



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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: Policy Memorandum – Implementation of the Post-Deployment Health Clinical Practice Guideline

Optimal force health protection and medical readiness depends upon having procedures in place to effectively evaluate and treat deployment related health concerns. The Post-deployment Health Clinical Practice Guideline is designed to provide structure, resources, and consultative support for primary care providers evaluating patients with deployment related concerns. Training on this guideline was provided through a DoD-wide satellite broadcast on January 31, 2002.

All DoD military treatment facilities should now be using the Post-deployment Health Clinical Practice Guideline. Incumbent to guideline use, the militarily unique vital sign question "Is the reason for your visit today related to a deployment?" should be asked of every patient at all appropriate primary care visits. For those patients referred for or seeking care for deployment related health concerns, health care providers will review and employ, as needed, this guideline during their evaluations. Providers will use applicable visit codes to record that the patient presented with a health concern related to a deployment. Concurrently, the DoD has begun assessing effectiveness through a series of quality indicators.

Support for the Post-deployment Health Clinical Practice Guideline, including the January 31, 2002 DoD-wide satellite broadcast training program, is available through the DoD Deployment Health Clinical Center (DHCC) at (202) 782-6563 or www.pdhealth.mil. The DHCC serves as the DoD Center of Excellence for this guideline and provides consultative support to providers in their evaluation of deployment related cases.

Through use of the Post-deployment Health Clinical Practice Guideline, we send a clear message that we are ready and able to meet the medical needs of our deploying members and their families. Command emphasis on this important initiative is imperative. My point of contact for this subject is Lt Col Roger Gibson who may be reached at (703) 681-1703.


William Winkenwerder, Jr., MD

cc: Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

HA POLICY: 02-007

Caring for Patients with Post-Deployment Health Concerns

E-N-V-I-T-E

Empathy: Listen actively; Confirm what you hear; Express concern; Convey your desire to assist.

Non-Confrontational: Never argue with patients or their loved ones; Subordinate the need to be "right" to the obligation to relieve suffering.

Validate: Validate the patient's decision to seek care; Do not challenge patient's motives.

Inform: Offer data followed by a short "sound bite" that addresses the patient's specific concerns; Repeat for emphasis.

Take Action: Describe options; Schedule follow-up; Refer to www.PDHealth.mil; Consider consultation or second opinion.

Enlist Cooperation: Negotiate a collaborative action plan rather than imposing one.



DoD Deployment Health Clinical Center

Consult Information

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clinician resources



Honoring the Commitment

The PDH-CPG:
Your Resource for
Post-Deployment
Health Care



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Quality health care for our troops and veterans

Caring for deployment-related health issues is a core responsibility for military clinicians. We owe it to our troops and to their families to give these issues proper credence by

listening carefully to patient concerns and responding with appropriate diagnoses and treatment options.

To help meet this important commitment, the Departments of Defense and Veterans Affairs developed the Post-Deployment Health Evaluation and Management Clinical Practice Guideline (PDH-CPG). The PDH-CPG serves as your

tool in providing the highest quality health care to our troops, veterans, and their families.

PDH-CPG: What it is and what it isn't

The PDH-CPG is not just red tape, “cook book” medicine, or an attempt to dictate how you practice. Rather, it is intended to supplement your experience and discretion as a medical professional.

The PDH-CPG is both a reference and a health management tool designed to bring post-deployment health research and best practices to you as you treat the unique health care needs of the military population.

PDH-CPG: Serving the spectrum of patients now and over time

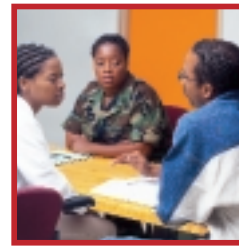
Every deployment of U.S. military forces renews our awareness of the on-going need for effective post-deployment health care. And, those needs are not confined only to current service members or to current deployments. Family members as well as veterans of previous deployments are also affected and require thoughtful attention, care, and follow-up services.

The PDH-CPG is intended to meet the demands of all these patient populations across the boundaries of time and the cycle of deployments. It is not a temporary solution to current contingencies. It is a robust initiative that includes continuing process improvement, clinical education, and ongoing research to support the kind of optimal care that has come to be associated with evidence-based practice.

Rationale for the Post-Deployment Health Clinical Practice Guideline

Although symptoms and health concerns after a deployment may be similar to those reported in routine primary health care settings, deployments can present new and difficult challenges.

Deployments of personnel entail multiple risks, and the increased use of U.S. forces around the world demands greater attention be afforded to a variety of post-deployment health issues. Each phase in the deployment cycle can give rise to health concerns. Pre-deployment planning may involve vaccinations and concerns about the impact of deployment on pre-existing health conditions. During deployment, the physical or psychological trauma of combat, environmental extremes and exposures, infections, pathogen- and vector-borne diseases, battle and non-battle injury, separation from friends and family, and other threats can affect military members. Deployments can also aggravate existing family problems or cause new ones. The stress of maintaining a household during the deployed member's absence and fears for his or her safety may further affect family members. Once troops return, additional concerns may arise, including potential illnesses or contaminants brought back by the service member, problems associated



The more complete the data collected for individual patients the greater the diagnostic strength of health care providers.

with reunion and reintegration into the family and workplace, newly emerging or exacerbations of existing health problems for the service member over time, and others.

The PDH-CPG was designed to assist clinicians in meeting the challenge of evaluating and managing these issues. It helps clinicians determine and structure specific approaches for addressing these distinctive experiences and exposures. The clinical tools and linked resources included with the PDH-CPG aid clinicians in evaluating and managing patients with the full spectrum of deployment-related concerns.

PDH-CPG: The power of information

Information is a powerful tool. More complete background data collected for individual patients leads to greater diagnostic specificity and more effective treatments.

Post-deployment evaluation and management relies on a three-tiered evaluation process: Primary care assessment, collaborative assessment and care, and transition to disease management. Providing tools to collect the right information and to use that information for evaluation and medical management is the essence of the Post-Deployment Health Clinical Practice Guideline.

Further, the guideline algorithms along with targeted, stepped health risk communication strategies provide health care professionals with valuable information about how to pursue courses of treatment best suited to patient needs.

The Guideline: Developed by clinicians for clinicians

A multidisciplinary panel of clinicians and clinical experts from DoD, Veterans Health Administration, Institute of Medicine, and academia, along with a team of evidence-based medicine specialists collaborated to develop the Post Deployment Health Evaluation and Management Clinical Practice Guideline. This guideline development process was based on the best evidence available, integrating clinical expertise with systematic research. Where evidence was ambiguous or conflicting, the clinical experience within the multidisciplinary group produced consensus-based recommendations.

The outcome was a post-deployment health clinical guideline expressly designed to assist clinicians in primary care settings to screen, evaluate, and manage the wide range of deployment health

concerns presented by military health system beneficiaries.

PDH-CPG objectives

- Achieve satisfaction and positive attitudes regarding post-deployment medical care
- Identify and support decision-making for elements of care essential to all post-deployment evaluations
- Focus on prevention in subsequent deployments
- Support patient education and health risk communication
- Support clinical education and training
- Support the busy clinician with tools and information he or she needs to deliver optimal deployment health care services
- Optimize data collection
- Expand focus to deployment-related concerns of family members
- And, most importantly, improve post-deployment health for our deserving military men and women!



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