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PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENT PROCESS

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The purpose of this training module is to learn about the pre and post deployment health assessment process in order to identify:

1 The role of the Pre-Deployment Health Assessment within the deployment readiness process.

2 The role of the Post-Deployment Health Assessment within the redeployment process.

3 The specific requirements of Reserve Component Release from Active Duty

And

4. The relationship between the Post-Deployment Health Assessment process and the Post- Deployment Health Clinical Practice Guideline

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Pre- and Post-Deployment Health Assessments fall within the overall framework of Force Health Protection, which is designed to provide comprehensive health surveillance for service members affected by deployments. The overarching goal is to provide countermeasures against potential health and environmental hazards for optimal protection to our troops. Early detection and management of deployment-related health concerns can reduce long-term negative health consequences and improve the quality of life for those with deployment concerns.

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Pre- and Post-Deployment Health Assessments are bookends. Together they can help provide both baseline pre-deployment health care information and a basic health screening upon redeployment. The Post-Deployment Health Clinical Practice Guideline picks up where the Post-Deployment Health Assessment ends by providing ongoing identification and management of later emerging deployment health concerns.

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A series of DoD policies govern the Pre- and Post-Deployment Health Assessment process. The DoD Policy on Enhanced Health Assessment provided for the expansion of the DD 2796, Post-Deployment Health Assessment, to capture expanded health screening information on redeploying service members. A February 2002 Joint Staff Policy details the procedures for Deployment Health Surveillance and Readiness.

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The individual Services also publish policies governing Post-Deployment Health Assessment. These Service-specific policies implement the DoD policies and are listed by Service in the slide.

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Of course, several forms are required as part of Pre-Deployment Readiness and the Post-Deployment Health Assessment, or PDHA process.

For pre-deployment readiness, forms include the DD 2766 Adult Preventive and Chronic Care Flow-sheet, and the Pre-Deployment Health Assessment Form, DD 2975.

Post-Deployment Health Assessment forms include the DD 2796, Post-Deployment Health Assessment Form, and optional DD 2844, which is used according to Service-specific guidance.

Other forms are required for Reserve and National Guard during the Release From Active Duty, or REFRAD process.

I will discuss each form with the process during which it is used.

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Medical Readiness requires completion of a set of basic elements for all the services to protect the health of our deploying service members.

Pre-Deployment preparations include:

1. A DNA specimen collection
2. A set of immunizations, determined by deployment location and designed to provide optimal protection against preventable illnesses.
3. 2 pairs of Eyeglasses and gas mask inserts, in case one pair is lost or damaged
4. A Hearing aid with batteries – for those in need
5. Medical Warning Tags - in case the service member needs treatment during deployment
6. The Preventive Medical Threat Brief that teaches about health threats and countermeasures in areas of deployment
7. A medical records review, when records are available
8. A pregnancy test, because pregnant women cannot be deployed, and
9. A minimum 90-day supply of prescription medications

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Pre-deployment readiness requires an HIV test prior to deployment. HIV positive service members cannot be deployed. The HIV test is ordered both to screen for HIV status prior to deployment and also to provide a serum sample for repository. An Adult Preventive and Chronic Care Flowsheet, DD Form 2766, is given to all service members prior to deployment. The DD 2766 is really a folder, and is commonly referred to as the Deployable Medical Record because it becomes the service member's medical record during deployment. It contains a summary of the service member's health and pertinent medical information prior to deployment. Included in this documentation is vaccine history, HIV, DNA, medications and health status. In addition, all the required pre-deployment health information is recorded on this form. The form also has 2 tabs for attaching other forms, such as a copy of the DD 2795, Pre-Deployment Health Assessment Form, and any SF 600's used to document care during deployment. All medical care received pre-deployment, during deployment and upon redeployment is kept in the DD 2766 until the service member can transfer the records to his permanent medical record upon return home.

Regulations establish the criteria for " deployable" status. Service members cannot have a Permanent Profile 3 or 4 unless they have had a Medical Board Clearance, or they've had a Medical Evaluation Board Proceeding and have been retained by the Physical Evaluation Board, or PEB. Documentation of the required immunizations for each specific theater of operations

must be present on the DD Form 2766 and in the electronic or paper immunization record prior to deployment.

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All service members are also required to complete a DD 2795 Pre-Deployment Health Assessment within 30 days prior to deployment. The DD 2795 is a self-report measure that is reviewed by a healthcare professional. This individual may be a medical technician, medic or corpsman. Positive responses on questions 2 or 4, “Do you have medical/dental problems?” and “Are you pregnant?”, or on questions 7 or 8, “During the past year have you sought counseling for your mental health” and “Do you currently have concerns about your health?”, must be referred to a credentialed provider, such as a Physician, Physician Assistant, Nurse Practitioner or independent duty technician. The provider then completes the form and signs off that the service member is either “deployable” or “not deployable”.

