THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 26 2007

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

I am forwarding the enclosed report, "Enhanced Mental Health Screening and Services for Members of the Armed Forces," as required by Section 738 of the John Warner National Defense Authorization Act for Fiscal Year 2007.

The Department of Defense (DoD) has made several significant changes in health care policy to enhance its ability to detect and treat mental health problems. Service members are assessed for mental health disorders including post-traumatic stress disorder and the use of psychotropic medications before they deploy, immediately following the deployment, and 3-6 months after returning home from a deployment. Two questions will be added to post-deployment assessments to screen for exposures to explosions, blasts, motor vehicle accidents, or any other event that caused a blow to the head or whiplash. In addition, a new DoD subject matter expert panel will develop tools and clinical practice guidelines for assessment and treatment of traumatic brain injury (TBI) at the time of the injury, as well as on an annual basis for all service members.

Our Force Health Protection Quality Assurance Program will continue to add metrics evaluating the implementation of newer programs, such as criteria for mental health referral and TBI evaluation, and referral, as data for these programs accumulate. Thank you for your continued support of the Military Health System.

Sincerely,

Ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

Report on the

Enhanced Mental Health Screening and Services for Members of the Armed Forces

(June 2007)

In Response to Section 738 in the John Warner National Defense Authorization Act for Fiscal Year 2007

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BACKGROUND

The DoD has a broad range of programs designed to sustain the health and well being of every military and family member in the total military community. All Service members must meet the particular standards of their military Service upon entry. Once they are in the Service, and particularly before, during, and after a deployment, a wide array of programs is available to evaluate and treat health concerns.

Medical conditions that may limit or disqualify Service members from deployment are repeatedly assessed. Education and assessment programs take place across the entire deployment cycle, and a spectrum of prevention, stress control, and mental health care programs is available in theater.

PRE-DEPLOYMENT

Since 1998, DoD has been doing a pre-deployment health assessment that includes a question that asks if the individual has received mental health care in the past year, a question that asks about all medications currently taken, and a question about any other medical concerns the individual may have. The information from this pre-deployment health assessment is added to information from a review of the individual's medical record, which shows clinic visits, hospitalizations, medications prescribed, and diagnoses. The medical provider can then determine if any further medical evaluations are needed before making a medical recommendation on the individual's deployability.

The pre-deployment health assessment does not include questions about traumatic brain injury (TBI). However, later this year, the DoD will add questions for TBI on the annual Periodic Health Assessment, which will be part of the medical record reviewed at the time of deployment. The medical record review will identify documented events.

POST-DEPLOYMENT

The PDHA and PDHRA have about a dozen psychosocial questions that ask about mental health relevant concerns that the individual may be experiencing. There is a question that asks about treatment in theater, including whether the individual received a medical profile, and a question about medications prescribed in theater. After the service member has completed the self-report, the responses to the questions are reviewed with a medical provider (e.g., Nurse Practioner, Physician Assistant, or Physician) who asks additional questions and makes a medical decision about the need for further support or evaluation for mental health concerns, as well as for physical health issues.

The DoD is working with the Department of Veterans Affairs (VA) based on an agreement of members of the DoD-VA Joint Executive Council that both departments will conduct TBI assessments using similar questions. Therefore, the DoD has designed

appropriate changes to the PDHA, the PDHRA, and the Periodic Health Assessment for TBI. The goal is to have these questions in use later in 2007. In the meantime, DoD has distributed two questions that the Services may use during their post-deployment assessments to help identify possible TBI symptoms. The DoD has also convened a body of TBI experts to develop an overall plan to address diagnosis, treatment, education, and other areas related to TBI. We will detail the results of the TBI experts' progress in a report to Congress. This will respond to the National Defense Authorization Act for Fiscal Year 2007, House Report 109-452, that directs the Secretary of Defense "to develop a comprehensive and systematic approach for the identification, treatment, disposition, and documentation of TBI."

CRITERIA FOR REFERRAL FOR FURTHER EVALUATIONS

DoD, working in concert with VA, has developed and fielded evidence-based and professional consensus-based Clinical Practice Guidelines (CPGs) to identify standards of care and to facilitate effective clinical decision-making according to published algorithms. There are CPGs for Post-deployment Health Evaluation and Management, Acute Stress Disorder, PTSD, Major Depressive Disorder, Substance Abuse Disorder, and Medically Unexplained Symptoms. The Defense and Veterans Brain Injury Center (DVBIC), again in concert with the VA, developed a CPG for TBI in August 2006 when the Military Acute Concussion Evaluation (MACE) was fielded for use in theater. These CPGs are well designed for individual provider study. They are maintained, along with various other training materials, on the Deployment Health Clinical Center website at http://www.pdhealth.mil/.

