OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

NOV 27 2012

The Honorable C. W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Enclosed is the Department of Defense (DoD) Force Health Protection Quality Assurance Program report to Congress for Calendar Year 2011, required by section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005. The medical treatment of our Service members falls under my purview, and I have been asked to respond. I apologize for the delay in sending this report. This year's report addresses specific quality assurance activities that involved the review of Service member deployment medical records along with corresponding deployment health information maintained in central DoD databases; a review of the deployment occupational and environmental health surveillance actions taken to assess and mitigate exposures; and the military Services' reports on their actions to improve quality assurance compliance.

The Services are improving deployment health assessment completion rates. Use of new metrics should provide the ability to monitor changes in compliance, which we project will translate into improved force health protection for our Service members.

A similar letter is being sent to the Chairmen and Ranking Members of the other congressional defense committees and the Vice Chairman of the Senate Committee on Appropriations. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jessica L. Wright
Acting Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
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NOV 27 2012

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Susan A. Davis
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

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NOV 27 2012

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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The Honorable Thad Cochran
Vice Chairman

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WASHINGTON, DC 20301-4000

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NOV 27 2012

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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The Honorable Lindsey Graham
Ranking Member

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NOV 27 2012

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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NOV 27 2012

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Ranking Member

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Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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The Honorable John McCain
Ranking Member

Report to Congress on the 2011 Activities of the Force Health Protection Quality Assurance Program of the Department of Defense

Pursuant to Section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005

Preparation of this report cost the Department of Defense a total of approximately $27,000 in Fiscal Years 2011-2012.

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Table of Contents

Table of Figures

Introduction

The Department of Defense reports annually to Congress on the Force Health Protection Quality Assurance program pursuant with Section 739 of Public Law 108-375, the "Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005."

Executive Summary

The Force Health Protection Quality Assurance (QA) program audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for our deployed Service members. This report documents the results of these audits. In addition, it reports actions taken by the Department of Defense (DoD) to evaluate or treat Service members who had possible exposures to occupational or environmental hazards during deployment. We report on these actions annually covering the previous calendar year. We expanded the report this year to include information on training providers to accomplish mental health assessments (MHAs), and on our efforts to assess the health of DoD civilians who deployed.

- **Blood Samples in the DoD Blood Serum Repository**

  QA audits revealed that the Services provided blood samples to the blood serum repository for 74 percent of Services members before deployment and 50 percent of blood samples after deployment. However, Service records verified during Service audits showed blood serum percentages 5 to 20 percent higher. Detailed Service blood information is available in Appendix 2. The Services are working to improve the accuracy of accounting for blood serum samples of deployed Service members.

- **Health Assessments Maintained in the Defense Medical Surveillance System**

  The Armed Forces Health Surveillance Center maintains the electronic database, called the Defense Medical Surveillance System (DMSS). Collectively, for 2011, the DMSS contained only 63 percent of Service member Pre-Deployment Health Assessment (Pre-DHA) forms, 83 percent of the Post-Deployment Health Assessment (PDHA) forms, and 57 percent of the Post Deployment Health Reassessment (PDHRA) forms. Percentages were about 30 percent higher for the same Service members in the Services' systems, which we verified during on-site visits. The individual results of the health assessment record audits submitted to the DMSS, as well as the Service information for each audited site, are available in Appendix 2.

  The QA visits revealed that records were excluded from the DMSS database due to incomplete data such as deployment location or deployment date, or because deployers with an assessment waiver were incorrectly counted. In addition, QA reviews found that the tabulation and reporting of health assessments were not aligned to return-from-deployment dates, resulting in inconsistent reporting of the required assessments maintained in the DMSS. Appendix 2 provides the Services actions taken to support this requirement, and provides deployment health assessment data.

- **Responding to Expressed Health Concerns**

  Service member return-from-deployment health concerns have remained constant over the past year, with exposure concerns at about 20 percent for Active Duty and 33 percent for the Reserve Component. About 20 percent of Active Duty and 37 percent of Reserve Component members reported worse health upon return from deployment on the PDHA. Deterioration of health was noted for 2 percent of Active Duty members and 6 percent the Reserve Component at the PDHRA for all components except the Active Army.

- **Actions taken to address Occupational and Surveillance Concerns**

  In 2011, the DoD continued to focus Occupational Environmental Health (OEH) activities on the identification and mitigation of hazards to determine if health risks were associated with exposures in theater. The Services completed Periodic Occupational and Environmental Monitoring Summaries and identified health risks or conditions that might lead to long-term health risks.

  Other OEH initiatives included developing a radiation exposure registry for individuals who were on or near the mainland of Japan during the Fukushima Nuclear Power Plant radiation release, burn pit waste reviews, and rabies exposure reviews. Details for these initiatives are outlined in Chapter 3.

- **DoD Verification of Service Mental Health Assessment Provider Training**

  National Defense Authorization Act for Fiscal Year 2010, section 708, required mental health assessments, before and after deployment, and stated they shall be performed by providers trained to perform such assessments. Directive-Type Memorandum 11-011, "Mental Health Assessment for Members of Military Deployed in Connection with a Contingency Operation," August 12, 2011, (Reference (b)), required that the QA program include in this year's report evidence of the Services' progress providing MHA training. By the end of calendar year 2011, more than 400,000 Service members received MHAs prior to or after deployment. To perform these MHAs, the Services trained more than 4,000 providers to augment their mental health specialists. Appendix 2 details the Services' efforts to implement MHAs.

- **DoD Civilian Employee Deployment Health Data Review and Analysis**

  This year, the QA program undertook an initiative to determine if the DoD was reporting on health assessments of DoD civilians who deployed. Collectively, 43 percent of DoD civilian Pre-DHAs, 32 percent of their PDHAs, and 17 percent of their PDHRAs were maintained in the DMSS. The audits showed a lack of electronic reporting capability by civilian deployment offices, which affected the data reporting. The Office of the Deputy Secretary of Defense for Civilian Personnel Policy received this information to inform its efforts to improve the civilian deployment process.

Detailed Report

2011

Chapter 1: Blood Samples and Health Assessments

Section 739 of the Ronald W. Reagan National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2005, (Reference (a)), directs the Department of Defense (DoD) to submit the results of audits conducted during the calendar year documenting to what extent deployed Service members' blood sample information is stored in the Blood Serum Repository. The deployment health assessment records are maintained in the electronic database of the Defense Medical Surveillance System (DMSS). In calendar year (CY) 2011, the Office called the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD(FHP&R)) and representatives of the Services' medical departments jointly planned, coordinated, and conducted the audits using electronic records reviews and on-site visits.

The audits assessed deployment health policy compliance and effectiveness, as directed by Reference (d). The audits included discussions with commanders and health care providers about deployment health processing activities and issues, and reviews of individual medical records for documentation of pre- and post-deployment health-related information, findings, and recommendations. The Force Health Protection (FHP) Quality Assurance (QA) teams conducting the audits based all findings on data observed electronically and reviewed on-site from individual Service member deployment records. The Services provided deployment health assessment and blood serum data (when available) from their independent readiness systems, as did the Armed Forces Heath Surveillance Center (AFHSC) (which manages both the DMSS and the blood serum repository). Paper deployment records were compared with electronic data on-site. Figure 1 illustrates the Department's combined audit results; individual Service-specific audits results are listed in Appendix 1.

The variations between AFHSC-reported numbers and Service documentation led to an October 2011 meeting where the AFHSC hosted the Defense Manpower Data Center (DMDC) and Service representatives to develop solutions to improve the accuracy of reported deployment data. The AFHSC and each of the Services met to identify Service-specific data discrepancies. Individual Service actions underway to improve data discrepancies are discussed in Appendix 2.

The improvements implemented for 2012 included: country code changes that affect the reporting of individuals deployed to specific countries; improving providers' completion of the deployment health assessment forms and accounting for forms not signed by providers; and the Navy's better accountability of deployed individuals. The FHP QA program will continue to monitor these actions during the 2012 QA audits to determine if these actions improved the accuracy of reporting. Appendix 2 outlines how the Services are working to ensure deployment rosters are correct, and other ongoing activities.

Figure 1: DoD Combined Armed Forces Blood Sample and Health Assessment Audit Results

For 2011, the DoD used the following FHP&R-developed QA metrics to track compliance trends over time. The on-site audits provided additional information for Service compliance validation and information related to Service compliance-based initiatives. Additional information is available in each Service's audit results included in Appendix 1.

Figure 1

2011 Combined Results	Service members deployment health records extracted from DoD's DMSS	Service members deployment health records extracted from the Services Deployment Readiness Systems	Service members deployment health records reviewed on-site
Number of records reviewed	1,374	1,308	1,264
Evidence of required immunizations	80%	70%	83%
Record contained all required deployment health assessments for individual for the deployment	44%	81%	53%
Periodic Health Assessment (PHA) current at the time of deployment	N/A	94%	87%
Pre-Deployment Health Assessments (Pre-DHA)	63%	96%	82%
Post-Deployment Health Assessments (PDHA)	83%	91%	83%
Post-Deployment Health Reassessments (PDHRA)	57%**	79%	53%
Record of a baseline neurocognitive testing (Automated Neurocognitive Assessment Metrics (ANAM)) taken before Service member deployed	82%		
Blood samples taken from a Service member before deployment are stored in the blood serum repository of the DoD	74%		
Blood samples taken from a Service member after the deployment are stored in the blood serum repository of the DoD	50%		

**DoD does not have an ability to electronically identify individuals who are not required to complete the PDHRA because they deployed again before the PDHRA was due; therefore, percentages will be lower in this category.

Chapter 2: Responding to Expressed Health Concerns

The DoD's policy requires that providers address Service member concerns during the completion of a deployment health assessment, and recommend a referral if indicated. In 2011, the DoD tracked the number of deployment health care findings, trends, and recommended referrals, after Service members were assessed by providers. See Appendix 3 for the types of medical referrals received, and the types of concerns Service members reported by who completed Post-Deployment Health Assessments (PDHAs) and Post-Deployment Health Reassessments (PDHRAs) for details.

The Reserve Health Readiness Program (RHRP) is used by the National Guard and Reserve Components to provide PDHRAs. Often the provider interface is done telephonically so the RHRP follows up with those individuals who received referrals. Thirty days after a Reserve Component Service member received a recommendation for referral, the RHRP provider attempts to contact the Service member to determine if the member was able to receive an appointment to address the condition of the referral. In FY11, RHRP was able to contact approximately two-thirds of these Service members and found that half of them already had made their appointments. The other half still desired an appointment but three-quarters of them said that they just did not have the time. For Service members who identified mental health concerns, providers offered recommended sources of assistance even where referrals for specialty care were not required. In addition, Commanders were provided guidance on how to assist their Service members who express concerns during training, and before and after deployment.

A summary of Service-specific actions taken to address deployment related care and concerns such as follow-up tracking and Commander programs is provided in Appendix 1. Appendix 2 illustrates the Service-specific actions taken to ensure concerns were addressed, and highlights the value of the FHP QA program. Service discussions included actions taken to improve deployment health programs for their Service members and their civilian employees. The statistical portion of Appendix 2 contains multiple reporting metrics, including tracking referrals. Detailed information related to the total number of deployment health assessment forms received by month, and the percentage of Service members who received recommended referrals, is available in Appendix 3.

Chapter 3: Actions Taken to Address Deployment Occupational and Environmental Health Surveillance Concerns

This chapter provides an account of some of the actions taken by the DoD and the Services to assess and mitigate occupational and environmental exposures and to evaluate or treat members of the Armed Forces with confirmed or probable exposures to deployment occupational or environmental hazards.

Periodic Occupational and Environmental Monitoring Summaries

Periodic Occupational and Environmental Monitoring Summaries (POEMS) are completed for most permanent and semi-permanent basing locations in Iraq and Afghanistan to summarize the results of the environmental surveillance conducted at those locations, identify the health risks present, and identify possible long-term health risks at these locations. Completed POEMS are made available via the Web to Active Duty, retired, and separated Service members; current and former DoD civilians; and their medical providers and claims adjudicators, including in the Department of Veterans Affairs (VA), to better inform the medical care and assist in disability benefits determination processes. As of December 2011, 19 POEMS for 49 base camps had been completed. POEMS have been initiated for many other major Service member locations.

Burn pits (solid waste disposal)

The Institute of Medicine's (IOM) report, "Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan," released in October 2011, was inconclusive regarding the long-term health consequences of burn pit emissions exposures. In the report, the IOM indicated that background pollution, rather than emissions from burn pits, was likely of greater concern, so it recommended further studies. The DoD is working with the VA to complete a Joint VA/DoD Airborne Hazards Action Plan, which includes epidemiologic, clinical, and toxicological research to determine any health risks associated with a wide range of theater inhalational exposures, such as burn pit emissions, urban pollutants, and airborne particulate matter. These studies will help define the prevalence of any associated diseases that may exist and includes a $10 million DoD research portfolio addressing the IOM's recommendations.