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When the provider reviews the responses on the DD 2795 with the service member to determine “deployable” or “not deployable” status, he or she may decide that a referral is needed for a health concern. The referral is made on the SF 513, Consultation Request Form. Many times, the referral results in resolution of the health concern. In that case, the service member can return to the provider for final completion of the form and can be deployed.

The original DD 2795 goes in the permanent medical record and a copy goes in the DD 2766, the deployable medical record, which goes with the service member to the deployment.

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A copy of the 2795 gets mailed to the Army Medical Surveillance Activity or AMSA, for medical surveillance purposes. AMSA enters each 2795 into an electronic database for pre- and post-deployment health. Alternatively, the 2795 can be filled out electronically through the MODS/MEDPROS system. If completed electronically, you still need to print a copy and file it in the permanent and deployable medical record.

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The enhanced Post-Deployment Health Assessment process, or PDHA, was developed in preparation for Operation Iraqi Freedom to provide enhanced post-deployment health screening. The expanded screening process gives us more information for prompt identification of post-deployment health concerns so that timely intervention will address health concerns early and effectively. The enhanced PDHA is one part of the redeployment process. Other elements include the HIV test for repository storage, TB testing, the Medical Threat Debrief and Brochure for service members and family members, and malarial chemoprophylaxis.

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The enhanced PDHA Policy was established in April 2003. This is a Commanders’ Program and Commanders are responsible for ensuring complete implementation.

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Completion of the DD 2796 Post-Deployment Health Assessment form is an important part of the Enhanced PDHA process. This form must be reviewed with a credentialed provider during a face-to-face encounter. The credentialed provider may be a Physician, Physician Assistant, Nurse Practitioner, Nurse or Independent Duty Corpsman.

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The Post-Deployment Health Assessment interview between the provider and service member must discuss the service member's responses on the DD 2796. The provider must also ask the service member about medications taken during deployment. Questions should ask about effectiveness and side effects of medications, as well as about immunizations and any possible reactions.

The provider must assess positive responses for health concerns and provide referrals for follow-up when indicated. Follow-up referrals are always made to Primary Care, even when direct specialty referral is also indicated. Referral to Primary Care ensures ongoing management for Post-Deployment Health according to the appropriate pathway in the Post-Deployment Health Clinical Practice Guideline.

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The 2796 is designed for early identification of post-deployment health concerns, so it must be completed within five days of redeployment. Because it can take some time to return to the home MTF from a deployed location, 30 days are actually allotted for filing the DD2796 in the permanent medical record from the deployable medical record.

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The 2796 form is structured into 3 sections, each of which screens for different health categories.

The first section screens for general health and includes items 1-3 and interview question 6.

The second category screens for occupational and environmental exposures and includes items 4,5,6, 7, 14-18 and interview question 5.

The third category screens for mental health concerns and includes items 10-13 and interview question 4.

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The 2796 isn't intended to be used alone to conduct a thorough assessment of post-deployment general health. Responses on the DD 2796 Post-Deployment Health Assessment are compared to the baseline health status responses found on DD 2795 and on the documentation of care during deployment found in the deployable medical record.

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The general health questions cover overall health status, health during deployment, health care use during deployment, vaccinations and reactions, medications and clinical signs, and symptoms of health concerns. These questions give the service member an opportunity to reflect on general health and to voice any concerns. Health concerns are referred to Primary Care, where follow up and management is provided through the Post-Deployment Health Clinical Practice Guideline.

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The second category of questions focuses on occupational and environmental exposures. The questions cover potential effects of exposures, current health effects, long-term effects and concerns that reported exposures might affect the service member's family. It's common for

returning troops to worry that potential or actual adverse health effects from exposures can be transmitted to their spouse or children. These concerns can be anxiety provoking for the service member, so responses should always be delivered in a sensitive manner, using a health risk communication approach.

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The provider should be aware that occupational and environmental exposures come from three potential sources: the ambient environment, occupational exposure and wartime agent usage. Assessment of these potential exposures is aided by asking a few simple questions. Service members can be asked if they suspect a specific agent or exposure. They should be asked about the date and location of exposure, such as the nearest city, geographic location or troop encampment, and the responses should be documented. Service members should also be asked how they determined that they were exposed? Possible answers include: through environmental testing, through NBC Alarm/Monitor, inhalation, skin contact, reading reports or hearing of this possibility from others, or perhaps from a penetrating wound or embedded fragment. Logic tells us that the risk of exposure increases with more direct evidence. Next, the clinician should ask about the degree of exposure, if it can be determined. This may range from reports of "not being sure" to "high" exposure risk. Service members should also be asked if they believe the exposure has caused any health problems and whether they went to sick call as a result. It is also important to ask whether proper protective equipment was used.

