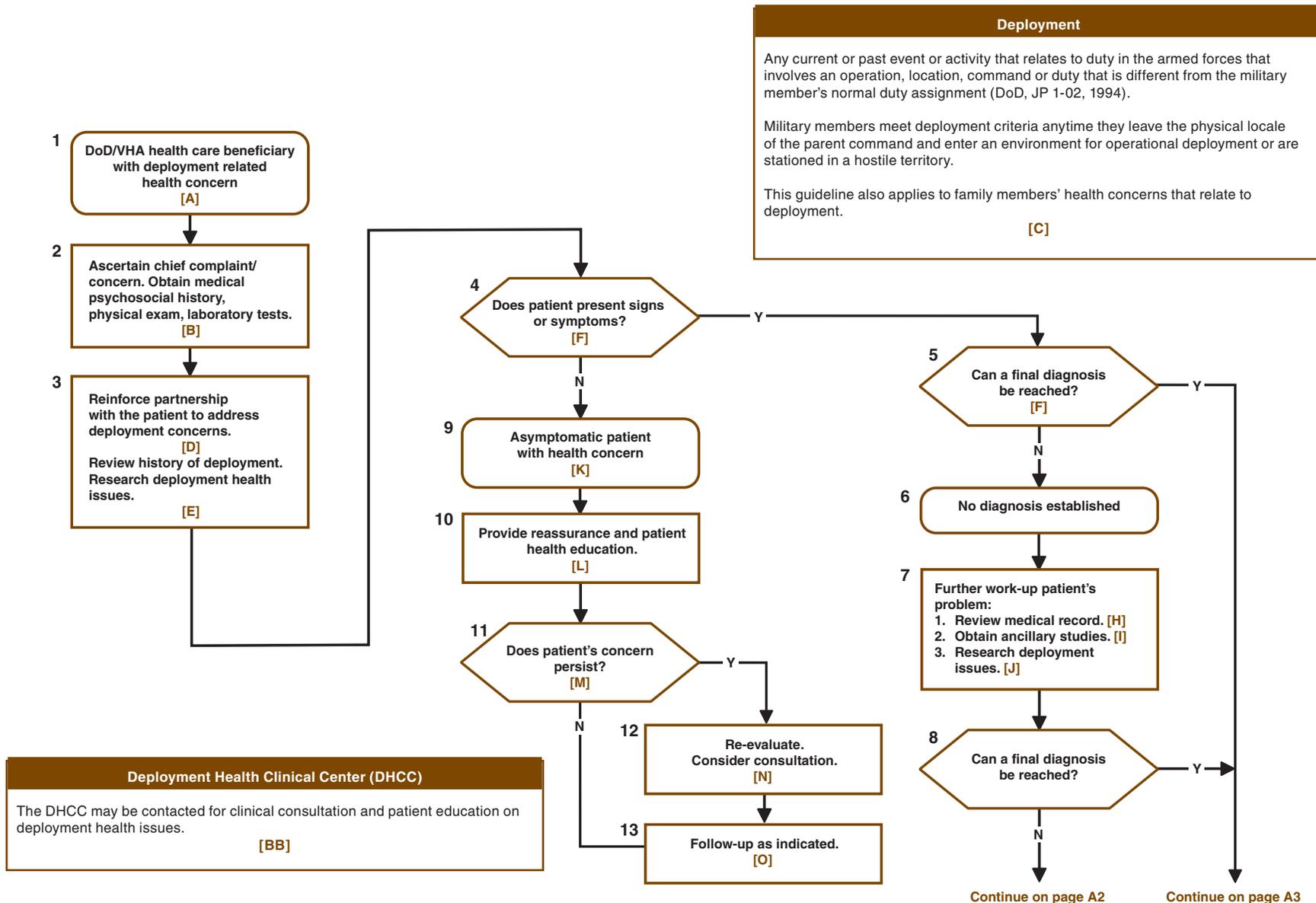
