OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

OCT 30 2017

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Enclosed is the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program report for Calendar Year 2016, as required by section 739 of the National Defense Authorization Act for Fiscal Year 2005 (Public Law108-375). This year's report details actions taken by the DoD to identify deployment-related occupational and environmental health risks and the evaluation or treatment of military members potentially exposed to hazardous substances. The report also addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in central DoD databases.

The FHPQA Program audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members and DoD civilians. This report documents the results of those audits. The 2016 audits examined 2015 data to ensure complete data capture, accounting for the delay of deployment data for end of the year 2015 deployments.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Committee on the Armed Services of the House.

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

OCT 30 2017

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Enclosed is the Department of Defense (DoD) Force Health Protection Quality Assurance (FHPQA) Program report for Calendar Year 2016, as required by section 739 of the National Defense Authorization Act for Fiscal Year 2005 (Public Law108-375). This year's report details actions taken by the DoD to identify deployment-related occupational and environmental health risks and the evaluation or treatment of military members potentially exposed to hazardous substances. The report also addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in central DoD databases.

The FHPQA Program audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members and DoD civilians. This report documents the results of those audits. The 2016 audits examined 2015 data to ensure complete data capture, accounting for the delay of deployment data for end of the year 2015 deployments.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Committee on the Armed Services of the Senate.

AM Kurta

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to Committees on Armed Services of the Senate and House of Representatives on the Calendar Year 2016 Activities of the Force Health Protection Quality Assurance Program of the Department of Defense

Pursuant to Section 1073b(a) of Title 10, United States Code

The estimated cost of this report or study for the Department of Defense is approximately $9,810.00 for the 2016 Fiscal Year. This includes $0.00 in expenses and $9,810.00 in DoD labor.

Table of Contents

Tables and Figures

Introduction

The Department of Defense (DoD) reports annually to the Committees on Armed Services of the Senate and House of Representatives pursuant to section 1073b(a) of title 10, United States Code (U.S.C.) (Reference (a)).

Executive Summary

The Force Health Protection Quality Assurance (FHPQA) program in accordance with Department of Defense Instruction (DoDI) 6200.05, "Force Health Protection Quality Assurance Program," audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed Service members. This report documents the results of those audits. The 2016 audits examine 2015 data to ensure complete data capture, accounting for the delay of deployment data for end of the year 2015 deployments. This report details action taken by the DoD to identify deployment-related occupational and environmental health risks and the evaluation or treatment of Service members potentially exposed to hazardous substances.

- **Blood Samples and Health Assessments:**
  The Armed Forces Health Surveillance Branch (AFHSB), Defense Health Agency (DHA), maintains the Defense Medical Surveillance System (DMSS). The DMSS is a central repository of medical surveillance data for the U.S. Armed Forces. Included in the DMSS are data from the Department of Defense Serum Repository (DoDSR) and the deployment health assessments. Collectively, for military member deployments analyzed for the 2016 quality assurance review, the DMSS contained Pre-Deployment Health Assessment (Pre-DHA) forms on 85 percent of those Service members required to fill out this form, versus 90 percent in 2014. 81 percent of those required to complete the Post-Deployment Health Assessment (PDHA) forms were completed, versus 90 percent in 2014; and 67 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) forms were completed, versus 76 percent in 2014. This represents an overall decrease in the compliance of completing deployment health assessments for this period. The decrease was due to differing approaches used by multiple Service systems resulting in compatibility issues, data transfer disparity with Defense Manpower Data Center (DMDC), and decreased funding for deployment health programs. The Services continue to report their individual efforts, which include comparing their readiness system business rules with the intention of increasing DMDC's Contingency Tracking System (CTS) accuracy, and working with the FHPQA program to report factors that interfere with compliance. Due to diminishing Overseas Contingency Operation funding; the Services funding stream, which supported deployment health clinics has been reduced, resulting in understaffed clinics. DoD is currently working with the Services to award a Reserve Health contract that will offer some support, once awarded. The Services provide information quarterly to leadership about these and other efforts through the FHPQA program metrics and submitted Deployment Health Surveillance reports. The summary results of the health assessment record audits are available in Table 1. FHPQA audits revealed that the Services provided blood samples to the DoDSR for 95 percent of Service members before deployment and 70 percent after deployment.