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From the responses given, the clinician can use a five-step process to determine exposure risk. This process involves determining, " Is there a plausible exposure?" If yes, the provider must also ask if there could have been a health effect? The next question to ask is whether the exposure might be related to the health effect or could there be a latent health effect? Next, it is important to find out if objective measures were taken in the field at the time of exposure or afterwards. Lastly, knowing whether others were affected is important for follow-up.

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For all these procedures, it is helpful for clinicians to have access to up to date resources concerning potential occupational and environmental exposures. It's virtually impossible for a busy clinician to stay current on all information from all contingencies. The websites listed on the slide are good resources for researching exposure concerns. Be aware that some are open sites and some require SIPRNET connection.

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The third screening category on the DD 2796 concerns questions related to mental health. Item 10 and interview question 4 ask about an interest in care. Returning service members answering "yes" to these questions should be assessed further and offered options for follow-up services, when appropriate. Other questions important to mental health are the 3 questions in item 11, which screen for depression, including item 11 c, which screens for suicidal ideation. The four questions in item 12 screen for Acute Stress Disorder or Post Traumatic Stress Disorder and item 13 screens for aggressive ideation.

The clinician should be mindful that the mental health questions on the 2796 are screening questions meant as a starting point for discussion and further assessment.

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Clinicians should be aware of the need for further mental health assessment in cases where service members answer "yes" to one or more of the mental health questions, including item 10,

conveying a desire for help and item 11c, which asks about concerns about self-harm. The answer “a lot” to any of the three questions in item in item 11, three or more of the PTSD symptoms in item 12, and to any concern over loss of control in item 13 b are triggers for further mental health assessment.

Providers may not always be comfortable addressing mental health issues. It is a good idea to be aware of the available mental health resources to call for assistance with consultation and, or follow-up.

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The provider always assesses positive mental health responses through a detailed patient interview. Taking time to review the service member’s medical record, even if it’s only the 2766 used in theater, can be helpful in revealing prior problems or concerns. Clinician support for behavioral health consultation is encouraged.

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When providing further assessment for positive responses to the PTSD questions in item 12, the clinician should be aware that experiencing mental health symptoms after traumatic events are normal reactions to abnormal events. Concerned providers should use a collaborative approach when exploring this area and should offer options for treatment agreeable to the service member, except in cases where the service member is clearly an imminent danger to self and others.

In cases when a service member is an imminent danger to himself or others, ensure a trusted person stays with the service member until someone from Behavioral Health can provide assistance. The service member may need to be evaluated by a specialist who can determine the safest plan of care.

In non-emergency cases, possible options for follow up include: Primary Care, Behavioral Health, employee assistance programs, such as the Army, Navy, Air Force and Marine OneSource programs, Chaplains and Family Assistance Centers.

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Mental Health resources should be available to providers for the DD 2796, Post-Deployment Health Assessments. A Behavioral Health professional should be available for consultation as well as a Chaplain. Sometimes people trust a Chaplain more than a Behavioral Health professional because of the perceived stigma associated with mental health. However, acute psychiatric emergencies always require consultation with a Behavioral Health professional.

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Referrals for follow up care in either Primary Care or in Specialty Care are made on the SF 513 Consultation Request Form and documented on the DD 2796. Optional form DD 2844, the Post Deployment Medical Assessment form is also available for use. This form offers a comprehensive template for documentation of deployment health concerns. Use of this form follows service specific and local MTF guidance. This form can be used for further assessment of positive responses on the DD 2796 and can accompany the SF 513 consultation referral.

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Once the DD 2796 is completed, the original is placed in the service member’s deployable medical record. On return to home station, the service member returns the deployable medical record to the MTF, or unit medical representative, so the original DD 2796 can be filed in the permanent medical record.

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Just as with the 2795, a copy of the 2796 is sent to Army Medical Surveillance Activity, or AMSA, for placement in the medical surveillance database. Alternatively, the 2796 can also be completed electronically through the MODS/MEDPROS system and it will be automatically included in the database. Even when completed electronically, a hard copy should be printed and placed in the deployable medical record and, later, in the permanent medical record.

Deployment health assessment surveillance is done by AMSA for all services. Access to the MEDPROS system is not universal. Check with your local medical administrators to see if you can get access.

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Providers need to know where to get the various forms I've described. Forms are available from the two websites listed on the slide.

