Keeping Soldiers Fit to Fight With Evidence Based Screening and Intervention

MAJ Michael Bell, MD, MPH
Program Manager, Occupational Medicine
U.S. Army Center for Health Promotion and Preventive Medicine
Agenda

- Background
- Program Strategy
- Interim Outcomes
- Lessons Learned
- Future Challenges
- Questions
Background

- Preventable chronic disease is a problem for the Army
  - 40-50 cardiovascular deaths per year in active duty, reserve, and guard
  - 3300 retiree hospitalizations annually for ischemic heart disease
- Nov 2002, LTG Peake directed CHPPM to “Develop a campaign plan for executive health in our Army”
- LTG Peake approved pilot Longitudinal Health Risk Assessment Program at Fort Meade in Fall, 2003
Current Situation in Managing Chronic Health Risk

- AR 40-501 physical exam requirements fall short
  - Sub-optimal compliance
  - Some requirements are not evidence based
- Aggressive corporate identification and management of chronic health risk limited to AWC, SMA, NDU
  - Not an evidence based, population health program
  - Participants lost to follow-up at graduation
- No systematic process for stratifying and labeling patients in terms of risk
- Results of exam lost in paper chart
- Sporadic patient counseling and education on results
- Very limited accountability
Assumptions

- “First, do no harm”
  - Patient
  - Healthcare System
- Program is evidenced-based, not a perk
- Program will initially focus on cardiovascular and cancer risk
- The medical system, leaders, and individuals will be held accountable for outcomes
- Horizon for return on investment is medium to long term
Basis for Program Start Point: Nature of Cardiovascular Death vs Age

Crossover to ischemic death occurs below “executive age”

Age 35-39 contributes 19% of total cardiovascular deaths and 13% of ischemic deaths

Program Strategy

- Current physical exam requirement is starting point
- Cardiovascular risk components evaluated
  - Framingham risk
  - Lipids
  - Blood pressure
  - Obesity
  - Metabolic syndrome
  - CRP
- Cancer risk components evaluated
  - Age appropriate screening tests
  - Lifestyle risks
- Electronic capture of physical exam results
- Stratification based on risk into follow-up categories
- Longitudinal Health Risk Manager
Cardiovascular Follow-up Category

- High risk: 21.4%
- Intermediate risk: 17.9%
- Low risk: 60.7%

Total: N=107

Coronary Heart Disease Risk: 21.4% high risk, 17.9% intermediate risk, 60.7% low risk
DOD smoking rate is >33%
class II obesity
2.0%

class I obesity
19%

Legend:
<18.5 = underweight
18.5 – 24.9 = normal
25 – 29.9 = overweight
30 – 34.9 = Class I Obesity
35 – 39.9 = Class II Obesity
>40 = Class III Obesity

Age Matched National Averages:
44.6 % Normal
32.3% Overweight
23.1% Obese

BMI Category

underweight
1.0%

normal
22%

overweight
56%
Total Cholesterol Category

**Legend**
- <200 = Desirable
- 200-239 = Borderline
- >240 = High

**Age Matched National Averages:**
- 61% Desirable
- 25% Borderline
- 14% High

- High 24%
- Borderline High 36%
- Desirable 40%
Systolic Blood Pressure Category

Legend:
- <120 = normal
- 120-139 = prehypertension
- 140-159 = stage I HTN
- >=160 = stage II HTN

Age Matched National Averages:
- Stage I or II HTN =11%
- Normal = 32%
- Pre-hypertension = 55%
- Stage I HTN = 11%
- Stage II HTN = 2%
Lessons Learned

- Apparent lack of “Healthy Worker Effect” at Fort Meade
- Obesity seems to be the cardiovascular risk driver
- Electronic data collection helps providers connect the dots
  - Example: diagnosis of metabolic syndrome
- IT support and bandwidth is critical
- Personnel turbulence limits the potential of LRHAP approach
Future Challenges