- **Responding to Expressed Health Concerns:**
  Chapter 2 summarizes the actions that the DoD has taken to identify, support, and contact individuals to address their concerns and complete assessments after

deployment. The DoD continues to place effort on referral management and provider training programs that support Services members after they return from deployment.

- **Actions taken to Address Occupational and Environmental Exposure Concerns:** Chapter 3 summarizes actions taken by the DoD to assess and mitigate occupational and environmental exposure concerns, and to evaluate or conduct long-term follow-upon members of the Armed Forces possibly exposed to deployment occupational or environmental hazards. Efforts continue to address possible health effects of ambient particulate matter in theater, burn pit emissions and possible long-term respiratory effects related to DoD Civilian Employee Deployment Health Data Review and Analysis.

- **International/ Expeditionary Policy Office Activities**
  Chapter 4 summarizes ongoing activities within Civilian Personnel Policy; the office that supports deploying DoD civilians. During 2016, the FHPQA program lead the initiative that improved data recovery and compliance tracking for deployed DoD civilians.

- **FHPQA Findings, Conclusions and Goals**
  Chapter 5 summarizes FHPQA activities, including improving the DoD's ability to track and report civilian deployed compliance, optimizing the DoD and Department of Veterans Affairs (VA) data sharing agreements, and through process improvement, increased mental health program access for the Reserve Component.

Chapter 1: Blood Samples, Immunizations, and Health Assessments

Section 1073b(a) of title 10, U.S.C. (Reference (a)), directs the DoD to submit the results of audits conducted during the calendar year documenting to what extent deployed Service members' serum sample data are stored in the DoDSR. The deployment-related health assessment records are maintained in the DMSS electronic database. In Calendar Year (CY) 2016, members of the FHPQA program and representatives of the Services jointly planned, coordinated, and conducted audits electronically using data from the DMSS and DMDC. The audits assessed deployment health policy compliance and effectiveness, as directed by DoDI 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program" (Reference (b)). Table 1 illustrates DoD's audit results for all Service members who met specific audit criteria outlined in this chapter.

Audit activity improvements continued for 2016, including the review of immunization requirements that affected the reporting of individuals deployed to specific countries. Specifically, the Smallpox immunization was no longer required for the U.S. Central Command (USCENTCOM) deployments and was removed from the audit data summary. This allowed for better accounting of qualifying immunizations in support of Operation ENDURING FREEDOM, Operation IRAQI FREEDOM, or Operation NEW DAWN deployments.

The CTS, managed by the DMDC, was used to identify the deployed, who returned from deployment during CY 2015. CY 2015 was chosen to allow enough time for the deployed to complete the PDHRA. A qualifying deployment was a deployment to a country identified on the list generated by the AFHSB and the Office of Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight (DASD(HRP&O)). Only Service members and DoD civilian employees who deployed greater than 30 days to a location with no fixed medical treatment facility were included in the audit analysis.

DoDI 6490.03, "Deployment Health" (Reference (c)), requires Service members to complete the Pre-DHA 120 days prior to the expected deployment date; the PDHA as close to the return-from-deployment date as possible, but not earlier than 30 days before the expected return-from-deployment date, and no later than 30 days after return from deployment; and the PDHRA within 90 to 180 days after return to home station. However, on occasion, the CTS roster included time away from home station as part of deployment when, in fact, the individual had not yet deployed. Therefore, to ensure better capture of deployment health assessment forms in the DMSS, the window for submission was widened. Widening of these windows for submission have reduced, but not eliminated, deployment date discrepancies between the CTS roster and Service tracking systems. Thus, the following criteria were used for determining when deploying DoD Service members complied with force health protection policy:

- Immunizations: Individuals deployed to USCENTCOM areas and the Korean Peninsula for 15 or more days were required to have anthrax vaccinations or a documented waiver on file; all deploying Service members were required to have current influenza vaccine on file.
- Pre-DHA: Given 120 days before to 30 days after deployment begin date.
- PDHA: Given 60 days before to 60 days after the deployment end date.
- PDHRA: Given 60 to 210 days after deployment end date.

