



# DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG) Fact Sheet



## Background

The DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline ([PDH-CPG](#)) is an evidence-based guideline developed to assist primary care clinicians systematically evaluate and manage individuals seeking care for deployment-related health concerns and conditions. Developed by a multi-disciplinary, multi-agency expert panel, the Guideline replaces the Gulf War Comprehensive Clinical Evaluation Program ([CCEP](#)). It was initiated with a worldwide satellite broadcast in January 2002, followed by distribution of Tool Kits to all military treatment facilities (MTFs).

Use of the PDH-CPG is mandated by the Department of Defense (DoD) [Health Affairs Policy 02-007](#).

While the core of the Guideline is unchanged, a smaller sized Toolbox was developed and distributed to MTFs starting in July 2004 and coding guidance has been modified. Ongoing Toolbox and coding updates are published on [PDHealth.mil](#).

## Rationale

Although symptoms and health concerns related to a deployment may be similar to health issues reported during routine primary healthcare visits, deployments can present new and difficult challenges. Each phase in the deployment cycle can give rise to health concerns such as:

- Pre-deployment planning may involve concerns about vaccinations or the impact of deployment on pre-existing health conditions.
- During deployment, the physical or psychological trauma of combat, environmental extremes and exposures, infections and infectious diseases, battle and non-battle injuries, separation from friends and family, and other threats can affect deployers. Deployments can also aggravate existing family problems or cause new ones. The stress of maintaining a household during the deployed member's absence and fears for his or her safety may further affect family members.
- Upon return from deployment, additional concerns may arise that include possible illnesses or contaminants brought back by the person who deployed, problems associated with reunion and reintegration into the family and workplace, and newly emerging or exacerbations of existing health problems over time.

The PDH-CPG was designed to assist clinicians in implementing specific approaches for addressing these distinctive experiences and exposures. The clinical tools and resources included with the PDH-CPG aid providers in evaluating and managing patients with the full spectrum of deployment-related concerns.

## Key Features

- Military unique vital sign to identify deployment-related health concerns
- Use of an algorithm-based stepped care approach
- Clinically-based risk communication
- Emphasis on longitudinal follow-up
- Metrics and outcomes monitoring
- Supporting Center of Excellence - DoD Deployment Health Clinical Center (DHCC)
- Web-based clinician support - [www.PDHealth.mil](#)

## Identifying Patients with Deployment-Related Concerns

The Guideline requires that all primary care patients (not just active duty) be asked the question "*Is your health concern today related to a deployment?*" during every primary care visit, except wellness visits

such as periodic exams and preventive care. This question is known as the “military-unique vital sign” because it is included during vital sign screening. The answer to the question must be recorded from the patient’s perspective not the provider’s. This screening serves as the entry into PDH-CPG care by identifying patients with health concerns related to deployment.

Since the PDH-CPG was released, the Department of Defense has implemented the Deployment Health Assessment Program (DoD Instruction (DoDI) 6490.03, Deployment Health) as another process for identifying persons with deployment-related health concerns and initiating the PDH-CPG.

## Algorithms

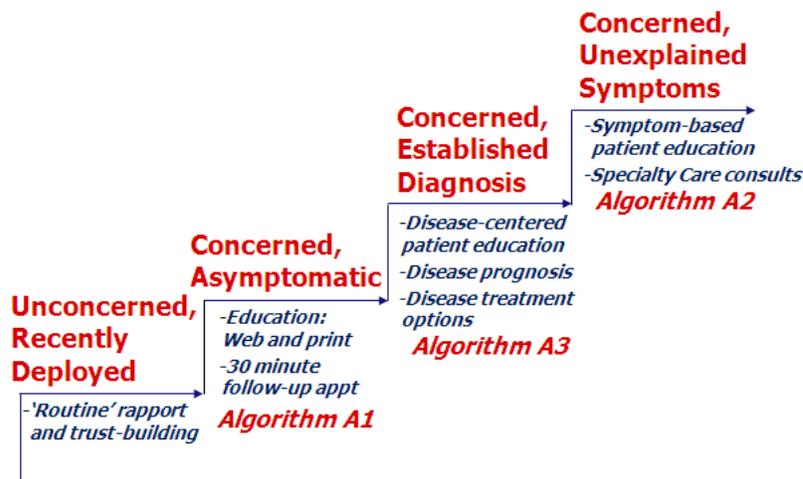
The Guideline distinguishes three clinical categories, each of which leads to an accompanying [algorithm](#) developed to provide a recommended approach for risk communication, management and follow-up.