HEALTH CARE PROVIDER TRAINING

DoD Regulation 6025.13-R, June 11, 2004, establishes the rules for how the DoD privileges its medical health care providers. There are no specifics in the regulation about the PDHA or the PDHRA, but health care providers earn medical readiness certification that documents preparation for assignments involving military operations. The certification shall be reviewed and verified by the Medical Commander every 12 months.

The Military Services shall designate the privileging authorities for health care providers who are responsible for making decisions to diagnose, alter, or terminate a regimen of health care. Before providing care, health care providers shall be subject to review of licensure, relevant training and/or experience, current competence, and health status and shall be granted delineated clinical privileges with or without a medical staff appointment. Reappointment shall occur at least every two years.

MINIMUM MENTAL HEALTH STANDARDS FOR DEPLOYMENT

The Assistant Secretary of Defense for Health Affairs issued guidance on November 7, 2006, on the minimum mental health standards for deployment, including post-traumatic stress disorder. A copy is attached and is also available at *www.ha.osd.mil/policies/2006/061107_deployment-limiting_psych_conditions_meds.pdf.* The standard specifically identified psychotic and bipolar disorders as disqualifying for deployment. The policy states that mental health disorders not meeting the threshold for a medical evaluation board should demonstrate a pattern of stability without significant symptoms for at least three months before deployment. In addition, an all-encompassing regulation is under development to identify medical standards for all deployers, military and civilian. A subject matter expert panel is working the details and expects to release its recommendations later this year.

QUALITY ASSURANCE

The Department has established a variety of quality assurance programs that address deployment health-related elements and requirements to ensure that Service member health needs are being appropriately monitored and effectively met. The DoD Military Health System (MHS) National Quality Management Program (NQMP) encompasses focused reviews and special studies on pertinent topics such as provider training, clinical practice guidelines, PTSD, and post-deployment health evaluation, treatment, and management. This clinically-focused, externally-partnered program evaluates MHS structures, processes, and outcomes on the quality of care for DoD beneficiaries.

The DoD Deployment Health Quality Assurance Program monitors Service implementation of DoD deployment health policies and helps ensure compliance with pre-, during-, and post-deployment health requirements. This program, in partnership with the Services, includes visits to military installations for review of deployment-related documentation in medical records as well as reviews of central repositories for deployment health assessments and serum samples.

With the implementation of the DoD Force Health Protection Quality Assurance Progam (FHPQA), the DoD will expand the focus of the Deployment Health Quality Assurance Program beyond deployment health to the full spectrum of military activities throughout a service member's career. The DoD FHPQA program will be one of continual growth and expansion that will be in concert with each of the Services as they establish their own FHPQA programs throughout the continuum of the service member's career. The cornerstone of the DoD FHPQA program will be the review of regular FHPQA program reports from each of the Services combined with DoD's virtual review of the Services' databases and unscheduled site visits to specific Service installations to

review FHP policies, programs, documentation and medical records. Examples of DoD FHP QA initiatives for the near future are:

(1) Review of compliance with accession standards;

(2) Review of Periodic Health Assessment implementation and health outcomes from referrals;

(3) Review of Individual Medical Readiness results, with comparison to meeting medical requirements for deployment;

(4) Review of deployment health assessments referral rates and medical outcomes; and

(5) Review of outcomes (Returned to Duty, Medically Separated/Retired, Permanent or Temporary Disability Retired List) of Service members referred for a medical board.

SUMMARY

Protecting the health of our service members has the highest priority within the Department of Defense. To meet this objective, the DoD has implemented programs across the continuum of care not only to prepare and protect Service members, but to diagnose and treat any injuries or illnesses if protections are inadequate. The annual Periodic Health Assessment, the Pre-deployment Health Assessment, the Post-deployment Health Assessment, and the Post-deployment Health Reassessment provide numerous and repeated opportunities for service members to identify concerns and for fully certified and trained medical providers to evaluate, diagnose, and treat service members.

In addition, DoD, through the Deployment Health Quality Assurance program oversees the Services application of the policies for these assessments. Combining site visits with in-depth records review, the office of the Assistant Secretary of Defense (Health Affairs) reviews Service documentation and medical records, and reports annually to the Surgeons General and the Congress on the results. The quality assurance program is now expanding beyond its deployment focus to include a full spectrum of military activities throughout a service member's career.