



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH VA 22041-3258**



S: 1 September 2000  
S: 15 October 2000  
S: 1 November 2000

MCHO-Q (40)

13 July 2000

**MEMORANDUM FOR COMMANDERS, MEDCOM RMCs/MEDCENS/MEDDACs**

**SUBJECT: AMEDD-Wide Implementation of the Department of Defense/Department of Veterans Affairs (DOD/VA) Asthma Clinical Practice Guideline (CPG)**

1. The DOD/VA Asthma Clinical Practice Guideline will be implemented in all Army Medical Department (AMEDD) facilities by 1 November 2000. System-wide implementation of the guideline will improve the quality of care of DOD beneficiaries suffering from this disorder, and will decrease the orientation and education costs associated with piece-meal implementation of the guideline.
2. To kick off the AMEDD system-wide implementation of the Asthma CPG, there will be a satellite broadcast on 13 September 2000, 1300-1600 EST (see Enclosure 1).
  - a. An introduction by the Army Surgeon General (or designee) highlighting the need for evidence-based management of asthma.
  - b. A presentation by DOD clinical practice guideline champions detailing key points of the guideline.
  - c. A short presentation highlighting how the tool kit can facilitate implementation.
  - d. A step-by-step plan for proceeding with implementation at your facility.
3. This CPG is targeted for the primary care provider. It was adapted for use in the federal system from nationally developed, evidence-based practice guidelines, by a multidisciplinary team of the four federal organizations (Army, Navy, Air Force, and Veterans Health Administration). COL Ted Carter, a pediatric pulmonologist, and MAJ Ron Moody, a family practice physician, led the Army's Asthma Guideline team.
4. Implementation materials will be provided in the Asthma Tool Kit mailed to each Commander, Regional Medical Command and Medical Treatment Facilities (MTF) in August 00. This tool kit was developed with the input of primary care providers, pulmonologists, respiratory therapists, asthma case managers, and other health care personnel.

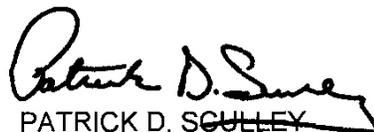
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5. The success of this guideline depends wholly on its effective implementation in each primary care clinic at every MTF. Local practice guideline champions and primary care action teams should carry out these implementation functions. The form at Enclosure 2 provides guidance on team membership, along with a grid to list your team members. Forward the names of your MTF's team champion and team facilitator to the U.S. Army Medical Command (MEDCOM) Quality Management Directorate NLT 1 September 2000. An implementation manual developed to guide CPG team activities can be downloaded from the Quality Management website: <http://www.cs.amedd.army.mil/Qmo>.

6. I suggest local action teams be afforded a daylong off-site planning meeting during which they can formulate their team's implementation strategy and action plan and then share that plan with other MTF implementation teams. The recommended planning process and worksheets to support preparation of an action plan are incorporated in the implementation manual. An information paper at Enclosure 3 will assist your MTF in establishing an implementation plan. Your MTF's plan for implementation of the Asthma CPG at your facility will be due to the MEDCOM Quality Management Directorate by 15 October 2000 for Continental United States MTFs or 1 November 2000 for Outside the Continental United States MTFs.

7. Our point of contact is MAJ Geri Cherry, Asthma Practice Guideline Administrative Champion, MEDCOM, Quality Management Directorate, 2050 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026, DSN 471-6195 or Commercial (210) 221-6195.

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PATRICK D. SCULLEY  
Major General  
Acting The Surgeon General