- Integration with Preventive Health Assessment
- Full implementation of electronic data capture
- Increasing the span of control of the Longitudinal Health Risk Manager
- Loss to follow-up
- Provider resistance to automation
- Resistance to evidence based medicine
- Replication
LHRAP Team

- Tina Allen
- Robert Azadian, MPH
- Marcella Birk
- Jeanette Hammond-Allen, RN
- Deanna Harkins, MD, MPH
- MAJ Samuel Jang, MD, MPH
- Carlla Jones, MS
- Barbara Mathews
Questions
Contact Information

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Phone: (410) 436-2714
Back-up Slides
## Cost and Scientific Validation

<table>
<thead>
<tr>
<th>Element</th>
<th>Cost</th>
<th>Validation</th>
</tr>
</thead>
</table>
| Exercise Stress Test  | $112       | - Sensitivity 67%, Specificity 74%, predictive accuracy 69%.  
|                       |            | - “C” rating by U.S. Preventive Services Task Force (USPSTF) in terms of evidence.                                                       |
|                       |            | - High rate of false positives can drive up costs and expose patients to unnecessary risks.                                              |
| EBCT                  | At least $308 | - Sensitivity 91%, Specificity 49%, predictive accuracy 70%  
|                       |            | - + EBCT may motivate to accept Rx, lose wt, change diet, and to get cardiac cath, but not to increase exercise or quit smoking  
|                       |            | - Not evaluated by USPSTF  
|                       |            | - Consensus of literature: not currently recommended                                                                                  |
| Lipid Panel           | $20        | - “A” rating by USPSTF for men 35-65 and women 45-65  
|                       |            | - Lowering LDL and TC shown to reduce CHD incidence  
|                       |            | - Effective treatments available  
|                       |            | - Required in AR 40-501                                                                                                                  |
## Cost and Scientific Validation

<table>
<thead>
<tr>
<th>Element</th>
<th>Cost</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Included in PE $132 (CPT 99386)</td>
<td>- Accurate when performed correctly, but has high rate of false positives and false negatives in many office settings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Highly effective treatments available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- BP shown to ↓ CHD incidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- “A” rating by USPSTF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Required in AR 40-501</td>
</tr>
<tr>
<td>Obesity (Measured as BMI and waist/hip ratio)</td>
<td>Included in PE $132 (CPT 99386)</td>
<td>- BMI is reliable and has correlation of 0.7-0.8 with body fat content in adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Waist/hip ratio reliability comparable to BMI, may be better predictor of sequelae of obesity; is an independent risk factor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Obesity is a risk factor for CHD, DM, hyperlipidemia, and cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- ↓ obesity proven to ↓ disease risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Effective treatments available, but results often short term</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- “B” rating by USPSTF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Performed per AR 40-501</td>
</tr>
</tbody>
</table>
## Cost and Scientific Validation

<table>
<thead>
<tr>
<th>Element</th>
<th>Cost</th>
<th>Validation</th>
</tr>
</thead>
</table>
| Blood Glucose            | $7   | ■ Sensitivity 40-88%, Specificity 97-99% using threshold of >123 mg/dL  
■ “I” recommendation by USPSTF  
■ Required in AR 40-501, Age 40 and Over |
| PSA PSA cost analysis    | $27  | ■ Sensitivity 73-87 %, specificity 91%, and positive predictive value 28-35% in asymptomatic population.  
■ 25% of men with BPH and no prostate cancer have ↑ PSA  
■ “D” rating by U.S. Preventive Services Task Force (USPSTF) in terms of evidence.  
■ Recommended by American Cancer Society starting at age 50 (40 for high risk), the American Urological Association, and the American College of Radiology  
■ Required in AR 40-501, Age 40 and Over |
# Cost and Scientific Validation