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Providers need to be aware that the period following redeployment can be stressful. Service members may need time to adjust to leaving "the fog of war" and returning to a peacetime environment back home. They may be anxious and concerned about potential exposures experienced during the deployment, or may experience psychosocial difficulties. It's important for providers to realize what the service member may be going through and to always use sensitive risk communication techniques when addressing deployment-related health concerns. The risk communication mnemonic, ENVITE can be very useful when communicating with newly redeployed service members. The E in ENVITE, stands for demonstrate empathy, the N stands for non-confrontational approach, the V for validate the decision to seek care, the I for inform with solid scientific information, the T for take action, and the E for enlist cooperation. Use of risk communication skills can assist the provider in fostering an atmosphere of trust and collaboration.

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In addition to the DD2796, certain lab tests are required as part of the PDHA process. A post-deployment HIV draw is required, primarily to ensure a post-deployment blood sample is sent to the DoD Serum Repository for storage. The other lab test required is the Tuberculin Skin Test, which is required on two separate occasions post-deployment. The first test is given upon return as part of the Redeployment Process and a second TB test must be given 3-6 months later to make sure the service member has not converted to a positive response. Service members with positive TB tests are referred for appropriate follow up.

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Anti-malarial chemoprophylaxis varies by deployment theater and may change within a region seasonally, depending on the most current guidance and medical intelligence. Please check the latest guidance for the most up to date instructions. This is available on the PDHealth.mil website.

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A Medical Threat Debriefing is also required during the redeployment process. And, a Medical Threat information handout pamphlet must be given to each service member. Family members

also receive a family member version of this information pamphlet. The Medical Threat Debriefing for Service members and for family members is available on PDHealth.mil and on the Army CHPPM's website. This debriefing is updated regularly, so check back to ensure you have the most current version. In addition, a health benefits and resources briefing is also required, and may be given by VA, TRICARE, and/or Family Services representatives. Additional education and training on family support resources are also offered to assist in readjustment and reintegration into the family, community, and work environment.

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In summary, all service members receive the same in theater and home station medical out processing, which includes: the anti-malarial chemoprophylaxis medication assessment, the medical threat debriefing and brochure, and the lab tests done at home station.

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The corresponding slides summarize the in-theater and home station requirements and are available as "cheat sheets" for remembering the key steps of this process.

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The post-deployment process is different for Active Duty and Reserve Component personnel. Reserve component personnel are required to receive all steps of the PDHA that I have described so far, in addition to reserve specific actions.

The Reserve Component, including the National Guard, are Released from Active Duty, or REFRAD, upon return from Deployment. In addition to the 2796, other forms and processes are involved. Reserve component personnel are entitled to a Separation Physical involving a physical exam documented on two forms: the DD 2697, the Report of Medical Assessment, and the DD 2173, Statement of Medical Examination and Duty Status. The separation physical exam includes a physical exam and vital signs. No PAP or pelvic exam is required for women. A dental exam is done by the healthcare provider. A dentist is not required unless there are dental problems.

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Lab tests and ancillary tests include: HIV, hematocrit, hemoglobin, urinalysis including albumin and sugar, and vision testing. Audiometry and EKG are ordered only if indicated by clinical status. If deployment-related health problems are found, a line of duty determination may be required to keep the Reservist on Active Duty orders until the health care issues are resolved.

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For those Reserve Component service members over 40 years old, the REFRAD physical exam includes the additional elements of the over 40 examination. This includes: PSA for men, male rectal and prostate exam including testing for occult blood, cholesterol, chest x-ray, urinalysis, fasting blood sugar and EKG.

When a Reservist is released from active duty, a DD 214 must be issued to the service member because the reservist will need this form in order to get follow up medical care at the VA.

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The additional Reserve Component requirements for out-processing are specific. The steps involved and the forms required can be confusing, however, they are designed to protect the

health of our reserve component service members. Please review the corresponding slide for a summary of the Reserve Component Medical Process for release from active duty.

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Health care options for follow up medical treatment are available to reservists once they are released from active duty. The VA Medical Centers will provide ongoing medical care for deployment-related concerns for up to two years after the TRICARE benefit run out. In November 2003, TRICARE benefits were extended for six months following release from active duty for our reservists. In addition, 2004 legislation will give some reservists another option for medical care. For the first time reservists, without other health insurance, will be offered the opportunity to buy TRICARE Health Insurance for one year following the expiration of the six-month benefit. Details are being worked out, but this option should help those reservists without other health insurance in the near future.

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Resources are available providing a wealth of information to both active duty and reserve component service members.

Additional resources available through the PDHealth.mil website include the Primer for the DD 2796 process. The new Post-Deployment Health Clinical Practice Guideline Provider Desk Reference Set also has instruction cards on the DD 2795 and 2796 process. The Medical Threat Debriefing and handouts are also available on the website.

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If you have any further questions, please call Deployment Health Clinical Center's phone lines or the DoD/VA phone numbers listed in the slide. Thank you for your attention and for your excellent care to our service members and their families.