

Post Deployment Health Reassessment (PDHRA) - Clinician Training

Slide 1

Slide 2 All over the world, service men and women are making sacrifices on behalf of this country. There has never been a greater need for us to provide world-class, compassionate healthcare to those service members who are protecting this country.
To ensure the health of service members around the world, the Department of Defense monitors and develops health initiatives that address the latest needs facing our service members.

Slide 3 Recent trends have helped us recognize that many of our returning service members may not experience certain health issues until days or months following their return. As a result, we've developed an additional component to our continuing health care initiative called **the Post-Deployment Health Reassessment, or PDHRA**. The PDHRA was developed in coordination with all Military Services and the Department of Veteran Affairs to provide a second health assessment for service members who have returned from deployment in the past 90 to 180 days.

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Slide 4 In a nutshell, the PDHRA works very much like the PDHA. Service members will be asked to answer a few screening questions using an electronic or web-enabled questionnaire, and then to discuss their health concerns with a healthcare provider to determine if more detailed diagnostic evaluation, additional treatment, or health-related information is needed.

Those of us who have treated service members in the past, know how proud and strong these men and women are. It is vital that we support this initiative and these men and women with a great deal of care and respect.

Slide 5 It's also important to keep in mind that operational deployments bring with them many physical and psychosocial hazards and hardships. Many of our service members have experienced long periods of time away from their home and family, long hours without respite, exposure to environmental stressors, including cold, heat, airborne particulates such as sand, along with insects and potentially hazardous conditions in the field. Add to that the life-threatening experiences associated with combat, possibly including the death or severe injury or someone close to them, or possibly even injury and illness themselves. The ability to compartmentalize or put those experiences quickly aside and move on, enables service members to stay focused on the mission. When they return, get past all the re-entry and reunion celebrations, and settle into their regular routine, these experiences may resurface. Under these circumstances, it's common to experience some level of physical and psychological distress. It's not our intent to make more of these symptoms than is needed. We certainly don't want to over-diagnose or over-treat

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what may be very normal reactions under the circumstances. Only if signs and symptoms are chronic, persistent, or unremitting over time, or if they interfere with normal functioning in the individual's personal or work life, their families, or their communities, would medical intervention be recommended. Of course, when in doubt, it's always best to refer for additional, more detailed evaluation through a consult to primary care or directly to a specific clinic or service if that's indicated by your exam.

This training program is designed to provide you with the information that you need to professionally and compassionately follow through on these reassessments and make recommendations for further evaluation or treatment.

Slide 6 The PDHRA is conducted after 90 days and before 180 days after returning from a deployment that required completion of a Post-Deployment Health Assessment using the DD Form 2796. The reassessment is scheduled for completion before the end of 180 days after return, ideally at the three to four month mark, so that Reserve Component members have the option of treatment using their TRICARE health benefit.

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Slide 7 The PDHRA uses the Post-Deployment Health Reassessment Form, or DD Form 2900, to assist you in evaluating the health needs and concerns of re-deployed service members.

Slide 8 The DD Form 2900 is divided into four sections, including demographic data . . .

Slide 9 . . . Health history . . .

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Slide 10 . . . And concerns . . .

Slide 11 . . . Health assessment and referral . . .
And finally an ancillary staff and administrative section. After the service member has completed answering questions about health status and concerns, you will be asked to review and discuss identified concerns with the service member to evaluate the general health, mental health and readjustment issues associated with their most recent deployment. Based on the evaluation, you will make appropriate referrals for further evaluation and treatment.

Slide 12 Provider sensitivity is the key to success for this program. Service members may be anxious and concerned about potential exposures experienced during the deployment, or may be experiencing adjustment difficulties. They may have concerns they want to discuss, but could be reluctant to report them for any number of reasons. Use of effective health risk communication techniques can help foster an atmosphere of trust and collaboration during this assessment. Experience from the Gulf War has confirmed for us the importance of communicating honestly, openly, and forthrightly with service members regarding their health problems and

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exposure concerns.