Respiratory Disease In Deployed Military Members

There are various efforts underway to address the IOM's recommendations, including an Army initiative to define the extent of chronic respiratory disease in deployed military members. One study will evaluate Active Duty military members with new onset respiratory symptoms; another study will evaluate pre- and post-deployment lung function tests and chest-imaging evaluations of Active Duty military members. In addition, the DoD will review a feasibility study on the use of screening lung function tests in Service members. The research will examine health outcomes possibly associated with exposures to burn pit emissions and will take a more in-depth look at exposures to airborne particulate matter and urban pollutants.

Collaborative Consultative Services for Health Care Providers

The Army Institute of Public Health (AIPH) initiated a consulting service for medical providers whose patients have possible deployment-related exposures and illnesses. When queried, AIPH staff will search the Defense Occupational and Environmental Health Readiness System for possible exposure information related to the patients. This information will be discussed with the consulting provider to address specific questions. This service is made available to the VA War-Related Illness and Injury Centers and promises to be a very positive step in assisting Service members and veterans who are diagnosed with deployment-related health conditions.

Environmental and Radiological Monitoring

Soon after the initial broadcast on March 11, 2011, about the earthquake and tsunami in Japan, the DoD initiated a response (OPERATION TOMODACHI) to the growing catastrophe to protect health locally and globally. To evaluate the magnitude of the potential health threat to external radiation, doses were measured at U.S. installations in Japan, on naval vessels, and in areas where U.S. Service members were deployed. Special response teams from the United States and Okinawa were deployed to Honshu Island to augment DoD capabilities already present. The U.S. Department of Energy (DOE) deployed teams to the area, and, along with the DoD teams, performed extensive air and soil sampling on DoD installations in the region. The U.S. teams and Japanese authorities monitored water supply systems at DoD installations, the ocean, surface water, rainwater, and household tap water for radiological contaminants. In addition, the DoD took actions to ensure that contaminated food and bottled water did not reach the DoD-affiliated population by suspending procurement of those provisions originating from areas of high radioactivity and increasing the surveillance of facilities and food products to detect contaminated items in shipments. Data collected by all U.S. military Services, DOE response teams, the Tokyo Electric and Power Company, and Japan's Ministry of Education, Culture, Sports, Science, and Technology were consolidated and used to develop location-based radiation dose estimates for the members of the DoD-affiliated population.

At the request of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), the AIPH began the creation and operation of the OPERATION TOMODACHI Registry, a database to contain information on all Service members and DoD civilians, their family members, and DoD contractors who were on the island of Honshu between March 12, 2011, and May 11, 2011. The ASD(HA) requested that the Director of the Armed Forces Radiobiology Research Institute establish a Dose Assessment and Recording Working Group with support of by the Defense Threat Reduction Agency, and subject matter experts in radiation health from the military Services.

The OPERATION TOMODACHI Registry development is proceeding in coordination with the VA. Fortunately, the radiation dose estimates for the 13 different locations where the majority of the DoD-affiliated population resided or worked during the crisis are well below levels associated with adverse health effects, including cancer. No members of the DoD-affiliated population are known to have been exposed to levels of radiation associated with

either short- or long-term health risks. This registry will serve a valuable role in answering future radiation health-related questions and resolving any claims related to OPERATION TOMODACHI submitted to the VA or the Department of Labor.

Deployment-Related Human Rabies Case:

In August 2011, the DoD experienced the first Service member rabies fatality in 30 years. The rabies fatality resulted from a rabies virus exposure contracted during the affected Service members deployment to Afghanistan. The DoD responded a multi-phased public health initiative to ensure appropriate treatment for all individuals who may have had rabies exposures during recent deployments. This broad response was necessary because the initial investigation revealed some Service members failed to report animal encounters, such as dog bites. Treatment prior to the onset of symptoms can prevent this fatal disease. The response targeted all U.S. Service members, DoD civilian employees, and contractors who returned from deployment between March 1, 2010, and September 1, 2011, and had possible rabies exposure with no documentation of completed treatment

The response included a review of medical databases for evidence of possible rabies exposures and treatment in theater, as well as review of all PDHAs and PDHRAs in which Service members indicated concern about animal bites. In addition, the DoD developed an organization-wide communication strategy to apprise Service members of the incident, outline the risk of rabies during deployment, and to reinforce the importance of seeking medical care for animal bites or other possible rabies exposures. The DoD established a 24/7 hotline for concerned individuals to ask questions or to report previously unidentified rabies exposures and initiate care, and the DoD developed and provided Service member and medical provider educational products. Medical provider products included rabies risk assessment algorithms that were shared with the VA to identify, notify, evaluate, and assess exposed individuals to ensure they received appropriate treatment.

Deployment-related exposure incidents requiring long-term medical surveillance:

Al Mishraq Sulfur Mine Fire, 2003

In 2010, the U.S. Army Public Health Command finalized its report that describes the epidemiological investigation and review of medical data of thousands of U.S. Service members possibly exposed to sulfur fumes emanating from a month-long fire at a sulfur mine in Iraq. This analysis did not show a definitive link between the sulfur fire exposure and chronic or recurring respiratory diseases. However, number samples of returning Service members (some of whom may have been exposed to the smoke from this fire) appear to have experienced more respiratory problems post-deployment than before they deployed. In addition, the diagnosis of the lung condition known as "constrictive bronchiolitis," was made in approximately 50 Service members evaluated at Vanderbilt University Medical Center, and later at other institutions. This unusual diagnosis is characterized by shortness of breath during exertion. It was reported in the *New England Journal of Medicine* in 2011. The DoD provided funding to the National Jewish Medical Center in Denver, Colorado, known for its expertise in respiratory disease, to conduct a blinded review of the lung biopsies from those individuals who

were diagnosed with this condition to determine whether a consensus existed on the diagnosis. In addition, the DoD and the VA hosted a meeting in November 2011, with representatives from the military Services, the VA, and outside medical institutions to discuss this issue. The DoD is continuing to evaluate the larger scope of deployment pulmonary health concerns associated with deployment.

Qarmat Ali Industrial Water Treatment Plant, 2003

The medical actions and risk assessments following the discovery of possible exposures of about 75 Service members and DoD civilian employees to sodium dichromate, a known carcinogen, at the Qarmat Ali Industrial Water Treatment Plant near Basrah, Iraq, have been the subject of numerous investigations and congressional hearings. While there is no firm information to indicate that any U.S. individuals received exposures that would pose an increased long-term health risk, the DoD and the VA established a joint special medical surveillance program and offered lifelong medical evaluations to approximately 900 individuals. In October 2010, the Secretary of Defense and the Secretary of Veterans Affairs signed a joint letter inviting current and former DoD civilian employees and Service members possibly exposed to sodium dichromate during service at Qarmat Ali to enroll in the Special Medical Surveillance Program. The first round of DoD-conducted evaluations for the Qarmat Ali Medical Surveillance Program is complete. After the DoD results are compiled and reviewed, they will be combined with the VA's results for a comprehensive assessment of all evaluations.

Chapter 4: Service Mental Health Assessments (MHA)

The NDAA for FY 2010, section 708, subsequently replaced by the NDAA for FY 2012, section 702, required MHAs before and after deployment by providers trained and certified to conduct such assessments. Responsive to the legislation, the DoD issued Directive-Type Memorandum (DTM) 11-011, "Mental Health Assessments for Members of the Military Services Deployed in Connection with a Contingency Operation," August 12, 2011, (Reference (b)). To expand the number of providers trained and certified to perform the assessments, the DoD developed a self-directed DoD certification-training. This program, posted on the FHP&R and Deployment Health Clinical Center Web sites (http://fhpr.osd.mil/mha, http://www.pdhealth.mil/, and http://fhp.osd.mil/) is for non-mental health providers to deliver MHAs. DTM 11-011 required the FHP QA program to report on the progress of training providers who perform the MHAs. Successful completion of the program by individual providers was tracked via a centralized database, and as of December 2011, the DoD had trained 4,033 providers. The Services developed policies and procedures to ensure that only certified health specialists or those providers who had completed the training perform the MHAs. Appendix 2 provides numbers by Service.

The Air Force achieved full MHA implementation in January 2011. The Army Active component successfully implemented MHAs in March 2011, and the Army Reserve component followed in October 2011. Full implementation of the MHAs within the Navy, Marine Corps, and Coast Guard will begin in 2012. DoD MHA implementation details will be reported in a separate Congressional report, required by section 702 of the NDAA for FY 2012. In addition to the MHA, there is a mental health component in the Pre-DHA, the PDHA, and the PDHRA. These results are summarized as supplemental data in Figure 2.

Figure 2: Summary Results - July-December 2011 Mental Health (MH) Components within total force deployment health assessments.

	Screened (#)	PTSD Screen Positive (PC-PTSD[1]) (% of total)	Depression Screen Positive (PHQ-2[2]) (% of Total)	Alcohol Screen Positive (AUDIT-C[3]) (% of total)	Medical Referral Indicated (% of total)	Referred to VA Medical Center (% of total)
Active Component						
Pre-Deployment Health Assessment (Pre-DHA)	113,597	-	-	-	4%	-
Post-Deployment Health Assessment (PDHA)	126,465	9%	6%	22%	28%	1%
Post-Deployment Health Reassessment (PDHRA)	109,152	11%	8%	31%	16%	1%
Reserve Component						
Pre-DHA	36,910	-	-	-	3%	-
PDHA	48,064	9%	5%	21%	31%	15%
PDHRA	33,580	16%	8%	34%	38%	21%
Total						
Pre-DHA	150,507	-	-	-	4%	-
PDHA	174,529	9%	6%	22%	29%	5%
PDHRA	142,732	12%	8%	32%	21%	6%

[1] PC-PTSD Screen: Primary Care PTSD Screen;
[2] PHQ-2: Patient Health Questionnaire-2 questions;
[3] AUDIT-C: Alcohol Use Disorders Identification Test-Consumption

Shaded areas: Test not required

Chapter 5: DoD Civilian Employee Deployment Health Data Review and Analysis

During 2011, the FHP QA program began looking at the implementation of force health protection policies for DoD civilian employees who deployed.

The AFHSC provided DoD civilian employee deployment health assessment data quarterly following the same methodology consistent with that for Service members. This information enabled the Office of the DASD for Civilian Personnel Policy (CPP) and the Services to aggregate data and facilitate civilian employee deployment-related health care decision-making. CPP used the date to validate accuracy of accounting. Specific information related to the civilian employee on-site audit is available at Appendix 2.

Although Figure 3, "DoD Civilian Deployment Health Assessment Compliance Report," includes the civilian employee deployment assessment forms that were received electronically for 2011, it does not include all of the deployment health information about DoD civilians who deployed and returned from deployment. There continues to be deployment health data stored on other systems that do not have the capability for electronic transfer to the central database (DMSS). CPP is working the issues related to access to DMSS for DoD civilian employees who deploy.

At the request of CPP, the FHP QA team performed a QA review of the Civilian Expeditionary Workforce (CEW) at the National Deployment Center (NDC), Camp Atterbury, Indiana. CEW supports civilians who deploy and serve alongside our Service members. The NDC review provided information on DoD CEW deployment, return-from-deployment processes, and feedback related to the NDC FHP policy and program compliance. The results are provided in Appendix 1. The FHP QA program lead continues to work with CPP to ensure the implementation of and compliance with FHP policies by sponsoring ongoing interagency meetings. The FHP QA program will continue to support CPP's Civilian QA improvement initiatives.

Figure 3: DoD Civilian Deployment Health Assessment Compliance Report

Figure 3 includes DoD civilian employee deployment health assessment forms that were received electronically by the Defense Medical Surveillance System (DMSS) for 2011. It does not include all of the deployment health assessment information about DoD civilians who deployed and have returned from deployment.

Deployment End Date		Number returned from deployment	Pre- Deployment Health Assessment (Form DD2795)[1]		Post-Deployment Health Assessment (Form DD2796)[2]		Post-Deployment Health Reassessment (Form DD2900)[3]		Recommended Referral on DD2796[4]		Recommended Referral on DD2900[4]	
Year	Calendar Quarter		Number	%	Number	%	Number	%	Number	%	Number	%
2011	Q1	1,571	660	42%	428	27%	199	13%	126	29%	58	29%
	Q2	1,720	654	38%	546	32%	256	15%	143	26%	57	26%
	Q3	1,983	882	44%	789	40%	322	16%	156	20%	52	20%
	Q4	1,011	487	48%	302	30%	31	3%	71	24%	9	24%

- All deployment start and end dates are established by the Defense Manpower Data Center's Contingency Tracking System for Operation Enduring Freedom /Operation Iraqi Freedom/Operation New Dawn .
- "Received" deployment forms are those that have been received by DMSS from each of the Service data systems.
- The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.

