THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter provides the annual report to Congress required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005, which requests that the Secretary of Defense submit a report to the defense committees on the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program.

This report addresses specific FHPQA activities during calendar year 2007, including four deployment health quality assurance visits to military installations, review of more than 400 medical records of Service members who have returned from deployment, and information maintained in the central DoD database. In addition, data on post-deployment health concerns of more than 1.2 million Service members are provided. We are pleased to report that 95 percent of Service members who returned from deployment in 2007 rated their overall health either good or excellent, while 78 percent indicated no health concerns at the time of their post-deployment health assessment.

We remain strongly committed to ensuring that our Service members receive the quality health care and force health protection they so richly deserve—before, during, and after deployment. Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Duncan Hunter
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

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

Dear Mr. Chairman:

This letter provides the annual report to Congress required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005, which requests that the Secretary of Defense submit a report to the defense committees on the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program.

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUL 29 2008

HEALTH AFFAIRS

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This letter provides the annual report to Congress required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005, which requests that the Secretary of Defense submit a report to the defense committees on the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program.

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Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

This letter provides the annual report to Congress required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005, which requests that the Secretary of Defense submit a report to the defense committees on the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program.

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This letter provides the annual report to Congress required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005, which requests that the Secretary of Defense submit a report to the defense committees on the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program.

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Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Enclosure:
As stated

cc:
The Honorable Ted Stevens
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 29 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C.W. Bill Young
Ranking Member

Title V11 – HEALTH CARE PROVISIONS

Subtitle D – Medical Readiness Tracking and Health Surveillance

Section 739

Directs the Secretary to: (1) report annually to the defense committees on DoD's Force Health Protection Quality Assurance Program; and (2) issue annually a report on the compliance by military departments with applicable policies on the recording of health assessment data in military personnel records. Requires the Chief Information Officer of each military department to ensure that the online portal website of that department includes specified health assessment information for its members.

Report to Congress

In Accordance with Section 739 of the National Defense Authorization Act For Fiscal Year 2005

Department of Defense Force Health Protection Quality Assurance Program

BACKGROUND

The Department of Defense (DoD) reports annually to Congress on Force Health Protection Quality Assurance, per Section 739 of the National Defense Authorization Act for Fiscal Year 2005. Topics include maintenance of deployment health assessments in the Armed Forces Health Surveillance Center, storage of blood samples in the DoD Blood Serum Repository, and health assessment data in deployment military medical records, as actions taken in response to post-deployment health concerns and deployment-related exposures to occupational or environmental hazards. This is the Department's 2008 report, which covers calendar year (CY) 2007 Force Health Protection Quality Assurance Program activities.

DEPLOYMENT HEALTH QUALITY ASSURANCE PROGRAM

DoD published Health Affairs (HA) Policy 04-001 in January 2004. This policy directed the implementation of a DoD Deployment Health Quality Assurance Program and was developed under the direction of the Deputy Assistant Secretary of Defense (DASD) for Force Health Protection and Readiness (FHP&R). DoD issued in February 2007, DoD Directive (DoDD) 6200.05, "Force Health Protection Quality Assurance (FHPQA) Program," as an enhancement to HA Policy 04-001, "Deployment Health Quality Assurance Program." The enhancement broadens comprehensive military health surveillance by applying agreed-upon FHPQA measures relevant to military health, deployment, occupational and environmental health surveillance activities throughout the entire period of an individual's military service. These measures incorporate high risk, problem prone or high volume health issues faced by deployed individuals.

As specified in DoDD 6490.02E, "Comprehensive Health Surveillance," and DoDD 6493.04, "Deployment Health," the Assistant Secretary of Defense Health Affairs has both the authority and the responsibility for all aspects of comprehensive military health surveillance and documentation related to force health protection and surveillance implementation. These include longitudinal health monitoring, epidemic and outbreak prevention, and detection and response activities, as well as deployment health surveillance monitoring of environmental and occupational health, hazards assessment of disease and injury prevention and control, and health care system evaluation and planning. DoDD 6200.05 provides guidance to focus on those important activities under the three pillars of DoD force health protection, which are: (1) promoting and sustaining a healthy and fit force; (2) preventing illness and injury; and (3) providing medical and rehabilitative care to the sick and injured.

