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HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

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MAY 6 2011

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
COMMANDER, JOINT TASK FORCE NATIONAL CAPITAL
REGION - MEDICAL

SUBJECT: Memorandum for Comprehensive Arthritis Management

Reference: House Armed Services Committee Report 111-166, Page 336

Health Affairs Policy for Comprehensive Arthritis Management

ARTHRITIS PREVENTION

Arthritis is the most common cause of disability in the United States, limiting the activities of nearly 19 million adults, according to the Center for Disease Control and Prevention. Based on 2003-2005 data from the National Health Interview Survey, an estimated 46 million Americans (22% of adults) have self-reported doctor-diagnosed arthritis and 19 million (9% of all adults) have arthritis and arthritis-attributable activity limitation.

The study, "Arthritis prevalence and symptoms among US non-veterans, veterans, and veterans receiving Department of Veterans Affairs health care," published in the February 2006 edition of the Journal of Rheumatology, indicates that U.S. veterans are more likely to report physician-diagnosed arthritis than the general population and that arthritis represents a significant health problem among veterans. The study also alludes to the fact that "military service-related overuse and injuries may be one contributing factor, particularly related to veterans' risk for osteoarthritis."

The Uniformed Services University of the Health Sciences Consortium for Health and Military Performance has been conducting research on the relationship between injuries and the subsequent development of osteoarthritis in Active Duty Service members. Its ongoing research on injury prevention may lead to a reduction in the incidence of arthritis in the future. The Army's Military Operational Medicine Research Program (MOMRP) provides biomedical solutions that protect soldiers and enhance their performance in operational and training environments that include multiple stressors. MOMRP's Bone Health and Military Medical Readiness Program is a research program to develop strategies to improve the bone health of men and women in the military. The focus of this program is to enhance military readiness by reducing the incidence of stress fracture during intense physical training and reduce the risk of osteoporosis and other bone disorders, such as osteoarthritis later in life. These programs and others should continue to conduct research to further elucidate the relationship between arthritis

and the stress placed on joints during military training and military combat operations, and to develop recommendations for the prevention of stress-related bone disorders, to include arthritis.

Should the results of the above research confirm a direct cause and effect relationship between overuse injuries and an increased risk of developing osteoarthritis, intensive educational and preventive measures will need to be implemented in an effort to reduce the occurrence of these types of injuries. Health care providers will need to educate Active Duty members on this association, and provide them with assistance in avoiding injury and/or early identification and treatment of injury once it occurs. Widespread deployment of the Patient Centered Medical Home (PCMH) across all of the Department of Defense's (DoD) primary care venues will facilitate access to primary care for Active Duty members and provide continuity of care for primary prevention and follow-up of identified injuries.

ARTHRITIS DIAGNOSIS, MITIGATION, TREATMENT AND REHABILITATION

DoD has committed extensive effort to designing, implementing, and evaluating evidence-based clinical practice guidelines (CPGs) as a means of improving and standardizing the quality of care provided to its beneficiaries. Since 1998, the Department of Veterans Affairs (VA) and DoD have worked together to both devise new guidelines and adapt nationally and internationally recognized CPGs to meet the requirements of the military and veterans health care systems. Over 20 guidelines have been developed to date. The VA/DoD evidence-based working group has examined the need for a CPG in the area of osteoarthritis. The CPG for Degenerative Joint Disease is included in its work plan for Fiscal Year 2011. The Services are requested to widely disseminate, educate on, and encourage use of any guidelines this working group may develop and adopt. These and all other active CPGs should be incorporated and integrated into future developments of DoD electronic health records as well.

The etiology of arthritic disease is not fully known and diagnosis can be difficult. Furthermore, arthritic disease can affect the physical and emotional aspects of the individual, as well as the family and community. There is no simple solution to this complex problem. Thus, the treatment and rehabilitation needs to be interdisciplinary and multimodal in its approach. The use of all modalities, which are proven safe and effective, should be considered for inclusion in an individualized arthritis management plan of care.

DoD has already dedicated itself to the implementation of PCMHs across our primary care venues. Part of a PCMH is care coordination and/or integration across the patient's community, which includes family. The Services are requested to include programs of patient education for members suffering from arthritis and their families in their PCMHs and all other clinics that treat patients for arthritis.

Updates to this policy will be published, if required, to reflect significant advances from ongoing research in the field of arthritis management. Questions may be directed to the Deputy Chief Medical Officer, Office of the Chief Medical Officer, TRICARE Management Activity, Falls Church, Virginia, (703) 681-0064.

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cc:

Surgeon General of the Army Surgeon General of the Navy Surgeon General of the Air Force Joint Staff Surgeon