[1] DD2795 dated between 90 days prior to and 30 days after the start of the deployment.
[2] DD2796 dated between 60 days prior to and 60 days after the end of the deployment.
[3] DD2900 dated within 60-210 days from the end of the deployment
[4] If a civilian has more than one form with a referral noted in DMSS, data reflects the most recently completed form (based on "Today's Date") with a referral noted within compliance period

Data Source: DMSS
Prepared by Armed Forces Health Surveillance Center, as of 10-Feb-2012

Chapter 6: FHP QA Program Findings and 2012 Goals

Investigations in 2011 examined data transfer and reporting inconsistencies that the FHP QA program identified in the 2010 QA report to Congress. As reported in Appendix 2, this year the program expanded deployment health data collection to include health assessment data from the respective Service-specific readiness systems for each audit. On-site audits allowed reviewers to evaluate another record source and cross-reference electronic data with deployment health data in the individual Service member's records. These actions were necessary to address the Government Accountability Office's concerns and recommendations in References (e) and (f), and for the DoD to electronically validate the data provided by the Services to the AFHSC repository.

It took most of 2011 for the DoD FHP QA program to identify causes of reporting discrepancies affecting deployment health assessment compliance reporting throughout the DoD. The analyses showed the discrepancies did not have a single cause; they were interrelated and would require multi-departmental efforts to revise methods and systems. FHP&R met with the Services, the DMDC, and the AFHSC to develop solutions to improve the accuracy of the accounting of deployed individuals. The DMDC and the AFHSC worked collaboratively to improve data transparency, which should result in an improved reporting.

A concern identified during the 2010 FHP QA reviews was that each Service component had established a different set of criteria for reporting individuals as "deployed." During 2011, the FHP QA program requested that the Services validate their deployment health data with the DMDC, and ensure that their deployment health programs use the deployment definition as outlined in Reference (g) when implementing deployment health assessment requirements. Another circumstance that contributed to reporting discrepancies occurred because the Air Force was granted a waiver to skip the PDHRA completion requirement for airmen who deploy again before the PDHRA is due. This waiver eliminated an unnecessary health assessment when the individual receives a Pre-DHA before deployment in lieu of the PDHRA after the previous deployment. However, the waiver created a compliance issue because each individual with a waiver shows a missing PDHRA in the DMSS database. The AFHSC and the Air Force are working to develop a solution to this reporting gap.

One of the goals for the FHP QA program for 2012 will be to perform electronic deployment health reviews along with on-site QA reviews when variances are noted during the electronic record review. This will provide the QA program with the necessary information and data to evaluate the implementation of the changes in a more expeditious manner. The Services will report on whether the actions taken during 2011 improved the accuracy of reporting individual deployment location or deployment health assessment compliance.

Appendix 1: 2011 Summary of FHP QA Program Audit Activity

Reference (d) directs that DoD conduct periodic on-site visits to monitor compliance with DoD policy concerning joint FHP issues specified in Reference (g), sections 1074f and 1092a of title 10, U.S. Code (Reference (c)), section 734 of Reference (a), and DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention" (Reference (h)). In CY 2011, FHP&R staff and representatives of the Services' medical departments jointly planned, coordinated, and conducted the FHP QA audits as a team.

The purpose of the FHP QA audits were to assess deployment health policy compliance and effectiveness as directed by Reference (d). Visits generally included briefings with commanders and health care providers, discussions of deployment health processing activities and issues stemming from them, and reviews of individual medical records for documentation of pre- and post-deployment health-related information (including Pre-DHAs and PDHAs).

In preparation for each audit (on-site or electronic), the FHP QA program manager coordinated with each military Service, the DMDC, and the AFHSC to collect deployment-related data. FHP QA staff collected available enterprise-wide documentation of Pre- and Post-DHAs, serum specimens, and pre-populated QA worksheets with data from the DMSS. This facilitated the identification of individuals who had returned from deployment, and who had completed the required DHAs.

During the audits, the audit teams: (1) verified the accuracy of the data in DMSS provided by DMDC and by the Services; (2) searched for data inconsistencies; and (3) discussed deployment-processing practices with the Services, CPP, and DMDC.

The audit teams: (1) developed findings; (2) addressed compliance issues; (3) identified needed improvements as appropriate. The audit team conducting the audits based all findings in the performance metrics tables on data observed electronically prior to the visit and data reviewed on-site from printed forms.

Appendix 1 provides a list of each audit activity, specific data results collected, and an account of specific audit findings. Appendix 2 of this report includes follow-up actions taken in response to audit findings.

Appendix 1: 2011 List of Force Health Protection QA Program Audit Activity

Date(s)	DoD	Component	Installation
6/14-15/2011	U.S. Army (USA)	Active Duty	• Soldier Resilience and Readiness Center • Ft Bliss, Texas
6/11-12/2011	USA	Reserves	• 739th Engineer Company Multi-Role Brigade • Granite City, Illinois
7/25-27/2011	USA	National Guard	• 256th TIGER Infantry Brigade • Camp Beauregard, Alexandria, Louisiana
12/30/2011	U.S. Navy (USN)	Active Duty	• Electronic Review
12/30/2011	USN	Reserves	• Electronic Review
4/11-16/2011 9/27-30/2011	U.S. Air Force (USAF)	Active Duty	• 379th Expeditionary Medical Group, Al Udeid Air Force Base (AFB), Qatar • 99th Medical Group, Nellis AFB, Nevada
4/30/2011	USAF	Reserves	• 926th Group Reserve • Nellis AFB, Nevada
9/26-27/2011	USAF	Air National Guard (ANG)	• 152nd Air Medical Operations Group • Reno, Nevada
5/3-4/2011	U.S. Marine Corps (USMC)	Active Duty	• Marine Tactical Electronic Warfare Squadron 2, Marine Aircraft Group 14, 2D Marine Aircraft Wing, II Marine Expeditionary Force, Marine Forces Command (MARFORCOM) • Cherry Point, North Carolina
5/18/2011	USMC	Reserves	• Bravo Company 4th Light Armored Reconnaissance Battalion, 4th Marine Division Marine Forces Reserves • Ft Detrick, Maryland
5/5/2011	U.S. Coast Guard (USCG)	Active Duty	• Health and Safety Work Life Regional Practice • Portsmouth, Virginia
7/28/2011	USCG	Reserves	• Port Security Unit 308 • Biloxi, Mississippi
1/17-19/2011	Department of Defense	CPP	• Joint Military Training Center • Camp Atterbury, Indiana

U.S. Army Active Duty

Soldier Resilience and Readiness Center
Fort Bliss, Texas

The FHP QA team conducting the on-site visit and based all findings in the performance metrics table on data observed electronically prior to the visit and data reviewed on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	Onsite
Number of records reviewed	226	124	80[1]
Evidence of current anthrax, influenza, and small pox vaccinations in record	58%	87%	Not available on-site[3]
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	53%	96%	69%
PHA current at the time of deployment	Not transferred electronically	Medical Protection System (MEDPROS) unable to archive PHAs	Not available on-site[1]
Pre-DHA in record (DD 2795)	82%	100%	83%
PDHA in record (DD 2796)	88%	99%	86%
PDHRA in record (DD 2900)	59%	99%	71%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	85%	Not available in MEDPROS[2]	Not available on-site[2]
Pre-Deployment Sera in DMSS	100%	Not available in MEDPROS[2]	Not available on-site[2]
Return from deployment Sera in DMSS	56%	98%	Not available on-site[2]

*As reported by DMSS
**As reported in MEDPROS
[1] Limited paper documentation was provided in deployment "jackets" (DD 2796) at the on-site reviews
[2] Testing results are stored at an alternate location

Unit Strengths:

- Consistent health care provider documentation in the comment section established reason for clinical decision and actions taken on each post DHA forms thus improving communication between health care provider and reviewers.
- Administrative Case Management (referral management) tracked members from the point of referral entry to appointment kept. Any interruption of the appointment resulted in communication with the primary care provider and the Service member to ensure that the need for intervention was resolved.

Follow-Up Actions

Site

- Review the primary immunization documentation process. The documentation of the small pox vaccination response or a negative result for tuberculosis screen was unclear or unknown.

Service

- Evaluate the transfer of MEDPROS data to DMSS. Although in MEDPROS, a number of DHA forms (primarily DD 2900) were not located in DMSS, and DMSS reported different or missing deployment dates when compared to MEDPROS.

Health Affairs

- Identify factors that result in noted reporting discrepancies between Service and DoD accounting of those deployed.

U.S. Army Reserves

739th Engineer Company Multi-Role Brigade
Granite City, Illinois

The review-based members identified as deployed as in previous FHP QA 2011 performance metrics. All data was observed electronically. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service**	On-site
Number of records reviewed	120	128	113
Evidence of current anthrax, influenza, and small pox vaccinations in record	68%	Not available[1]	81%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	83%	87%	90%
PHA current at the time of deployment	Not transferred electronically	MEDPROS unable to archive PHAs	81%
Pre-DHA in record	98%	100%	99%
PDHA in record	93%	91%	97%
PDHRA in record	86%	91%	91%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	69%	Not available in MEDPROS[1]	Not available in medical record[1]
Pre-Deployment Sera in DMSS	100%	Not available in MEDPROS[1]	Not available in medical record[1]
Return from deployment Sera in DMSS	56%	91%	Not available in medical record[1]

*As reported by DMSS
**As reported in MEDPROS
[1]Testing results are stored at an alternate location

Strengths:

- Validated evidence of electronic health record data entry documentation in DMSS and members deployment health record.

- Impressive Pre-DHA completion rates were consistent between Service records systems and DoD systems.

Follow-Up Actions

Service

- Review MEDPROS to DMDC exchange of deployment date to determine if data is lost during transfer of the PDHRAs.

Health Affairs

- Identify factors that result in noted reporting discrepancies between Service and DoD accounting of those deployed.

U.S. Army National Guard (ARNG)

256th TIGER Infantry Brigade
Camp Beauregard, Alexandria, Louisiana

The review-based members identified as deployed as in previous FHP QA 2011 performance metrics. All data was observed electronically. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metrics	DoD*	Service**	On-site[1]
Number of records reviewed	200	200	60
Evidence of current anthrax, influenza, and small pox vaccinations in record	95%	Not available in deployment record	98%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	62%	79%	2%
PHA current at the time of deployment	Not transferred electronically	MEDPROS does not archive PHA	92%
Pre-DHA in record	99%	99%	92%
PDHA in record	92%	98%	92%
PDHRA in record	63%	80%	2%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	97%	Not available in MEDPROS[1]	Not available in deployment record
Pre-Deployment Sera in DMSS	100%	Not available in MEDPROS[2]	Not available in deployment record
Return from deployment Sera in DMSS	62%	Not available in MEDPROS[2]	Not available in deployment record

*As reported by DMSS
**As reported in MEDPROS
[1] As a result of reconciliation, limited deployment related documentation was provided on-site in the soldiers deployment medical "jackets" (DD 2766). Outpatient records were not available for review.
[2]Testing results are stored at an alternate location.

Strengths:

- Consistent electronic evidence of VA involvement was evident throughout the deployment health records. The Louisiana National Guard had developed a process of electronic health data exchange that allowed them to confirm that a member had received care following the DHA.

Follow-Up Actions

Site

- Ensure an accountability of the PDHRA completion is in place.

Service

- Provide capability for individual National Guard units to validate medical requirements, facilitate access to Army medical readiness and medical treatment electronic systems.
- Review MEDPROS to DMDC deployment data to determine process improvements to address incorrect return from deployment dates noted in this audit.

Health Affairs

- Identify factors that result in noted reporting discrepancies between Services and DoD accounting of those deployed.

U.S. Navy Active Duty

Electronic Review

The review-based members identified as deployed as in previous FHP QA 2011 performance metrics. All data was observed electronically. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metrics[1]	DoD*	Service**	On-site[1]
Number of records reviewed	100	100	Not reviewed
Evidence of current anthrax, influenza, and small pox vaccinations in record	71%	31%	Not reviewed
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	37%	63%	Not reviewed
PHA current at the time of deployment	Not transferred electronically	Not available in service system[2]	Not reviewed
Pre-DHA in record	63%	84%	Not reviewed
PDHA in record	74%	82%	Not reviewed
PDHRA in record	52%	70%	Not reviewed
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	59%	Not available in service system[2]	Not reviewed
Pre-Deployment Sera in DMSS	87%	Not available in service system[2]	Not reviewed
Return from deployment Sera in DMSS	49%	Not available in service system[2]	Not reviewed

*As reported by DMSS

* *As reported in the Navy's reporting electronic Deployment Health Assessment System (eDHA)

[1]FHP QA monitoring methods changed based on 2011 program analysis that on-site records were consistent with Service systems.

[2]Testing results are stored at an alternate location.

Follow-Up Actions

Service

- Validate electronic DHA (eDHA) data to the DMSS.

Health Affairs

- Identify factors that result in noted reporting discrepancies between Services and DoD accounting of those deployed.

