

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON WASHINGTON, D.C. 20301-4000

OCT - 4 2021

The Honorable Adam Smith Chairman Committee on Armed Services U.S. House of Representatives Washington, DC 20515

Dear Mr. Chairman:

The Department's response to 10 U.S.C. § 1073b(a), which requires an annual report on recording of health assessment data in military health records, is enclosed. This report is for calendar year 2020. The report addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

The DoD Force Health Protection Quality Assurance Program office audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members. The enclosed report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues, and most importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your continued strong support for our Service members, veterans, and their families. I am sending a similar letter to the Committee on Armed Services of the Senate.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:

As stated

cc:

The Honorable Mike D. Rogers Ranking Member



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The Honorable Jack Reed Chairman Committee on Armed Services United States Senate Washington, DC 20510

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The Honorable James M. Inhofe Ranking Member

Report to Committees on Armed Services of the Senate and House of Representatives



Annual Report on Recording of Health Assessment Data in Military Health Records

October 2021

The estimated cost of this report or study for the Department of Defense is approximately \$1,500 for the 2021 Fiscal Year. This includes \$0 in expenses and \$1,500 in DoD labor.

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Introduction

The Department of Defense (DoD) reports the DoD Combined Armed Forces Blood Sample, Immunizations, and Health Assessment Audit Results annually to the Committees on Armed Services of the Senate and House of Representatives pursuant to 10 U.S.C. § 1073b(a), as amended.

Executive Summary

The DoD Force Health Protection Quality Assurance (FHPQA) program audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic medical repositories for deployed military members. This report documents the results of those audits for military members returning from a deployment in calendar year (CY) 2020.

The Armed Forces Health Surveillance Division (AFHSD), Defense Health Agency, maintains the Defense Medical Surveillance System (DMSS). The DMSS is the central repository of medical surveillance data for the U.S. Armed Forces. Included in the DMSS are blood sampling data from the Department of Defense Serum Repository (DoDSR), immunizations data, and completed deployment health assessments. Additionally, the Military Services maintain copies of immunizations and deployment health assessments in each military member's medical record and the Military Service-specific medical readiness reporting system.

For military members returning from a deployment in CY 2020, the DMSS data reports the following:

- Pre-Deployment Health Assessment (Pre-DHA) forms completed and certified on 84
 percent of those military members required to complete the form; 76 percent of those
 required to complete the Post-Deployment Health Assessment (PDHA) form; and 41
 percent of those required to complete the Post-Deployment Health Reassessment
 (PDHRA) form.
- Blood samples were taken for 93 percent of military members before deployment and 63 percent after deployment.

Efforts to improve compliance across the Military Departments include: Performance of a Military Service gap analysis report to address issues related to noncompliance, concerns, and resulting actions; meetings with the Military Services to assess and address issues; improving the accuracy of data used to verify Service member deployments with the Defense Manpower Data Center (DMDC); optimization of the annual Periodic Health Assessment program to serve as a means for simultaneously completing the required pre- and post-deployment assessments (avoiding duplication of effort); enhancing Military Department medical reporting systems used to document and report completion; and use of information technology to improve electronic recording and accessibility of immunization and health assessment data.

Blood Samples, Immunizations, and Health Assessments

Section 1073b(a) of title 10, U.S. Code, requires the DoD to submit the results of audits conducted during the CY documenting to what extent deployed military members' serum sample data are stored in the DoDSR. The deployment-related health assessment records are maintained in the DMSS electronic database. In CY 2020, members of the FHPQA program and representatives of the Military Services jointly planned, coordinated, and conducted audits electronically using data from the DMSS and the DMDC. The audits assessed deployment health policy compliance and effectiveness, as directed by Reference (b). Table 1 illustrates DoD's audit results for all military members who met specific audit criteria outlined in this section.

The Contingency Tracking System (CTS), managed by the DMDC, was used to identify deployers who returned from deployment during CY 2020. A qualifying deployment was a deployment to a country identified on the list generated by the AFHSD and the Office of the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight. Only military members who deployed greater than 30 days to a known location were included in the audit analysis.

Department of Defense Instruction (DoDI) 6490.03, "Deployment Health" (Reference (c)), requires military 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 not 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 complete capture of the deployment health assessment forms in the DMSS, the window for submission was widened. Thus, the following criteria were used for determining when DoD deployers complied with force health protection policy:

- Immunizations: Individuals deployed to United States Central Command areas for more than 30 days were required to have anthrax vaccination and influenza vaccination or documented waivers on file within 365 days prior to the deployment.
- Health Assessments:
 - o Pre-DHA: Given 150 days before to 30 days after deployment begin date.
 - o PDHA: Given 60 days before to 60 days after the deployment end date.
 - o PDHRA: Given 60 to 210 days after deployment end date.

Serum Collection:

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

A small number of military members may have exemptions from some immunizations; therefore, Component-approved exemptions were included as compliant for this audit. DoD overall immunization compliance for deployers this year was 87 percent, which is an increase from 86 percent in 2019 and 83 percent in 2018. Results of the electronic review can be found in Table 1.

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

Audit Results for Military members returning from a deployment in CY 2020 (and previous years for comparison)	% Completed		
	CY 2020 * (data as of July 30, 2021)	CY 2019 * (data as of July 12, 2021)	CY 2018 * (data as of July 12, 2021
Number of service members returning from deployment during CY	86,558	114,953	107,397
Immunizations	87%	86%	83%
Pre-DHA	84%	78%	78%
PDHA	76%	69%	64%
PDHRA	41%	39%	40%
Blood samples taken from a Military member before deployment are stored in the blood serum repository of the DoD	93%	91%	92%
Blood samples taken from a Military member after the deployment are stored in the blood serum repository of the DoD	63%	63%	56%

^{*}Data Source: DMSS. In November 2020, methods were updated such that the only deployments that are excluded for compliance reporting are those to unknown locations or bodies of water. For comparison, AFHSD reviewed data from previous deployment years utilizing the most recent methodology.

Conclusion

A key component of force health protection is the health care provider completion, electronic documentation, and accessibility of deployment-related blood sampling, immunizations, and health assessments conducted to resolve deployment related health conditions for all deploying Service members. The DoD conducts annual quality assurance audits to determine compliance with policy requirements and identifies ways to continually improve completion rates, documentation in medical records, surveillance repositories, and accessibility of the data to health care providers, epidemiologists, and other medical professionals.

Over the past year, DoD has collaborated with DMDC and the Military Services to ensure consistency of data with the CTS roster. This will allow DoD and the Military Services to determine what deployments would be required to complete deployment health related assessments in accordance with Reference (c).

Ongoing efforts to improve compliance across the Military Departments include: quarterly compliance reporting to frequently assess and address issues; improving the accuracy of data used to verify Service member deployments; optimization of the annual Periodic Health Assessment program to serve as a means for simultaneously completing the required pre- and post-deployment assessments (avoiding duplication of effort); enhancing Military Department medical reporting systems used to document and report completion; and use of information technology to improve electronic recording and accessibility of immunization and health assessment data.

Acronyms, Terms, and References

Acronym

Term

AFHSD

Armed Forces Health Surveillance Division

CTS

Contingency Tracking System

CY

Calendar Year

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

FHPQA

Force Health Protection Quality Assurance Program

PDHA

Post-Deployment Health Assessment (DD Form 2796)

PDHRA

Post-Deployment Health Reassessment (DD Form 2900)

Pre-DHA

Pre-Deployment Health Assessment (DD Form 2795)

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," December 21, 2017
- (c) DoDI 6490.03, "Deployment Health," June 19, 2019