

REVIEW OF THE DoD/VHA CLINICAL PRACTICE GUIDELINE ON *POST-DEPLOYMENT EVALUATION*

Briefing for...

Veterans Service Organizations

April 26, 2001

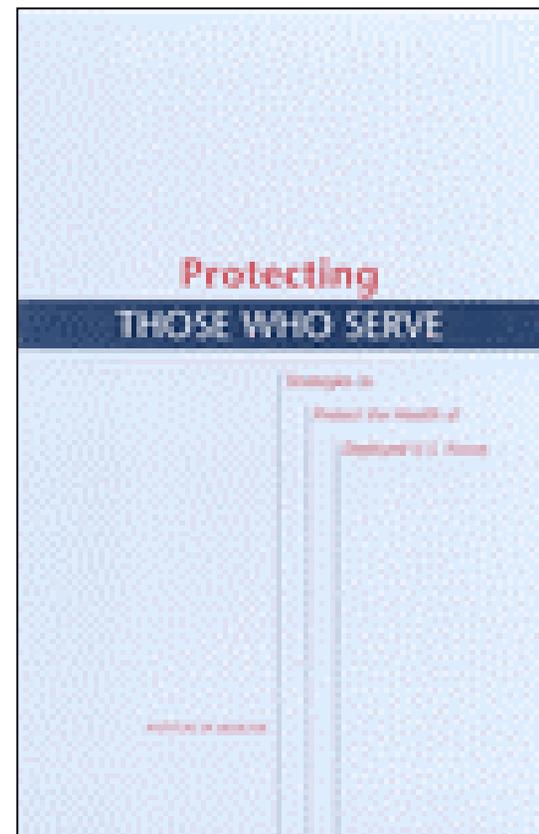


DoD Deployment Health Clinical Center



Institute of Medicine

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



WA, DC, National Academy Press; 2000

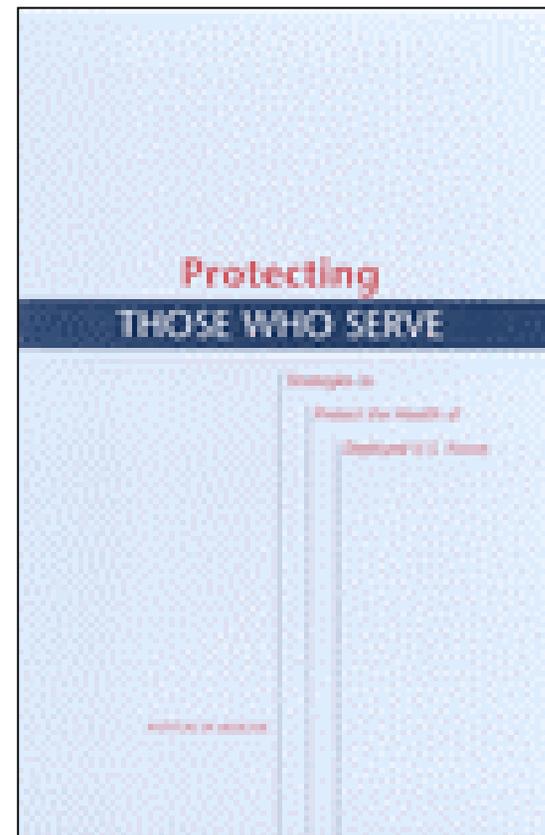


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Institute of Medicine "DoD should..."

- 5.1. ...include information about medically unexplained symptoms in the training and risk communication information for service members at all levels.
- 5.2. ...complete and implement guidelines for the management of patients with medically unexplained symptoms in the military health system.