Slide 13 The risk communication mnemonic ENVITE is recommended in the Post-Deployment Health Clinical Practice Guideline and can be equally useful when communicating with newly redeployed service members. The E in ENVITE stands for demonstrate empathy, the N stands for non-confrontational approach, the V for validate the decision to seek care, and I for inform with solid scientific information, the T for take action, and the E for enlist cooperation.

Slide 14 The service member is responsible for completing the Demographic and Health History Sections of the DD Form 2900. This information is important to you in your evaluation. Those who deploy multiple times or who are deployed for a long period of time may be at increased risk for health problems. You may also want to ask about the type of duty the person was assigned to, as well as their involvement in combat operations.

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Slide 15 The service member also completes the Health History Section, which consists of 16 questions divided into the following four categories: general health, exposure concerns. . .

Slide 16 . . . Mental health, and requests for assistance.

Slide 17 Questions 1 through 6 cover general, overall health status. These questions give service members an opportunity describe their general health and to voice any concerns they may have.

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Slide 18 You should develop a sense of each service member's health by reviewing their answers to the general health questions and interviewing them further about their responses. If the medical records are available, you should compare their responses on the Pre and Post Deployment Health Assessment forms – labeled DD Forms 2795 and 2796. If not available, you can simply ask them about their health status before and after their most recent deployment. For active duty members, general health concerns and conditions that you identify during the interview that need additional assessment beyond the time and circumstances provided for this interview, should be referred to the service member's Primary Care Provider for further evaluation or treatment under the DoD/VA Post-Deployment Health Clinical Practice Guideline.

Slide 19 For reserve and guard members or separated veterans, a referral to the VA or to the TRICARE network would be appropriate.

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Slide 20 Question 7 is aimed at identifying any major concerns about the potential health effects of things service members believe they were exposed or encountered during this deployment. It's common for redeploying service members to have concerns about health effects related to biological, chemical, and physical substance or agent exposures that they believe they experienced during deployment.

Slide 21 Even if they don't have symptoms now, they may still be concerned that they might suffer long-term health effects, or that their spouses, children, or even their future children may be affected. If they have these concerns, even in the absence of symptoms, they may want to talk with a health care provider to get accurate information about the potential risks or preventive measures they can take. We actually encourage service members to ask their providers for this information rather than relying on less trustworthy sources. You should be sensitive to the fact that they take these concerns very seriously and appreciate direct and candid discussion on the part of their providers.

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Slide 22 Because your time is limited in this focused encounter, you'll need to decide whether you can answer their questions at this time, or if a referral is indicated. When discussing occupational or environmental exposures, it's helpful for you to have access to up to date resources. It's virtually impossible for a busy clinician to stay current on all information from all deployments. Fortunately, much of this information can be found on the Internet. Good websites for researching exposure concerns include the DoD Deployment Health Clinical Center or DHCC site at www.pdhealth.mil and the US Army Center for Health Promotion and Preventive Medicine or CHPPM website. Fact sheets for both clinicians and service members are available on these sites and can provide answers that address these concerns at the time of the screening. Fact sheets can be printed out for the service member or they can be referred to the website for additional information.

Slide 23 The Mental Health Screening Questions, numbers 8 through 12, are targeted at identifying mental health concerns, adjustment problems, and behavioral risks. The mental health domains covered on the form include depression, post-traumatic stress disorder, alcohol abuse, and interpersonal conflict. Rates of mental health concerns generally are higher for those who experience combat, and rates increase with increased combat exposure.

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Slide 24 Unfortunately, those most in need of mental health care may also be less likely to actively seek treatment. Perceived stigma may lead them to deny mental health issues and in doing so to miss the opportunity for care. And, symptoms of the illness itself can decrease the likelihood of seeking help. Other barriers to care include misinformation, misunderstanding, and lack of good information about mental health conditions. These issues coupled with a general lack of knowledge about the nature, availability, and how to access care can result in low levels of help seeking and in poor follow-up on mental health referrals. The role of the clinician in the PDHRA screening is to actively elicit concerns and to encourage follow-up with referrals. All redeployed military members are being screened; no one is being singled out for either physical or mental health screening. The purpose of addressing mental health issues in the screening is to provide early identification and assistance before problems become more severe. It is also important for you to clearly communicate that mental health issues can be successfully treated.