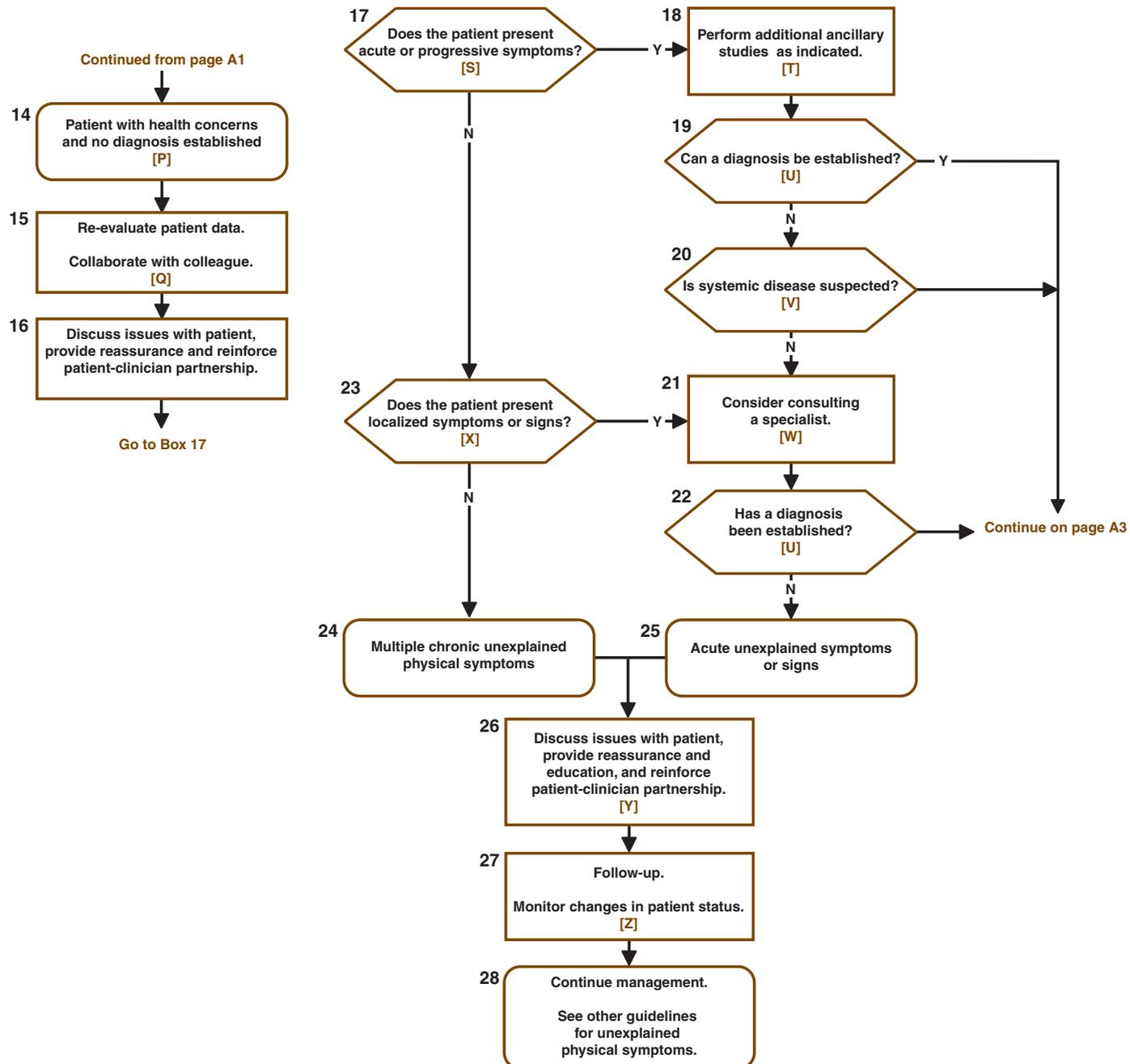


