UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

DEC 19 2023

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 117–388, page 267, accompanying H.R. 8236, the Department of Defense Appropriations Bill, 2023, "Military Direct Care Provider Education on Eating Disorders," is enclosed.

The report provides background and an overview of eating disorders in the military population, discussion of standards of care, current Military Health System practices for screening and treating eating disorders, and review of eating disorders education and training activities for providers in the Direct Care system. Although there are no standardized, comprehensive training courses and there is no mandate that requires training focused on screening and treatment for Service members with eating disorders, the Defense Health Agency (DHA) is committed to providing high-quality education and training opportunities to improve the health and build readiness for Service members. Accordingly, DHA has partnered with the Uniformed Services University of the Health Sciences Center for Deployment Psychology to develop a package of standardized training courses focused on eating disorders.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,

For

Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

DEC 19 2023

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For

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Acting

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Jon Tester
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

DEC 19 2023

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Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Susan Collins
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Ken Calvert
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

DEC 19 2023

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Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Betty McCollum
Ranking Member

Report to the Congressional Defense Committees

Military Direct Care Provider Education on Eating Disorders

December 2023

The estimated cost of this report or study for the Department of Defense is approximately $8,410 for the 2023 Fiscal Year. This includes $0 in expenses and $8,410 in DoD labor.
Generated on : 05 April 2023; RefID: 3-DCB087E

EXECUTIVE SUMMARY

This report is in response to House Report 117–388, page 267, accompanying H.R. 8236, the Department of Defense Appropriations Bill, 2023, requesting the Assistant Secretary of Defense for Health Affairs, in collaboration with the Surgeons General of the Military Departments, to submit a report to the congressional defense committees addressing the Military Health System's (MHS) training of Direct Care medical and behavioral health professionals, consistent with generally accepted standards of care, on how to screen, intervene, and refer patients for the treatment of eating disorders. This report specifically addresses:

1. Related education and training activities undertaken by Direct Care providers;

2. The use of generally accepted standards of care and screenings of Service members; and

3. Any barriers to implementing a standard, mandatory training for providers seeing patients suffering from eating disorders.

BACKGROUND AND OVERVIEW OF EATING DISORDERS IN THE MILITARY POPULATION

Eating disorders are a group of behavioral health conditions characterized by persistent disturbance in eating or eating-related behaviors that significantly impairs physical and/or social functioning. The most commonly observed conditions include Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder. These conditions may result in serious and potentially life-threatening medical conditions, along with co-occurring behavioral health conditions (e.g., depression, anxiety) (American Psychiatric Association, 2022). For active duty Service members (ADSMs), the impact from eating disorders may interfere with combat readiness and could result in failure to meet retention standards if the condition requires persistent duty modifications or impairs functioning so as to preclude satisfactory performance of required military duties (Department of Defense Instruction 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended).

Eating disorders typically develop during adolescence or young adulthood but may also develop during childhood or later in life. These disorders affect any gender, although rates among women are higher than among men (American Psychiatric Association, 2022). The lifetime prevalence of eating disorders in the United States is approximately 0.80 percent for Anorexia Nervosa, 0.28 percent for Bulimia Nervosa, and 0.85 percent for Binge-Eating Disorder. However, various studies have found inconsistent rates based on study location, methodology, and other factors (American Psychiatric Association, 2023).

Similarly, studies have yielded a range of estimates about the number of ADSMs with an eating disorder due to similar methodological and other challenges. A 2020 U.S. Government Accountability Office (GAO) report cited studies that concluded ADSMs likely experience eating disorders at rates that are comparable to the general population, but rates of these disorders are potentially rising among ADSMs. For both the general population and military

population, studies frequently conclude that estimates of prevalence likely are underestimated. Although very broad qualifying criteria were utilized and estimates are inconsistent, in a 2021 study by the Northern California Institute for Research and Education, preliminary estimates from self-report survey data of ADSMs suggest 9-20 percent of men and 14-22 percent of women are either *at risk for* or meet the criteria for a *probable* eating disorder (Maguen, 2021).

EATING DISORDERS EDUCATION AND TRAINING ACTIVITIES UNDERTAKEN BY DIRECT CARE PROVIDERS

Direct Care providers have access to training and informational resources through the National Center for Excellence in Eating Disorders (https://www.nceedus.org/) and some Department of Defense (DoD) training partners, including the Uniformed Services University of the Health Science's Center for Deployment Psychology (https://deploymentpsych.org/). However, there are no standardized, comprehensive training courses in the industry that are focused on screening, assessing, referring, and/or treating ADSMs with eating disorders.

THE USE OF GENERALLY ACCEPTED STANDARDS OF CARE AND SCREENINGS OF ADSMs

ADSMs receive the majority of their healthcare through the Direct Care system—care provided in military medical treatment facilities (MTFs). ADSMs may also be referred to private sector health care providers for necessary care under the Supplemental Health Care Program.