U.S. Navy Reserves

Electronic Review

The review-based members identified as deployed as in previous FHP QA 2011 performance metrics. All data was collected and analyzed electronically. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metrics[1]	DoD*	Service**	On-site[1]
Number of records reviewed	100	100	Not reviewed
Evidence of current anthrax, influenza, and small pox vaccinations in record	80%	40%	Not reviewed
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	28%	72%	Not reviewed
PHA current at the time of deployment	Not transferred electronically	Not available in service system[2]	Not reviewed
Pre-DHA in record	55%	90%	Not reviewed
PDHA in record	92%	81%	Not reviewed
PDHRA in record	61%	82%	Not reviewed
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	32%	Not available in service system[2]	Not reviewed
Pre-Deployment Sera in DMSS	93%	Not available in service system[2]	Not reviewed
Return from deployment Sera in DMSS	37%	Not available in service system[2]	Not reviewed

*As reported by DMSS

**As reported in the Navy's reporting eDHA

[1]FHP QA monitoring methods changed based on 2011 program analysis that on-site records were consistent with Service systems.

[2]Testing results are stored at an alternate location.

Follow-Up Actions

Service

- Validate eDHA data transfer to the DMSS.

Health Affairs

- Identify factors that result in noted reporting discrepancies between Services and DoD accounting of those deployed.

U.S. Air Force Active Duty

379th Expeditionary Medical Group, Al Udeid AFB, Qatar
99th Medical Group, Nellis AFB, Nevada

The FHP QA team conducting the on-site visit based all findings in the performance metrics table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	On-site[1]
Number of records reviewed	100	100	53
Evidence of current anthrax, influenza, and small pox vaccinations in record	77%	92%	91%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	39%	85%	[1]
PHA current at the time of deployment	Not transferred electronically	Not available in record[1]	94%
Pre-DHA in record	73%	90%	81%
PDHA in record	86%	96%	76%
PDHRA in record	56%	95%	2%[1]
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	100	Not available in record[2]	Not available in record[2]
Pre-Deployment Sera in DMSS	91%	Not available in record[2]	Not available in record[2]
Return from deployment Sera in DMSS	33%	Records were not available[2]	Not available in record[2]

*As reported by DMSS
**AF Periodic Health Assessment/Individual Medical Readiness (PIMR)
[1]Nellis AFB had transitioned to electronic records.
[2]Testing results are stored at an alternate location.

Strengths – Nellis AFB

- A QA Pre- and Post-Deployment Checklist was developed to ensure that all pre- and post-deployment requirements were completed.

- Service members returning home from deployment to Qatar reviewed their Post-DHAs with physician assistants and received scheduled appointments for any recommended referrals.

Follow-Up Actions – Nellis AFB

- Approximately 10 percent of written Pre-DHA was not documented in the Service electronic system, leaving no opportunity for transmission to the DoD. The Air Force should ensure consistent force health management education and training on the DoD and the USAF deployment health policy.

Strengths – Al Udeid

- FHP&R and Air Force representatives conducted extensive interviews with medical providers, non-medical enlisted and officers, and civilian deploying individuals to evaluate the PDHA program at Al Udeid.
- Strong Pre-DHA programs, such as the validation of Pre-Deployment requirements upon arrival in theater and anthrax and smallpox vaccination. Medical profiles supported the PDHA programs by ensuring personnel medical deployment requirements were completed or met while deployed.
- Wing and Medical Group support for Pre-DHA and PDHA processes with programs named "Right Start" and "Right Finish" ensured personnel accountability with in-processing and out-processing deployment checklists.

Follow-Up Actions – Al Udeid

Service

- Designate a physician consultant to MH for medical management.
- All open MH cases should have a "recommended mental health referral" on the PDHA.

Health Affairs

- To allow the military Services to continue their current post-deployment processes. The current Department of Defense Instruction (DoDI) 6490.03, "Deployment Health," allows for the completion of PDHAs within 30 day before return from deployment or 30 days after return from deployment. Ensure any approved exceptions to policy comply with legal requirements.

U.S. Air Force Reserves

926th Group Reserve
Nellis AFB, Nevada

The FHP QA team conducting the on-site visit based all findings in the performance metric table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	On-site*
Number of records reviewed	8	8	6
Evidence of current anthrax, influenza, and small pox vaccinations in record	100%	100%	%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	100%	[1]	[1]
PHA current at the time of deployment	Not transferred electronically	100%	100%
Pre-DHA in record	100%	100%	100%
PDHA in record	[1]	[1]	[1]
PDHRA in record	[1]	[1]	[1]
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)2	100%	100%	100%
Pre-Deployment Sera in DMSS	91%	100%	100%
Return from deployment Sera in DMSS	[1]	[1]	[1]

*As reported by DMSS
**AF PIMR
[1] Frequent deployers return to theater before the PDHRA is due, this resets deployment health assessment requirements for the individual. DoD does not have a mechanism to account for compliance in this instance. The Air Force has implemented a business rule to account for the issued exemption.

Strengths

- Commander and Medical Group support for Pre- and Post-DHA and PDHA processes for this newly formed rapid deploying unit.

Follow-Up Actions

- None.

U.S. Air Force ANG

152nd Air Medical Operations Group
Reno, Nevada

The FHP QA team conducting the on-site visit based all findings in the performance metrics table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service**	On-site
Number of records reviewed	120	120	50
Evidence of current anthrax, influenza, and small pox vaccinations in record	88%	94%	86%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	64%	87%	6%[1]
PHA current at the time of deployment	Not transferred electronically	Not available[1]	96%
Pre-DHA in record	93%	100%	26%
PDHA in record	92%	99%	66%
PDHRA in record	64%	86%	6%[1]
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	95%	Not available[1]	Not available in record[2]
Pre-Deployment Sera in DMSS	68%	Not available[1]	Not available in record[2]
Return from deployment Sera in DMSS	1%	Not available[1]	Not available in record[2]

*As reported by DMSS
**AF PIMR
[1]Frequent deployers return to theater before the PDHRA is due, this resets deployment health assessment requirements for the individual. DoD does not have a mechanism to account for compliance in this instance. The Air Force has implemented a business rule to account for the issued exemption.
[2]Testing results are stored at an alternate location.

Strengths

- Unit post-deployment QA checklists documented in Service member's medical record allowed for a system of checks and balances for receiving command.

- Command had implemented a post-deployment documentation and QA checks with recommended referral callbacks to ensure Airman were followed after return from deployment.

Follow-Up Actions

Service

- Ensure formal PDHRA tracking and referral oversight.

Health Affairs

- Optimize data quality at the AFHSC. Identify factors that result in data discrepancies between Services and DoD accounting of those deployed.

U.S. Marine Corps Active Duty

Marine Tactical Electronic Warfare Squadron 2, Marine Aircraft Group 14, 2D Marine Aircraft Wing, II Marine Expeditionary Force, MARFORCOM
Cherry Point, North Carolina

The FHP QA team conducting the on-site visit based all findings in the performance metrics table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	On-site
Number of records reviewed	150	156	69
Evidence of current anthrax, influenza, and small pox vaccinations in record	91%	94%	78%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	16%	82%	87%
PHA current at the time of deployment	Not transferred electronically	95.5%	70%
Pre-DHA in record	55.3%	98.7%	90%
PDHA in record	63.3%	94.9%	96%
PDHRA in record	52%	85.9%	100%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	100%	Not available[1]	Not available in record[1]
Pre-Deployment Sera in DMSS	100%	99.4%	Not available in record[1]
Return from deployment Sera in DMSS	56%	89.1%	Not available in record[1]

*As reported by DMSS
**As reported in eDHA
[1]Testing results stored at an alternate location.

Strengths

- Naval Hospital, Cherry Point, provided case managers to track the status of all MH referrals (previously deployed DoD civilians and Marines) to ensure the delivery of needed care and effective feedback to the Primary Care Manager.

Follow-Up Actions

Service

- Review the Marine Corps Total Force System (MCTFS) to the DMDC exchange of deployment dates to determine process improvements to address incorrect deployment dates noted in this audit, which erroneously affected DoD reporting of returned from deployment assessment completion compliance rates.

Health Affairs

- Inaccurate deployment dates were recorded in the DMDC for 75 percent of the identified deployers, which negatively influenced DoD compliance reporting with DHAs and returned from deployment serum requirement. Health Affairs should work with the DMDC to improve deployment data quality reporting.

U.S. Marine Corps Reserves

Bravo Company, 4th Light Armored Reconnaissance Battalion, 4th Marine Division, Marine Forces Reserve
Fort Detrick, Maryland

The FHP QA team conducting the on-site visit based all findings in the performance metrics table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	On-site
Number of records reviewed	55	82	67
Evidence of current anthrax, influenza, and small pox vaccinations in record	66%	18%	46%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	0%	67%	66%
PHA current at the time of deployment	Not transferred electronically	87%	78%
Pre-DHA in record	2%	95%	97%
PDHA in record	75%	73%	69%
PDHRA in record	78%	100%	96%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	67%	Not available[1]	Not available in record[1]
Pre-Deployment Sera in DMSS	13%	84%	Not available in record[1]
Return from deployment Sera in DMSS	98%	96%	Not available in record[1]

*As reported by DMSS
**As reported in eDHA
[1]Testing results are stored at an alternate location.

Strengths

- Comprehensive theater health care documentation handwritten in records.
- Excellent record organization.
- Electronic evidence of Veterans Affairs returned from deployment health care involvement in Service member outpatient medical records.

Follow-Up Actions

Service

- Complete DD 2795 within 60 days of deployment. The Pre-DHA was completed well in advance of deployment. To ensure compliance the Pre-Deployment serum collection must be completed within specific timeframes.
- Review the MCTFS to the DMDC exchange of deployment dates to determine process improvement to address incorrect deployment dates noted in this audit.

Health Affairs

- Collaborate with the DMDC to optimize data forwarded to the AFHSC.

United States Coast Guard Active Duty

Health and Safety Work Life Regional Practice
Portsmouth, Virginia

The FHP QA team conducting the on-site visit based all findings in the performance metrics table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	On-site
Number of records reviewed	89	84	3
Evidence of current anthrax, influenza, and small pox vaccinations in record	87%	[1]	Not available
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	Not available	Not available	Not available
PHA current at the time of deployment	Not transferred electronically	Not available	Not available
Pre-DHA in record	25%	98%	Not available
PDHA in record	90%	94%	Not available
PDHRA in record	1%	1%	Not available
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	[2]	[2]	[2]
Pre-Deployment Sera in DMSS	0%	[1]	[1]
Return from deployment Sera in DMSS	99%	[1]	[1]

*As reported by DMSS
**As reported in eDHA
[1] Not available. Provider Graphical User Interface (P-GUI) records all immunizations, Medical Readiness Reporting System (MRRS) is utilized for immunization data tracking/analysis (neither system was queried). Hard copy medical records were not available for review due to reassignment of personnel post-deployment. Testing results were stored at an alternate location
[2] ANAM testing is now routinely performed during Pre-Deployment evaluation, however, it had not been mandated at the time that this deployment group -underwent their Pre-Deployment evaluations.

Strengths

- The Navy aligned DHA requirements and tracking within the Navy, Marine Corps, and Coast Guard MRRS to include Traumatic Brain Injury and Neurocognitive Assessment Testing.

Follow-Up Actions

Service

- Implement PDHRA completion and health care provider certification oversight.

- In this review, data analysis recognized missing Pre-DHAs and PDHAs that were submitted eleven months after health care provider certification. The Coast Guard should collaborate with the Navy to improve eDHA data transfer to DMSS. These actions should improve DHA compliance reporting.

Health Affairs

- Identify factors that result in noted reporting discrepancies between the Services and the DoD accounting of those deployed.

U.S. Coast Guard Reserves

Port Security Unit 308
Biloxi, Mississippi

The FHP QA team conducting the on-site visit based all findings in the performance metrics table on data observed electronically prior to the visit and reviewed data on-site from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	DoD*	Service System**	On-site
Number of records reviewed	106	106	42
Evidence of current anthrax, influenza, and small pox vaccinations in record	81%	[1]	100%
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	6%	88%	52%
PHA current at the time of deployment	Records were not available	Records were not available	81%
Pre-DHA in record	12%	93%	67%
PDHA in record	68%	94%	79%
PDHRA in record	Not due	Not due	Not due
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	96%	[2]	[2]
Pre-Deployment Sera in DMSS	47%	[1]	NA
Return from deployment Sera in DMSS	1%	[1]	NA

*As reported by DMSS
**As reported in eDHA
[1]Not Available. P-GUI records all immunizations, MRRS is utilized for immunization data tracking/analysis (neither system was queried). Hard copy medical records were not available for review due to reassignment of personnel post-deployment. Testing results were stored at an alternate location.
[2]ANAM testing is now routinely performed during Pre-Deployment evaluation, however, it had not been mandated at the time that this deployment group underwent their Pre-Deployment evaluations.

Strengths

- Organization of records allowed for tracking health care provided while deployed, exposure documentation, and care received once returning to home base. This occurred in spite of the unit having lost most of its medical testing equipment during hurricane Katrina.

Follow-Up Actions

Service

- Complete DD 2795 within 60 days of deployment. The Pre-DHA was completed well in advance of deployment. Ensure that Pre-Deployment serum collection is completed.
- Develop formal PDHRA coordination and tracking process.