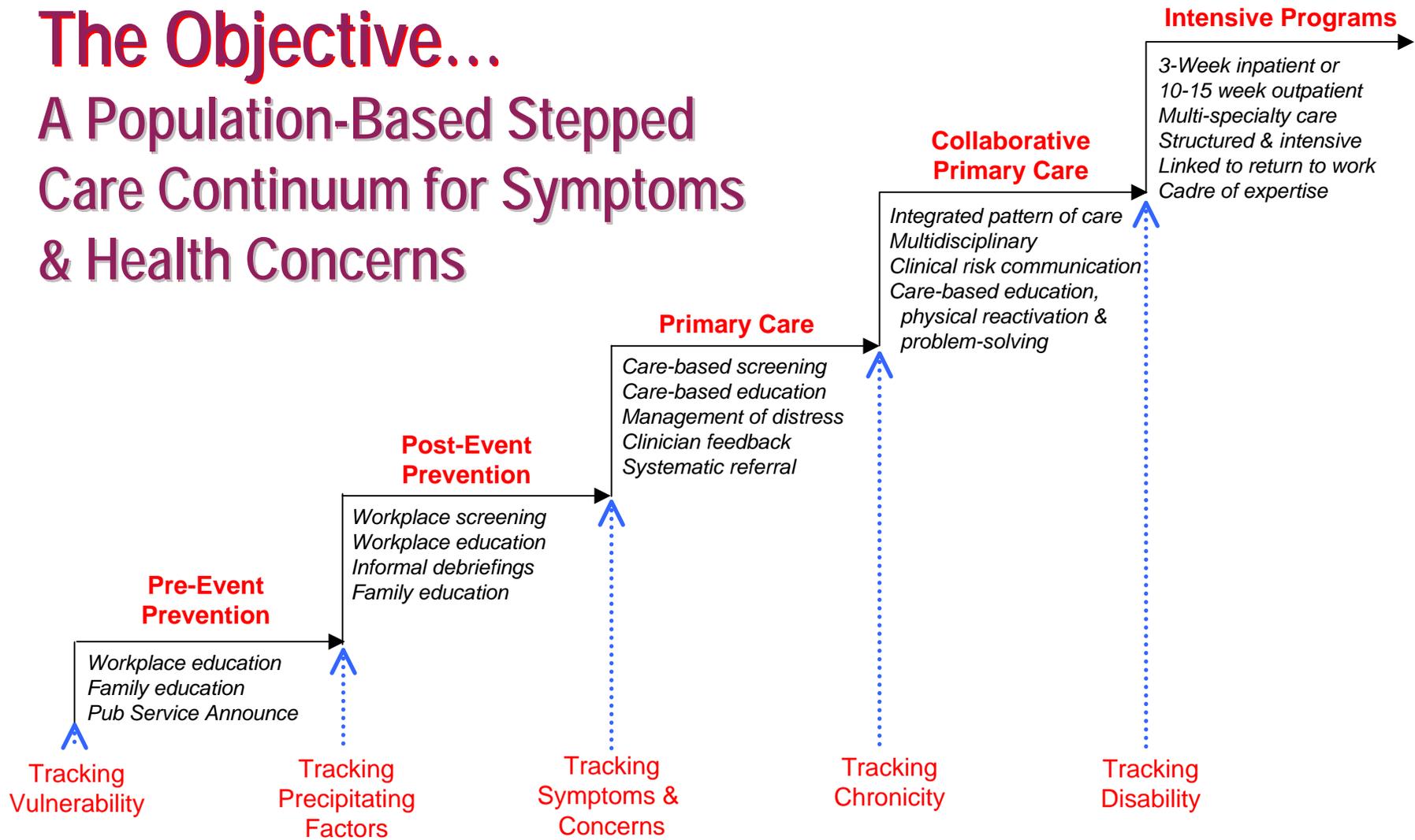


WA, DC, National Academy Press; 2000



The Objective...

A Population-Based Stepped Care Continuum for Symptoms & Health Concerns



The Road Map

- ❑ Clinical Experience
- ❑ Systematic Research
- ❑ Collation of Research Evidence
- ❑ Evidence-Based Clinical Practice Guidelines
- ❑ Implement the Guidelines
 - Tools for clinicians & patients
 - Informatics innovations to track care
 - Web-based info dissemination
 - On-site clinical education
- ❑ Continuous Cycle - Experience, Research, Collation, Guideline Revision, Improved Implementation





DoD/VA Guidelines Adaptation Schedule + Status



	<u>Adaptation Conf</u>	<u>Status</u>
• Tobacco Use Cessation	Aug 98	Complete
• Hypertension	Aug 98	Complete
• Acute Low Back Pain	Aug 98	Complete
• Asthma	Nov 98	Complete
• COPD	Nov 98	Complete
• Diabetes	Jan 99	Complete
• Depression	Apr 99	Complete
• Hyperlipidemia	Jun 99	Pending
• Ischemic Heart Disease	Jun 99	Pending

