

December 1, 2005

IMPLEMENTATION OF THE NATIONAL CLINICAL REMINDER FOR AFGHAN AND IRAQ POST-DEPLOYMENT SCREENING

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the implementation of a national clinical reminder in the Computerized Patient Record System (CPRS) for post-deployment clinical screening of veterans returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) who seek VHA health care. The reminder and reminder dialog have the name “VA-Iraq & Afghan Post-Deploy Screen.”

2. BACKGROUND

a. Shortly after September 11, 2001, military personnel began deploying to Afghanistan. In late 2002, additional military personnel were deployed to Iraq. OEF in Afghanistan and OIF in Iraq have produced a new generation of veterans who are at increased risk of both medical and psychological illnesses due to complex deployment-related experiences. It is therefore important to screen these war veterans for unique health risks.

b. Clinical reminders are one way that specific screening questions for health care can be targeted to the veterans of these recent conflicts. There are a number of benefits to creating nationally-mandated clinical reminders. National reminders help standardize health care and ensure that clinicians and other experts have input into how clinical care needs to be delivered. Furthermore, national reminders facilitate system-wide assessment of performance and quality of care, and evaluation of the overall health status of veterans from these recent conflicts.

c. Because it is VHA policy to provide the highest-quality health care possible to all veterans, targeted health care is sometimes needed for unique veteran cohorts, like veterans of recent conflicts in Afghanistan and Iraq. Screening for potential deployment-related health risks ensures that the most recent generation of war veterans are diagnosed and treated appropriately.

d. Completion of the OEF and OIF post-deployment screening reminder dialog satisfies existing clinical reminders for depression, alcohol abuse, and Post-traumatic Stress Disorder (PTSD) until the scheduled interval lapses for re-administration of these screening tools. Clinical care sites need to evaluate compliance with this new national reminder using reminder reporting functions and establishing additional implementation efforts, when appropriate. Sites that make additions or changes to the national reminder for adaptation to local policies and staffing need to ensure that all components of the national reminder are represented exactly and completely so that the information is collected according to the national standard and in its entirety.

e. Revisions to the “VA-Iraq & Afghan Post-Deploy Screen” reminder and reminder dialog are needed to ensure efficient administration of this reminder, to take into account new standards for PTSD screening, and to collect more specific information on the region of deployment of OIF and OEF veterans. The changes include:

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(1) The initial question related to service in the combat area and the four sections (alcohol, PTSD, depression, other symptoms) can now be answered separately by various health care professionals at different times. This allows one user to complete a portion of the screening and other VA personnel to follow-up and complete the remaining sections. **NOTE:** *The previous requirement to have the reminder completed at one-setting was inefficient because appropriate medical staff were not always available at the first VA health care encounter to administer the entire reminder. For example, if the OIF or OEF veteran first presented to dental clinic, dental staff often were not qualified to administer psychological screening questions.*

(2) The PTSD questions trigger a follow-up evaluation by a mental health care professional when three questions are answered affirmatively. **NOTE:** *Previously two questions triggered further evaluation.* This change ensures greater specificity for this screening tool reducing the number of false-positives.

(3) For veterans identified as leaving active military duty after September 11, 2001, and who answer affirmatively that they served in either OIF, OEF, or both, an additional question is asked to determine the specific location of deployment assisting in the geographic risk assessment. The following locations are noted:

(a) For OIF, the countries include: Iraq, Kuwait, Saudi Arabia, Turkey, and an “other” category.

(b) For OEF, the countries include: Afghanistan, Georgia, Kyrgyzstan, Pakistan, Tajikistan, Uzbekistan, the Philippines, and an “other” category.

f. This national reminder automatically activates when the military separation date of the veteran is determined to be after September 11, 2001. Each Department of Veterans Affairs (VA) medical facility implements all the Post-Deployment Screens that are included in this reminder and periodically evaluates their own progress in completing the screening by using the national reminder to monitor their completion of this screening. If an accurate roster can be developed of OIF and/or OEF veterans, activation of the screen may be changed to an automated process based on the roster and not the date of military separation.

3. POLICY: It is VHA policy that each VA medical facility must install patch PXR*2.0*?, which installs the revised version of the VA-IRAQ & AFGHAN POST-DEPLOY SCREEN reminder and reminder dialog no later than January 31, 2006.

4. ACTION: Each medical facility Director is responsible for ensuring that:

a. The facility Information Resource Management (IRM) installs patch PXR*2.0*?, no later than January 31, 2006.

b. The facility Chief of Staff, or designee:

(1) Effects implementation of all aspects of this reminder.

(2) Determines who has the responsibility for completing the reminder dialog in both the inpatient and outpatient settings.

(3) Ensures that those users are informed and trained regarding the completion of all the reminder dialog in the appropriate situations.

(4) Monitors the completion of the screening tools by using the national reminder as a reporting tool in reminder reports.

(5) Ensures that a report is generated every 3 months that includes the number of veterans identified as eligible for administration of the reminder including the number of veterans who actually completed the reminder.

(6) Alerts the OIF and/or OEF point of contact and case manager when a veteran is screened.

c. The facility designated staff (clinical applications staff or clinical reminders coordinator) performs the mapping of local data elements (health factors) to the national reminder terms and assigns the reminder to the CPRS cover sheet for those users who are expected to complete the information.

d. The reminder satisfies current External Peer Review Program criteria for these screens. That the screening instrument must have a score (number) as part of the screening is a new requirement. Effective calculation of the screening score must be done via special programming of the reminder.

5. REFERENCES: Veterans Health Initiative teaching module, “Endemic Infectious Diseases of Southwest Asia,” found at: <http://www.va.gov/vhi/>.

6. FOLLOW-UP RESPONSIBILITY: The Office of Public Health and Environmental Hazards (13) is responsible for the contents of this Directive. Inquiries regarding screening criteria may be addressed to the Chief Consultant for Occupational and Environmental Health at (202)-273-8579. Questions regarding implementation, administration, and collation of data may also be addressed to (202)-273-8579. Questions about operational aspects of this directive may be directed to the Clinical/QA Liaison in the Office of the Deputy Under Secretary for Health for Operations and Management (10NC) at (202)-273-5826.

7. RESCISSION: None. This VHA Directive expires December 31, 2010.

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Under Secretary for Health

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