Slide 25 When reviewing the responses to all the mental health scales, you should consider the response to Question 12, which asks about functional impairment. Symptoms alone may be common during the first 6 months post-deployment. Symptoms that create impairment in the individual's ability to function in the many roles they play in their life, either in their family, community, personal or work situations, would more likely trigger a referral for further evaluation or treatment.

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Slide 26 Question 8 inquires about conflicts with spouse, family members, friends, or work. Marriage, family, and relationship problems top the list of reported behavioral health concerns for redeployed service members. For most military members presenting with adjustment concerns, a referral to Military OneSource would be appropriate. Military OneSource is a service available to all military members, both active and reserve, and their families at no cost to them. It provides for up to six completely confidential preclinical counseling sessions, by phone or in person, along with a wealth of materials that can be accessed on-line or can be received through the mail. Adjustment concerns covered in this program include such issues as re-integration and communication with spouse and family members, financial problems, difficulties in re-adjusting to work, behavior and school problems with children, grief, and other life stress problems. Military OneSource will refer to MTF, TRICARE, or VA healthcare providers if more than six sessions are needed, or if the counselors determine that the member has a diagnosable medical problem. Some service members may feel more comfortable talking to their chaplain about grief and spiritual issues. Other family issues can be referred to Family Support, Community Service, or to the Veterans Administration Vet Centers for Guard, Reserve, or separated service members.

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Slide 27 Question 9 screens for post-traumatic stress disorder or PTSD. The scale used in this assessment is the primary care PTSD Screen or PC-PTSD. A positive response to any of the four questions on this scale should lead to additional questioning. The current PTSD Clinical Practice Guideline recommends that a report of two or three symptoms would provide increased concern for PTSD. Additional questioning should explore the severity, duration, and functional impairment associated with those reported symptoms. Additional guidance for PTSD assessment can be found in the clinical guidance provided to you in the PDHRA clinician training materials and the PTSD Clinical Practice Guideline.

Slide 28 Question 10 screens for alcohol abuse and includes two questions. A positive response to either question should lead to additional questioning about the amount of alcohol consumed, the number of days per week consumed, and negative consequences such as hangovers, inability to get to work in the morning, impulsive behavior while drinking, drinking and driving, or problems with family and friends because of drinking. Additional questions and guidance for alcohol abuse assessment can be found in the supplemental clinician training materials and the Substance Use Disorder Clinical Practice Guideline.

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Slide 29 Question 11 screens for clinical depression using the PHQ2 scale. The two questions in this scale have been shown to be as effective as longer scales for identifying patients who may be depressed.

Slide 30 If the service member responded negatively to both questions, the screen is negative. If they responded positively to either item, consider asking more detailed questions. Depression is more likely for those who experience symptoms for more than half the days or nearly every day for the past month. An important differential diagnosis in this case is grief or bereavement. The nature, severity, and impairment associated with depression symptoms aid in determining the nature of referral, either to a preclinical counselor for adjustment counseling, to primary care for further evaluation and medical management, or directly to a mental health specialty care provider.

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Slide 31 Questions 13 through 16 are designed to provide an opportunity for the service member to initiate a self-referral for healthcare, information, or counseling. Even if no symptoms are presented, a request for a referral should be honored. Matching treatment modality to the preferences of the patient has been found to increase the probability of follow-through with the referral as well as efficacy of the care received. So, for individuals with health concerns that warrant referral, their preference in treatment source should be seriously considered.

Slide 32 **Provider's Section of the Form**
Your role as the screening provider in the PDHRA Program is to interview the service member, evaluate their health conditions and concerns and refer the individual for additional evaluation, or for healthcare or community support services when indicated.

Slide 33 As part of that process, you're responsible for completing page four of the DD Form 2900, which contains the Provider Review and Interview Section and the Assessment and Referral Section.
The provider section of the form is designed to guide you through the screening and assessment process, and to aid you in recording the encounter for the medical record.