The DASD (FHP&R), in conjunction with the Force Health Protection Council (FHPC) (members comprise the Services' Surgeons General and the Joint

Staff/Combatant Command (COCOM) Surgeons), direct the FHPQA program to refine, review, monitor, and report the Force Health Protection (FHP) elements. In addition to this annual report, the FHPQA program is responsible for:

(1) joint visits to military installations to assess compliance with force health protection policy and procedures;
(2) the collection of quarterly reports from the military Services on their specific force health protection Quality Assurance (QA) programs; and
(3) analyzing trends in reports from the Armed Forces Health Surveillance Center (formerly known as Army Medical Surveillance Activity) on deployment health assessment data.

The Government Accountability Office (GAO) in its report "DEFENSE HEALTH CARE: Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of Deployment Health Quality Assurance Program," May 21, 2007, recommended that FHP&R perform an independent deployment health care record data verification to ensure the information provided is both accurate and complete.

FHPQA VISITS TO MILITARY INSTALLATIONS

In CY2007, staff from FHP&R and the Services' medical departments jointly planned, coordinated, and conducted the following FHPQA visits to military installations.

- Navy: USS Theodore Roosevelt CVN-71 (May 8-9, 2007);
- Marine Corps: Camp Pendleton (April 17-18, 2007);
- Air Force: Hill Air Force Base (April 23-25, 2007); and
- Army: Fort Stewart (December 2007).

The purposes of the visits were to assess Service implementation of FHP&R health policy program compliance and effectiveness as directed by DoDI 6200.05, February 16, 2007. Staff members from FHP&R and Service medical departments coordinated and conducted the visits jointly. The visits generally included in- and out-briefings with commanders and senior medical leaders, discussions of deployment health processing activities and issues, and reviews of individual medical records for documentation of deployment health-related information (including required pre- and post-deployment health-related information (including required pre- and post-deployment health assessments).

In preparation for each visit, FHP&R collaborated with Armed Forces Health Services Council (AFHSC) to review the databases for centrally maintained documentation of both pre- and post-deployment health assessments and serum specimens. CY2007 FHPQA activities continued to build by including the previously mentioned recommendations from the GAO performing reverse data reviews and validating information through other DoD systems.

Findings from the 2007 FHPQA installation visits, including deployment medical record reviews and central data base reviews, are displayed in the following table:

2007 FHP&R Joint Installation Visits Deployment Health Quality Assurance Program						
Audit Items	USS Theodore Roosevelt	Camp Pendleton	Hill Air Force Base	Air Force Reserves	Civilian Records	Fort Stewart
Number of Records Review	135	108	103	53	4	79
DD Form 2795 on file DMSS	NA	83%	84%	89%	0%	90%
DD Form 2796 on file DMSS	99%	69%	92%	96%	0%	98%
DD Form 2900 on file DMSS	0%	50%	92%	0%	0%	0%
Mental Health positive response to:						
Question-10 (assistance)	4%	4%	3%	0%	0%	4%
Question-11 (depression)	31%	26%	11%	4%	0%	17%
Question-12 (stress)	9%	22%	5%	2%	0%	16%
Question-13 (loss of control)	5%	8%	1%	0%	0%	3%
Mental Health Care received or sought	9%	0%	4%	0%	0%	7%
Provider mental health comments	17%	14%	4%	0%	0%	10%
Referral Indicated on DD2796	10%	16%	7%	2%	100%	26%
Referral Indicated on DD2900	2%	19	10	0%	Unk	5%

The following are some additional broad observations associated with the FHPQA installation visits conducted in 2007:

- The results of on-site medical record review were generally outstanding from the standpoint of key deployment related health assessment forms filed in the records, although the DD Form 2795 was less available than the others because they are not in the deployment health record.

- Documentation of vaccinations was likewise very good across the board, with the exception of influenza immunizations.

- Audiology was the most prevalent referral specialty noted during the Marine Corps site visit, followed equally by dental, mental health, and orthopedics. Major concerns identified by providers were physical symptoms, followed by depression, post traumatic stress disorder, and social and family conflicts.

