



**DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC**

JUN 14 2002


MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Implementation of the Post-Deployment Health Clinical Practice Guideline and
Realignment of the Comprehensive Clinical Evaluation Program (CCEP)

This memorandum provides implementation instructions for two program changes that will improve the care we provide to personnel and dependents with deployment-related health concerns. One change is the introduction of the Post-deployment Health Clinical Practice Guideline (PDH CPG) and its relationship with the DoD Deployment Health Clinical Center (DHCC) (OASD(HA) HA Policy 02-007 memo, 29 Apr 02, attached). The PDH CPG outlines the clinical and administrative procedures for evaluating, treating and tracking patients with deployment-related health concerns. The DHCC is the program office responsible for providing tools and clinical consultation to providers who are managing patients with deployment-related health concerns and for providing administrative support to patients. The other change is the realignment of the CCEP under the DHCC and the resultant closure of all MTF CCEP offices (OASD(HA) memo, 14 Jan 02, attached). These changes are effective immediately and are to be implemented according to the attached instructions.

My POC for this issue is Lt Col Kelly Woodward, AFMOA/SGZP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4268, e-mail: kelly.woodward@pentagon.af.mil.


PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments:

1. OASD(HA) memo, 29 Apr 02
2. OASD(HA) memo, 14 Jan 02
3. Implementation Instructions

Distribution:

HQ ACC/SG
HQ AETC/SG
HQ AFMC/SG
HQ AFRC/SC
HQ AFSPC/SG
HQ PACAF/SG
HQ AFSOC/SG
HQ AIA/SG
HQ ANG/SG
HQ USAFE/SG
HQ AFIA/SG
HQ USAFA/SG
HQ AFIC/SG
11 MDG/CC
HQ USAFSAM/SG
HQ AMC/SG
311 HSW/CC
ARPC/SG



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2 2002

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

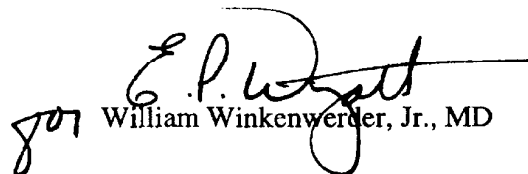
SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical Practice Guideline

Optimal force health protection and medical readiness depends upon having procedures in place to effectively evaluate and treat deployment related health concerns. The Post-deployment Health Clinical Practice Guideline is designed to provide structure, resources, and consultative support for primary care providers evaluating patients with deployment related concerns. Training on this guideline was provided through a DoD-wide satellite broadcast on January 31, 2002.

All DoD military treatment facilities should now be using the Post-deployment Health Clinical Practice Guideline. Incumbent to guideline use, the militarily unique vital sign question "Is the reason for your visit today related to a deployment?" should be asked of every patient at all appropriate primary care visits. For those patients referred for or seeking care for deployment related health concerns, health care providers will review and employ, as needed, this guideline during their evaluations. Providers will use applicable visit codes to record that the patient presented with a health concern related to a deployment. Concurrently, the DoD has begun assessing effectiveness through a series of quality indicators.

Support for the Post-deployment Health Clinical Practice Guideline, including the January 31, 2002 DoD-wide satellite broadcast training program, is available through the DoD Deployment Health Clinical Center (DHCC) at (202) 782-6563 or www.pdhealth.mil. The DHCC serves as the DoD Center of Excellence for this guideline and provides consultative support to providers in their evaluation of deployment related cases.

Through use of the Post-deployment Health Clinical Practice Guideline, we send a clear message that we are ready and able to meet the medical needs of our deploying members and their families. Command emphasis on this important initiative is imperative. My point of contact for this subject is Lt Col Roger Gibson who may be reached at (703) 681-1703.


William Winkenwerder, Jr., MD

cc: Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

HA POLICY: 02-007



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

JAN 14 2002

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY

SUBJECT: Realignment of the Comprehensive Clinical Evaluation Program (CCEP),
Transition to the DoD Deployment Health Clinical Center (DHCC)

The CCEP, implemented to provide for the systematic evaluation of Gulf War veterans, will complete a major realignment during FY02. Effective February 1, 2002, the DHCC, established as one of three DoD Centers for Deployment Health, will assume responsibility for coordinating the evaluation of veterans seeking care for post-deployment health concerns. The ASD(HA) policy memorandums in attachment one provide background information on the DoD Centers for Deployment Health and the DoD/VA Post-deployment Health Evaluation and Management Clinical Practice Guideline (DHP CPG). After February 1, 2002, CCEP-eligible veterans who call the 1-800 hotline will be encouraged to seek clinical care using the PDH CPG. Details regarding the guideline are provided in attachment two and on the Post-deployment Health web site <http://www.pdhealth.mil>.

