



DoD-VA CLINICAL PRACTICE GUIDELINE ON
POST-DEPLOYMENT HEALTH
EVALUATION & MANAGEMENT

Why Focus On Post-Deployment Health Care?

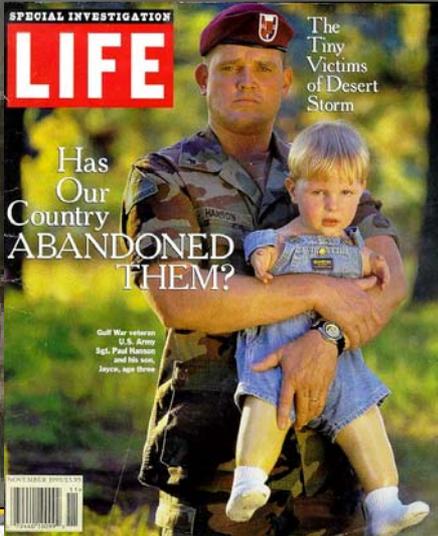
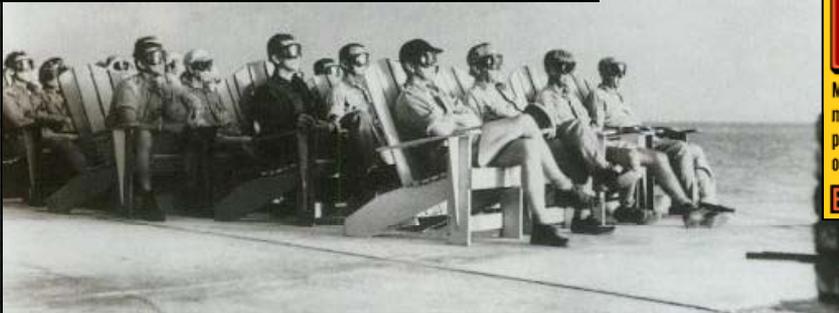
(“Isn’t it just ‘routine health care’ in a slightly different uniform?”)



washingtonpost.com

U.S. Tested Sarin in Hawaiian Rain Forest

5,000 Troops Involved in 1967 Experiments Are Urged to Contact Pentagon



SHOT TO HELL

Mandatory participation in military's anthrax vaccine program pushes plunger on medical controversy

BY LAURA LAUGHLIN



Gulf War Syndrome

Agent Orange

PTSD

Battle fatigue

Neurocirculatory asthenia

Shell shock

Effort syndrome

Da Costa's syndrome

Soldier's heart

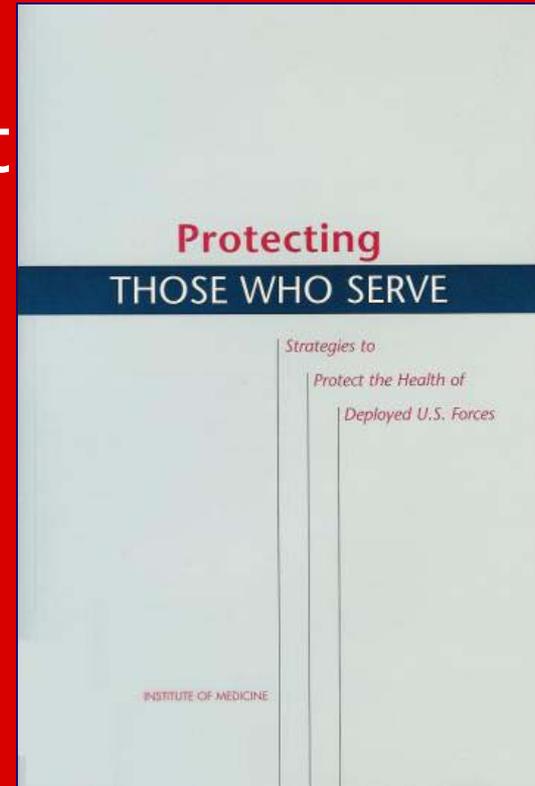
Recent Unexplained Illnesses Involving the Military, War, Disaster, or Terrorism

- ★ Dutch peacekeepers in Lebanon (1980s)
- ★ "Jungle Disease" (Dutch peacekeepers in Cambodia)
- ★ Gulf War Syndrome
- ★ Dutch peacekeepers in Bosnia (1995-6)
- ★ Canadian peacekeepers in Croatia (late 1990s)
- ★ Balkan War Syndrome
- ★ Agent Orange Concerns
- ★ Illnesses after anthrax vaccination (1990s)