Health Affairs

- Identify factors that result in noted reporting discrepancies between Services and DoD accounting of those deployed.

Civilian Personnel and Policy

Individual Replacement Deployment Operations (IRDO) Course
Camp Atterbury, Indiana

The FHP QA program manager based the recommendations on the FHP policies currently in place.

Performance Metric**	DoD*	Service System*	On-site*
Number of records reviewed	Records not available for review	Records not available for review	Records not available for review
Evidence of current anthrax, influenza, and small pox vaccinations in record	Records not available for review	Records not available for review	Records not available for review
Record contains all DH assessments (PHA, Pre-DHA, PDHA, and PDHRA)	Records not available for review	Records not available for review	Records not available for review
PHA current at the time of deployment	Records not available for review	Records not available for review	Records not available for review
Pre-DHA in record	Records not available for review	Records not available for review	Records not available for review
PDHA in record	Records not available for review	Records not available for review	Records not available for review
PDHRA in record	Records not	Records not	Records

	available for review	available for review	not available for review
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	Records not available for review	Records not available for review	Records not available for review
Pre-Deployment Sera in DMSS	Records not available for review	Records not available for review	Records not available for review
Return from deployment Sera in DMSS	Records not available for review	Records not available for review	Records not available for review

*At the time of the DoD review, the site had not initiated internal record collection or QA program.

Strengths

- DoD CPP designed a consistent Pre-Deployment mobilization process to prepare DoD civilian employees and civilian contractors authorized for deployment in support of operations in a contiguous United States/outside of the contiguous United States theater of operation. The Indiana National Guard Program included administrative processing, medical and dental review, theater entry training requirements, training certificate completion, orientation to military operations for inter-agency and inter-departmental personnel, and general safety training. Upon completion of the IRDO Pre-Deployment training, DoD civilian personnel are certified for deployment to a theater of operation.

- PDHAs were conducted at Camp Atterbury, Indiana.

Follow-Up Actions

Component-CPP

- Provide a process to account for those DoD civilians who require a PDHRA in accordance with policy
- Review procedures to ensure that health care providers completing Post-DHAs incorporate when applicable, Workers' Compensation information, and/or referral.

Appendix 2: U.S. Armed Services' Consolidated Deployment Health Responses

Each Service's response in this appendix consists of narrative and statistical information. The narrative section includes Service:

- Key deployment health program accomplishments and successes;
- Current QA activities;
- Hot deployment health program topics;
- Concerns and issues; and
- Follow up actions taken in response to audit.

Inclusive in the appendix are the Services' responses to DTM 11-011, "Mental Health Assessments for Members of the Military Deployed in Connection with a Contingency Operation," August 12, 2011, Reference (b), which required the FHP QA program report the verification of provider MH training and program compliance. The Services provided information related to the implementation of MHAs in this section as well.

In addition, the statistical portion contains data capturing multiple metrics related to actions taken to ensure compliance with the requirements as established in Reference (b). It is important to note that the Services deploy in different capacities and for varying periods that affect the way, each Service meets the QA requirements for medical and MH referrals, follow-up visits, and serum draws. These factors may result in different deployment data results statistically from the DoD's data reports.

Shaded areas reflect data not received at the time of reporting possibly due to members in a non-report status or data not available.

U.S. Army

Key Accomplishments and Successes:

Active Component:

1. The Office of the Surgeon General/Medical Command developed a referral repository in MEDPROS to track their referrals stemming from their health assessments. This action finalized referral-tracking modules in the Medical Operational Data System (MODS) that allowed for Army-wide measurement of referral completion.

2. The U.S. Army collaborated with the U.S. Air Force on the development of a bi-directional DHA interface that enables soldiers to complete the PDHRA on the Air Force medical readiness system and have their results transferred to the Army's MODS.

3. The U.S. Army developed PDHRA strategic communications to pursue all opportunities to promote awareness and participation in the PDHRA program. Those efforts included coordination with Armed Forces Radio and Television Services to produce a PDHRA Hot Spot (public service announcement) currently broadcast on all eight Armed Forces Network channels. Additional events leading to increased awareness included: (1) a "Stand-To" event, which received a 7.2 percent click completion rate (compared to the national average of 5.9 percent); (2) an enhancement to the PDHRA Army Knowledge On Line pages, which led to a 90 percent increase in usage; and (3) related published articles in *Family Strong* magazine.

ARNG:

1. The ARNG integrated an automated voucher system to facilitate PDHRA scheduling in support of the DHA transition.

2. The National Guard Command optimized post-deployment health care and referral tracking by integrating government and non-governmental agencies

Army Reserve:

1. The Installation Management Command Individual Ready Reserve issued Operation Order 11-271 directing PDHRA completion prior to separation and validation during out-processing in accordance with All Army Activities 127-2008.

2. Army Reserve DHA program management merged under the Office of the Chief, Army Reserve Headquarters. Newly assigned DHA coordinators were trained on task force development and on force modules such as MODS, referral tracking, and line of duty determination.

Department of the Army Civilians:

1. The Department of the Army QA program took action to include Department of the Army civilian data within MEDPROS and develop performance metrics to track monthly performance and use in the development of solutions to improve compliance.

2. The Department of the Army PDHRA email to all civilians resulted in a 2 percent increase in completion by year's end, achieving an overall 72 percent completion rate for Army civilians.

MHA Implementation:

The U.S. Army successfully implemented the MHA at all PDHRA screening events (on call and call centers).

FHP QA On-site QA Audit Follow-up:

The Louisiana National Guard implemented two initiatives following the on-site visit. They reorganized hard copy medical records into an electronic Health Readiness Record. This action has eliminated the need for hard copy DHA records and, combined with the action below, has improved Louisiana National Guard PDHRA completion rates. For PDHRA tracking, the Louisiana National Guard hired personnel to track the PDHRA process for Guardsmen. Each Soldier's PDHRA is now tracked for case managers who notify units of individual PDHRA status.

For PDHRA tracking, the Office of the Assistant Secretary of Defense for Reserve Affairs is developing referral tracking processes that include the DHA coordinators, Directors of Psychological Health, surgeon staff, personnel, and future case managers.

Fort Bliss reported that it has implemented an immunization QA reporting program since the on-site visit. No-shows for follow-up reading of tuberculosis skin tests and small pox immunizations are screened, and individuals are notified daily to report through their command with the exception of large groups at great distances (such as Whites Sands Missile Range and McGregor training centers in New Mexico), in which cases medics are sent to read and record test results.

Small pox vaccine responses are now recorded in MEDPROS. Individuals with a no response or "equivocal" response receive a "no take" designation and must return to the Fort Bliss Soldier Readiness Processing Center for further evaluation.

Health Affairs:

The FHP QA Program committee members and the AFHSC collaborated to evaluate the transfer and quality of electronic deployment health data in MEDPROS, the DMSS, and the DMDC. This collaboration resulted in a review of data in MEDPROS and an electronic agreement with the DMDC.

Figure 4: U.S. Army Deployment Health QA Compliance Report

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of those deploying in quarter who completed the Pre-DHA in quarter		Number of those deploying in quarter who completed the Pre-Deployment serum in quarter		Number of those returning who completed their PDHAs in required timeframe		Number of those returning who completed their PDHRAs in required timeframe		Number of those returning who completed their deployment serum in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	30,581	30,828	25,860	84%	29,769	97%	24,324	79%			24,868	81%
		Reserve	3,344	3,344	2,735	82%	3,225	96%	2,545	76%			2,421	72%
		Guard	6,971	6,971	6,062	87%	6,468	93%	4,868	67%			4,560	65%
	Q2	Active	40,078	40,078	35,573	89%	39,284	98%	34,072	85%			33,914	85%
		Reserve	4,649	4,649	4,223	91%	4,540	98%	3,138	67%			2,987	64%
		Guard	5,238	5,238	4,597	88%	5,059	97%	4,416	84%			4,313	82%
	Q3	Active		26,761	23,112	84%	26,884	97%	21,335	77%	31,219		21,441	77%
		Reserve		4,837	4,310	89%	4,677	97%	3,545	73%	4,793		3,292	68%
		Guard		12,117	11,134	92%	11,912	98%	11,041	91%	5,993		10,608	88%
	Q4	Active		46,279	40,545	88%	45,105	97%	41,292	89%	26,815		40,718	88%
		Reserve		5,177	4,728	91%	5,085	98%	4,550	88%	4,628		4,382	85%
		Guard		11,705	10,970	94%	11,483	98%	9,875	84%	9,582		9,440	81%

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Figure 4: U.S Army Deployment Health QA Compliance Report (Continued)

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of individuals who returned with at least 1 medical referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHA referral in quarter		Number of those returning with a MH referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical referral on a PDHRA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHRA referral in quarter		Number of those returning with a MH referral on a PDHRA in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	30,581	30,828	11,495	47%	9,517	83%								
		Reserve	3,344	3,344	1,476	58%	1,329	90%								
		Guard	6,971	6,971	2,378	51%	1,932	86%								
	Q2	Active	40,078	40,078	15,732	47%	13,362	61%								
		Reserve	4,649	4,649	1,813	58%	1,586	53%								
		Guard	5,238	5,238	2,131	51%	1,949	44%								
	Q3	Active		26,761	9,776	46%	5,965	61%	2,819	13%	11,202				3,150	
		Reserve		4,837	2,142	60%	1,125	53%	530	15%	2,436				1,003	
		Guard		12,117	5,245	48%	2,332	74%	946	9%	3,036				1,287	
	Q4	Active		46,279	17,875	43%	14,926	84%	4,758	12%	4,620				2,725	
		Reserve		5,177	2,454	54%	2,205	90%	491	11%	1,770				962	
		Guard		11,705	4,506	46%	3,877	86%	797	8%	4,725				1,870	

Notes:

- All deployment start and end dates are established by DMDC CTS for OEF/OIF.
- Deployments forms are those that have been received by DMSS from each of the Service data systems.
- The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.
- DD2795 dated between 90 days prior to and 30 days after the start of the deployment.
- Serum drawn during the period from 365 days prior to 30 days after the deployment start date.
- DD2796 dated between 60 days prior to and 60 days after the end of the deployment.
- DD2900 dated within 60-210 days from the end of the deployment.
- Serum drawn between 30 days prior to and 60 days after the end of the deployment.
- If a Service member has more than one form in DMSS, the most recently completed form (based on "Today's Date") within compliance period was referenced
- Shaded areas were noted as not available or were blank.
- Inpatient or outpatient visit within 60 days of "Today's Date" from first page of form.

Data Source: DMSS and Army MEDPROS

U.S. Navy

Key Accomplishments/Successes:

1. During 2011, the U.S. Navy focused efforts on increasing DHA compliance reporting for tracking DHA requirements.

2. The Navy refined the DHA reporting process with Fleet Forces Command. This has improved command DHA completion compliance by clarifying deployment status while afloat.

3. Additional efforts related to improve compliance through the Navy-wide assignment of command individual Augmentee coordinators. The coordinators improved parent command compliance with DHA quarterly reports. To ensure data accuracy, these automated compliance reports were also sent via the Navy Family Assessment and Accountability System to deployers and their parent command.

4. The U.S. Navy revised the Web-based DHA system to pre-screen members for entry into the system based on deployment requirements. They also posted training videos on Navy/Marine Corps eDHA Web site to demonstrate changes to the Web-based forms and the certification process.

5. The U.S. Navy also activated a Web site for online training for command coordinators. Site visits with 2-day regional training by fleet force managers has improved compliance.

MHA Implementation:

Completed the development of the MHA pursuant to Reference (b) as a stand-alone electronic application.

Piloted delivery of MHAs for sailors deployed in conjunction with a contingency operation with full implementation anticipated by April 2012.

FHP QA Audit Follow-up:

The Navy established two cross-functional working groups to address the PDHRA and returned from deployment health care process compliance improvement. The Navy continues to refine the process to align the DMDC Contingency Tracking System (CTS) deployment files with cohorts of Navy deployers who require DHAs, resulting in improved DHA compliance.