<table>
<thead>
<tr>
<th>Element</th>
<th>Cost</th>
<th>Validation</th>
</tr>
</thead>
</table>
| PAP Smear     | $15 (CPT 88150) | - Precise data on sensitivity not available, specificity 90-99%, False negative rate 20-45%  
|               |            | - Early detection programs ↓ the incidence of invasive disease and have ↓ mortality 20-60%  
|               |            | - “A” recommendation by USPSTF  
|               |            | - Required in AR 40-501                                                      |
| Mammogram     | $76        | - Sensitivity 75-96 %, specificity 94-97%, positive predictive value 1-4% for women 40-49, 4-9% for women 50-59  
|               |            | - Summary relative risk (rr) 0.85, number needed to screen (nns) 1,792 for women 40-49, rr 0.78 and nns 838 for women 50-59  
|               |            | - “B” rating by U.S. Preventive Services Task Force (USPSTF) for women age 40 and over.  
|               |            | - Required in AR 40-501, Age 40 and Over                                      |
## Cost and Scientific Validation

<table>
<thead>
<tr>
<th>Element</th>
<th>Cost</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fecal Occult Blood Test</td>
<td>$5</td>
<td>- Sensitivity 81-92%, specificity 90-99%, positive predictive value 2-11% for carcinoma, 20-30% for adenoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Early detection programs ↓ the incidence of invasive disease and have ↓ mortality 20-60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- “B” recommendation by USPSTF and most other groups starting at age 50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Required in AR 40-501, Age 40 and Over</td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td>30 Minutes - $65 Indiv - $12 Grp</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Type</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Smoking cessation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Limiting dietary fat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Limiting cholesterol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Maintaining Caloric Balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Low back pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Promoting physical activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>USPSTF Recommendation</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“A”</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>“B”</td>
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<td>“B”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I”</td>
</tr>
</tbody>
</table>
Expected Number of False Positive PSA Tests

Prevalence estimate from NHANES weighted to racial composition of Army. Number in age group from DMSS. Expected False Positive = number in age group x (1-prevalence of disease in age group) x (1- specificity of test)
Estimated Cost per True Positive PSA

Expected cost per true + test = Total cost of testing age group/(sensitivity of test x prevalence of disease in age group x number of individuals in age group)

Prevalence estimate from NHANES weighted to racial composition of Army. Number in age group from DMSS.
**LHRAP Access Data Base**

**Longitudinal Health Risk Assessment Program Calculation Tool**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit Date</td>
<td>Age</td>
<td>Patient history of CHD, PVD, AAA, or Symptomatic Cardiovascular Disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td>No. of 1st-degree relatives with premature CHD (males &lt; 55, females &lt; 65)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height (in)</td>
<td>Weight (lbs)</td>
<td>CHD Risk 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Metrics</td>
<td>Abdominal Girth (in)</td>
<td>Fasting Blood Glucose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic/Diastolic</td>
<td>Treated?</td>
<td>Metabolic Syndrome Dx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>LDL</td>
<td>Second Stage Calculation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Total Cholesterol (mg)</td>
<td>C-Reactive Protein</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Risk Factors**

- Had a vasectomy?
- Age at menarche
- Age of first birth (0 if none)
- Years on oral contraceptive
- Years on estrogen replacement
- Number of biopsies
- Years since IBD diagnosed
- FOBT or Fecal occult blood test?
- FAP or HNPCC?

**Family History**

- No. of 1st-degree relatives diagnosed with:
  - Prostate cancer
  - Colon cancer
  - Breast cancer

**Calculations**

- Final CHD Risk
- Prostate Cancer Risk
- Colon Cancer Risk
**Note:** All patient data in this briefing is for demonstration purposes only. Slides do not contain data from actual patients.