- ★ Afghanistan Syndrome (Russia, 1990s)
- ★ Chechnya Syndrome (Russia, 1990s)
- ★ Illnesses after 1992 El Al Airliner crash in Amsterdam
- ★ Illnesses after WTC attack
- ★ Lingering anthrax symptoms
- ★ Irradiated mail concerns
- ★ Exposure concerns at K-2 (Uzbekistan)
- ★ *Operation Iraqi Freedom?*

Institute of Medicine

Strategy 5: “Implement strategies to address medically unexplained physical symptoms in populations that have been deployed.”



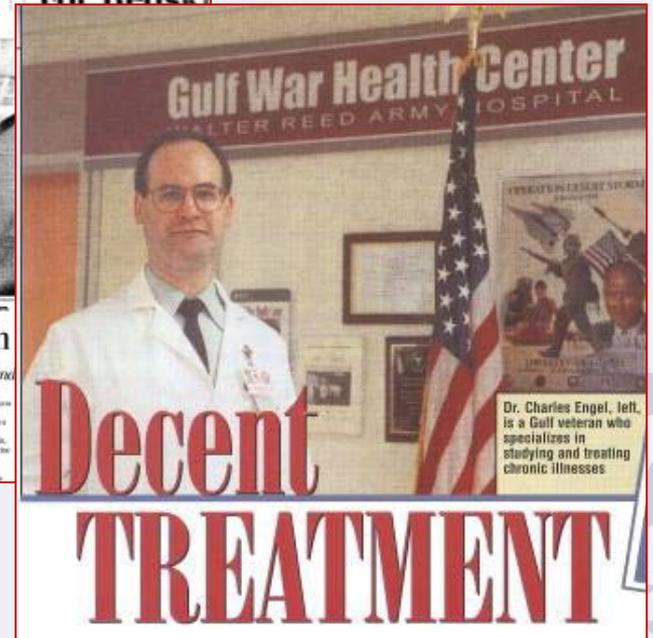
WA, DC, National Academy Press; 2000

***How Can We Do
Better?***



A DoD Center of Excellence

Deployment Health Clinical Center & Specialized Care Program



DHCC Mission

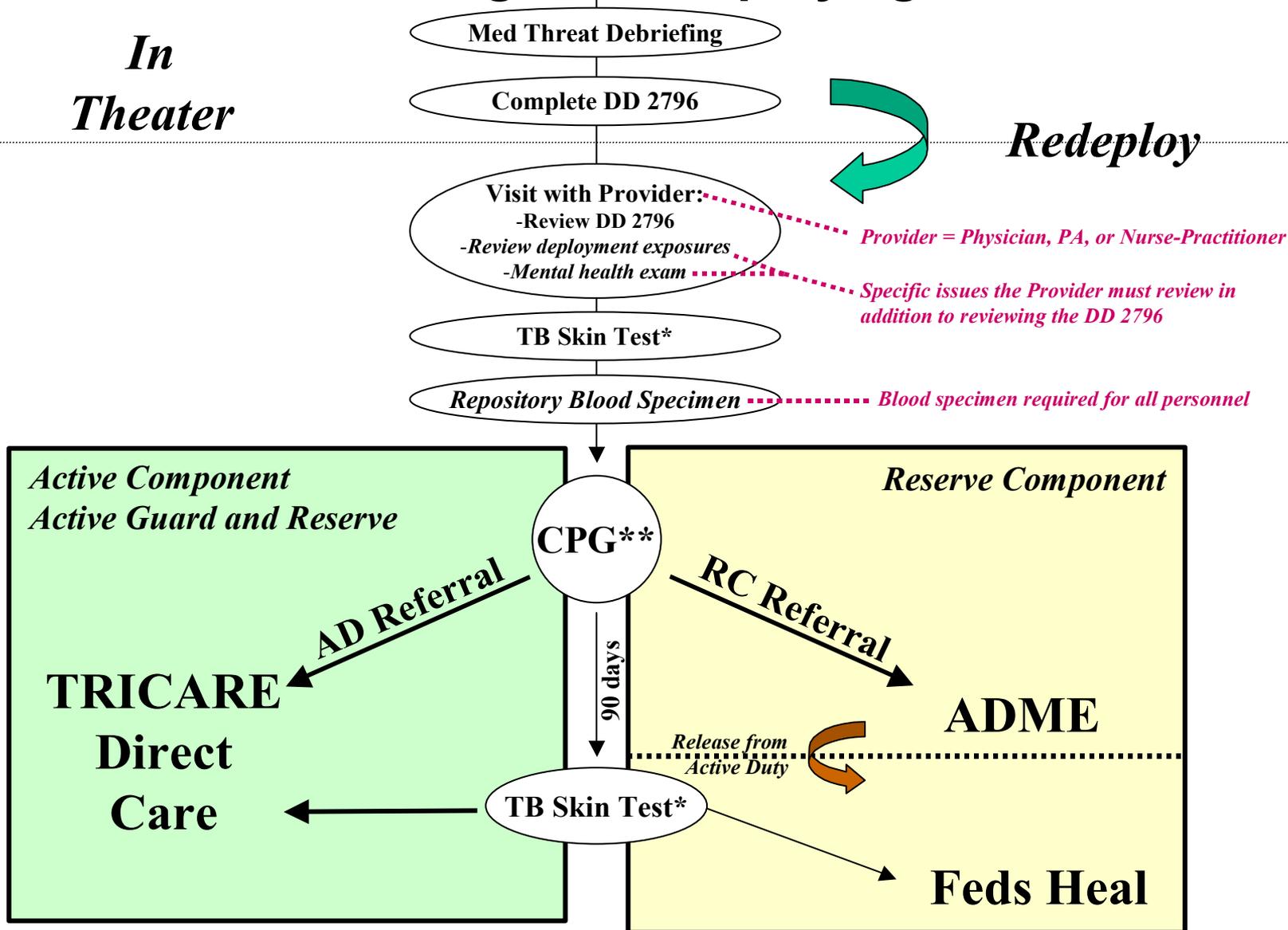
Improve post-deployment health
care for DoD beneficiaries