*"How To"
Information*

ARROYO CENTER CENTER FOR MILITARY HEALTH POLICY RESEARCH

Putting Practice
Guidelines to Work
in the Department
of Defense
Medical System

A Guide for Action

Will Nicholas

Donna O. Farley

Mary E. Vaiana

Shan Cretin

RAND

Tool Kits:

www.cs.amedd.army.mil/qmo

- Guideline Algorithms - interactive
- Patient Education Brochures
- Process & Outcome Metrics
- Provider CME Slide Presentations
- Provider Reminder Materials
- Provider Documentation Forms
- Provider CME Video - order form
- Patient Self Care Video - order form



Guideline Development Was Multi-organizational

- VA clinicians experienced with gulf registry
- DoD clinicians experienced with comprehensive clinical evaluation program
- Army, Navy, Air Force
- Experts from civilian academia
- Veterans



Systematic Basis for Guideline Content

1. Scientific evidence considered first – usually little direct evidence
2. Independent policy review group recommendations (e.g., IoM, advisory groups, RAND reports)
3. Consensus of experienced clinicians
4. Consensus of guidelines working group



Guideline Development Was Multidisciplinary

Medical disciplines

- family practice
- internal medicine
- psychiatry
- preventive medicine

Allied clinical disciplines

- psychology
- nursing
- social work
- clergy

Essential non-clinical disciplines

- risk communication
- toxicologist



Veteran Involvement

- ❑ Helped to develop the guideline document
- ❑ Shared with our veterans' health advisory council
- ❑ Participated in toolkit development conference
- ❑ Posted guideline document on the internet for public comment



General Guideline Features

- appropriately tiered evaluation
- longitudinal care & follow-up
- longitudinal outcomes monitoring
- optimized risk communication practices
- web-based guideline support infrastructure



Three-Tiered Evaluation

Primary care assessment

Collaborative assessment & care

Transition to disease management



Web-Based Guideline Support

PDHealthWeb
DoD Post-Deployment Health Web

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

For Clinicians **For Veterans & Families**

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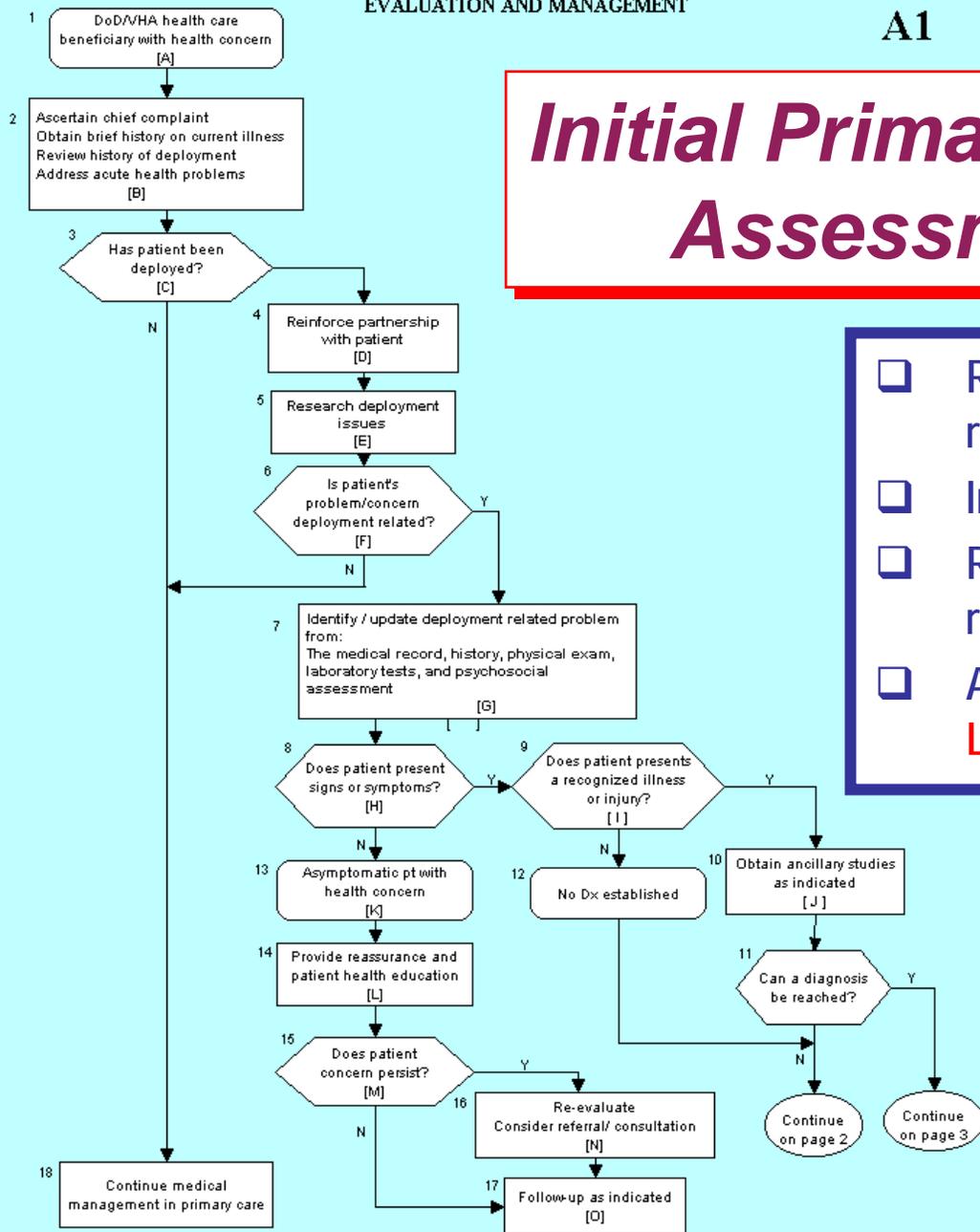


