



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6200.05
May 2, 2018

Public Health Division

SUBJECT: Force Health Protection Quality Assurance (FHPQA) Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (ab), establishes the procedures for the FHPQA Program as defined in Reference (z).

2. APPLICABILITY. This DHA-PI applies to:

a. OSD, the Military Departments (including the United States Coast Guard (USCG) at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-PI as the “DoD Components”).

b. Civilian personnel, as defined in Reference (e), and DoD contractor personnel authorized to accompany the force (CAAF), in accordance with References (j), (m), and (n), respectively.

3. POLICY IMPLEMENTATION. It is the Defense Health Agency’s (DHA) instruction, pursuant to References (c) through (ab), to:

a. Implement the FHPQA Program as directed by Reference (z).

b. Propose FHPQA Program measures that promote, protect, improve, conserve, and restore the mental health and physical well-being of Service members, civilian personnel and, to the extent required in contractual language, CAAF in support of DoD contingency operations across the full range of military activities and operations.

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c. Monitor, analyze, and report ongoing DoD deployment health program-related activities and Force Health Protection (FHP) processes and outcomes (including occupational and environmental health surveillance activities and findings) within the DoD for the purpose of ensuring compliance with FHP programs and, in accordance with Reference (z), prepare the review report on DoD-wide program activities findings.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.


6. INFORMATION REQUIREMENTS. The reporting requirements contained in this DHA-PI are associated with Report Control Symbol DD-HA (AR) 2255-1, in accordance with Reference (t).

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet on the Health.mil site at: www.health.mil/DHAPublications.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (c)).

For 
R. C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 21, 2015
- (d) DoD 6055.05-M, "Occupational Medical Examinations and Surveillance Manual," May 2, 2007, as amended
- (e) Directive-Type Memorandum 17-004, "Department of Defense Expeditionary Civilian Workforce," January 25, 2017
- (f) DoD Directive 1400.31, "DoD Civilian Work Force Contingency and Emergency Planning and Execution," April 28, 1995
- (g) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (h) DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004
- (i) DoD Directive 6490.02E, "Comprehensive Health Surveillance," February 8, 2012, as amended
- (j) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995
- (k) DoD Instruction 3000.05, "Stability Operations," September 16, 2009
- (l) DoD Instruction 1336.05, "Automated Extract of Active Duty Military Personnel Records," July 28, 2009, as amended
- (m) DoD Instruction 3001.02, "Personnel Accountability in Conjunction with Natural or Manmade Disasters," May 3, 2010
- (n) DoD Instruction 3020.41, "Operational Contract Support (OCS)," December 20, 2011, as amended
- (o) DoD Instruction 6055.01, "DoD Safety and Occupational Health (SOH) Program," October 14, 2014
- (p) DoD Instruction 6055.05, "Occupational and Environmental Health (OEH)," November 11, 2008
- (q) DoD Instruction 6490.03, "Deployment Health," August 11, 2006, as amended
- (r) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014
- (s) DoD Instruction 8320.02, "Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense," August 5, 2013
- (t) DoD Manual 8910.01, Volume 1, "DoD Information Collections: Procedures for DoD Internal Information Collections," June 30, 2014, as amended
- (u) Public Law 108-375, "Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005," October 28, 2004
- (v) Title 5, United States Code, Section 552(a)
- (w) Title 10, United States Code, Sections 1074f, 1092a
- (x) DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014
- (y) DoD 5400.11-R "Department of Defense Privacy Program," May 14, 2007

- (z) DoD Instruction 6200.05, "Force Health Protection Quality Assurance (FHPQA) Program," June 16, 2016
- (aa) DoD Instruction 6490.12, "Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation," February 26, 2013, as amended
- (ab) DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," June 30, 2004

ENCLOSURE 2

RESPONSIBILITIES

1. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). The DASD(HRP&O) will:

- a. Oversee and support the FHPQA Program in accordance with Reference (z).
- b. Define FHPQA key elements.
- c. Select and define FHPQA Program measures, thresholds, FHP processes, and expected outcomes related to compliance in conjunction with the Director, DHA.
- d. Provide oversight and Congressional reporting of FHPQA Program key elements as appropriate.