Medical Screening for Redeploying Soldiers

In Theater

Redeploy



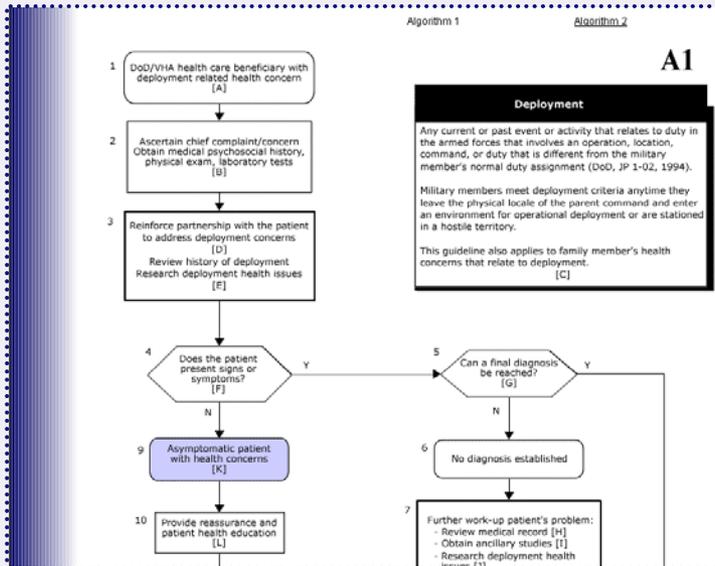
**Clinical Practice Guideline
4 Apr 03

*Two visits, 48-72 hours apart

UNCLASSIFIED

DoD-VA CLINICAL PRACTICE GUIDELINE ON *POST-DEPLOYMENT HEALTH EVALUATION & MANAGEMENT*

<http://www.PDHealth.mil>



FEATURES...