- Pre-Serum: Serum drawn within 365 days prior to and 30 days after the deployment begin date.
- Post-Serum: Serum drawn between 30 days prior to and 60 days after the deployment end date

A small number of Service members may have exemptions from some immunizations; therefore, Component-approved exemptions were included as compliant for this audit. As in the 2015 audit, the DoD identified anthrax compliance for only those who had anthrax immunizations within 12 months of deploying. Using these methods, the DoD realized overall immunization compliance for those being deployed this year of 87 percent, a 7 percent increase in compliance compared to previous years. Results of the electronic review are in Table 1.

Table 1: DoD Combined Armed Forces Blood Sample, Immunizations, and Health Assessment Audit Results

2016 DoD Audit Results	Military member deployment health records extracted from DoD's DMSS
Number of records reviewed	80,124
Evidence of required immunizations	87%
Record contained all required deployment health assessments for individual for the deployment	57%
Pre-DHA	85%
PDHA	81%
PDHRA	67%
Blood samples taken from a Military member before deployment are stored in the blood serum repository of the DoD	95%
Blood samples taken from a Military member after the deployment are stored in the blood serum repository of the DoD	70%

Data Source: DMSS
Prepared by AFHSB, as of September 18, 2016

Chapter 2: Responding to Expressed Health Concerns

Service members who returned from qualifying deployments of longer than 30 days duration are required to complete different standardized questionnaires designed to assess their state of health, and to identify concerns they may have about the impact of the deployment experience on their health. The PDHA questionnaire should be complete within 30 days of the Service member's return from deployment. The PDHRA questionnaire should be complete 90-180 days after return from deployment. Additional deployment mental health assessments (MHAs) are administered between 181 days and 18 months after return from deployment and between 18 and 30 months after return from deployment. The MHA offers health care providers an opportunity to address mental and behavioral health concerns. DoD policy requires that health care providers address Service members' concerns during the completion of a health assessment, and, if indicated, recommend a referral.

As shown in Table 2, the DoD tracked deployment health care concerns and recommended referrals prior to and after Service members were assessed by providers, and then provided these quarterly to the Military Services. The Military Services, in turn, provided the actions that they took to address concerns to the Director, DHA, and the DASD(HRP&O) in quarterly reports.

Table 2: Percentage of Service members who Endorsed Selected Questions and Received Referrals on Health Assessments prior to and after deployment health care concerns and recommended referrals.

Deployment Health Assessments, U.S. Armed Forces, January - December 2016						
	Pre-deployment		Post-deployment		Reassessment	
	Active Component	Reserve Component c	Active Component	Reserve Component c	Active Component	Reserve Component [c]
	n=153,535	n=42,368	n=100,677	n=31,754	n=81,790	n=25,480
Health worse now than before deployed	Not applicable	Not applicable	68.5	69.5	74.8	75.0
Exposure concerns	Not applicable	Not applicable	12.5	19.3	12.1	18.4
Post-Traumatic Stress Disorder (PTSD) concerns	Not applicable	Not Applicable	4.4	4.9	5.6	7.4
Depression	Not Applicable	Not Applicable	16.5	15.0	16.3	15.5
Referral indicated	6.3	3.4	16.7	22.1	14.0	32.0
Mental health referral indicated[a]	1.5	0.6	2.6	2.3	11.7	31.6
Medical visit following referral[b]	97.1	81.1	97.3	92.3	97.3	51.2

[a] Includes behavioral health, combat stress and substance abuse referrals,

[b] Record of inpatient or outpatient visit within 6 months after referral.

Source: DMSS January 7, 2017

[c]Air National Guard and AF Reserve Component had not universally implemented the electronic health record (EHR); medical visits at Guard medical Units/Reserve Medical Units were documented in hard copy records.

The Reserve Health Readiness Program (RHRP), managed by the DoD, provides PDHRAs and MHAs to Service members from the Reserve Components as well as remotely located Active Duty Service members. Thirty days after a Reserve Component military member receives a recommended referral, the RHRP staff attempts to contact the military member to determine if the member had been able to obtain an appointment to address the condition or concerns specified by the recommended referral.