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# Algorithm A1: Post-Deployment Health Concern Evaluation and Management

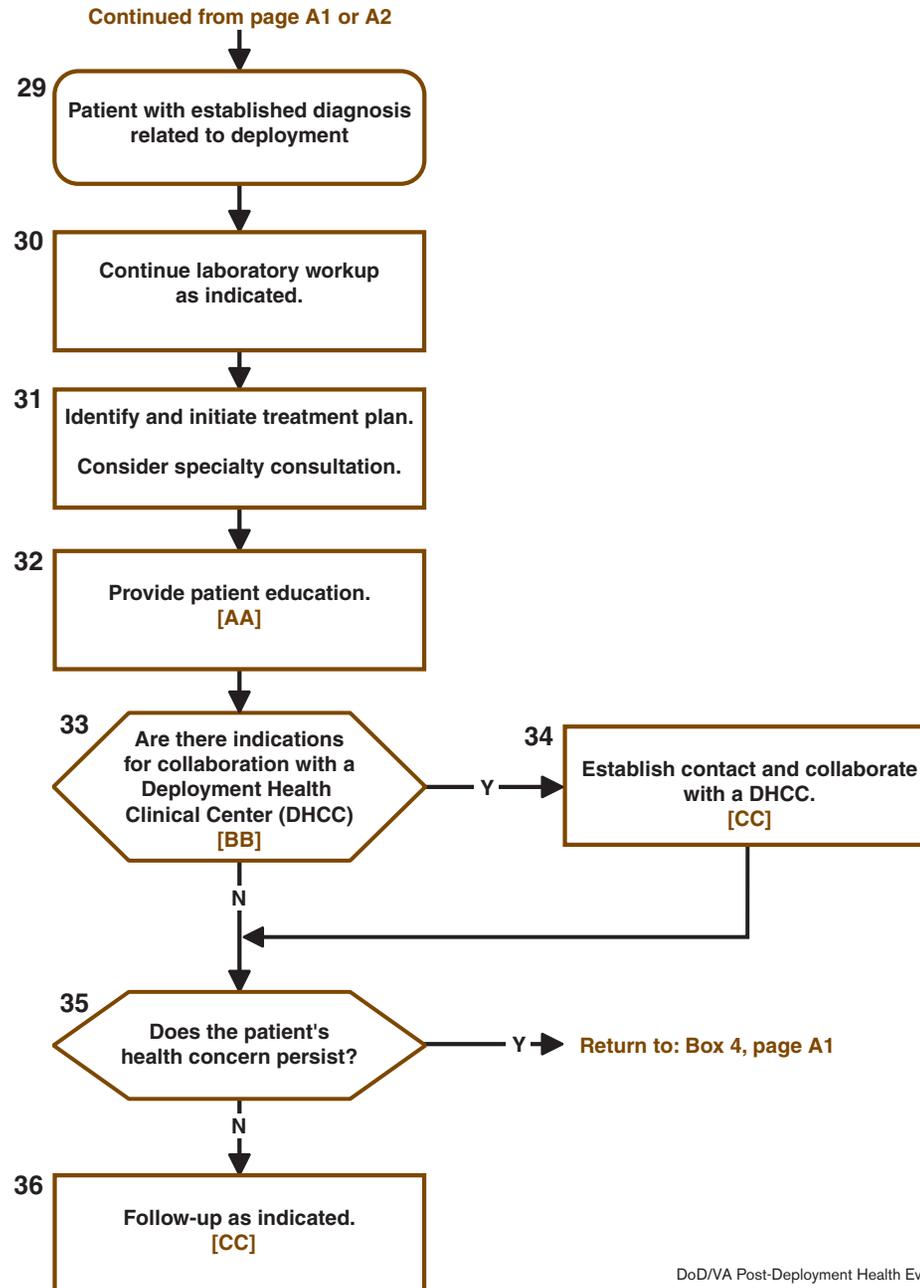


## Algorithm A2: Post-Deployment Health Evaluation and Management



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### Algorithm A3: Post-Deployment Health Evaluation and Management



DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline  
PROVIDER REFERENCE CARD

**Key Elements**

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**Identify if health concerns are related to deployment (first visit)**

- ▶ Ask screening questions: *Deployment related? Yes/No/Maybe.*
- ▶ Establish partnership with patient (risk communication).
- ▶ Evaluate patient.
- ▶ Document post-deployment concern in chart and code ADS.
- ▶ After visit, research exposure/concern; consult [www.pdhealth.mil](http://www.pdhealth.mil).

**Triage patients and seek to reach a working diagnosis (follow-up visit)**

- ▶ Perform evaluation of history, ancillary tests, assessments, records.
- ▶ Identify the type of patient's problem:
  - Asymptomatic with concern (algorithm box 9).
  - Unexplained symptoms (algorithm box 14).
  - Established diagnosis for the concern (algorithm box 29).

**Manage asymptomatic patients with health concerns**

- ▶ Provide reassurance and education (risk communication).
- ▶ If concern persists, re-evaluate and consider consults.

**Manage patients with established diagnosis**

- ▶ Document diagnosis.
- ▶ Identify appropriate disease management guideline.
- ▶ Initiate appropriate treatment plan.
- ▶ Provide patient education.
- ▶ Collaborate with DHCC as indicated.
- ▶ Follow-up with patient per disease-specific guideline or as appropriate.

**Manage patients with unexplained symptoms**

- ▶ Re-evaluate data; consult with colleagues.
- ▶ Reinforce patient-clinician relationship.
- ▶ Provide information about unexplained symptoms.
- ▶ If acute or progressive symptoms, do additional ancillary studies.
- ▶ Consider specialty and/or second opinion consults and referrals.
- ▶ Consider collaboration with DHCC via phone, e-mail or www.
- ▶ Follow-up with patient as indicated.
- ▶ Monitor changes in status.

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## Deployment Health Concerns Information Card

### **How to ask the question: “Is your problem today related to a deployment?”**

Focus only on the chief complaint rather than on whether a person has **any** deployment-related complaints unrelated to today’s visit.

**Deployment is not necessary for a patient to have deployment-related health concerns.**

- For example, a spouse or child may have a concern related to the sponsor’s recent deployment. Others may have questions about deployments.
- Ask this question whether the patient is active duty, retired, family member, veteran, deployed or non-deployed.

### **How to respond to patient questions.**

**“What do you mean?” or “What do you mean, deployment-related?”** The goal is to record the patient’s perception of deployment-relatedness rather than your own.

