



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

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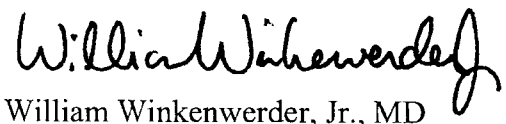
MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Post-Deployment Health Reassessment

Information from recent field research indicates that health concerns, particularly those involving mental health, are more frequently identified several months following return from operational deployment. To better ensure early identification and treatment of emerging deployment-related health concerns, I am directing an extension of our current program to include a post-deployment health reassessment of global health with a specific emphasis on mental health, three to six months post-deployment.

The key elements of this policy are outlined in the attachment. Additional clinical guidance with standardized form and interpretation instructions are in development and will be published as soon as possible. In the meantime, your process should be instituted as soon as possible to ensure proper care for our returning Service members. As with our current assessment process, quality assurance procedures must be a part of your plan.

Please provide your implementation plans to the Deputy Assistant Secretary of Defense (Force Health Protection & Readiness) 45 days from the date of this memorandum. The Military Departments should be prepared to begin their implementation plans 90 days from this memorandum date. My point of contact is Colonel Joyce Adkins at (703) 845-3313 or jadkins@deploymenthealth.osd.mil.


William Winkenwerder, Jr., MD

Attachment:
As stated

cc:
USD (Personnel & Readiness)
ASD (Reserve Affairs)
Service Surgeons General
Joint Staff Surgeon
Medical Officer of the Marine Corps

HA POLICY: 05-011

Post-Deployment Health Reassessment Policy Implementation Guidance

References:

- (a) DoD Instruction 6490.3 “Implementation and Application of Joint Medical Surveillance for Deployments,” August 7, 1997
- (b) 10 USC 1074f, “Medical tracking system for members deployed overseas,” November 18, 1997
- (c) ASD(HA) Memorandum, “Policy for Pre- and Post-Deployment Health Assessments and Blood Samples,” October 6, 1998 (HA Policy 99-002)
- (d) ASD(HA) Memorandum, “Updated Policy for Pre- and Post-Deployment Health Assessments and Blood Samples,” October 25, 2001 (HA Policy 01-017)
- (e) JCS Memorandum, “Updated Procedures for Deployment Health Surveillance and Readiness,” February 1, 2002 (MCM-0006-02)
- (f) USD(P&R) Memorandum, “Enhanced Post-Deployment Health Assessments,” April 22, 2003
- (g) ASD(HA) Memorandum, “Policy for Department of Defense Deployment Health Quality Assurance Program,” January 9, 2004
- (h) ASD(HA) Memorandum, “Automation of Pre- and Post-deployment Health Assessment Forms,” May 31, 2004

The above references detail current policies for protecting the health of deployed forces, including health screening and evaluation both before and after deployments through a continuum of pre- and post-deployment health assessments. The post-deployment re-assessment policy further adds to the Service member life cycle health assessment continuum. The purpose of this reassessment is to proactively identify health concerns that emerge over time following deployments, to help remove potential barriers, and facilitate the opportunity for Service members to have their health needs and concerns more fully addressed following deployments. The reassessment process follows the post-deployment health assessment model established in references (f) and (h) above.

The post-deployment health reassessment will be conducted for all personnel from 90 to 180 days after return to home station from a deployment that required completion of a post-deployment health assessment. For individuals who received wounds or injuries that required hospitalization or extended treatment at a military medical facility before return to home station, the reassessment will be conducted 90 to 180 days following their return home. The reassessment will be completed before the end of 180 days to afford Reserve Component members the option of treatment using their TRICARE health benefit.

During the reassessment period, the Military Departments will ensure that each individual who returns from a deployment completes a Post-Deployment Health Reassessment (PDHRA) form. This form will be automated in accordance with reference (h) above. A trained health care provider (such as a physician, physician assistant, nurse practitioner, independent duty corpsman, independent duty medical technician) will review and discuss with the individual his or her responses on the PDHRA form along with general health and mental health concerns associated with operational deployments and readjustment following deployments.

The screening health care provider will score and evaluate responses to the mental health assessment questions according to established guidelines. The Military Departments will ensure that health care providers receive the assessment guidelines and that they are instructed in appropriate screening procedures. Forms and clinical guidance also will be available on www.pdhealth.mil. Health care providers will refer individuals for further evaluation and treatment based on the scoring guidelines along with accepted standards of clinical practice. Individuals who request mental health or community service support may be referred directly to the requested professional. Otherwise, health care providers will refer individuals who require additional evaluation to the appropriate primary care provider for further evaluation and/or treatment under the Post-Deployment Health Clinical Practice Guideline (PDH-CPG). For any individual who requires immediate mental health attention, the health care provider will coordinate a referral directly to a mental health provider or to the nearest emergency medical facility for further evaluation and/or care.

Reserve component personnel with identified health concerns will have the option to seek treatment in a military treatment facility, use their TRICARE benefit, or use their veteran's benefit through the Veterans Health Administration or Veterans Centers. Service members who separate or retire before or during the reassessment period will be contacted by the Military Department in which they served and offered the opportunity to complete the PDHRA to screen for emerging deployment-related health concerns.

Each Military Department will put into place protocols for ensuring any potential emergent conditions are handled appropriately and effectively. Each Military Department will also establish and ensure implementation of quality assurance and program evaluation measures for the health reassessment process.

Results from the PDHRA will be entered into the individual's military health record. In addition, results will be forwarded electronically to the Army Medical Surveillance Agency at Walter Reed Army Medical Center in Washington, DC, for storage and inclusion in the Defense Medical Surveillance System.