As noted in Table 3, the RHRP was able to contact 58.2 percent of these Service members and found that 36.2 percent of them had not yet made their appointments in order to address their concerns. This constitutes a 3.8 percent improvement from 2015 when 40 percent of Service members reported no appointment in those respective years. Nearly 86 percent of the remainder still desired an appointment, but the majority (64.7 percent) indicated that they had not had time to make the appointment. For tracking purposes, the Service Components were provided with information about Service members who had not utilized their referrals. For Service members who identified behavioral health concerns, providers offered recommended sources of assistance, even when referrals for specialty care were not required.

Table 3: Reserve Health Readiness Program 30-day Follow-up Response - PDHRAs (All Service n=3,556)

Reserve Health Readiness Program PDHRA 30-Day Follow-Up	
Total Percentage Contacted for 30-day Follow-up	58.2%
Total Percentage Not Yet Made appointment	36.2%
Service Member Referral Rate	31.8%
Dual (Physical and Behavior) Referral rate	7.9%
Physical Only Referral Rate	22.7%
Behavioral Health Only Referral rate	1.1%
Percent still desiring to make an appointment	85.9%
Reason no appointment was made (Time)	64.7%
Reason no appointment was made (Don't know next step)	20.1%
Reason no appointment was made (Other)	15.2%

Source: RHRP II Deliverable; January 1 - December 31, 2016

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

Periodic Occupational and Environmental Monitoring Summaries:

The DoD established a goal to increase access to the most current and applicable Periodic Occupational and Environmental Monitoring Summaries (POEMS) for Service members (Active Duty, National Guard, and Reserves), and their providers; Military, VA, as well as private sector, for use when addressing post-deployment health concerns. The POEMS include camps in Afghanistan, Djibouti, Iraq, Jordan, Kuwait, Kyrgyzstan, Oman, Qatar, Saudi Arabia, United Arab Emirates, and Uzbekistan. The POEMS describe overall occupational and environmental hazards and population-based health risks; they were not developed for inclusion in the medical records because they do not describe any specific person's unique exposures. However, if deployment environmental hazards and conditions are relevant to an individual's concern or health condition, a health care provider may use POEMS information to communicate risk.

The DoD released 80 POEMS to the public on an Army Public Health Center Web site, and continues to do so, at: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/POEMS.aspx. This URL is listed on PDHA and PDHRA forms to facilitate access by Active Duty, Reserve, retired, and separated Service members, current and former DoD civilians, medical providers, and VA claims adjudicators.

DoD Participation in the VA Airborne Hazards and Open Burn Pit Registry:

The DoD continued to coordinate with the VA to facilitate participation of military personnel in the VA's voluntary Airborne Hazards and Open Burn Pit Registry, and facilitated optional follow-up assessments of military personnel who requested evaluation in the online registry questionnaire. The registry surpassed 90,000 participants in 2016. For physician education, the DoD developed a web-based 'clinical toolbox' for DoD health care providers performing the follow-up clinical evaluations. To increase awareness and participation in the registry, the DoD made a 'marketing video,' which promotes the registry to military personnel. The video is viewable in clinic waiting rooms and has been widely posted to social media sites. In addition, articles, posters and 'tip cards' promoting the registry were developed for military personnel and distributed at clinics, trainings, health fairs, and also posted to DoD websites and social media outlets.

In February 2017, the National Academy of Sciences published a report entitled, "Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry." This report was mandated by the law which required the VA to establish the registry. Findings of the report included the inherent limitations and biases of the self-reported registry, which is no substitute for scientifically rigorous and well-designed epidemiological studies underway, and the utility of the registry as a means for Service members and Veterans to document and bring concerns to the attention of the VA and their physicians. The report recommended that VA analyze the determinants of non-completion of the on-line questionnaire and recommended that VA investigate the potential discrepancy in number of respondents who indicated interest in the optional clinical evaluation and the number who completed that

evaluation. The DoD is participating in the technical advisory committee established by the VA to respond to the report.

Radiation Exposures for the DoD-affiliated Population during Operation TOMODACHI:

The DoD created and maintains the Operation TOMODACHI Registry to document radiation dose estimates for 75,000 members of the DoD-affiliated population following the devastating 2011 earthquake, tsunami, and release of radioactivity from the damaged Fukushima Nuclear Power Plant in Japan. The DoD determined that no individuals in the DoD-affiliated population were exposed to radiation levels that would result in long-term adverse health effects, to include personnel serving on the USS RONALD REAGAN. During 2016, 249 inquiries were received from DoD personnel related to radiation exposure during Operation TOMODACHI.