- To help the patient answer, you might ask if the patient or a loved one has been deployed. If so, is today’s visit related to that deployment.
- You may also review an example or two of a deployment-related concern or condition (see below).
- Remember this is not an exhaustive list, but simply a few examples.

**“What is a deployment?”** Avoid reviewing any narrow definitions of deployment for the patient. Instead, offer two or three examples of deployments (see below). Then return to the main question: “Do you feel your health concern today is related to a deployment?”

**“I don’t know if it is deployment-related.”** Mark the “maybe” response. Consider reviewing an example of a deployment-related concern or condition (see below).

- When in doubt, always focus on the concern rather than the deployment.

### **Examples of deployments include:**

- Military liaison and training support
- Peacekeeping
- Humanitarian assistance
- Joint or coalition force exercises
- Low-intensity conflict
- Combat/War

### **Examples within the US include:**

- Fighting forest fires
- Providing disaster relief
- Maintaining civil order
- Drug interdiction
- Construction projects

### **Examples of concerns or conditions that are deployment-related include:**

- A man twists his ankle on deployment and the injury lasts even after returning home.
- A woman comes to give blood, but wants to know if she can give blood after being deployed.
- Although not deployed, a man is concerned about the effects of a pre-deployment vaccine.
- Spouse complains of a rash after washing clothes worn by member while deployed.
- After eating food while deployed, a man gets food poisoning.
- While deployed, a woman suffers a toxic exposure and later gets sick from it.
- Spouse complains that her child is having nightmares since member returned from combat.



## **Proposed Post-Deployment Health Evaluation and Management 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. (DD Form-2796)

Improvement in functional status within 6 months of an initial evaluation.

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## **DoD Deployment Health Clinical Center CONSULT INFORMATION**

**Toll Free: 1 (866) 559-1627**

**Phone: (202) 782-6563**

**DSN: 662-6563**

**Fax: (202) 782-3539**

**Website: [www.PDHealth.mil](http://www.PDHealth.mil)**

**E-mail: [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)**

### **ENVITE**

#### ***Caring for Patients with Post-Deployment Health Concerns***

**Empathy:** Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.

**Non-confrontational:** Subordinate the need to be “right” to the obligation to relieve suffering. Never argue.

**Validate:** Validate the patient’s decision to seek care.

**Inform:** Offer data followed by a short “sound bite” that addresses patient specific concerns.

**Take Action:** Describe options. Schedule a follow-up. Refer to [www.PDHealth.mil](http://www.PDHealth.mil). Consider consultation or second opinion.

**Enlist Cooperation:** Negotiate an action plan with the patient rather than imposing one on him or her.



## Post-Deployment Health Concerns ICD - 9 - CM Codes

AT EACH POST-DEPLOYMENT VISIT (Primary or Specialty Care) at least two ICD-9-CM codes must be assigned.

### **The Primary ICD-9-CM Code(s) for the...**

Patient with **Asymptomatic Concern is V65.5**

Patient with a **Specific Diagnosis or Symptom(s)** that he/she believes is deployment related is that **diagnosis or symptom code**, e.g., sprained ankle, poison ivy, headaches, constipation, etc.

Patient with **Medically Unexplained Physical Symptoms is 799.8** (used only after several visits and appropriate diagnostic evaluation reveals no specific diagnosis for a chronic condition)

**ALL Deployment Related Visits** should additionally have the following code listed: **V70.5\_\_6, Deployment Related Visit.**

Type of Patient	Example	Primary Code	Secondary Code
Asymptomatic Concerned, Deployment Related	35 y/o G <sub>4</sub> P <sub>0030</sub> wife of active duty armored soldier requests information about exposure to depleted uranium. She has no symptoms that concern her, but she has read about depleted uranium in a magazine and asked questions at last week's visit for pregnancy. The reason she is seeking care now is that she was instructed then to make a follow-up visit to give her PCM time to research the issue.	V65.5	V70.5__6
Symptoms, Deployment Related	Mother of a 13 y/o girl brings child in for significant weight loss since the winter school holiday. Upon questioning, it is noted that the child's father was deployed to Bosnia, returning a month ago. The child's mother notes this concern may be related to the father being away.	783.2 (abnormal loss of weight)	V70.5__6
Diagnosis, Deployment Related	23 y/o Marine reported to sick call for a poison ivy rash that developed after the last FTX to the field a few days ago.	692.6 (contact dermatitis due to plants)	V70.5__6
Medically Unexplained Physical Symptoms, Deployment Related	49 y/o retired E-8 has been evaluated by you over the last 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states that he thinks he was exposed to something in Kuwait on a mission 2 years ago. Your work-up to date is complete but negative.	799.8 (other ill-defined conditions and unknown causes of morbidity)	V70.5__6