- **Algorithm 1** - Patients with deployment-related concerns but who have no symptoms or illness, referred to as “asymptomatic concerned”
- **Algorithm 2** - Patients with persistent deployment-related symptoms that lack a clear medical explanation, referred to as “medically unexplained”
- **Algorithm 3** - Patients with a well-defined disease or condition who are concerned that the condition may be related to deployment

## Stepped Risk Communication Strategy

The PDH-CPG uses a stepped care approach which emphasizes clinical risk communication, patient education and longitudinal patient follow-up. The stepped care approach uses less intensive and less expensive strategies for patients with basic needs and steps up the care for those with more complex needs. [Risk communication](#) is a key element of the Guideline. It should be used to build and maintain a good provider-patient partnership based on trust and the effective exchange of information about an actual or perceived health risk attributed by the patient to deployment as well as increase patient satisfaction with care. Often the patient initially knows more about deployment-specific exposures than the clinician. To be able to knowledgeably discuss the patient’s concerns, the provider should research the patient’s health concerns and identify known risks and exposures for the specific deployment.

When the patient’s concern is not a major factor, building trust and rapport may be sufficient. More intensive involvement is needed as the patient’s concerns and symptoms increase as shown below.



## Coding

Each PDH-CPG algorithm has specific International Classification of Diseases (ICD)-9 [coding](#) which must be used to appropriately document the visit. The code V70.5\_6 was created specifically to be able to track patients with deployment-related concerns and conditions. It indicates a visit used to evaluate,

clarify, treat, or provide information regarding one or more patient or provider based post-deployment health concerns. This code does not necessarily establish or imply causality between any of the diagnoses and any particular deployment. Other Guideline-related codes are: V65.5 for asymptomatic concerned visits and 799.89 for medically unexplained symptoms (MUS) visits.

### Deployment-Related Codes

Pre-Deployment Related Encounter - V70.5_4
Intra-Deployment Related Encounter - V70.5_5
Post-Deployment Related Encounter - V70.5_6

Pre-Deployment Assessment on DD 2795 - V70.5_D
Post-Deployment Assessment on DD 2796 - V70.5_E
Post-Deployment Reassessment on DD2900 - V70.5_F

### Placement of Deployment-Related Codes and Examples

**Primary Position:** When documenting an exam, assessment, or screening encounter when the purpose of the encounter is specifically deployment-related.

**Subsequent Position:** When documenting an encounter whose primary purpose was not deployment-related, but deployment-related concerns were found that should be coded as additional diagnoses.

Type of Visit	Primary Diagnosis ICD Code	Subsequent Diagnosis ICD Code
Asymptomatic Concerned	V65.5	V70.5_6
Symptomatic	Disease-specific	V70.5_6
Medically Unexplained Symptoms	799.89	V70.5_6
Post-Deployment Exam (Not part of PDHA/PDHRA) Symptomatic	V70.5_6	Disease-specific
PDHA DD Form 2796 Asymptomatic	V70.5_E	None
PDHRA DD Form 2900 Symptomatic	V70.5_F	Disease-specific

### Longitudinal Follow-Up

Follow-up of patients should be viewed as a valued, planned, and systematic way to monitor patient progress, demonstrate provider commitment, identify previously unidentified problems, and track outcomes of care. If during the follow-up visit to the initial encounter, the patient's health concern is determined to be relieved by reassurance and education, the clinician should reaffirm with the patient the availability of future appointments to discuss current or future concerns. If the concern persists and the symptoms remain unexplained after an appropriate medical evaluation including consultations as needed, the clinician should establish the patient's functional baseline and continue to monitor for changes that may require specific interventions. For these patients, the goal is to maximize overall functional status and improve health-related quality of life.