- Results from subsequent reviews of the central DoD databases, including the Defense Medical Surveillance System (DMSS) and the Department of Defense Serum Repository (DoDSR), indicated outstanding compliance with pre- and post-deployment serum samples, but significantly lower compliance rates for all three

categories of deployment health assessments. These lower compliance rates were driven by the Marine Corps' 2007 conversion to automation, implementation of post-deployment health reassessments, and persistent data compatibility issues affecting the timely transfer of these automated forms from the Navy Environmental Health Center (NEHC) to AFHSC.

- The Hill Air Force Base FHPQA installation audit was the only opportunity during 2007 that civilian records were made available to FHPQA to review.

- There were no significant findings for those audited at Hill Air Force Base among the low positive response rates to the mental health questions. Referrals were primarily to family practice, Military OneSource substance abuse, mental health, and specialty care.

- Overall results of the medical record reviews were generally outstanding for both the active duty and the reserve units for pre- and post-deployment health assessments (DD Forms 2795 and 2796) and the abbreviated/deployed medical record (DD Forms 2766), as well as for vaccinations. Among reservists, post-deployment health reassessments (DD Form 2900) and influenza immunizations usually reflected significantly lower compliance rates. This is attributable to deficiencies recognized by the 419th Medical Group. The 419th Medical Group's intervention and implementation of a new program for reservists resulted in improved outcomes related to meeting DD Form 2900 and influenza vaccine program compliance.

- The Navy reported that the number of Post-Deployment Health Assessments (PDHAs) submitted by Navy personnel will decrease due to the recent policy change (DoDI 6490.03) that no longer mandates pre-assessment screening for routine shipboard operations. Additionally, because of the time lag between end of deployment and Post-Deployment Health Reassessment (PDHRA) form completion, it was difficult for operational units to ensure compliance because these individuals may have detached from that unit or departed military service.

- According to the PDHA, about half of the sailors received care while deployed and most of that care was documented in the individual medical record as well as the theater health information system—a highly commendable accomplishment.

- Shipboard post-deployment reintegration programs are extensive and occur on the ship during its passage back to homeport. The program included medical topics as well as support from the Fleet and Family Services office, which flew representatives from the United States to Spain (the ship's final port call after

departing the theater) to provide education and training during the return voyage across the Atlantic.

- Pre-deployment hearing and vision screening results were consistently present in the Army deployment medical records. In addition, there was evidence of traumatic brain injury (TBI) screening in the soldiers from the medical records of 3rd Infantry Division, 92nd Engineer Battalion.

- The theater medical staff managed the complex anthrax program well and provided appropriate boosters on location.

- Army Service members' records had evidence of reduced time between multiple deployments, which resulted in limited 2,900 submissions.

- A continuing pattern seen across the Services during previous FHPQA visits was evidence healthcare provider documentation was often inadequate to show and justify the final assessment and patient plan. For instance, some individuals made comments related to perceived poor health and gave multiple positive responses to post-traumatic stress disorder (PTSD) and other psychological health screening questions, but the final assessment was "no problems." There were no referrals, and there was no documentation to support the lack of referrals.

MILITARY SERVICES' REPORTS ON FHPQA PROGRAMS

Over the past year, the military Services' efforts continue to demonstrate the shared commitment of force health protection efforts as they evaluate, modify, monitor, and implement specific QA initiatives.

Reports generated from the AFHSC support the data feeds from the Army's Medical Protection System (MEDPROS), the Air Force's Preventive Health Assessment Individual Medical Readiness System (PIMR), the Marine Corps Medical Readiness Reporting System (MRRS) and the Navy Environmental Health Center (NEHC) validate compliance to the use of automation by the Services. Reports generated from this data are used to formulate measures, view trends, and provide feedback.