Standards of Care

There is no universally accepted standard of care for the screening, assessment, and treatment of eating disorders. Multiple sources (within the United States and internationally) have produced practice guidelines that seek to identify the most effective strategies and approaches to treating eating disorders, but they are not intended to serve as standards of care. While these various approaches have much in common, there are some differences in recommendations.

The U.S. Preventive Services Task Force (2022) commissioned a systematic review to evaluate the benefits and harms of screening for eating disorders in adolescents and adults with normal weight (universal screening). The study concluded that current evidence is insufficient to assess the balance of benefits and harms of screening for eating disorders in asymptomatic adolescents and adults. As a result, no recommendation for universal screening was rendered.

The American Psychiatric Association recommends screening for the presence of an eating disorder as part of an initial psychiatric evaluation, but identifies routine or targeted screening for eating disorders and the potential benefits on patient outcomes as areas needing further research.

The Academy for Eating Disorders (AED, 2021) discusses the importance of early detection and timely intervention, adding that individuals at any weight may be malnourished and/or engage in unhealthy weight control practices. Also noted is that life-threatening eating disorders may

occur without obvious physical signs or symptoms. Nevertheless, universal screening is not offered as part of the AED standard of care recommendations, although taking action is recommended as soon as an eating disorder is suspected.

Practice guidelines for treatment produced by various national and international professional organizations reflect a consensus that treatment of eating disorders involves a coordinated effort among multiple subspecialties with specialized training in eating disorders, working together as a multi-disciplinary team. Treatment may require multiple medical specialties (e.g., cardiology, dentistry, endocrinology, gastroenterology, obstetrics/gynecology), as well as behavioral health care (with frequent co-occurrence of other behavioral health conditions) and nutritional rehabilitation.

The Joint Commission (TJC) standards identify critical aspects of care for individuals with eating disorders that apply when care, services, or treatment is provided for the eating disorder. This includes specific screening topics, assessment components (e.g., specific laboratory and diagnostic tests, information from other providers, fall risk assessment, refeeding assessment), plans for care/treatment/services (including specific diagnostic requirements, plan for sufficient nutritional rehabilitation, use of evidence-based interventions), coordination of care, additional services (including psychosocial, medical, nutritional, and psychiatric components), multidisciplinary care teams experienced and/or trained in treating eating disorders (including at minimum a physician, psychiatrist or clinical psychologist, licensed clinician, registered dietician, registered nurse or advanced practice nurse), after-care planning, and organizational assessment of outcomes and performance monitoring (TJC, February 2023).

Screening for Eating Disorders in the Military Population

All applicants for military service are screened during military entrance examinations to ensure they meet DoD's medical qualifications and standards. This involves applicant completion of a medical history form, medical interview, physical examination, and laboratory testing. The medical provider inquires and documents any history of treatment for an eating disorder, as well as applicant responses that may indicate disordered eating (e.g., changes in weight, weight-related surgeries, menstrual issues). The physical examination includes a determination of whether the applicant is overweight or underweight. A history of any eating disorder is disqualifying for military service (DoD Instruction 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended).

During military service, both ADSMs and Reserve Component members receive annual physical and behavioral health screenings, referred to as the Periodic Health Assessment (PHA) and the Mental Health Assessment (MHA). These screenings include inquiries regarding a variety of physical and behavioral health symptoms and conditions, but do not directly inquire about eating disorders. During the PHA/MHA administration and the in-person examination, the personnel conducting the PHA/MHA assess height, weight, and body composition, and they ask questions about appetite and eating habits that may be associated with other conditions. Other signs of eating disorders, such as disordered menstruation or dental erosion, may prompt further inquiries and referral for assessment for an eating disorder.

Given findings of the U.S. Preventive Services Task Force lacking support for universal screening for eating disorders, Direct Care primary care providers do not employ universal screening, instead examining and tracking height, weight, and body mass index. For patients of concern (e.g., underweight or overweight), Direct Care primary care providers screen for eating disorders by interview (sometimes augmented using specialized screening tools); conduct specific laboratory testing (e.g., metabolic panel); conduct relevant physical examinations (e.g., orthostatic vital signs, electrocardiogram; and explore alternative or co-occurring diagnoses (e.g., thyroid or gastrointestinal disorders). Indications of an eating disorder result in referral to behavioral health specialty care.

The American Psychiatric Association recommends screening for eating disorders as part of every initial psychiatric evaluation. Screening may consist of asking targeted questions or by using specialized screening questionnaires (e.g., "SCOFF" questionnaire; named for the key word in each of five questions) to complement other aspects of the screening and assessment process (American Psychiatric Association, 2023; Morgan et al, 1999). Direct Care behavioral health specialty providers screen for eating disorders during intake appointments by reviewing the patient's electronic health record; making behavioral observations; and gathering information regarding historical and current eating and nutritional habits and restrictions, changes in habits or weight, use of supplements (e.g., nutritional, weight loss, body building), and prescription and over-the-counter medications (e.g., laxatives). Indications or diagnosis of an eating disorder results in referral for additional services.

