make appropriate clinical referrals. See Reference (m).

medical surveillance. The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation, and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance.

person-to person. Face-to-face, telephone, or video teleconference dialogue with an individual that is conducted in a private setting to foster trust and openness in discussing sensitive health concerns.

PHA Program. A program that provides over-arching management of the PHA, to include: DHA-PI; update and maintenance of the PHA tool in accordance with the USPSTF's recommendations; development of IM/IT specifications and requirements; targeted health education for the SM; record reviewer and health care provider education; and quality assurance measures.

PHA self-assessment. Annual requirement for SMs to communicate their medical and health readiness status as required by DoD IMR standards.

PHA tool. Comprehensive, web-based application with standardized questions and medical assessment procedures for conducting required annual PHAs of SMs (DD Form 3024).

preventive health screening. For purposes of this DHA-PI, refers to preventive health screening questions in the PHA self-assessment identified by the USPSTF.

special duty physicals. Examinations which, because of the individual's military occupation (e.g., divers, aviators), are required.

trained health care personnel. Health care personnel who have received PHA Program-specific training.

USPSTF. An independent, volunteer panel of national Public Health experts in prevention and evidenced-based medicine. The Task Force makes recommendations such as screenings, counseling services, and preventive medications as a means to improve the health of all Americans.