Following are highlights from the Services' 2007 reports. Many factors should be considered when reviewing these reports, such as deployment rotations, Service policies changes throughout the report year, the time required before the form may be completed, and the date that the data is retrieved from the system(s). For example, a direct relationship may not exist between percentages of pre-deployment assessment form (DD2795), PDHAs (DD Forms 2796), or the number of PDHRAs (DD Form 2900) completed and the number of individuals who deployed. For example, Service members who deploy and redeploy within the same quarter will not complete a DD 2900 because

the PDHRA is completed between 90 and 180 days after redeployment and the reported figure reflects the percentage of records that were electronically verified during the current quarter.

U.S. ARMY

The Army Surgeon General tasked the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) with the development of its QA program for Deployment Health. The intent was to develop an overall QA program for process improvement as well as a capacity for on-site reviews. The office of the Medical Command Inspector General also conducts periodic assessments of pre- and post-deployment activity during some of its scheduled visits to Army installations. During 2007, USACHPPM team members conducted QA visits to Fort Bliss, Texas; (U.S. Army Corps of Engineers Deployment Center, Winchester, Virginia, as a G-1 courtesy review) Fort McCoy, Wisconsin, and Fort Stewart, Georgia, and reported the following QA activity data:

U.S. ARMY 2007 DEPLOYMENT HEALTH QA DATA			
[illegible]	[illegible]	[illegible]	Ft Stewart
Sample Size	114	91	140
DD2795	94%	94%	86%
DD2796	91%	91%	97%
DD2900	Not provided/reported	49.5%	Not provided/reported
Pre-Deployment Serum	82%	89%	91%
Post-Deployment Serum	92%	68%	98%

- The USACHPPM Deployment Health Quality Assurance (DHQA) team recognized Fort Stewart for requiring Army Knowledge On-line (AKO) registration as an additional Soldier Readiness Processing (SRP) requirement.
- The USACHPPM DHQA team has developed a community site on AKO for Army SRP coordinators worldwide. This site will provide a forum for the discussion of topics of interest as well as updated regulations, policies, and internet links related to deployment health.

U.S. NAVY

The Commander of the U.S. Fleet Forces Command reported that the command was ensuring that units were meeting compliance standards to the best of their ability and maintaining a Post-Deployment Health Assessment QA system to track performance. The Navy reported that the number of PDHAs submitted by Navy personnel will continue to decrease because DoDI 6490.03 no longer mandates PDHA screening for

routine shipboard operations. Additionally, because of the time lag between end of deployment and PDHRA completion, it was sometimes difficult for operational units to comply because these personnel may have detached from that unit or departed military service. During 2007, the U.S. Navy reported the following QA activity data.

U.S. NAVY 2007 DEPLOYMENT HEALTH QA DATA				
[illegible]	[illegible] Combat Command 1st Q	[illegible] Combat Command 2nd Q	Naval Expeditionary Combat Command 3rd Q	Naval Expeditionary Combat Command 4th Q
Units reporting	10	19	27	18
Personnel deployed	1,015	2,122	4,197	866
DD2796	82%	66.7%	69.9%	85.7%
DD2900	Not provided/reported	11.1%	45.5%	18.2%
Pre-Deployment Serum	82%			
Post-Deployment Serum	98%	61.1%	87%	78.6%

U.S. AIR FORCE

In the first quarter of 2007, the Air Force has noted discrepancies averaging 27 percent between the total numbers of deployed Service members reported in the Deliberate Crisis Action Planning and Execution Segment (DCAPES) and the number of records opened in PIMR for deploying personnel. Attempts to reconcile the deployer data included a policy letter signed by the Vice Chief of Staff directing key base-level stakeholders to proactively meet and reconcile deployment rosters. The discrepancy between the total numbers of deployed Service members reported in the DCAPES and the number of records opened in PIMR for deploying personnel dropped to nine percent by the fourth quarter. As the reconciliation process continues to be honed, Air Force anticipates issues related to the remaining discrepancy will be resolved, thus helping to increase the precision of their data and create a clearer picture of compliance with the force health protection surveillance measures. During 2007, U.S. Air Force reported the following data collected from medical monitoring systems and personnel tracking systems.

