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DEPLOYMENT HEALTH SCREENING AND EVALUATION

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Hello, I am Dr. Mary Vaeth with the Staff Assistance and Training Team at the Deployment Health Clinical Center. In this presentation, we will review the first steps in the Post-Deployment Health Clinical Practice Guideline, which are screening and evaluation of patients who have deployment- related health concerns.

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The objectives for this presentation are to:

(1) Define the terms “deployment” and “deployment-relatedness”
(2) Describe the militaryunique vital sign that has been created as a method for screening deployment-related health concerns
(3) Describe screening and assessment tools and other clinical aids that have been developed to assist in implementing the Guideline
(4) Describe the elements of a comprehensive primary care-based evaluation, and finally
(5) Identify the 3 clinical categories and the accompanying Guideline algorithms for patients with deployment-related concerns

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The first step in implementing the Guideline is identifying when health concerns are related to a deployment. This should be done when the patient is being screened at the beginning of each clinic visit. In order to identify patients with deployment-related health concerns, the Guideline requires that all patients presenting for primary care-related clinic visits be asked the question: “Is your health concern today related to a deployment?” This question should be asked at every primary care clinic visit (except well patient visits such as periodic health exams or preventive care).

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A deployment is defined as any current or past event or activity that relates to duty in the armed forces involving an operation, location, command, or duty that is different from the service members’ normal duty assignment. Anytime service members leave their parent command’s location and enter an environment for operational deployment or are stationed in a hostile territory, they meet the criteria of being deployed. The settings for deployment may vary widely, from well supported US or foreign military bases in a developed country, a field setting in an urban or rural part of a developing country, or on a ship visiting foreign ports.

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Deployment missions can also vary widely. Deployments overseas may include mission such as:

Providing humanitarian assistance
Serving as a military liaison or providing training support to troops in other countries
Serving in a peacekeeping force
Participating in joint or coalition force exercises
Engaging in low-intensity conflicts, and ultimately
Fighting in a combat or war

Within the United States, military members may deploy to conduct operations such as:

Fighting forest fires
Providing disaster relief
Assisting against terrorist activities

Supporting drug interdiction and border patrol operations
Maintaining civil order, and
Assisting in construction projects

Deployment may negatively affect the physical and psychological health of military members as the result of a variety of factors such as combat, environmental extremes of temperature and altitude, illness or infectious disease, injury, toxic environmental exposures and weapons of mass destruction.

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Keep in mind, however, that participating in a recent deployment is NOT a prerequisite for having a deployment-related health concern. The concern can be related to a previous deployment or future deployment or to the deployment of a family member, friend, colleague or other deployment activity.

While deployment-related health concerns primarily involve active duty personnel, deployments may create or exacerbate existing family problems and strain already fragile family relationships and coping mechanisms. Sudden changes within the family unit when the active duty member deploys and returns can increase the personal and interpersonal stress on family members. This heightened stress can adversely affect the physical and mental health of each family member and could also lead to domestic violence. The fact that the "war on terrorism" may at times have implications at the home front also increases the possibility that family members and veterans may be exposed to similar dangers as those on active duty. The ever-present real time information and media systems contribute to that likelihood.

For this reason, the Post-Deployment Health Clinical Practice Guideline is for all our patients whether active duty service member, reservist, dependent spouse or child, or veteran, and the question "Is your health concern today related to a deployment" must be asked to all patients in the primary care setting, not just active duty members. Asking the question is easily accomplished in the clinic when the patient's vital signs are being taken.

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Consequently, this Post-Deployment Health screening question has come to be known as the "military unique vital sign".

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Clinics must incorporate the use of the military unique vital sign into their everyday practice so that the medical technician or healthcare screener routinely asks the patient to respond to the deployment health question during the process of obtaining the patient's vital signs. The answer to the question is then recorded in the medical record.

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It is important to note here that the answer to the question must be from the patient's perspective not the screener or providers. To help the patient answer the question, the screener might ask if the patient or a loved one has been deployed and if so, is today's visit related to that deployment, or the screener may give an example or two of a deployment-related concern or condition. The goal is to record the patient's perception of deployment-relatedness rather than the screeners. Attempting to discourage the patient from reporting a concern as deployment-related is contraindicated in effective deployment-related healthcare.