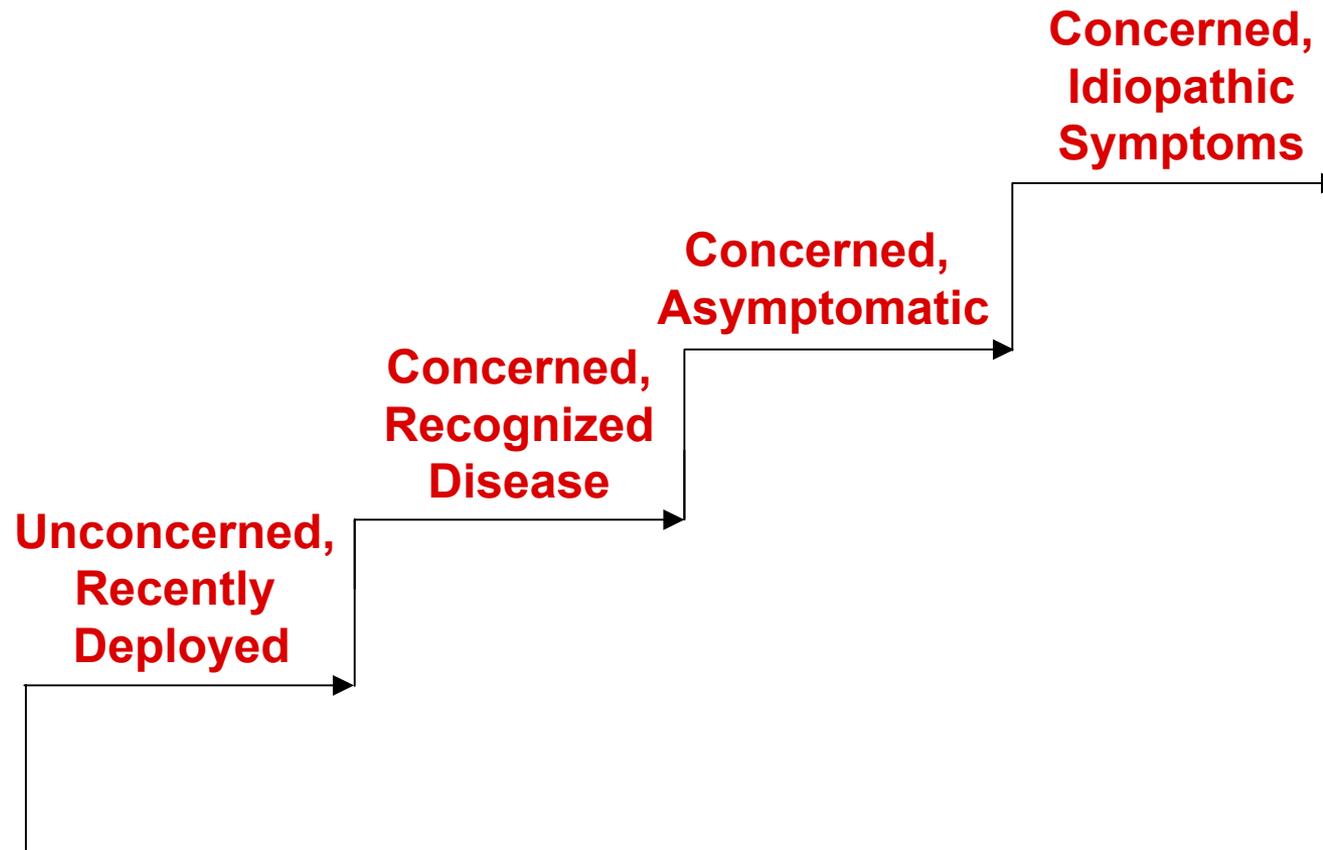
- ★ Military-unique vital sign
- ★ Stepped care framework
- ★ Risk communication guidance
- ★ Web-based clinician support
- ★ Longitudinal care emphasis
- ★ Data automation features
- ★ Metrics & outcomes monitoring
- ★ Center of Excellence support

Self-Help Information Tools



"Is your visit related to deployment?"

Stepped Risk Communication



Local Challenges



- ★ **Identify a champion:** clinical & administrative
- ★ **Analyze for local gaps**
 - Patient-based
 - Implementing the **question**?
 - Providing a **follow-up**?
 - Informing providers & patients with **toolkit**?
 - Clinic-based
 - Adhering to **coding**?
 - Seeing those with **positive DD2796s**?
 - Getting local UM/Informatics **support**?
 - Obtaining risk communication **training**?



Gearing Up for OIF

- ★ **ST**aff **A**ssistance **T**eams
- ★ Deployment healthcare managers
- ★ Command consultation
- ★ Push for correct coding

For Assistance



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“Unless...wars are fought solely by machines, the human cost of warfare will remain high. The troops must...be given a commitment for all necessary care for war-related illness.”

Straus SE: Lancet 1999; 353:162-3