U.S. AIR FORCE 2007 DEPLOYMENT HEALTH QA DATA				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Personnel Deployed	13,835	33,088	12,782	14,285
DD2795	66%	87%	80%	82%
DD2796	66%	78%	77%	82%
DD2900	Not provided/reported	Not provided/reported	Not provided/reported	Not provided/reported
Pre-Deployment Serum	62%	75%	70%	70%
Post-Deployment Serum	10%	69%	71%	71%

U.S. MARINE CORPS

The Marine Corps DHQA program continued to define and expand throughout most of 2007. Early in 2007, the implementation of the MRRS facilitated central tracking of data for deployment health assessment. Although ongoing data verification fielding, development of MRRS, and personnel support have improved data reporting, the Marine Corps identified a reporting variance that is unique to their current deployment practice. For example, the MRRS data list individuals according to their permanently assigned units, not necessarily to the unit to which they may be temporarily assigned. Unlike the other Services, the Marine Corps QA data included those individual augmenters deployed and returned during the same reporting period.

U.S. MARINE CORPS				
MEF Totals	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Personnel deployed	13,440	26,880	6,179	66,377
DD2795	77%	100%	108%	100%
DD2796	82%	100%	170%	100%
DD2900	82%	57%	32%	57%
Pre-Deployment Serum	Not reported	Not reported	Not reported	Not reported
Post-Deployment Serum	103%	5%	81%	5%

DEFENSE MEDICAL SURVEILLANCE SYSTEM FHPQA REPORTS

During CY2007, the military Services continued to submit copies of pre-deployment health assessment form (DD2795), PDHA form (DD2796) and PDHRA form (DD2900) electronically to the DMSS. AFHSC provided this data weekly to the FHP QA program. For comparison purposes, the tables below reflect total PDHA data since January 1, 2003 and since January 1, 2007.

TOTAL FORCE POST-DEPLOYMENT HEALTH ASSESSMENTS: Since January 1, 2003					
	ARMY	NAVY	USAF	USMC	TOTAL
Members with DD2796	718,370	138,256	219,510	150,291	1,226,427
Electronic DD 2796	84%	27%	83%	47%	60%
Health "Good, Excellent"	90%	93%	98%	93%	94%
Medical/Dental Problems	35%	17%	13%	18%	25%
Currently on Profile	14%	3%	2%	3%	6%
Mental Health Concerns	8%	4%	1%	3%	4%
Exposure Concerns	24%	14%	8%	18%	16%
Health Concerns	25%	15%	13%	16%	17%
Referral Indicated	28%	15%	12%	20%	19%
Follow-up Med Visit	93%	77%	75%	61%	77%
Post-Deployment Serum	94%	86%	80%	61%	80%

Source: Defense Medical Surveillance System

TOTAL FORCE POST-DEPLOYMENT HEALTH ASSESSMENTS: Since January 1, 2007					
	ARMY	NAVY	USAF	USMC	TOTAL
Members with DD2796	141,326	13,494	66,030	32,828	253,678
Electronic DD 2796	100%	99%	100%	100%	100%
Health "Good, Excellent"	91%	95%	98%	96%	95%
Medical/Dental Problems	45%	31%	15%	24%	29%
Currently on Profile	15%	3%	3%	2%	6%
Mental Health Concerns	11%	6%	2%	4%	6%
Exposure Concerns	27%	21%	8%	14%	17%
Health Concerns	33%	20%	19%	15%	22%
Referral Indicated	29%	24%	12%	21%	22%
Follow-up Med Visit	87%	78%	69%	62%	74%
Post-Deployment Serum	86%	71%	78%	62%	74%

Source: Defense Medical Surveillance System

- Approximately 95 percent of the total force who returned from deployment reported their health as good, very good, or excellent.
- Approximately, 29 percent of the total force who returned from deployment had medical or dental problems.
- Approximately 22 percent of the total force had referrals indicated; 74 percent of the total force had an inpatient or outpatient medical visit within 6 months of deployment.
- Army and Navy reported higher rates of post-deployment medical and dental problems as well as concerns related to exposures.

The following two tables show data from the CY2007 AFHSC summary report on DD Form 2796 in the DMSS for Active and Reserve Service members returning from all deployments in 2007. Follow-up medical visits included any inpatient or outpatient visit within six months after a referral.