2. DIRECTOR, DHA. The Director, DHA, under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs (ASD(HA)), and in coordination with the DASD(HRP&O), will:

- a. Develop DHA-PIs in accordance with References (b), (c), and (z).
- b. Facilitate procedures for DoD internal information collections in accordance with Reference (t), and communicate quality control parameters for the uniform implementation of this DHA-PI.
- c. Facilitate actions and provisions, and implement procedures to establish deployment health oversight as a means of tracking DoD Component compliance to FHPQA key elements.
- d. Provide support and coordination to the Director, Defense Human Resources, and the DoD Components to establish and maintain the appropriate procedures and systems to track the duty locations of Military Service members, DoD civilians, and DoD contractor personnel during deployment periods (including location declassification in accordance with the original classification authority) in accordance with References (i), (j), (l) through (p), and (z).
- e. Prepare and report major health surveillance findings through the DASD(HRP&O) to the ASD(HA) when applicable.
- f. Compile responses to Congressional reporting in accordance with Reference (z).
- g. Provide support to ASD(HA) in development and dissemination of program guidance.

3. ASSISTANT DIRECTOR, COMBAT SUPPORT AGENCY (CSA). The Assistant Director, CSA, will:

a. Provide management and provisions for the FHPQA Program implementation to ensure consistency with Reference (z).

b. Monitor the implementation of the FHPQA Program to ensure that program procedures are based on FHPQA Program key elements, in accordance with Reference (z), and are facilitated through the FHPQA Program Working Group (WG) and coordinated with the DoD Components.

4. CHIEF, PUBLIC HEALTH DIVISION. The Chief, Public Health Division, will:

a. Establish, charter, and manage the FHPQA Program WG.

b. Monitor and validate DoD Component FHPQA Program data findings.

c. Recommend changes to FHPQA Program measures and policy guidance to the DASD(HRP&O) in collaboration with the DoD Components.

d. Prepare the reporting guidance and procedures in collaboration with the DoD Components and subject matter experts.

e. Report DoD Component FHPQA Program deployment health surveillance major findings and change recommendations through the Assistant Director, CSA, to the DASD(HRP&O).

f. Establish regular feedback processes with the DoD Components and the Combatant Commands.

g. Compile and draft reports for submission to Congressional committees which are properly coordinated through the Public Health Division, Program Integration, and the Director, DHA, as required.

h. Provide advice and/or consultation to the Defense Manpower Data Center's (DMDC) representative.

5. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, USCG.

The Secretaries of the Military Departments and Commandant, USCG, will, in accordance with Reference (z), support implementation of the FHPQA Program with their respective Service, and identify a primary action office with responsibility for reporting FHPQA Program findings and serving as the point of contact for FHPQA Program activities to the Chief, Public Health Division.

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6. CJCS AND THE DIRECTORS OF THE DEFENSE AGENCIES AND DEFENSE FIELD ACTIVITIES. The CJCS and the Directors of the Defense Agencies and Defense Field Activities will, in accordance with Reference (z), support the implementation of the FHPQA Program.

7. DIRECTOR, DMDC. The Director, DMDC, will identify a primary action office with responsibility for supporting and serving as the point of contact for FHPQA Program activities to track the duty locations of Service members, civilian personnel, and CAAF during deployment periods, including natural and manmade disasters, when applicable, that are consistent with References (i) through (p).

ENCLOSURE 3

PROCEDURES

1. SCOPE. The FHPQA Program is designed to validate compliance with the FHP Program activities.

a. The scope extends from the time of accession, including garrison and operational assignments, and continues through separation from military service.

b. The FHPQA Program focuses on DoD deployment health-related activities that promote and sustain a healthy and fit force, including fitness, applicable training, preventing illness and injury from occupational and environmental health threats while in garrison or deployed.

2. OBJECTIVE. The DASD(HRP&O) defines FHPQA Program key elements and, in conjunction with the Director, DHA, oversees key FHP elements, processes, and measures, including outlining FHPQA Program data reporting and analysis requirements.

a. Objectives of the FHPQA Program are to systematically monitor, analyze, and report on important key elements of FHP processes and outcomes to ensure effectiveness and compliance throughout the DoD.

b. Examples of FHPQA Program data calls requested from the Armed Forces Health Surveillance Branch (AFHSB) for audit review include, but are not limited to:

(1) Number of individuals who returned from deployment by quarter.

(2) Component compliance with completion of the Pre-Deployment Health Assessment (DD Form 2795), Post Deployment Health Assessment (DD Form 2796), Post Deployment Health Re-Assessment (DD Form 2900), and Deployment Mental Assessments (DD Form 2978) in accordance with References (q) and (aa).

(3) Pre-deployment Automated Neuropsychological Assessment Metrics compliance based on DMDC Contingency Tracking System roster.

(4) Positive assessment, referral, and follow-up rates for Post-traumatic Stress Disorder, depression, and risky alcohol use.

(5) Number and percentage of individuals who completed the pre- and post-deployment blood serum.

(6) Positive assessment, referral, and follow-up rates for potential concussion/traumatic brain injury identified on the Post Deployment Assessment (DD Form 2796).