Figure 5: U.S. Navy Deployment Health QA Compliance Report

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of those deploying in quarter who completed the Pre-DHA in quarter		Number of those deploying in quarter who completed the Pre-Deployment serum in quarter		Number of those returning who completed their PDHAs in required timeframe		Number of those returning who completed their PDHRAs in required timeframe		Number of those returning who completed their deployment serum in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	5,344	4,850	2,135	40%	4,135	77%	2,637	54%	1,579	33%	2,648	55%
		Reserve	846	1,341	389	46%	715	85%	1,116	83%	768	57%	1,769	132%
	Q2	Active	5,464	4,609	2,431	44%	4,816	88%	2,480	54%	2,007	44%	2,470	54%
		Reserve	241	2,650	72	30%	202	84%	1,694	64%	1,399	53%	1,687	64%
	Q3	Active	4,254	4,284	1,628	38%	3,627	85%	2,138	50%	1,887		2,185	51%
		Reserve	408	272	138	34%	337	83%	111	41%	96		132	49%
	Q4	Active	3,677	3,087	1,463	40%	3,033	82%	1,463	47%	763		1,625	53%
		Reserve	279	227	40	14%	237	85%	132	58%	103		70	31%

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Figure 5: U.S. Navy Deployment Health QA Compliance Report (Continued)

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of individuals who returned with at least 1 medical referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHA referral in quarter		Number of those returning with a MH referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical referral on a PDHRA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHRA referral in quarter		Number of those returning with a MH referral on a PDHRA in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	5,344	4,850	647	25%	383	59%	102	4%	349	22%	304	87%	120	8%
		Reserve	846	1,341	539	48%	509	94%	39	3%	285	37%	27	9%	112	15%
	Q2	Active	5,464	4,609	584	24%	429	73%	52	2%	333	17%	261	78%	124	6%
		Reserve	241	2,650	536	32%	505	94%	53	3%	510	36%	97	19%	209	15%
	Q3	Active	4,254	4,284	561	26%	436	78%	68	3%	430	23%	373	87%	140	7%
		Reserve	408	272	28	25%	27	96%	2	2%	34	35%	15	44%	17	18%
	Q4	Active	3,677	3,087	359	25%	276	77%	42	3%	168	22%	143	85%	52	7%
		Reserve	279	227	36	27%	26	72%	6	5%	22	21%	15	68%	7	7%

*The 3rd and 4th quarters of 2011 are preliminary findings for the PDHRA, as members still have time to complete the PDHRA and be in compliance.
**The 4th quarter of 2011 are preliminary findings for the Pre-DHA (DD2795) as determining whether an individual deployed for at least 30 days is not possible for all individuals.
***Reserve component medical visits are not routinely captured by the MHS. Alternate sources of determining medical referral compliance are being explored.

- All deployment start and end dates are established by the DMDC CTS for OEF/OIF.
- "Received" deployment forms are those that have been received by the eDHA database.
- The date of form is determined by Provider Certified Date as recorded on each health assessment.
- DD2795 dated between 120 days prior to and 30 days after the start of the deployment.
- Serum drawn during the period from 365 days prior to 30 days after the deployment start date.
- DD2796 dated between 60 days prior to and 60 days after the end of the deployment.
- DD2900 dated within 60-210 days from the end of the deployment.
- Serum drawn between 30 days prior to and 60 days after the end of the deployment.
- If a Service member has more than one form in DMSS, the most recently completed form (based on Provider Cert Date) within compliance period was referenced.
- Inpatient or outpatient visit within 60 days of Provider Cert Date from first page of form.

Data Sources: CTS, eDHA, Standard Ambulatory Data Record/Comprehensive Ambulatory/Professional Encounter Record/Standard Inpatient Data Record
Prepared by EpiData Center Navy and Marine Corps Public Health Center (NMCPHC), as of 14 March 2012

U.S. Air Force

Key Accomplishments and Successes:

1. The Air Force Medical Operations Agency/Clinical and Business Analysis (AFMOA/SGHC) established a partnership with the Air Force Inspection Agency to strengthen review and compliance with DHA policy. SGHC's DHA Program Office, in collaboration with Public Health Service inspectors, developed DHA inspection criteria. The inspection criterion has been incorporated into the 2012 Health Services Inspection (HSI) Checklist. In addition, HSI inspectors will consult with AFHMO/SGHC to obtain military medical treatment facilities-level (MTF) data prior to and during their visits to Air Force MTFs.

2. AFMOA/SGHC developed new and updated existing DHA policy and guidance to reinforce DoD DHA policy requirements. Air Force Inspection 1-10-403, "Deployment Planning, and Execution," governs installation deployment requirements, processes, and responsibilities.

3. The AF Surgeon General requested and received an exemption to the ASD(HA) Policy 10-005, "MHAs for Members of the Armed Forces Deployed in Connection with a Contingency Operation," Reference (b), for Service members who deploy again prior to the post deployment reassessment becoming due. This exemption closes the "frequent deployer issue as a leading factor for the Air Force missing PDHRA records" addressed in the follow-up to the Government Accountability Office 10-56 report, "Defense Health Care: Post-Deployment Health Reassessment Documentation Needs Improvement," Reference (e).

U.S. Air Force Reserve Component (AFRC):

1. Addressed increased communications perceived discrepancies in Individual Medical Readiness data from the field. AFRC's work with the Air Force Health Information Processing System and the Military Personnel Data System AF PIMR will improve the accountability of AFRC members.

2. AFRC has implemented site visits to collect DHA data and educate units on IMR and DHA processes.

ANG:

1. ANG has implemented the NDAA 708 for ANG Service members' that completed the Pre-DHA on or after April 1, 2011. The Wing Directors of Psychological Health hired in 2011 to review PDHRAs are ensuring members with recommended MH referrals receive expedited medical evaluation and follow-up MHAs as planned.

MHA Implementation:

AFMOA/SGHC and Air Force Medical Support Agency/Healthcare Informatics Branch (AFMSA/SG6H) launched the standardized Air Force DHA peer review questions within the Air Force's CarePoint Peer Review Tool. This action provided a standardized peer review process to evaluate provider assessment, disposition, and documentation of Air Force DHA's including the MHAs required by section 708 of the Ike Skelton NDAA for FY 2011 (including MHAs).

FHP QA Audit Follow-up:

Qatar Air Base assigned a designated physician consultant for MH providers. Primary care physicians share additional consultation for other MH management cases. All DoD Government Schedule Civilians complete PDHAs prior to departure.

Nellis AFB Nevada:

AFMOA/SGHC utilized lessons learned from the site visits. The Deployment Health Assessment Program Office (DHAPO) addressed AF-wide trends by more effectively communicating with DHA process stakeholders through functional channels. DHAPO worked to institute process improvement measures such as collaboration with Public Health. During MTF visits, HSI personnel developed a DH HSI checklist and implemented an AFMOA DH team virtual audit process.

ANG:

Evaluated existing policy for changes needed to meet ANG-specific mission requirements and identified deficiencies needing resourcing to support ANG program management.

Health Affairs:

The FHP QA program committee collaborated with DMDC to clarify its data business rules (for example, individuals deployed and receiving combat pay, imminent danger pay, family separation pay, temporary duty pay) to develop a working definition for those individuals who require exemption from DHA completion. The accounting of deployed Service members differed because DMDC deployment data definition differed. Accountable agencies are working collaboratively to develop data transfer agreements, business rules, case definitions, and data transfer timelines to improve accountability.

Figure 6: U.S. Air Force Deployment Health QA Compliance Report

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of those deploying in quarter who completed the Pre-DHA in quarter		Number of those deploying in quarter who completed the Pre-Deployment serum in quarter		Number of those returning who completed their PDHAs in required timeframe		Number of those returning who completed their PDHRAs in required timeframe		Number of those returning who completed their deployment serum in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	13,662	13,662	12,052	88%	13,458	99%	12,466	91%	9,611	70%	7,300	53%
		Reserve	1,210	1,210	921	76%	1,059	88%	907	75%	464	38%	586	48%
		Guard	1,941	1,941	1,691	87%	1,627	84%	1,735	89%	1,146	59%	975	50%
	Q2	Active	14,306	14,306	12,696	89%	14,091	98%	12,979	91%	9,860	69%	10,362	72%
		Reserve	1,282	1,282	1,060	83%	1,074	84%	1,058	83%	789	62%	729	57%
		Guard	1,841	1,841	1,623	88%	1,565	85%	1,622	88%	1,223	66%	1,202	65%
	Q3	Active	12,454	12,454	11,018	88%	12,246	98%	11,017	88%			8,193	66%
		Reserve	1,121	1,121	849	76%	882	79%	810	72%			606	54%
		Guard	1,583	1,583	1,387	88%	1,281	81%	1,302	82%			930	59%
	Q4	Active	16,796	16,796	15,887	95%	16,541	98%	15,529	92%			11,276	67%
		Reserve	993	993	863	87%	864	87%	820	83%			571	58%
		Guard	2,266	2,266	2,073	91%	1,836	81%	2,025	89%			1,379	61%

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Figure 6: U.S. Air Force Deployment Health QA Compliance Report (Continued)

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of individuals who returned with at least 1 medical referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHA referral in quarter		Number of those returning with a MH referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical referral on a PDHRA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHRA referral in quarter		Number of those returning with a MH referral on a PDHRA in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	13,662	13,662	1,722	14%	1,428	83%	179	1%	1,074	11%	1,048	98%	330	3%
		Reserve	1,210	1,210	204	22%	139	68%	10	1%	106	23%	36	34%	25	5%
		Guard	1,941	1,941	309	18%	176	57%	23	1%	178	16%	74	42%	39	3%
	Q2	Active	14,306	14,306	2,350	18%	1,818	77%	181	1%	1,075	0%	1,053	98%	325	3%
		Reserve	1,282	1,282	228	22%	116	51%	15	1%	138	0%	56	41%	25	3%
		Guard	1,841	1,841	351	22%	163	46%	18	1%	214	0%	76	36%	62	5%
	Q3	Active	12,454	12,454	2,128	19%	1,792	84%	245	2%						
		Reserve	1,121	1,121	235	29%	145	62%	10	1%						
		Guard	1,583	1,583	304	23%	147	48%	25	2%						
	Q4	Active	16,796	16,796	3,083	20%	2,455	80%	571	4%						
		Reserve	993	993	244	30%	145	59%	33	4%						
		Guard	2,266	2,266	513	25%	165	32%	61	3%						

- All deployment start and end dates are established by the DMDC CTS for OEF/OIF.
- "Received" deployment forms are those that have been received by DMSS from each of the Service data systems.
- The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.
- DD2795 dated between 90 days prior to and 30 days after the start of the deployment.
- Serum drawn within 365 prior and 30 days after the start of deployment.
- DD2796 dated between 60 days prior to and 60 days after the end of the deployment.
- DD2900 dated within 60-210 days from the end of the deployment. Results considered incomplete/not-applicable (grey shading) for the two most recent calendar quarters.
- Serum drawn between 30 days prior to and 60 days after the end of the deployment.
- If a Service member has more than one form with a referral noted in DMSS, the most recently completed form (based on "Today's Date") with a referral noted within compliance period was referenced.
- Denominator is number of Recommended Referrals. Any inpatient or outpatient visit (direct or network care) within 60 days of "Today's Date" from first page of form.
- Data Source: M2 Direct Outpatient Care data table (using International Classification of Diseases, Ninth Revision codes and treatment service/Medical Expense and Performance Reporting System) and M2 Network Outpatient Care data table (by provider specialty).

Data Source: DMSS
Prepared by AFHSC, as of 12 March 2012

Prepared by AFMSA/SG6H, as of 21 March 2012

U.S. Marine Corps

Key Accomplishments and Successes:

1. Developed and tested the USMC Command Profile's new PDHRA Functionality Component (Web-based application) which gave commanders greater visibility of PDHRA requirements and timeliness compliance categorized by enlisted, officers, and their grade. The data was verified and validated in conjunction with the USMC PDHRA Data Mart. This new tool has provided PDHRA data (requirements, completions, and completion timeliness for compliance with DoDI 6490.03) for command visibility from MARFORCOM down to the individual Marine level. Additionally, Command Profile breaks down requirements and completions/timeliness compliance by grade.

2. Released Marine Corps Administrative Instruction (MARADMIN) 683/11 regarding implementation of the new PDHRA functionality and instructed leadership on access to Command Profile. The new USMC dashboard with PDHRA Component provides leadership greater visibility on current completion and timeliness compliance for Marine Corps from enterprise level down to individual Marine. Use of Command Profile can increase leadership awareness of compliance rates and improve overall compliance.

3. Successfully completed testing and used the PDHRA Collaborative Workspace for sharing of PDHRA data with other entities in a secure environment. Corps will continue to share PDHRA data in this environment.

4. Assisted Navy Fleet Forces Command with locating and contacting sailors embedded with USMC units to ensure they satisfied their PDHRA requirements.

MHA Implementation:

As the pilot program for the MHAs, 927 Marines from the Corps' 3rd Battalion, 5th Marine Regiment, 1st Marine Division, 1st Marine Expeditionary Force at Marine Corps Base Camp Pendleton, California, completed their second MHA over 10 days in March, April, and May 2011.

FHP QA Audit Follow-up:

Service:

Manpower and Reserve Affairs honed the PDHRA Data Mart application, making information available to units via field managers, and added PDHRA functionality to the Command Profile dashboard. MARADMIN 683/11 provided instructions for Command Profile access. USMC PDHRA Data Mart and Command Profile were made available to leadership from the unit level to the Marine Forces-level in order to increase the visibility of those Marines with PDHRA requirements.

Navy Manpower and Reserve Affairs initiated and began planning for a standardized, enterprise-wide, referral tracking process specific to PDHRA findings and recommended referrals to ensure Marines with possible need for follow-up care after PDHRA screenings. Collaboration with Navy and Marine Corps Public Health Center and USMC Health Services yielded a working process for development and testing prior to implementation.