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To assist screeners in asking the question, a Deployment Health Concerns Information Card has been developed to go along with this Clinical Practice Guideline. It contains information on "how to ask the screening question" and "how to respond to patient questions". It also contains a definition of

“deployment” and provides examples of concerns or conditions that are deployment-related. A copy of this card is in the Tool kit that accompanies the Guideline. A copy of the card can also be found on the Post-Deployment Health website: PDHealth.mil.

After asking the screening question, the screener must record the answer on an SF600 or whatever other clinic form is used to record the vital signs and document the clinic visit.

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To assist clinics in documenting the military unique vital sign on the SF600, a screening stamp and instructions for incorporating the deployment-relatedness question onto the automated SF600 are part of the Tool kit.

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The screening stamp contains lines for patient vital signs and for marking the patient’s answer to the PDH screening question as well as lines for chief complaint, tobacco use, allergies and medications. The stamp is intended to be a temporary tool to stamp this information on the SF600 until clinics can revise the automated SF600 form.

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An information sheet with instructions for customizing the automated form by adding the PDH screening question is available in the Tool kit

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and on the website PDHealth.mil. Asking and recording the answer to the question is key to initiating the Guideline.

Other materials have been developed to assist clinics in integrating this process into normal clinic procedures and making their patients aware of the process. These include:

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A poster to be displayed in waiting and screening rooms to encourage patients to tell their provider if they “think a deployment has affected their health”and

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a wallet card that can be given to patients to inform them that they will be asked about whether their condition is related to a deployment and why. The card also contains directions for the healthcare they can expect and has space to write in the name of the patient’s primary care manager and his or her phone number.

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An important early element of any clinic visit is the initial effort to establish rapport and trust between the patient and the medical staff. This issue is magnified in the context of deployment health concerns because often the patient is afraid that there might be career implications of reporting the concern and may feel the provider will deny the problem or look after the needs of the military before those of the patient. Therefore, achieving a trusting and collaborative partnership with the patient is a guiding principle throughout every part of the Guideline. Obtaining vital signs is a great opportunity to initiate an open, supportive, and positive tone. Training technicians how and when to ask about and respond to patients’ deployment health concerns helps them set the right tone.

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Once a patient has indicated that his or her health concern is deployment-related, the screener should inform the patient's healthcare provider. This alerts the provider to conduct further screening, assessment, evaluation and management according to the Post-Deployment Health Clinical Practice Guideline. The provider must be aware, however, that at times, some patients may not understand the intent of the question or may be reluctant to acknowledge that their health concerns are deployment-related. For that reason, providers should ask further questions while they are conducting the clinical evaluation if a health concern seems to be deployment-related, even if the patient answered "no" to the screening question.

We are now at the point of the visit when the provider initiates assessment of the patient.

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The Guideline recommends that the provider's first step should be to establish the basis for a good working partnership with the patient. Things the provider should do to try to establish this partnership include:

Acknowledge the patient's concerns and symptoms

Indicate that they are committed to trying to understand the patient's concerns and symptoms

Encourage an open and honest transfer of information to help in obtaining a comprehensive picture of the patient's concerns and medical history

Indicate a commitment to allocate sufficient time and resources to resolve the patient's concerns, and finally

Avoid open skepticism or disapproving comments when discussing the patient's concerns

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After the provider has established a good working relationship with the patient, the provider can begin the assessment. To assist the primary care clinician in assessing the patient, several measurement tools have been developed to aid in implementing the Guideline. These standardized screening and assessment instruments can be generic (meaning that they can be used for all patients) or disease-specific (meaning that they are targeted for a specific type of patient). All of the tools can be obtained from the website: PDHealth.mil. Some of these tools are:

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The DD Form 2844 entitled Post Deployment Medical Assessment.

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This form was developed specifically to be used for patients who answer yes when asked the PDH screening question in the primary care clinic. It has also been found to be useful for service members who indicate they have a deployment health concern on the DD Form 2796 during the mandatory evaluation of all redeploying troops. The first part of the form has space for the patient's vital signs, health-related symptoms, deployment history, and deployment health concerns. The back of the form provides space for the provider to record the patient's history of illness, findings from the physical exam, diagnosis, treatment plan, referrals and follow-up appointment. The use of the DD 2844 is optional. It can only be used in place of the SF600 to document outpatient treatment for patients with deployment-related health concerns. The form can be completed on line at the website PDHealth.mil.

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Another form is the Patient Health Questionnaire or PHQ.

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It is a generic screening tool designed specifically for use in primary care settings to screen and monitor common, treatable behavioral disorders such as depression, anxiety, alcohol abuse, as well as idiopathic physical symptoms. There is also a briefer version of the PHQ that can be used.