(7) Medical encounters following a determination that individuals pose a risk to self or others.

3. MONITORING KEY FHP PROGRAM ELEMENTS. In accordance with References (i) and (w), electronic or on-site audit reviews support deployment health and medical surveillance oversight activities.

a. Key elements that are classified or considered sensitive must follow applicable security handling requirements.

b. Methods for collecting and monitoring key FHP elements vary depending upon the characteristics of each element, and the capabilities of available information systems to collect and report data pertaining to quality assurance (QA) requirements. Comprehensive DoD-wide automated information systems should be used to the maximum extent possible for monitoring key FHP elements. Periodic site visits to conduct audits and reviews may serve as additional monitoring mechanisms, as well as the use of electronic monitoring, when available.

c. FHPQA Program information should be disseminated extensively (except where limited by law, policy, or security classification), which includes providing associated data sets that assign responsibilities that are visible, accessible, and comprehensive to the rest of the Department, as appropriate, and in accordance with References (s) and (x).

4. PROCESS. The FHPQA Program implementation process:

a. FHPQA Program WG meetings include the review and analysis of FHPQA Program data and reports related to FHP key elements/measures. The WG meetings are scheduled on a quarterly basis. Additional work can be accomplished via other means such as telephonic meetings or Ad-hoc discussions to accommodate instances when a member is absent or in cases when Ad-hoc voting is necessary, or to discuss data discrepancies, reporting inaccuracies, etc.

b. FHPQA Program data and reports submitted by AFHSB and the DoD Components, as requested by the FHPQA Program Manager, will be related to FHP key elements/measures. The reports and data will be submitted to the FHPQA Program Manager prior to each meeting.

(1) The FHPQA Program Manager will coordinate FHPQA Program reports or QA actions through designated Component representatives, the AFHSB, and the DMDC to validate the accuracy and completion of deployment-related health reporting requirements. Data discrepancies and other inaccuracies will be discussed in quarterly meetings, and an action plan for correction will be provided with a defined completion date. Meeting minutes will be available by the next quarterly meeting.

(2) Follow-up quarterly meetings will emphasize measure review and analysis in accordance with data call collections.

(3) The FHPQA Program Manager will consolidate source information, develop submission timelines, and meet with representatives from AFHSB, U.S. Army Public Health Center, Reserve Health Readiness Program, USCG, Navy and Marine Corps, Air Force Medical Support Agency, and DoD Agencies, as applicable, for required reports.

(4) The DoD Components will report FHPQA Program findings to the FHPQA Program Manager through their representatives quarterly, or as requested by the FHPQA Program Manager. Reports will address the status of FHPQA Program monitoring activities, the findings associated with each key FHP element being monitored, and actions taken to improve measurements. The content of the reports will include descriptive narratives, as well as objective data.

(5) Reports will be prepared by the DoD Components and electronically submitted in a format that sufficiently describes the full scope of monitoring activities and delineates specific findings, but allows flexibility to accommodate each Service's reporting capabilities and program characteristics.

(6) Finalized QA reports will include the Report Control Symbol number in the right-hand corner and contain unclassified data only in accordance with Reference (t).

(7) Classified data that is pertinent to FHP may be collected and maintained by organizations, including DMDC, Joint Trauma Analysis for the Prevention of Injury in Combat, and the Army Public Health Center (Provisional). **Note:** It will not be reported for FHPQA Program purposes under this DHA-PI.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AFHSB	Armed Forces Health Surveillance Branch
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CAAF	contractor personnel authorized to accompany the force
CJCS	Chairman of the Joint Chiefs of Staff
CSA	Combat Support Agency
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DMDC	Defense Manpower Data Center
FHP	Force Health Protection
FHPQA	Force Health Protection Quality Assurance
QA	quality assurance
USCG	United States Coast Guard
WG	Working Group

PART II. DEFINITIONS

CAAF. As defined in DoD Instruction 3020.41 (Reference (n)).

Deployment health. As defined in DoD Instruction 6490.03 (Reference (q)).

FHP. As defined in DoD Directive 6200.04 (Reference (h)).

FHPQA. As defined in DoD Instruction 6200.05 (Reference (z)).

Health surveillance. As defined in DoD Directive 6490.02e (Reference (i)).

Individual Medical Readiness. As defined in DoD Instruction 6025.19 (Reference (r)).

Medical Surveillance. As defined in DoD Directive 6490.02e (Reference (i)).

Occupational and Environmental Health Surveillance. As defined in DoD Directive 6490.02e (Reference (i)).

Personally Identifiable Information. As defined in DoD Directive 5400.11-R (Reference (y)).