THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 29 2004

The Honorable John W. Warner
Chairman, Committee on Armed Services
United States Senate
Washington, D.C. 20510-6050

Dear Mr. Chairman:

The House Armed Services Committee Report 108-106 on the National Defense Authorization Act for Fiscal Year 2004 requests the Secretary of Defense to establish a quality control program to assess implementation of the force health protection and surveillance program, and to provide a strategic implementation plan, including a timeline for full implementation of all policies and programs, to the Senate Armed Services Committee and the House Armed Services Committee by March 31, 2004.

On behalf of Secretary Rumsfeld, I am pleased to provide information on Department of Defense (DoD) force health protection and surveillance policies and programs, quality assurance programs, and implementation plans and timelines.

My office has developed a comprehensive force health protection directive and implementing instructions, which include standards, metrics, and associated quality assurance measures for longitudinal health surveillance and periodic health assessments. This package is in formal coordination within the Department. I anticipate implementation of this directive will begin this summer. It will become the capstone of efforts which began in 1997.

As indicated in the Department's response to the General Accounting Office (GAO) Report, "Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance" (September 2003), protecting the health of military personnel before, during, and after deployment is a paramount concern. DoD policy promulgated in the 1997-1998 timeframe established comprehensive joint health surveillance and deployment health assessment programs. Subsequent policies have expanded and refined the scope and effectiveness of our force health protection and surveillance programs. Following are examples of our focus on force health protection:

- Updated Procedures for Deployment Health Surveillance and Readiness (2 Feb 2002)
- Deployment Health Surveillance & Force Health Protection (28 January 2003)
- Safeguarding Deployment Medical Records (11 April 2003)

- Enhanced Post-Deployment Health Assessments (22 April 2003)
- Post-Deployment Health Assessments Under Special Circumstances (19 May 2003)
- Commander's Role in Post-Deployment Health Awareness (30 May 2003)
- Completeness of Deployment Medical Records (15 July 2003)
- DoD Deployment Health Quality Assurance Program (9 January 2004)

The DoD deployment health quality assurance program was formally established on January 9, 2004. This program supports force health protection and surveillance requirements associated with current military deployments and responds to the recommendation contained in the September 2003 GAO report. The program includes the following key elements:

- **An annual report on the DoD deployment health quality assurance program.** My office will prepare an internal annual report on the deployment health quality assurance program. The report will be coordinated with the Services and submitted through the DoD Force Health Protection Council. The initial report is due February 15, 2005.

- **Periodic visits to military installations to assess deployment health programs.** Staff from my office will accompany personnel from the Services' medical departments to assess deployment health policy compliance and review program effectiveness. The initial (quarterly) visit was conducted at Fort Bragg on March 8-9, 2004, in conjunction with an internal review team from the Army Surgeon General's office. The visit included meetings with medical leaders, an overview of deployment medical processing activities, and a review of approximately 100 medical records. Findings include the need for continued emphasis on placing copies of deployment health documentation in permanent medical records. A subsequent visit was conducted at Holloman Air Force Base on April 21-22, 2004. Over 100 medical records were reviewed and reflected strong compliance with all deployment health requirements. Future visits will be scheduled to an Air Force installation (April-June 2004), a Marine Corps installation (July-September 2004), and a Navy installation (October-December 2004).

- **Periodic reports on Service-specific deployment health Quality Assurance programs.** Quarterly reports from the Services address identification of deploying/redeploying personnel, percentage of pre- and post-deployment health assessments completed, and documentation of deployment-related health care in permanent medical records. The Services' initial reports reflect a combination of centralized and decentralized programs, data-driven and incorporating routine reporting by medical units.

- **Reports from the Army Medical Surveillance Activity (AMSA)** on the number of pre- and post-deployment health assessments that are electronically archived in the

Defense Medical Surveillance System, as well as on analysis of trends in Service members' responses to questions and referrals for further medical evaluation. Pre-deployment assessment reports are prepared monthly and post-deployment assessment reports are prepared weekly.

Additional force health protection and surveillance initiatives have been undertaken over the past year that complement the deployment health quality assurance program and directly support ongoing military operations:

- Developed and implemented a Joint-Service automated theater-wide health surveillance data collection and reporting system in January 2003. It provided theater-wide health surveillance data and locations of medical assets on a near real-time basis to operational commanders and Office of the Secretary of Defense (OSD) medical leadership. Metrics indicating degree of Service and Combatant Command compliance with ongoing theater health surveillance reporting requirements are being assessed regularly and there are daily surveillance reports and weekly analyses.

- Developed Individual Medical Readiness (IMR) standards and metrics that provide operational commanders, military Service headquarters, and OSD staff with the ability to monitor individual medical readiness across six key elements (periodic health assessment, deployment-limiting conditions, dental readiness, immunization status, readiness laboratory studies, and individual medical equipment). The IMR standards were established and DoD policy was promulgated in May 2003. The Services began reporting to the DoD Force Health Protection Council in July 2003; metrics are assessed at least quarterly.

- Established a Deployment Health Task Force to make recommendations by late April 2004 on completing all pre- and post-deployment health assessments electronically and on having DoD and Department of Veterans Affairs co-produce a quarterly report on post-deployment healthcare utilization.

These initiatives serve as the foundation for an even broader, more comprehensive DoD force health protection and medical surveillance quality assurance program—one that will help ensure compliance with both Congressional direction and Department policies. Protecting the health of our men and women in uniform is a top priority of the Military Health System.

Sincerely,

William Winkenwerder Jr.

William Winkenwerder, Jr., MD

cc:
Senator Carl Levin