Response to Possible Exposure to Chemical Warfare Agents during Deployment to Iraq:

Following media reports of Service members exposed to chemical warfare agents in Iraq in 2003-2011, the Secretary of Defense directed the Army to design and implement a program to identify, contact, evaluate and potentially provide recognition to Service members and Veterans who developed symptoms associated with chemical warfare agent exposure. This continuing effort encompasses medical record reviews, telephonic structured interviews and, for those determined to have a confirmed or likely symptomatic exposure to a chemical warfare agent, a referral to Walter Reed National Military Medical Center (WRNMMC) for a clinical assessment. By the end of 2016, nearly 8,000 Service members and Veterans were included in the effort. Individuals from all Services were identified through the media, unit and operational records, and from responses on PDHA and PDHRA forms. In addition, DoD maintains a telephone hotline number for those who wish to self-identify as having been exposed to chemical warfare agent during an Operation IRAQI FREEDOM or Operation NEW DAWN deployment. To date, over 1,500 individuals have entered the program via the hotline. As lead agent, the Army Public Health Center (APHC) manages and coordinates the program for all Services, although each Service conducts the structured interviews for their Service members. Under the program, all Service members or Veterans determined to have had a likely or confirmed symptomatic chemical warfare agent exposure, or those who request an evaluation, are seen at WRNMMC. Veterans are provided a clinical assessment at WRNMMC after a Secretarial Designee status is granted for the evaluation; travel is arranged by APHC at no cost to the individual.

As of January 2017, 7,918 individuals were in some phase of the program and had a medical record screening; 1,680 structured interviews took place, with 147 confirmed symptomatic exposures and 224 likely symptomatic exposures identified; 6,910 individuals showed no evidence of having a symptomatic chemical warfare agent exposure. Evaluations continue for 637 individuals. Mild exposures have been identified in 227 clinical assessments completed to date. The symptoms or health effects among individuals determined to have had a likely or confirmed exposure appear to have resolved, and there have been no significant long-term findings clearly associated with chemical warfare agent exposures, with the notable exception of blister scars secondary to mustard agent exposure. The WRNMMC has fully supported this initiative, and clinical assessments that have yet to be completed are largely related to difficulties contacting and scheduling individuals, not due to a lack of capacity. The same holds for structured interviews; the majority of interviews not yet conducted are due to

difficulties with scheduling and contacting of individuals. The program will continue until all individuals have moved through the process. Additionally, while hotline calls concerning chemical warfare agent exposure have markedly decreased; over the prior three months the hotline has had fewer than three calls per month related to chemical warfare agent exposure.

The APHC tracks and archives information on all individuals in the process in the Defense Occupational and Environmental Health Readiness System (DOEHRS) – Industrial Hygiene – Incident Reporting Module. This includes information obtained during the medical record review, structured interview, and clinical assessment, if completed. The clinical assessment notes are also included in the electronic medical record for all Active Duty Service members. Progress through the process for all individuals and summary information for each stage is accessible from DOEHRS and reported monthly to the Services and the VA. APHC sent registered letters to individuals who are stalled in the interview process due to the lack of success in contacting or scheduling. APHC is now mailing letters to all individuals who have completed the structured interview and the clinical assessment. These letters summarize the findings and invite individuals to complete a survey by mail or online. All information on those with a confirmed or likely exposure is accessible to the Veterans Health and Benefits Administrations.

As the program nears completion, APHC is preparing a report on the effort, when the program has ended. In addition, APHC is planning for a 5-year follow-up of the individuals with confirmed or likely chemical warfare agent exposures.

Long-term Surveillance for Individuals Possibly Exposed to Sodium Dichromate at the Qarmat Ali Water Treatment Plant, 2003:

Final preparations for voluntary re-evaluation are underway for DoD personnel possibly exposed to sodium dichromate at the Qarmat Ali water treatment plant, to include U.S. Army Corps of Engineer (USACE) civilians who rotated through the Qarmat Ali water treatment facility in Iraq, from April through September 2003. These individuals may have been exposed to hexavalent chromium, a known carcinogen (found in sodium dichromate) present at the site. The joint VA and DoD voluntary medical surveillance program includes evaluations at 5-year intervals to monitor for potential long-term effects among the approximately 912 DoD personnel who rotated through Qarmat Ali. The initial evaluations were conducted in 2011-2012. The majority of the 912 individuals are Veterans who were in the National Guard at the time and less than 100 USACE civilian personnel. The USACE civilians are evaluated under Secretarial Designee status with travel paid by the USACE. No adverse findings clearly associated with potential exposure at Qarmat Ali were found during the first round of evaluations.