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The Short Form 36 or SF36 Health Survey

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is a short, generic measure of health-related functioning that can be used to establish a baseline measure of functional status, or to monitor the patient's functional status over time, or it can be used to compare the functional status of groups of patients with different illnesses, symptoms or concerns. The form includes a series of 36 questions asking the patient to describe physical or emotional problems over the past four weeks. The form can be completed and scored on line at the website PDHealth.mil. Briefer versions of this tool are the SF-8 and the SF-12.

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Another form is the Post Traumatic Stress Disorder Checklist or PCL.

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It is a specialized tool designed to assess trauma-related distress and can be self administered in a brief period of time. It consists of 17 questions regarding problems and complaints that may occur as a response to stressful life situations. Patients are asked to indicate how much they have been bothered by each complaint during the past month. There are separate military, civilian, and stressor-specific versions of the checklist.

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Another form is the Post Deployment Health Clinical Assessment Tool or PDCAT,

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which is a broad-spectrum tool that has been developed specifically by the Deployment Health Clinical Center to improve the evaluation and monitoring of patients with deployment-related concerns. The PDCAT combines elements of the Patient Health Questionnaire, the SF36, the Post Traumatic Stress Disorder Checklist, and several other tools relevant to post-deployment healthcare. It measures patient status in the following areas: somatic symptoms, post-traumatic stress disorder (PTSD), depression, anxiety and panic, functional status, alcohol use, frequency of healthcare visits, social support, and finally satisfaction with healthcare.

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It uses an array of brief standardized illness-specific screens and assessments. The tool is designed to be used in its entirety to assess and follow-up patients with post-deployment health concerns and illnesses. However, many of the illness-specific sections can be used individually to follow severity of a specific illness such as major depressive disorder or post-traumatic stress disorder.

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Finally, the DD Form 2796 Post Deployment Health Assessment

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is a required form used during the redeployment process for mandatory screening of each active duty person returning from deployment. DoD policy requires that a face-to face health assessment by a credentialed healthcare provider (physician, physician assistant, nurse practitioner, independent duty corpsman or independent duty medical technician) be completed between 5 days before and 5 days after leaving the theater. The form screens for post-deployment health status and concerns related to many common post-deployment health issues such as physical health; concerns regarding exposures, such as chemical, biological, and environmental; and mental health, including screening for depression, PTSD and anxiety, and suicidal or aggressive thoughts. The provider must document any concerns and referral needs and inform the patient of resources available to help resolve any post-deployment health issue, both for the near-term and the future. The DD 2796 must be filed in the individual's medical record because the information contained on the form is important for follow-up care.

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All these and other screening tools and forms are available on the DoD Deployment Health Clinical Center website: PDHealth.mil.

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In addition to these screening and assessment tools, the Guideline provides primary care clinicians with a systematic approach to exploring and evaluating deployment-related health concerns. After the patient with a deployment-related concern has been identified either on the DD Form 2796 during redeployment screening or when the patient answers yes to the military unique vital sign during primary care clinic screening, the next step is to complete a thorough primary care-based health evaluation. There are a few problems that can be easily and rapidly diagnosed, but, in general, the clinician must take the time and effort to perform a comprehensive patient evaluation.

The evaluation process starts with reviewing the patient's medical record, taking a thorough medical history, and performing a psychosocial assessment and review of systems.

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The medical record review should include a thorough review of the patient history, including medical, family, social, occupational, deployment, medication, and immunization histories.

The DD 2795 and 2796, Pre and Post-Deployment Health Assessment forms, should be reviewed to determine the patient's health status prior to deployment and any changes in health, medical care or medications received or other health-related events that may have occurred during deployment. Any other screening or assessment instruments previously administered should also be reviewed.

Next, the clinician should review past health concerns and treatment included in notes and consults from clinic and emergency room visits along with laboratory, radiology, and other ancillary test results.

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In addition to obtaining a routine medical history and review of systems, the clinician should obtain an in-depth assessment of the patient's occupational and deployment history, including any possible exposures, risks, hazards or other significant events that could affect future health status.

Because of the large number of troops involved in the war on terrorism, including Operations Enduring Freedom and Iraqi Freedom, combat exposure is an area that should be explored, especially combat scenarios that involved excessively or repeatedly violent or brutal treatment of prisoners or civilians.