### HEALTHHeNOTE

**Encounter Information**

**Appointment** *(View Appointment List)*

**Walk-In Appointment:**

**General Information** *(View Surveys) (View HEALTHHeCARDS) (View P2P Notes)*

- **Date:** 20 May 2004
- **Time Seen:** 14:37
- **Location:** FAM PLAN CL WR
- **Type:** New
- **Sensitive:** Yes
- **Chaperone Offered:** No

**Is this related to deployment, homeland security, or terrorism, either for this patient or their sponsor?** Yes

**Other Information**

- **Total Years Government Service:** Military
- **Organization Unit:**
- **Total Flying Time:**
- **Patient Category:** FAM MBR. OF ACTIVE DUTY

**Previous Notes**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Location</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Apr 2004 1428</td>
<td>FAM PLAN CL WR</td>
<td>Clinic Note</td>
</tr>
<tr>
<td>14 Apr 2004 1400</td>
<td>FAM PLAN CL WR</td>
<td>Clinic Note</td>
</tr>
<tr>
<td>27 Mar 2004 1100</td>
<td>ALLERGY CL WR</td>
<td>Clinic Note</td>
</tr>
</tbody>
</table>
Note: All patient data in this briefing is for demonstration purposes only. Slides do not contain data from actual patients.
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**DD FORM 2766 - Chronic Illnesses**

<table>
<thead>
<tr>
<th>Status</th>
<th>ICD9 Code</th>
<th>Diagnosis</th>
<th>Onset Date</th>
<th>End Date (Unknown)</th>
<th>Comment</th>
<th>Rank</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>079</td>
<td>VIRAL INFECTION IN CONDITIONS</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>079.99</td>
<td>UNSPECIFIED VIRAL INFECTIONS</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>274</td>
<td>GOUT</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>274.11</td>
<td>URIC ACID NEPHROLITHIAS</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>285</td>
<td>OTHER AND UNSPECIFIED ANEMIAS</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>285.9</td>
<td>ANEMIA NOS</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>287</td>
<td>PURPURA AND OTHER HEMORRHAGIC</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
<tr>
<td></td>
<td>287.5</td>
<td>THROMBOCYTOPENIA NOS</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>CHCS</td>
</tr>
</tbody>
</table>
### Clinical Evaluation - Female

- **Head, Face, Neck, & Scalp**
  - Normal
  - Abnormal
  - Not Performed
  - Head, Face, Neck, & Scalp: NORMAL

- **Nose**
  - Normal
  - Abnormal
  - Not Performed
  - Nose: NORMAL

- **Sinuses**
  - Normal
  - Abnormal
  - Not Performed
  - Sinuses: NORMAL

- **Mouth and Throat**
  - Normal
  - Abnormal
  - Not Performed
  - Mouth and Throat: NORMAL

- **Ears - General**
  - Normal
  - Abnormal
  - Not Performed
  - Ears - General: NORMAL

- **Drums (Ear)**
  - Normal
  - Abnormal
  - Not Performed
  - Drums (Ear): NORMAL

- **Eyes - General**
  - Normal
  - Abnormal
  - Not Performed
  - Eyes - General: NORMAL

- **Ophthalmoscopic**
  - Normal
  - Abnormal
  - Not Performed
  - Ophthalmoscopic: NORMAL

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Assessment

Qualification for Service
Examinee/Applicant:
- Is Qualified For Service
- Is Not Qualified For Service

Physical Profile
Type | P | U | L | H | E | S | Action | Profiler Initials | Date
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Permanent | 1 | 1 | 1 | 1 | 1 | N/A | JNC | 14 Apr 2004

Significant or Disqualifying Defects

1. ICD9 Code: 401.9
   - Diagnosis: ESSENTIAL HYPERTENSION, UNSP
   - RBJ Date: [field]
   - Profile Serial: [field]
   - Qualified: [field]
   - Disqualified: [field]
   - Examiner Initials: JNC

2. ICD9 Code: 785.2
   - Diagnosis: CARDIAC MURMURS NEC
   - RBJ Date: [field]
   - Profile Serial: [field]
   - Qualified: [field]
   - Disqualified: [field]
   - Examiner Initials: JNC