Health Affairs:

FHP&R QA Working Group collaborated with AFHSC to identify DMDC data errors that were causing erroneous AFHSC Health Services deployment reports.

Figure 7: U.S. Marine Corps Compliance Report

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of those deploying in quarter who completed the Pre-DHA in quarter[1]		Number of those deploying in quarter who completed the Pre-Deployment serum in quarter		Number of those returning who completed their PDHAs in required timeframe[2]		Number of those returning who completed their PDHRAs in required timeframe[3]		Number of those returning who completed their deployment serum in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	11,601	8,681	4,654	40%			3,921	45%	5,001	58%		
		Reserve	1,407	1,361	324	23%			522	38%	802	59%		
	Q2	Active	11,441	10,826	5,744	50%			5,585	52%	5,633	52%		
		Reserve	271	1,075	132	49%			560	52%	439	41%		
	Q3	Active	8,258	7,387	2,958	36%			2,477	34%				
		Reserve	1,686	1,454	445	26%			435	30%				
	Q4	Active	9,913	12,009	5,122	52%			7,456	62%				
		Reserve	289	1,840	45	16%			1,286	70%				

[1] DD2795 dated and certified within 60 days prior to the start of deployment.
[2] DD2796 dated and certified between 30 days prior to and 30 days after the end of deployment.
[3] DD2900 dated and certified before 181 days after the end of deployment

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Figure 7: U.S. Marine Corps Compliance Report (Continued)

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of individuals who returned with at least 1 medical referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHA referral in quarter[4]		Number of individuals who returned with a MH visit matched to PDHA referral in quarter		Number of individuals who returned with at least 1 medical referral on a PDHRA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHRA referral in quarter[4]		Number of individuals who returned with a MH visit matched to PDHRA referral in quarter	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	11,601	8,681	1,186	30%	471	40%	123	3%	1,417	28%	1,296	91%	346	7%
		Reserve	1,407	1,361	223	43%	105	47%	22	4%	364	45%	83	23%	131	16%
	Q2	Active	11,441	10,826	1,501	27%	364	24%	207	4%	1,290	23%	1,160	90%	302	5%
		Reserve	271	1,075	194	35%	95	49%	27	5%	195	44%	65	33%	112	26%
	Q3	Active	8,258	7,387	532	21%	156	29%	68	3%						
		Reserve	1,686	1,454	144	33%	91	63%	13	3%						
	Q4	Active	9,913	12,009	2,014	27%	498	25%	217	3%						
		Reserve	289	1,840	446	35%	132	30%	68	5%						

[4] Any inpatient or outpatient visit (direct or network care) within 60 days of "Today's Date" from the first page of form.

- If a Service member has more than one form in DMSS, the most recently certified form (based on Certification Date) within compliance period was referenced.
- Serum data is not available through NMCPHC as it is stored at AFHSC.

Source: NMCPHC eDHA as of 21 MAR 2012

U.S. Coast Guard[1]

Key Accomplishments and Successes:

1. The U.S. Coast Guard completed the first Deployment Health Quality Assurance Program visit to a Coast Guard Reserve Unit in 2011.

2. The deployment files with cohort of Coast Guard deployers requiring DHAs has been cleaned and aligned with DMDC CTS roster. This has resulted in accurate compliance reporting.

MHA Implementation:

Currently all MHAs are being tracked via paper-based methods. The Coast Guard is collaborating with Navy to ensure that an electronic reporting and tracking of MHAs via the eDHA database is put into place.

FHP QA Audit Follow-up:

Active and Reserve Components:

The Coast Guard Health, Safety, Work-Life Service Center coordinated with the Coast Guard Portsmouth Clinic and Patrol Forces Southwest Asia Unit to implement an efficient process to ensure successful deployment health data capture not only to meet NDAA requirements, but also to ensure continuity of care for deploying Coast Guard personnel.

Coast Guard developed a post-deployment health electronic tracking tool that will track all DHA within the Coast Guard Business Intelligence system and will provide oversight to commands and members on their deployment health status.

[1] DoDD 6490.3, "Deployment Health," August 11, 2006, (reference g) specifies by agreement with the Secretary of Homeland Security that the U.S. Coast Guard will comply with the Instruction when U.S. Coast Guard is operating as a Service in Navy.

Figure 8: U.S. Coast Guard Deployment Health Compliance Report

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of those deploying in quarter who completed the Pre-DHA in quarter[1]		Number of those deploying in quarter who completed the Pre-Deployment serum in quarter[2]		Number of those returning who completed their PDHAs in required timeframe[3]		Number of those returning who completed their PDHRAs in required timeframe[5]		Number of those returning who completed their deployment serum in quarter[4]	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	44	45	9	20%	29	66%	9	20%	0	0%	11	24%
		Reserve	116	117	1	1%	106	91%	104	89%	30	26%	38	32%
	Q2	Active	183	186	136	74%	175	96%	144	77%	0	0%	6	3%
		Reserve	41	37	8	20%	31	76%	21	57%	1	3%	11	30%
	Q3	Active	46	59	15	33%	36	78%	10	17%	0	0%	8	14%
		Reserve	51	131	43	84%	47	92%	111	85%	2	0%	110	84%
	Q4	Active	121	144	73	60%	105	87%	72	50%	0	0%	11	8%
		Reserve	13	36	0	0%	8	62%	17	47%	1	0%	5	14%

[1] DD2795 dated between 90 days prior to and 30 days after the start of the deployment.
[2] Serum drawn during the period from 365 days prior to 30 days after the deployment start date.
[3] DD2796 dated between 60 days prior to and 60 days after the end of the deployment.
[4] Serum drawn between 30 days prior to and 60 days after the end of the deployment.
[5] DD2900 dated within 60-210 days from the end of the deployment.

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Figure 8: U.S. Coast Guard Deployment Health Compliance Report (Continued)

Deployment End Date		Component	Number of individuals who deployed in quarter	Number returned from deployment	Number of individuals who returned with at least 1 medical referral on a PDHA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHA referral in quarter[6]		Number of those returning with a MH referral on a PDHA in quarter[7]		Number of individuals who returned with at least 1 medical referral on a PDHRA in quarter		Number of individuals who returned with at least 1 medical visit matched to PDHRA referral in quarter[6]		Number of those returning with a MH referral on a PDHRA in quarter[7]	
Year	Calendar Quarter				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2011	Q1	Active	44	45	4	9%	1	2%	0	0%	4	9%	0	0%	0	0%
		Reserve	116	117	91	78%	67	57%	1	1%	91	78%	2	2%	1	1%
	Q2	Active	183	186	19	10%	19	10%	3	2%	19	10%				
		Reserve	41	37	0	0%	0	0%	0	0%	0	0%				
	Q3	Active	46	59	0	0%	0	0%	0	0%	0	0%				
		Reserve	51	131	33	25%	33	25%	1	1%	33	25%				
	Q4	Active	121	144	12	8%	10	7%	0	0%	12	8%				
		Reserve	13	36	9	25%	7	19%	0	0%	9	25%				

NOTES:
[6] Inpatient or outpatient visit within 60 days of provider certification date on the last page of the form.
[7] MH visits are defined as any medical encounter following a MH referral within 60 days of the provider certification date

- If a Service member has more than one form in DMSS, the most recently completed form (based on Provider certification date) within compliance period was referenced
- Percentages are calculated as the number of individuals that had any medical encounter following a MH referral divided by the number of MH referrals for each form
- Percentages are calculated as the number of individuals who deployed during quarter
- Percentages are calculated as the number of individuals who returned from deployment during quarter
- The DoD FHP QA team began incorporating compliance data from the United States Coast Guard in the 3rd Quarter of CY 2011

Data Source: DMSS, as of 29 Mar 2012
Prepared by AFHSC

Appendix 3: Armed Forces Health Surveillance Center Report

Since January 2003, peaks and troughs in the numbers of Pre-DHA and PDHA forms transmitted to the AFHSC generally corresponded to times of departure and return of large numbers of deployers. Between April 2006, and December 2011, the number of PDHRA forms per month ranged from 15,309 to 36,845 (Figures 9 and 11).

During 2011, the proportions of returned deployers who rated their health as "fair" or "poor" were 8-10 percent on PDHA questionnaires, and 10-13 percent on PDHRA questionnaires
(Figure 10).

In general, on PDHAs and PDHRAs, deployers in the Marine Corps and the Reserve Components were more likely than their respective counterparts to report health and exposure-related concerns (Figures 11 and 12). With the exception of Army and Air Force Active Component members, both Active and Reserve Component members were more likely to report exposure concerns 3 to 6 months after, compared to the time of return from deployment (Figure 12).

At the time of return from deployment, soldiers serving in the Active Component of the Army were the most likely of all deployers to receive MH referrals; however, 3 to 6 months after returning, reservists were more likely than Active Component Service members to receive MH referrals (Figure 12).

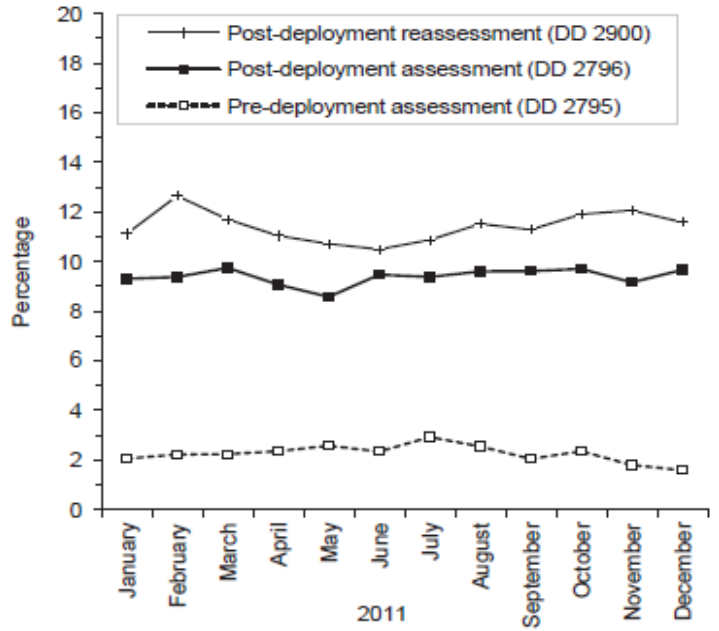
Finally, during the past 3 years, Reserve Component members have been more likely than Active Component Service members to report "exposure concerns" on PDHAs and Reassessments (Figure 13).

Figure 9: Deployment-related health assessment forms, by month, U.S. Armed Forces

	Pre-deployment assessment DD2795		Post-deployment assessment DD2796		Post-deployment reassessment DD2900	
	No.	%	No.	%	No.	%
Total	387,938	100	380,698	100	295,855	100
2011						
January	42,524	11.0	24,941	6.6	28,619	9.7
February	33,864	8.7	25,605	6.7	26,384	8.9
March	37,891	9.8	33,136	8.7	29,056	9.8
April	39,295	10.1	35,013	9.2	24,820	8.4
May	34,254	8.8	30,573	8.0	21,436	7.2
June	33,364	8.6	27,786	7.3	21,861	7.4
July	27,746	7.2	29,167	7.7	23,654	8.0
August	33,161	8.5	30,696	8.1	26,068	8.8
September	31,615	8.1	33,707	8.9	24,009	8.1
October	30,037	7.7	35,199	9.2	27,384	9.3
November	24,949	6.4	37,648	9.9	23,334	7.9
December	19,238	5.0	37,227	9.8	19,230	6.5

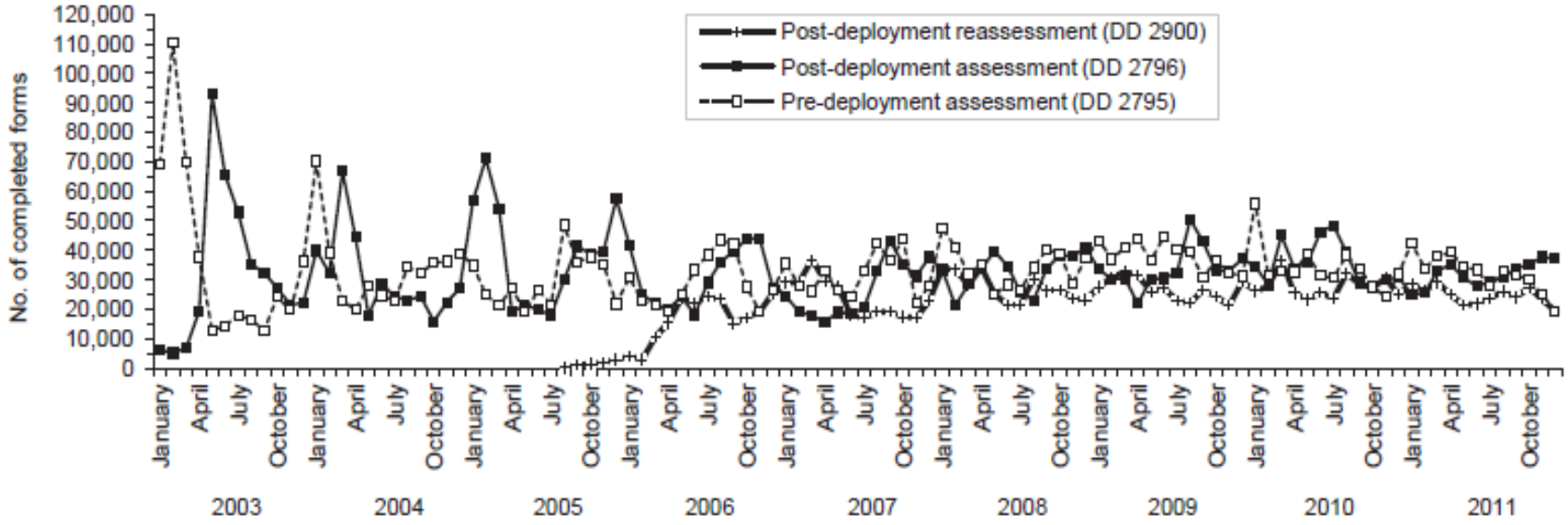
Data Source: Defense Medical Surveillance System