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Slide 34 Item 1 directs you to review and discuss with the service member their responses to Questions 1-16, as we have discussed. However, the questions listed on the DD Form 2900 should not be seen as all inclusive, but as points of departure for deployment-related health issues, symptoms, or concerns. You should pursue all positive answers and obtain additional information to more fully understand the individual's health status and concerns, as you would in any patient encounter. You should also ascertain if the condition or concern is long-standing or of recent onset, and if the individual has received care for that concern since their return from deployment, or if they are currently receiving care. Following your interview with the individual, you would record the results in Item 1.

Slide 35 Items 2 and 3 direct you to conduct an assessment of the potential for harming self or others.
Item 4 provides you an opportunity to record any additional questions or concerns identified by the service member during the interview.

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Slide 36 Symptoms of depression or PTSD identified during the review and interview would increase the likelihood of suicidal ideation or aggressive behavior. However, these behavioral risks can occur independent of other symptoms or concerns. Anger and irritability, in particular, are common manifestations of depression in young men and can be observed and reported even when there are no other identified concerns. The questions included in Item 2 are standardized and validated questions. They should be asked of every service member . . . No exceptions!

Slide 37 Any positive or unsure responses indicate the need for additional inquiry to assess risk to self or others. A mental health provider should be available during the screening and assessment process. If there is any doubt about risk assessment, do not hesitate to consult with or immediately refer the service member to the mental health provider present or to a local emergency medical facility if a provider is not present, following locally established protocols. Support staff at the screening site can help you to ensure the individual is accompanied to whatever services are needed.

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Slide 38 You document your assessment in Item 5. You should indicate the categories of symptoms identified along with an indication of the severity of the symptoms and whether or not the individual is currently receiving care for the identified concern.

You record your referral recommendation in Item 6. Individuals who request mental health or community service support may be referred directly to the requested professional. Otherwise, referral to a primary care provider for further evaluation or treatment under the DoD/VA Post-Deployment Health Clinical Practice Guideline is the preferred course of action.

Item 7 provides you an opportunity to add any comments or additional notes you may have. In Item 8, you must print your name, sign the form, and apply your provider stamp if it's available.

Slide 39 Special attention should be given to how mental health referrals are presented to the individual. The manner used in explaining the need for a referral to the service member can affect their propensity to actually follow-through.

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Slide 40 If the individual is reluctant, then additional education, support, and reinforcement of the need and the value of counseling or therapy can help in facilitating an effective referral.

Slide 41 In addition, education is considered a critical component of the PDHRA Program. Individuals should receive education about potential signs and symptoms to watch for in the future, health education about identified conditions and concerns, and a thorough briefing on the resources and benefits available to them and their family members both now and in the future, if additional problems develop. Provision of those education services should be documented in this section.

Slide 42 The Ancillary Staff and Administrative Section consists of two administrative questions (Items 9 and 10) to be completed by a med tech or administrative support staff assisting in the screening process. While it's mandatory for the assessment to be offered to every redeployed service member, the extent of their disclosure and participation is voluntary, except in obvious cases of threat of harm to self or others. This section provides an opportunity to record those decisions to decline services.

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Slide 43 A final component to the program is follow-up and case management. Many people who are referred for care will not make or keep an appointment. Those who want to make an appointment may encounter difficulties in the system, or may not understand the process required to get an appointment. Active case management will increase compliance with referrals. The case management process needs accurate information about where the patient was referred to be able to track compliance. So, it's very important that referral information be recorded in Item 10.

Slide 44 The DD Form 2900 must be completed in an electronic format. Even if it is reviewed in paper format, the responses must be entered into an electronic copy. Then a complete paper copy must be printed and placed in the service member's medical record. Just as with the DD Forms 2795 and 2796, the data must be forwarded to the Defense Medical Surveillance System.

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Slide 46 Additional clinical guidance and support materials for individual conditions and concerns can be found on www.pdhealth.mil. Or you can call the Deployment Health Clinician Helpline at 1-866-559-1627.