3. ICD9 Code: 272.4
   - Diagnosis: HYPERLIPIDEMIA NEC/NOS
   - RBJ Date: [field]
   - Profile Serial: [field]
   - Qualified: [field]
   - Disqualified: [field]
   - Examiner Initials: JNC

4. ICD9 Code: 277.7
   - Diagnosis: DYSMETABOLIC SYNDROME X
   - RBJ Date: [field]
   - Profile Serial: [field]
   - Qualified: [field]
   - Disqualified: [field]
   - Examiner Initials: JNC

Add Defect

Other Significant and Disqualifying Defects

Cardiovascular Risk Category

Risk Classification:
- Low Risk
- Intermediate Risk
- High Risk
- Add Eval Required

Calculated on 5/20/2004 3:49:52 PM as High.

Consults
Add A Consult: [field]

- Cardiology Consult
  Comments: 36 yo w/f w/multiple CHD risk factors. Please eval

- Nutrition Consult
  Comments: Overweight 36 yo w/f w/multiple CHD risk factors. Please eval
# Cardiovascular Risk Result

Final Risk Result: **High**

<table>
<thead>
<tr>
<th>Confirmed Diagnosis of CHD, PYD, AAA, DM, etc.</th>
<th>Risk: Low</th>
</tr>
</thead>
</table>

**Major Risk Factors**  
(Show Detail)  
Total: 3

**Major Risk Factors and Framingham Risk Score**  
(Show Detail)  
Risk: Intermediate

**Metabolic Syndrome**  
(Hide Detail)  
Total: 4

<table>
<thead>
<tr>
<th>Step</th>
<th>Factor</th>
<th>Value</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Waist Girth &gt; 35</td>
<td>36</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Trigly &gt; 150</td>
<td>170</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>HDL Cholesterol &lt; 40</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>FBS &gt;= 110</td>
<td>111</td>
<td>1</td>
</tr>
</tbody>
</table>

**C-Reactive Protein**  
(Show Detail)  
Risk: Intermediate

**Extreme Risk**  
(Hide Detail)  
Total: 2

<table>
<thead>
<tr>
<th>Step</th>
<th>Factor</th>
<th>Value</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LDL &gt; 190</td>
<td>112</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>HDL Cholesterol &lt; 40</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Total Number of CHD in Male &lt;55 and Female &lt;65 1st Degree Relatives &gt;= 2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Systolic Blood Pressure Mean &gt; 160</td>
<td>145</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Diastolic Blood Pressure Mean &gt; 100</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>
Teaching/Counseling Completed

- Advanced Directives
- Alcohol
- Anemias
- Asthma, Exercise Induced
- Back Injury Prevention
- Blood Pressure, High
- BSE
- Cancer Screening
- Cardiovascular Disease Risk Factors
- Colon Cancer Screening
- Computer Vision Syndrome
- Diabetes
- G6PD Deficiency
- Gastroesophageal Reflux
- Hepatitis C
- Herpes, Genitalia
- HIV and Other Routine Tests
- Hypertension
- Irritable Bowel Syndrome
- Prostate Cancer
- PSA
- Sickle Cell Trait
- Skin Cancer
- Smokeless Tobacco
- Smoking Cessation
- Testicular Cancer
- Testicular Exam
- Triglycerides
- Weight Control
- Other, Specify

Generate Counseling Documents on a Separate SF600/SF509

Counseling Text (for inclusion in today's note) (View Previous Entries)

Patient verbalized or demonstrated understanding of the above counseling or education.

Next Physical Due

Follow-Up Within: 1 months

Appointment Made For: Cardiology Clinic

Location: Specific Location

Other Treatment Plan

1. HTN class
2. 10,000 steps class
3. Smoking cessation
4. Repeat PAP smear in 1 year.

Disposition

- Admitted
- Immediate Referral
- Left: W/O Being Seen
- Released W/O Limitations
- Other, Specify
- Expired
- Left Against Medical Advice
- Released w/ Work Duty Limitations
- Sick at Home/Quarters