2007 ACTIVE DUTY POST DEPLOYMENT HEALTH ASSESSMENTS	ARMY	NAVY	USAF	USMC	TOTALS
Members with DD2796	93,738	11,132	52,128	31,319	188,317
Electronic DD 2796	100%	99%	100%	100%	100%
Health "Good, Excellent"	92%	96%	98%	97%	95%
Medical/Dental Problems	35%	17%	13%	18%	25%
Currently on Profile	12%	2%	3%	1%	7%
Mental Health Concerns	11%	4%	2%	3%	7%
Exposure Concerns	22%	11%	6%	8%	15%
Health Concerns	28%	12%	15%	9%	20%
Referral Indicated	30%	23%	12%	16%	22%
Follow-up Med Visit	80%	70%	85%	62%	78%
Post-Deployment Serum	80%	66%	84%	83%	81%

This table details post-deployment health assessment data for Reserve Service members who returned from deployment in the 12 months from January through December 2007:

[illegible]					
Members with DD2796	47,588	2,362	13,902	1,509	65,361
Electronic DD 2796	100%	99%	100%	100%	100%
Health "Good, Excellent"	90%	94%	97%	95%	92%
Medical/Dental Problems	54%	44%	16%	29%	45%
Currently on Profile	17%	3%	2%	3%	13%
Mental Health Concerns	11%	7%	1%	5%	9%
Exposure Concerns	31%	30%	10%	19%	26%
Health Concerns	38%	27%	23%	21%	34%
Referral Indicated	27%	24%	12%	26%	23%
Follow-up Med Visit**	94%	86	52%	62%	89%
Post-Deployment Serum*	92%	75%	72%	88%	87%

A summary of the data results from the PDHRA is provided by the DMSS through the AFHSC. The following table represents Service and component percent of affirmative cumulative responses since 2005. The PDHRA is required to be completed within 90 to 180 days after an individual returns from deployment.

DD2900 in DMSS	166,296	11,898	97,152	34,070	32,416	7,487	887	8,619	82,984	23,880
General Health E, VG or G	81%	89%	89%	86%	80%	89%	92%	85%	80%	92%
Same or better health	70%	80%	83%	75%	61%	74%	82%	73%	61%	87%
Health or injury concerns	47%	20%	20%	23%	62%	39%	36%	51%	65%	17%
Exposure concerns	28%	10%	14%	13%	39%	23%	31%	30%	44%	16%
Psychological concerns	42%	20%	12%	24%	48%	26%	23%	46%	50%	14%
Multiple concerns	37%	13%	12%	17%	51%	29%	23%	42%	54%	11%
Difficulty functioning	25%	16%	10%	16%	33%	20%	13%	27%	36%	9%
Referral requested	22%	12%	6%	9%	31%	19%	12%	27%	35%	6%
Identified concerns	21%	6%	3%	8%	27%	16%	2%	25%	33%	5%
Provider referrals	27%	13%	8%	13%	45%	30%	3%	49%	51%	26%

The above summary of the PDHRA since June 1, 2005 details the percent of the affirmative responses by Service and component members.

- 465,689 Service members had completed the PDHRA with data recorded in the DMSS since June 2005.
- 84 percent reported that their general health was excellent, very good, or good 90 to 180 days after deployment; 47 percent reported current health or injury concerns.
- 37 percent indicated psychosocial concerns.
- 25 percent of Service members reported difficulty in overall functioning.
- Providers referred 35 percent for further evaluation and possible treatment.

FORCE HEALTH PROTECTION QA PROGRAM SUMMARY

In 2007, the Services and FHP&R continued their data migration efforts; documented pre-deployment, post-deployment, and reassessment audit compliance; clarified policies; and performed data validation before audit visits.

The FHPC continues to bring the Service representatives together for the discussion and review of preventive measures.

For activities and visits in 2008, the FHPC will continue to seek and evaluate potential measures as guided by the three pillars of FHP: (1) promoting and sustaining a healthy and fit force; (2) preventing illness and injury; and (3) providing medical and rehabilitative care to the sick and injured.