Stepped Health Risk Communication

- ❑ **Level 1** – routine rapport and trust building
- ❑ **Level 2** – level 1 + web-based info for the “asymptomatic concerned” veteran
- ❑ **Level 3** – level 1 & 2 + MUPS education and collaborative rehab care
- ❑ **Level 4** – level 1, 2 & 3 + DHCC consultation & referral

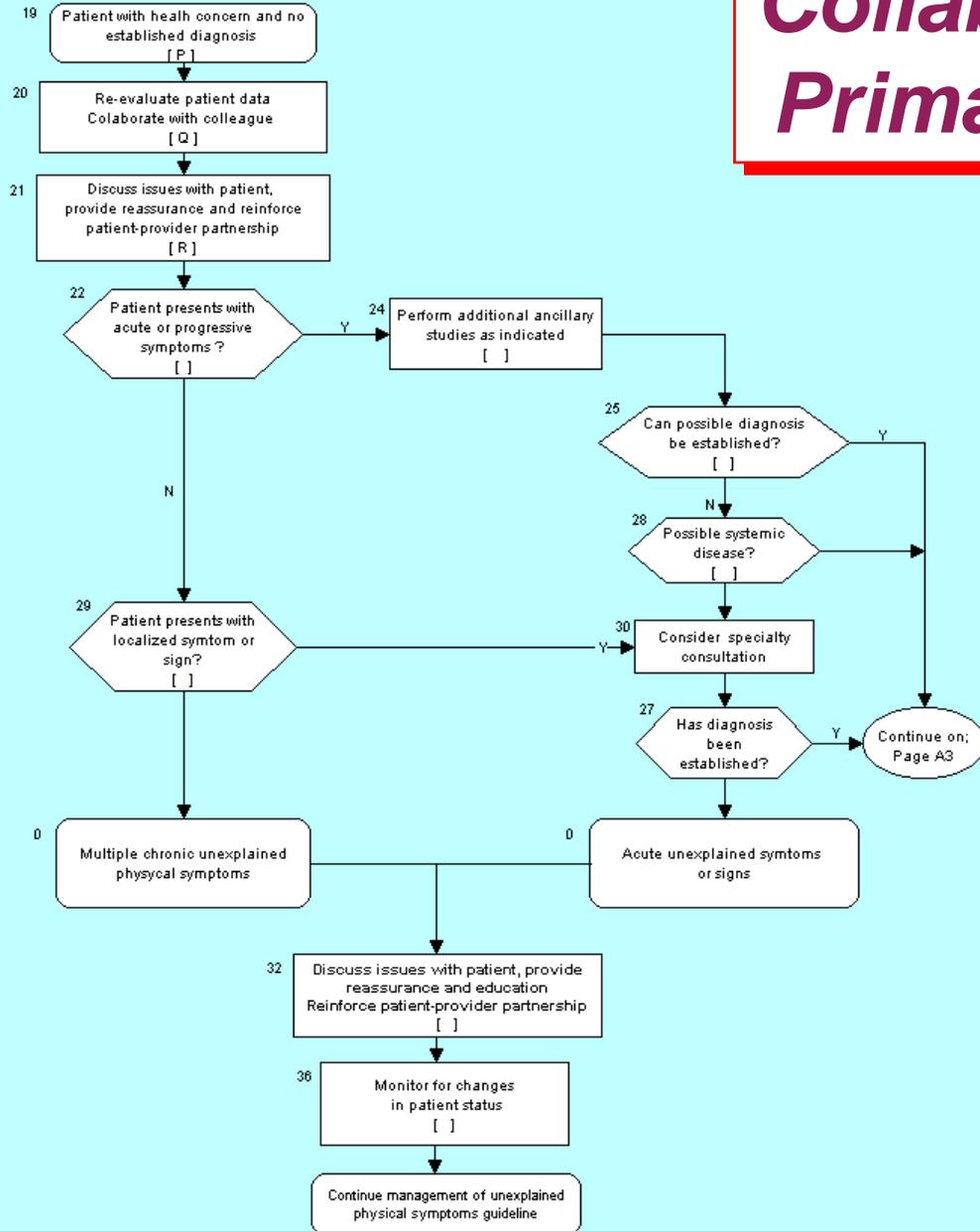


Initial Primary Care Assessment



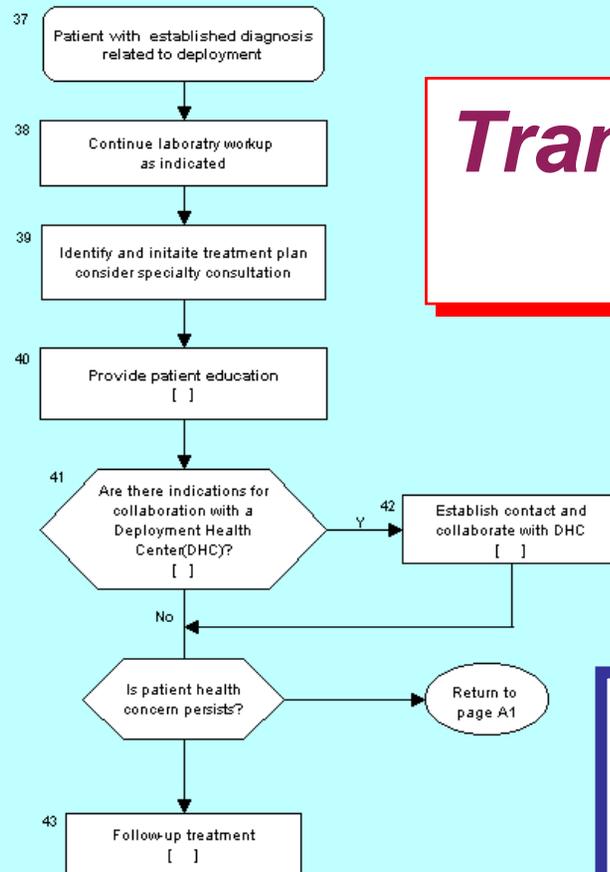
- Recognition of deployment relatedness (per patient)
- Investigate deployment
- Routine assessment – **Level 1** risk commo
- Asymptomatic concerned – **Level 2** risk commo

POST DEPLOYMENT
EVALUATION AND MANAGEMENT



Collaborative Primary Care

- ❑ Guidance regarding interdisciplinary practices
- ❑ Defines low diagnostic yield unexplained symptoms group
- ❑ **Level 3** risk commo for unexplained symptoms
- ❑ **Level 4** for persistent unexplained symptoms & disability



Transition To Disease Management

Connection to the range of disease management guidelines currently in use or development

Outcomes Monitoring

36 item short form questionnaire (SF-36)

Patient health questionnaire (PHQ)

Military unique “fifth vital sign”



Metrics

- Patient satisfaction with care received for post-deployment concerns.
- Adequacy of information and resources for patient management with post-deployment concerns.
- Percentage of personnel evaluated after post-deployment health assessment referral (DoD Form-2796).
- Improvement in functional status within 6 months of an initial evaluation.



Two Year Guideline Life Cycle



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

Straus SE: Lancet 1999; 353:162



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