### Supporting Tools and Resources

- **DoD Deployment Health Clinical Center (DHCC)**

[DHCC](#) is the proponent for the PDH-CPG. It began in 1994 as the Gulf War Health Center and in 1999 was designated as the clinical DoD Center of Excellence for deployment health. In 2008 DHCC became one of the component centers of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. DHCC is located at Walter Reed National Military Medical Center, Bethesda, MD.

DHCC's mission to improve deployment-related healthcare is accomplished through: implementing innovative healthcare delivery programs; performing real time program evaluation and health systems research; and developing and disseminating provider education and outreach.

For information on implementation of the PDH-CPG and deployment-related health concerns, DHCC has a [Provider Helpline \(1-866-559-1627\)](tel:1-866-559-1627) and a [Service Member Helpline \(1-800-796-9699\)](tel:1-800-796-9699).

- **DHCC Web site: [wwwPDHealth.mil](http://www.PDHealth.mil)**

[PDHealth.mil](http://PDHealth.mil) was developed in support of the PDH-CPG to assist busy clinicians in the delivery of post-deployment healthcare. The "PD" in PDHealth stands for "Post-Deployment". Since its launch in 2001, PDHealth has served as a gateway to information on deployment health and healthcare for healthcare providers, service members, veterans, and their families.

Content areas include: exposures and health concerns for specific deployments; deployment-related health assessment requirements; the PDH-CPG including a Web-navigable version and online clinical tools for patient evaluation and monitoring; other deployment-related clinical practice guidelines; health conditions and concerns related to deployment; healthcare and support services; provider and patient education; risk communication guidance; deployment-related research and news; tri-service policies and directives; and a forms library.

- **PDH-CPG Clinical Tools**

DD Form 2844, Post-Deployment Medical Assessment, is an optional form for use in evaluating patients with multiple or complicated deployment-related health concerns and conditions. Tools for use in initial patient assessment and outcome monitoring include the Patient Health Questionnaire (PHQ) and Post-Deployment Clinical Assessment Tool (PDCAT). These and other [tools](#) can be found on PDHealth.mil.

- **Desk Reference Toolbox**

The Desk Reference Toolbox was developed by the DHCC in 2004 to give primary care providers tools that can assist them in integrating the PDH-CPG into their practice. The desk-top size box contains: twenty six 5x7 inch laminated [Provider Reference Pocket Cards](#) (PDH guideline elements, certain deployment-related health conditions and concerns, risk communication, screening and outcome measures, training, process improvement and metrics, and contact information and resources) and four [Compact Discs](#) (PDH-CPG Interactive Guideline and training videos on the PDH-CPG and certain deployment-related health conditions and concerns).

The entire contents of the Toolbox are on the [Toolbox Page](#) of PDHealth.mil. New and updated cards are produced as new information becomes available. The new/updated cards are only available online and can be printed and attached to the blank cards in the Toolbox, if desired. Toolboxes can be ordered from the DHCC.

- **PDH-CPG Training Material**

To increase healthcare providers' understanding and use of the Guideline, DHCC produced two modular training video series: [PDH-CPG Training Briefs](#) (7 short videos) and [Deployment Health Clinical Training Series](#) (13 longer modules with video, slides and script on the Guideline and several deployment-related health concerns). The [module on Primary Care Management/Follow-Up](#) provides an excellent 20 minute synopsis of the clinician's role in implementing the Guideline. Both series are on the PDH-CPG Implementation Page of PDHealth.mil and on CDs in the Toolbox. Additional slide presentations on the Guideline are also on the [PDH-CPG Implementation Page](#).

- **Deployment Health News**

The *Deployment Health News* is an electronic newsletter published each business day that contains articles from newspapers, journals and Web sites with information on health issues related to military service, deployments, and homeland security. For information on how to subscribe to the newsletter and receive it by email, go to [PDHealth.mil](http://PDHealth.mil).