Treating Eating Disorders in the Military Population

The DoD remains committed to identifying, treating, and rehabilitating members of the armed forces who have an eating disorder. Although MTFs often employ the types of professionals needed to treat eating disorders (e.g., psychologists and nutritionists), they do not have specialized facilities to develop eating disorder specialty programs. In addition, such services are not provided when the MTF does not possess sufficient staffing resources and training to fully implement practice guidelines and fulfill TJC requirements in the provision of care, treatment, and services for individuals with eating disorders. The ADSM would be referred for services to the private sector.

Direct Care behavioral health specialty providers and staff traditionally have focused on developing training and resources to treat more prevalent behavioral health conditions including posttraumatic stress disorder, anxiety, and depression. Those behavioral health specialty providers who have relevant training and experience in treating eating disorders may address relatively mild eating disorders during psychotherapy and refer patients to receive other appropriate services within the MTF (e.g., nutrition services). However, organization-wide staffing shortages impact how resources are utilized, and most ADSMs with eating disorders are referred to the private sector for specialized care. (U.S. GAO, 2020).

TRICARE is a significant part of the MHS integrated system of care and provides comprehensive medically necessary and appropriate mental health and eating disorder treatment benefits to all beneficiaries (i.e., ADSMs, active duty family members, and eligible former members and dependents). Notably, TRICARE covers all medically indicated levels of care,

including outpatient services for in-person or telehealth care, inpatient hospitalization, partial hospitalization programs, intensive outpatient programs, and residential treatment (for children and adolescents). TRICARE likewise covers a variety of eating disorder treatment options, such as psychotherapy, nutrition counseling, medical foods, pharmaceuticals, and psychiatric care, provided that the care is medically necessary and appropriate for the specific patient, as required by law.

BARRIERS TO IMPLEMENTING STANDARD, MANDATORY TRAINING FOR PROVIDERS SEEING PATIENTS WITH EATING DISORDERS

The greatest single barrier to implementing mandated, standardized training for Direct Care providers specific to screening, assessing, referring, and treating eating disorders is the lack of such training courses in the industry. Existing training courses lack the breadth of coverage and are not designed to address the needs of the military population.

New and Under Development Training for Eating Disorders:

DHA is partnering with the Uniformed Services University of the Health Science's Center for Deployment Psychology to develop a package of standardized training courses focused on eating disorders. Each course will include military-specific concerns related to eating disorders among ADSMs.

- Virtual On-Demand (Asynchronous) Trainings

    1. Overview of Disordered Eating and Obesity (for all Direct Care healthcare providers and clinicians)

    2. Screening for Eating Disorders (for all Direct Care healthcare providers and clinicians outside of Behavioral Health specialty care)

    3. Eating Disorders Screening, Assessment, and Referral (for all Direct Care Behavioral Health specialty providers and clinicians)

- Live, Virtual Training

    1. Cognitive Behavioral Treatment for Disordered Eating (for Direct Care providers treating eating disorders, primarily Behavioral Health specialty providers and clinicians)

SUMMARY AND CONCLUSIONS

Eating disorders can result in serious and potentially life-threatening medical conditions, may interfere with combat readiness, or result in ADSMs failing to meet military retention standards. There is no universally accepted standard of care for the screening, assessment, and treatment of

eating disorders and there has been some disagreement regarding elements of the various practice guidelines. Nevertheless, there are some commonalities. Further, TJC has established requirements for organizations that provide care, treatment, or services to individuals with eating disorders. The DoD incorporates some screening efforts into military entrance processing. More focused screening occurs during all behavioral health appointments, and during other medical screenings and appointments when there are indicators of potential disordered eating.

As part of the MHS integrated system of care, Private Sector Care is the primary pathway for providing care, services, and treatment for ADSMs with eating disorders. This is due in part to the resources that would be required to develop eating disorders specialty programs within the Direct Care system, combined with organization-wide staffing shortages impacting how resources are utilized, and a focus on higher prevalence conditions impacting ADSMs (e.g., posttraumatic stress disorder).

Although there is no mandate requiring Direct Care providers and clinicians to complete training focused on eating disorders and no such standardized training is currently available, work is underway to develop a package of trainings to meet this need. This will enhance Direct Care providers' ability to screen, assess, and refer ADSMs to the most appropriate level of care and maintain combat readiness. DHA is committed to offering the best care for all ADSMs using all available resources, in both Direct and Private Sector Care, and will continue to build resources and tailor care to meet the individual needs of the military population.

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