To ensure smooth transition of the program, new enrollment into the CCEP Automated Information System (AIS) shall cease effective February 1, 2002. Local CCEP offices should work diligently to complete outstanding CCEP evaluations and update their records. Individuals who have been scheduled for an evaluation and who have twice failed-to-show should be administratively declined. Veterans currently enrolled in the CCEP may opt to have their deployment related health concerns addressed using the PDH CPG. All outstanding CCEP evaluations must be completed or administratively closed by June 1, 2002. Military Treatment Facilities should follow Service guidance for disposition of locally generated CCEP records.

While it is expected that the transition will occur quickly with little or no difficulties, it must be completed at all CCEP sites by June 1, 2002, after which date all offices will be closed.

I ask the Surgeons General and the TMA Executive Director to take the necessary steps to successfully complete this important transition.

William Winkenwerder, Jr., MD

Attachments:

1. ASD(HA) Memos, Sep 30, 99 and 7 Dec 01 w/o attachments
2. Info paper; Implementation of DOD/VA PDH CPG

**AIR FORCE IMPLEMENTATION INSTRUCTIONS FOR THE DOD POST-
DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE AND REALIGNMENT
OF THE COMPREHENSIVE CLINICAL EVALUATION PROGRAM**

1. References

- a. OASD(HA) *Policy Memorandum – Implementation of the Post-Deployment Health Clinical Practice Guideline*, 29 Apr 02
- b. OASD(HA) memo *Realignment of the Comprehensive Clinical Evaluation Program (CCEP), Transition to the DoD Deployment Health Clinical Center (DHCC)*, 14 Jan 02
- c. Joint Staff memo *Updated Procedures for Deployment Health Surveillance and Readiness*, 1 Feb 02
- d. OASD(HA) memo *Implementation of Department of Defense/Veterans Affairs Post-Deployment Health Evaluation and Management Clinical Practice Guideline*, 7 Dec 01

2. Post-deployment Health Clinical Practice Guideline (PDH CPG)

a. Background

- i. The Department of Defense (DoD) and Veterans Affairs (VA) PDH CPG was developed to provide clinicians and staff within DoD and VA with a structured approach to the clinical evaluation and treatment and administrative management of patients with deployment-related health concerns. With the release of the PDH CPG, all individuals who present with health concerns that may be or are established to be related to military deployment will now exclusively be managed and tracked using the procedures outlined in the PDH CPG and as supported through the Deployment Health Clinical Center (DHCC). The Comprehensive Clinical Evaluation Program (CCEP), the DoD/VA program previously established to manage Gulf War veterans with deployment-related health concerns, is now realigned under the DHCC (see section 3).
- ii. The DHCC is the program office responsible for supporting providers managing patients with deployment-related health concerns and for providing clinical consultation to providers and administrative support to patients. Resources for providers and patients, including the PDH CPG, implementation tools, deployment health reference materials and clinical consultation support through DHCC are available at www.pdhealth.mil.
- iii. Each AF MTF received a PDH CPG implementation toolkit earlier this year. The toolkit contains clinic information and materials to support staff education. Also, most AF MTFs participated in the PDH CPG satellite broadcast educational program on 30 Jan 2002. The toolkit, videotapes of the satellite broadcast, and other educational materials are available through DHCC at www.pdhealth.mil.

AF Implementation Instructions: DoD Post-Deployment Health CPG and Realignment of CCEP

b. MTF Implementation Actions

i. **Responsibility:** The MTF Commander is responsible for ensuring appropriate care is provided to all individuals with deployment-related health concerns and that all related policies are implemented. The Executive Staff will assign responsibility (OPR) for implementation of the PDH CPG program at the MTF. Consistent with other clinical policy implementation, the Chief of Clinical Services and the Population Health Working Group would be effective champions for implementation of the PDH CPG. It is critically important that a credible physician participate as a champion for this program.

ii. **Identifying patients with deployment-related health concerns:** Most patients with deployment-related health concerns will seek care in one of two ways, either they will be identified and referred to a clinic through post-deployment screening done at redeployment (using DD Form 2796) or they will be identified as having a post-deployment health concern when they present for a clinic visit. Procedures for screening deployed personnel who are redeploying are described in reference c.

For appropriate primary care clinic visits, screen all individuals, including active duty personnel, dependents and other beneficiaries, who present for care by asking the question *“Is the reason for your visit today related to a deployment?”* during the initial visit screening. It is generally appropriate to screen all patients presenting for acute or follow-up visits who have new health conditions as well as all patients presenting for the first time to the clinic. It is generally not appropriate to screen patients presenting for wellness visits (such as well baby exams and clinical preventive services exams) or patients presenting for acute, follow-up or referral consultation care for previously evaluated acute or chronic conditions.

The aforementioned screening question and answer choices *YES*, *NO* and *N/A* (not applicable) will be annotated on the clinic note (SF 600 or SF 558). Clinics should include the aforementioned screening question, followed by the answer choices, on all overprint versions of forms used for appropriate visits. For convenience, the question and answer choices may be stamped on the SF 600 or SF 558 if they are not preprinted on the form.

iii. **Managing patients:** When caring for patients presenting with deployment-related health concerns, providers will use the PDH CPG as a tool to help them clinically evaluate patients, determine when to seek specialty consultation, find clinical references to support patient management, and appropriately assign visit codes for deployment-related visits.