Chapter 4: DoD Civilian Employee Deployment Health Data Review and Analysis

During CY 2013, the Office of the Under Secretary of Defense for Personnel and Readiness(OUSD(P&R)), through the Deputy Assistant Secretary of Defense for Civilian Personnel Policy (DASD(CPP)), worked to implement Force Health Protection policies for DoD civilians who were deployed. The FHPQA program manager communicated specifically with the Civilian Expeditionary Workforce Program Office, now known as International/Expeditionary Policy (I/EP), to confirm that force health protection policies supported those DoD civilian employees called upon to deploy for contingency operations. To implement pre- and post-deployment health assessment policies, the I/EP published its business rules in December 2013, which served as consolidated guidance for Services and Components regarding health care and associated deployment requirements. These business rules established guidelines to require DoD civilian employees who serve multiple deployment tours to receive updated health assessments on a regular and recurring basis, and in accordance with theater-established medical requirements.

In 2016, the OUSD(P&R) fully developed and coordinated a Directive-type Memorandum (DTM), DTM 17-004, "DoD Expeditionary Civilians," which provides procedures for the DoD Components to source DoD-EC requirements and policy guidance to deploy civilians. The I/EP is finalizing a Department-level Instruction which incorporates information from the business rules mentioned in the first paragraph, and DTM 17-004. The DTM (and draft instruction) assign responsibility for civilian pre- and post-deployment health procedures to the DoD Component Heads. The Department estimates the DoDI will be published in 2017.

The DoD Components utilized contract medical and administrative staff at the National Deployment Center, Camp Atterbury, Indiana, as an essential element to guide civilian deployed through the pre-deployment and post-deployment processing phases, which included pre- and post-deployment health assessments. Through the DASD(CPP), the I/EP office and the Benefits Work Life Programs Division provided administrative support to civilians and their owning command or agency for filing Worker's Compensation Claims to the Department of Labor for illness and injury sustained during deployment, and upon return from deployment to their command, agency, or home.

The employee's organization of record is responsible for tracking and monitoring the pre- and post-deployment health assessments. Deployment health assessment forms continue to be stored outside the DMSS, with the exception of those DoD Component agencies that have electronic record transfer capability to the DMSS. This year we worked with DMDC to resolve the Defense Civilian Personnel Data System civilian deployment data file. As a result, we are once again receiving the DoD Civilian Deployment Health Assessment QA program audit, information (i.e., the DoD civilian deployment health assessment information) from the AFHSB QA Program.

Specific information related to the number of civilian employees who returned from deployment and completed deployment health assessments and their recommended referrals is available at Table 4. The FHPQA Program will continue to advise the I/EPO on quality assurance initiatives.

Table 4: DoD Civilian Deployment Health Assessment Compliance

Deployment End Date		Number returned from deployment[1]	DD2795[2]		DD2796[3]		DD2900[4]		Recommended Referral on DD2796[5]		Recommended Referral on DD2900[6]	
Year	Calendar Quarter	n	n	%	n	%	n	%	n	%	n	%
2015	Q1	890	456	51%	261	29%	109	12%	44	17%	20	18%
2015	Q2	612	395	65%	337	55%	147	24%	65	19%	31	21%
2015	Q3	718	440	61%	238	33%	95	13%	48	20%	12	13%
2015	Q4	599	420	70%	343	57%	180	30%	54	16%	41	23%

[1] Deployment is defined as > 30 days to known contingency operations, or other contingency operation except

[2] Qualifying DD2795's are those completed within 120 days prior and 30 days after deployment start.

[3] Qualifying DD2796 are those completed within 60 days prior and 60 days after deployment end.

[4] Qualifying DD2900's are those completed within 60 and 210 days from deployment end unless there is evidence of returning to theater based on a completed DD2795 within 180 days from deployment return.