Figure 10: Proportion of deployment health assessment forms with self-assessed health status as "fair" or "poor," U.S. Armed Forces



Data Source: Defense Medical Surveillance System

Figure 11: Total deployment health assessment and reassessment forms, by month, U.S. Armed Forces, January 2003-December 2011



Data Source: Defense Medical Surveillance System

Figure 12: Percentage of Service members who endorsed selected questions/received referrals on health assessment forms, U.S. Armed Forces, January 2011-December 2011

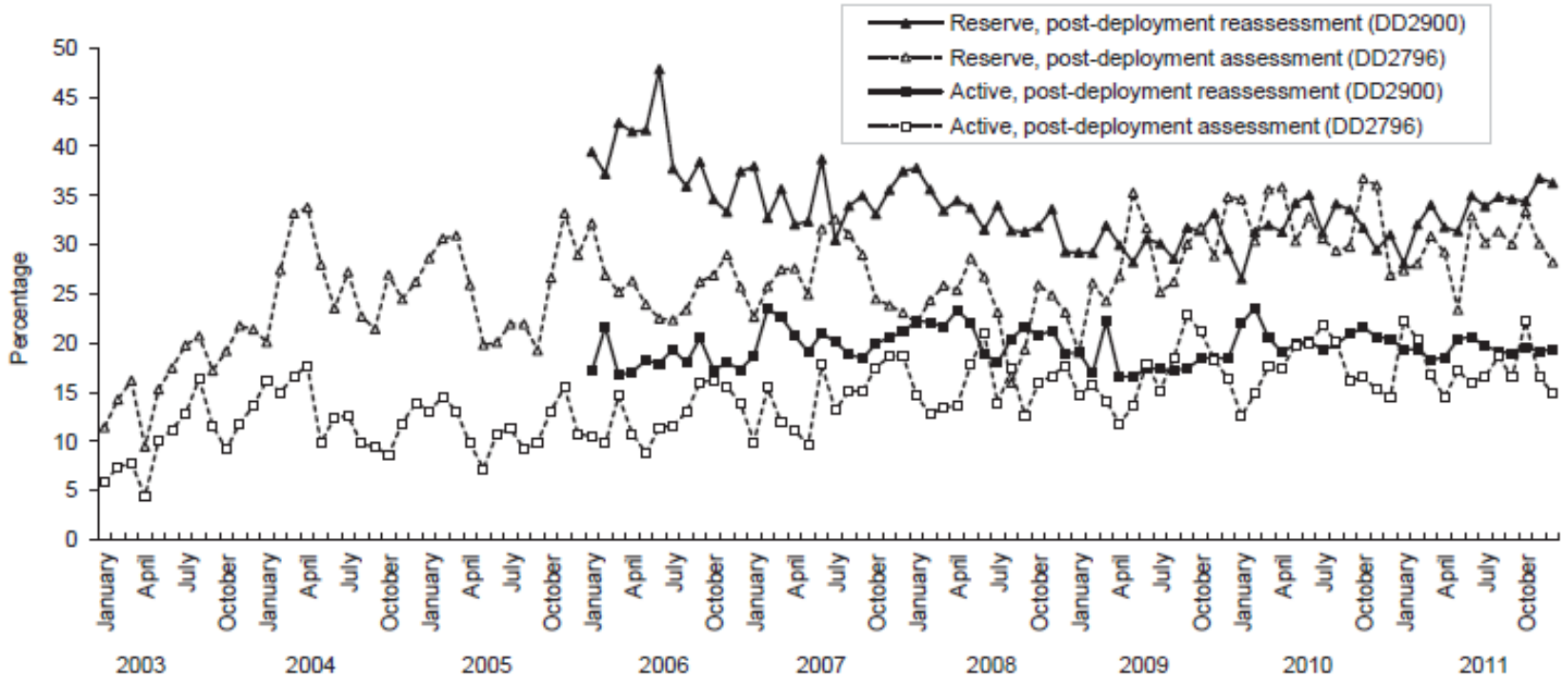
	Army			Navy			Air Force			Marine Corps			All Service members		
	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900
Active Component	n=138,512 %	n=134,099 %	n=117,868 %	n=16,802 %	n=18,997 %	n=18,910 %	n=60,397 %	n=55,259 %	n=47,781 %	n=38,209 %	n=37,187 %	n=33,185 %	n=253,920 %	n=245,542 %	n=217,744 %
General health “fair” or “poor”	3.9	10.9	13.7	1.3	4.4	6.2	0.7	3.4	4.0	1.4	8.3	10.6	2.6	8.3	10.4
Health concerns, not wound or injury	14.7	25.2	24.0	3.2	12.1	14.6	2.7	7.1	11.3	2.8	13.9	22.0	9.3	18.4	20.1
Health worse now than before deployed	n/a	23.5	25.4	n/a	10.5	13.3	n/a	8.7	8.9	n/a	19.0	22.1	n/a	18.5	20.2
Exposure concerns	n/a	17.9	17.8	n/a	16.9	23.2		14.8	14.7	n/a	19.7	29.3	n/a	17.4	19.4
PTSD symptoms (2 or more)	n/a	11.7	12.7	n/a	5.0	8.5	n/a	2.7	2.9	n/a	8.5	13.2	n/a	8.7	10.3
Depression symptoms (any)	n/a	29.5	30.5	n/a	20.0	26.3	n/a	12.2	13.8	n/a	27.6	33.8	n/a	24.6	27.0
Referral indicated by provider (any)	5.4	39.0	26.8	3.1	19.0	16.7	1.9	17.9	8.7	2.5	25.2	23.5	4.0	30.6	21.4
Mental health referral indicated [a]	1.7	10.2	12.1	0.5	2.3	6.2	0.5	2.3	3.0	0.2	2.8	7.1	1.1	6.7	8.8
Medical visit following referral [b]	98.4	99.4	97.6	92.4	85.8	92.1	99.0	98.7	99.7	53.4	83.9	91.4	93.8	96.3	96.2

	Army			Navy			Air Force			Marine Corps			All Service members		
	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900
Reserve Component	n=56,691 %	n=58,158 %	n=51,276 %	n=3,830 %	n=5,069 %	n=7,046 %	n=15,046 %	n=12,559 %	n=13,870 %	n=2,428 %	n=3,709 %	n=2,663 %	n=77,995 %	n=79,495 %	n=74,855 %
General health “fair” or “poor”	0.9	11.6	16.4	0.3	7.8	9.2	0.3	5.5	5.8	0.8	14.9	13.3	0.8	10.6	13.6
Health concerns, not wound or injury	14.3	35.9	43.0	1.6	27.8	34.6	0.8	9.5	17.8	3.0	38.2	43.5	10.7	31.3	37.5
Health worse now than before deployed	n/a	26.3	32.0	n/a	21.1	22.5	n/a	14.0	12.6	n/a	34.2	31.9	n/a	24.4	27.5
Exposure concerns	n/a	31.0	35.5	n/a	38.9	40.2	n/a	19.5	22.1	n/a	30.2	35.7	n/a	29.6	33.4
PTSD symptoms (2 or more)	n/a	10.4	19.9	n/a	7.6	13.8	n/a	3.5	3.9	n/a	12.5	23.3	n/a	9.2	16.4
Depression symptoms (any)	n/a	27.8	33.3	n/a	25.8	29.0	n/a	14.2	15.5	n/a	37.7	35.0	n/a	26.0	29.7
Referral indicated by provider (any)	3.0	41.9	51.9	2.0	39.1	30.8	0.9	23.1	12.8	2.6	39.0	41.6	2.5	38.6	42.3
Mental health referral indicated [a]	0.4	6.4	22.2	0.1	3.5	12.3	0.1	1.9	3.2	0.1	5.2	19.1	0.3	5.4	17.7
Medical visit following referral [b]	83.4	99.0	42.5	97.9	97.2	42.3	59.6	72.0	47.3	62.9	75.8	46.1	82.0	94.8	42.9

[a] Includes behavioral health, combat stress, and substance abuse referrals.
[b] Record of inpatient or outpatient visit within 6 months after referral.

Data Source: DMSS

Figure 13: Proportion of Service members who endorsed exposure concerns on PDHAs, U.S. Armed Forces, January 2004-December 2011



Data Source: DMSS

The above report is titled, "Update: Deployment Health Assessments, U.S. Armed Forces, January 2012," and was produced by AFHSC. These DHA reports were included in the monthly issues of *Medical Surveillance Monthly Report* through December 2010. Since January 2011, AFHSC publishes the DHA updates separately. The updates are available on the AFHSC Web site.

Appendix 4: Acronyms, Terms, and References

Acronym	Term
AF	Air Force
AFB	Air Force Base
AFCHIPS	Air Force Corporate Health Information Processing Service
AFHSC	Armed Forces Health Surveillance Center
AFMOA/SGHC	Air Force Medical Operations Agency/Clinical and Business Analysis
AFMSA/SG6H	Air Force Medical Support Agency/Healthcare Informatics Branch
AFRC	Air Force Reserve Component
AIPH	Army Institute of Public Health
ANAM	Automated Neuropsychological Assessment Metrics
ANG	Air National Guard
ARNG	Army National Guard
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CEW	Civilian Expeditionary Workforce
CPP	Civilian Personnel Policy
CTS	Contingency Tracking System
CY	Calendar Year
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
DH	deployment health
DHAPO	Deployment Health Assessment Program Office
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDI	Department of Defense Instruction
DOE	U.S. Department of Energy
DTM	Directive-Type Memorandum
eDHA	Electronic Deployment Health Assessment
FHP	force health protection
FHP&R	Force Health Protection and Readiness
FY	Fiscal Year
GAO	Government Accountability Office
HSI	Health Services Inspection
IMR	Individual Medical Readiness
IOM	Institute of Medicine

Acronym	Term
IRDO	Individual Replacement Deployment Operations
MARADMIN	Marine Corps Administrative Instruction
MARFORCOM	Marine Forces Command
MCTFS	Marine Corps Total Force System
MEDPROS	Medical Protection System (U.S. Army)
MH	mental health
MHA	mental health assessment
MODS	Medical Operational Data System
MRRS	Medical Readiness Reporting System
MTF	Military Medical Treatment Facilities
NDAA	National Defense Authorization Act
NDC	National Deployment Center
NMCPHC	Navy and Marine Corps Public Health Center
OEF	Operation Enduring Freedom
OEH	occupational and environmental health
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
P-GUI	Provider Graphical User Interface
PDHA	Post-Deployment Health Assessment • DD Form 2796
PDHRA	Post-Deployment Health Reassessment • DD Form 2900
PHA	Periodic Health Assessment
PIMR	Periodic Health Assessment/Individual Medical Readiness
POEMS	Periodic Occupational and Environmental Monitoring Summary
Pre-DHA	Pre-Deployment Health Assessment • DD Form 2795
PTSD	Posttraumatic Stress Disorder
QA	quality assurance
USA	U.S. Army
USAF	U.S. Air Force
USCG	U.S. Coast Guard
USMC	U.S. Marine Corps
USN	U.S. Navy
VA	Department of Veterans Affairs

References

(a) Public Law 108-375, "Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005," October 28, 2004

(b) DTM 11-011, "Mental Health Assessment for Member of the Military Services Deployed in Connection with a Contingency Operation," August 12, 2011.

(c) Title 10, United States Code

(d) DoDI 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," February 16, 2007

(e) GAO 10-56, "Defense Health Care: Poste-Deployment health Reassessment Documentation Needs improvement," November 19, 2009

(f) GAO 08-1025R, "Defense Health Care: Oversight of Military Services' Post-Deployment Health Reassessment Completion Rates Is Limited," September 4, 2008

(g) DoDI 6490.03, "Deployment Health," August 11, 2006

(h) DoDD 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003