Information on clinical care of deployment-related symptoms, signs and syndromes is available for providers at the deployment health website (www.pdhealth.mil). This website also contains information on specific military operations and potential hazards documented for various operational locations.

DD Form 2844 is the test form recommended for use when caring for patients with possible deployment-related health concerns. The use of this form is optional.

When applicable, providers will annotate on the DD Form 2766 that a patient is being evaluated for a deployment-related health concern.

AF Implementation Instructions: DoD Post-Deployment Health CPG and Realignment of CCEP

The MTF OPR for the PDH CPG will maintain the toolkit and copies of forms and educational materials sufficient to support local clinic activities.

- iv. **Coding visits:** A critical factor in managing and tracking patients with deployment-related health concerns is the proper coding of deployment-related clinic visits. Each visit for a deployment-related health concern must generate at least two ICD-9-CM codes. The primary ICD-9-CM codes will always be the code for the specific diagnosis or symptom diagnosed by the provider (e.g., code for *headaches, fatigue, or weight loss*), for a patient with *asymptomatic concern* use code V65.5 and for a patient with *medically unexplained physical symptoms* use code 799.8.

Additionally, all visits for deployment-related health concerns must be assigned the secondary code V70.5_ 6, *deployment-related visit*. This secondary code for *deployment-related visit* is the link to maintaining a “registry” of patients with deployment-related health concerns. All MTFs will make needed upgrades to their ambulatory data system to allow use of the military-unique V70.5_ _ X codes.

- v. **Educating staff:** Ensure all clinic personnel are aware of the procedures for identifying and managing patients with deployment-related health concerns. Affected clinic personnel will be knowledgeable in when and how to screen patients using the screening question described in 1.b.ii. Providers and staff will know how to access the PDH CPG and supporting materials, such as forms, care algorithms and coding guidelines, through either the DHCC website (www.pdhealth.mil) or the MTF OPR. MTF staff will receive refresher training through regular staff meetings and other venues at a frequency sufficient to ensure they remain current in procedures for caring for patients with deployment-related health concerns and new staff are knowledgeable in applicable procedures. Briefings and other materials to support education of staff are available at www.pdhealth.mil/EducationAndTraining/presentations.asp.

c. Measuring Implementation

- i. The PDH CPG toolkit contains information on metrics that may be used by MTFs to monitor and improve performance in implementing the PDH CPG.
- ii. Beginning in the summer 2002, annual studies will be conducted at a sample of MTFs to assess the PDH CPG program. These studies are chartered under the National Quality Management Program (administered by the TRICARE Management Activity) and with tri-Service oversight by the Scientific Advisory Panel.

3. Realignment of the Comprehensive Clinical Evaluation Program (CCEP)

a. Background

- i. The CCEP was established to provide consistent evaluation of Gulf War veterans with post-deployment health concerns. Many AF MTFs have been providing care to veterans through CCEP. AF MTFs have varying levels of effort dedicated to coordinating veterans' care and administering CCEP; some have CCEP offices.

AF Implementation Instructions: DoD Post-Deployment Health CPG and Realignment of CCEP

- ii. Effective immediately, DHCC is responsible for coordinating care for veterans with deployment-related health concerns. CCEP offices will be closed. The CCEP Automated Information System ceased operations 1 Feb 02. Veterans currently receiving care under CCEP may choose to have their deployment-related health concerns addressed through the PDH CPG program. The registry of patients with deployment-related health concerns will be generated automatically through use of the visit code for deployment-related health visits (see Section 2). Military beneficiaries may seek care directly at an MTF as described in Section 2. For veterans who are not eligible for care in military facilities, DHCC will direct them to an appropriate VA or other federal facility.

b. MTF Implementation

- i. Because all future care for patients with deployment-related health concerns will be managed using the PDH CPG or as coordinated through DHCC, CCEP functions will be terminated immediately.
- ii. Complete outstanding CCEP evaluations immediately. Administratively close outstanding evaluations of veterans who have twice failed-to-show for appointments.
- iii. Veterans presenting or calling with post-deployment health concerns and who are not eligible for care in military facilities will be referred to the DHCC toll-free numbers: DOD-CCEP 1-800-796-9699; VA-CCEP 1-800-749-8387. Information is also available at <http://www.pdhealth.mil/DHClinicalCenter/ccep.asp>. Veterans who are eligible for military health care can receive care directly through an MTF and using the PDH CPG (see Section 2) or as arranged by calling the DHCC hotline.
- iv. MTF Commanders are responsible for deciding how to redirect personnel and materiel resources heretofore dedicated to CCEP functions.
- v. Clinical records generated by the CCEP are to be archived in accordance with established patient administration policies.