[5] Civilians recommended for ANY referral on qualifying DD2796.

[6] Civilians recommended for ANY referral on qualifying DD2900.

Note: Only includes assessments received electronically for DoD civilians that returned from deployment in 2015.

Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 06-Apr-2017

Chapter 5: FHPQA Program Findings, Conclusions and Goals

Program Findings:

The reported variance in DoD civilian deployment data was confirmed by DMDC. During 2016, DMDC provided updates during the FHPQA quarterly meetings on its progress to correct the civilian data reporting issues, and requested points of contacts for assistance. AFHSB, Defense Civilian Personnel Defense System, and I/EP points of contacts were provided.

The FHPQA program facilitated meetings with the DMDC, AFHSB, and the DoD Components to ensure work continued, updated DoD leadership, and determined actions required to rectify reporting issues. The DMDC reported that it found the resolutions for the problem and provided data to DoD Components in October 2016.

Program actions in 2016 included a review of metrics that DoD Components confirmed require continued FHPQA monitoring. One particular metric required collaborating with the VA to determine if Service members had a mental health encounter at DoD and VA facilities after a PDHRA referral. Mental health encounters are appointments within 90 days of a referral to behavioral health in primary or mental health specialty care after screening positive on the PDHRA for PTSD, alcohol misuse, and/or depression. VA appointment information data have been included with purchase care and Military medical treatment facility care for Active Duty and Reserve Component members and are summarized in Table 5.

Table 5: Percentage of Service Members who indicated a Mental Health Concern and were seen at DoD (including through TRICARE), VA, or both after a PDHRA Recommended Referral for Mental Health.

	Mental Health Recommended referral (DD2900 encounters)				
	Number of referrals	Seen by DoD	Seen by VA	Seen by Both	No Follow up
Active Component	1542	71%	0%	2%	27%
[C]Reserve Component	1273	14%	35%	6%	45%
[C]Air National Guard and AF Reserve command had not universally implemented the EHR; medical visits at Guard medical units/ Reserve Unites were documented in hard copy records					

To better understand the 45 percent of Reserve Component members that had no documented follow-up in the DoD and VA medical encounter databases in 2017, these members will automatically be enrolled in the *inTransition* program. The *inTransition* program provides coaches to the transitioning Service members who facilitate connecting to and engaging with a new non-DoD mental health provider.

Conclusions and Goals

The FHPQA program has been identified as the program associated with protecting the health of Service members and applicable DoD civilian across the full range of DoD activities and operations, along with systemic monitoring, analysis and reporting on important force health protection processes and outcomes to ensure effectiveness and compliance throughout the Military Health System. This report has been provided to the Armed Services Committees for over the past 11 years. The accuracy of accounting has improved, and the Services have developed robust deployment health programs. In 2017, the DoD expects to publish a FHPQA Program, DHA Procedural Instruction as directed by DoD Instruction 6200.05 “Force Health Protection Quality Assurance Program” which was revised June 16, 2016.

Acronyms, Terms, and References

Acronym	Term
AFHSB	Armed Forces Health Surveillance Branch
APHC	Army Public Health Center
CTS	Contingency Tracking System
CY	Calendar Year
DASD(CPP)	Deputy Assistant Secretary of Defense for Civilian Personnel Policy
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDI	Department of Defense Instruction
DoDSR	Department of Defense Serum Repository
DOEHRS	Defense Occupational and Environmental Health Readiness System
DTM	Directive-Type Memorandum
EHR	Electronic Health Record
FHPQA	Force Health Protection Quality Assurance Program
I/EP	International/Expeditionary Policy
MHA	Mental Health Assessments
OUSD(P&R)	Under Secretary Of Defense for Personnel and Readiness
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
POEMS	Periodic Occupational and Environmental Monitoring Summaries
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
PTSD	Post-Traumatic Stress Disorder
RHRP	Reserve Health Readiness Program
USACE	United States Corps of Engineers
U.S.C.	United States Code
USCENTCOM	U.S. Central Command
VA	Department of Veterans Affairs
WRNMNC	Walter Read National Medical Center

References

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

(b) DoDI 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," June 16, 2016.

(c) DoDI 6490.03, "Deployment Health," August 11, 2006.