A thorough travel history should include pre, during and post deployment periods and personal travel including locations, places visited (such as farm or agricultural areas, or densely populated areas), accommodations, such as screened tents and use of bed netting, along with standard questions about immunizations and other prophylactic measures such as malaria prophylaxis.

A medication history should include prescription medication, over-the-counter medication as well as herbal and vitamin supplements. Attention should be paid not only to what was prescribed but what was actually taken as well as to tobacco, alcohol, and illicit drug use.

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Psychosocial screening should explore areas such as:

- Job stability and stress
- Physical and emotional abuse or sexual harassment and assault
- Current support structure, including marital status, family, and friends
- Family, developmental, and psychosocial history, and
- Sleep habits

And finally, a reproductive history should be obtained, including:

- Infertility or sexual dysfunction for both men and women and
- Menstrual history, miscarriages, stillbirths, and congenital malformations among women

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When obtaining a deployment history, the patient may appear to know more about deployment-specific exposures than the clinician, especially if the clinician has never deployed. So, before proceeding further, the clinician should obtain a clear understanding of the possible risk factors and range of agents to which the patient may have been exposed. This information can be obtained by researching the patient's deployment-related health concerns to identify known risks and exposures for the patient's particular deployment location. A vast amount of this information is available at various governmental and non-governmental sources. The Deployment Health Clinical Center's website, PDHealth.mil has tried to condense this information to meet the 2 minute rule, allowing busy providers to easily and quickly find the information they need. PDHealth.mil provides information about potential exposures, immunizations, endemic diseases, and other related information. This site also includes information from civilian publications and provides links to other data sources, such as the Armed Forces Medical Information Center or AFMIC , that can provide additional, current information.

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The next step is the performance of a physical exam, mental status exam, and routine lab work. Routine post-deployment laboratory testing may include:

- Complete blood count (CBC)
- Basic chemistries such as electrolytes, BUN (blood urea nitrogen), creatinine, glucose and liver function tests
- Urinalysis and
- Tuberculin skin test (using PPD), if not completed within the past 6 months

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Extensive “no stone unturned” diagnostic testing is generally not necessary nor is it clinically appropriate. Selected ancillary studies should be performed based on clues derived from the history and physical exam. The clinician should avoid performing ancillary studies purely to “rule out” low likelihood diagnostic possibilities. Use of diagnostic testing in this clinical situation often leads to poor positive predictive value and unacceptably high false positive rates. These false positive results can lead to further unnecessary and potentially harmful testing or invasive intervention and may cause the patient to worry unnecessarily.

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During the evaluation process, the clinician should maintain a collaborative patient-provider relationship to ensure that the patient feels they are playing a significant role in the process and that all their concerns are being addressed. At each patient visit, the clinician should:

- Ask the patient if there are unaddressed or unresolved concerns
- Summarize and explain all test results
- Schedule follow-up visits in a timely manner
- Explain that outstanding or interim test results and consultations will be reviewed during the follow-up visits and
- Offer to include the concerned family member or significant other in the follow-up visit

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The result of the evaluation will determine which of the 3 clinical categories and accompanying algorithms in the Post-Deployment Health Clinical Practice Guideline to consult for determining the appropriate procedures for management and follow-up. For each of these categories, the Guideline provides a recommended approach for risk communication, management and follow-up.

These categories are:

(1) The patient with deployment-related health concerns who denies symptoms or illness, referred to as asymptomatic concerned. Guidance for these patients is included in Algorithm A1 of the Guideline,

(2) The patient with a well-defined disease who is concerned the disease may be related to deployment. The guidance for these patients is included in Algorithm 3, and

(3) Those patients with persistent deployment-related symptoms that lack a clear medical explanation, referred to as medically unexplained symptoms or medically unexplained physical symptoms. Guidance for these patients is included in Algorithm A2. Evaluation of these patients generally spans over several visits and calls for an on-going evaluation and medical management plan. More will be discussed about the evaluation and management of patients with medically unexplained symptoms in the Management and Follow-Up Presentation in this training series. In addition, a specific DoD/VA Clinical Practice Guideline for Medically Unexplained Symptoms has recently been developed and can be found in detail on the PDHealth.mil website.

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The DoD Deployment Health Clinical Center is available to provide assistance to providers and other clinic personnel in screening, evaluating and managing patients with deployment-related concerns. If you need assistance, you can contact the Deployment Health Clinical Center’s Toll Free Helpline, inside the US at 1-866-559-1627 or at DSN 662-6563.