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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

NOV 13 1996

**MEMORANDUM FOR:** SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE

**SUBJECT:** Clinical Reengineering Policy for Asthma

Because of the high admission rate for pediatric asthma in military treatment facilities (MTF), the Services asked Health Affairs to conduct a study of emergency department and inpatient management of pediatric asthma. The study has been completed and the results were published in two reports: "Special Study on Emergency and Inpatient Treatment of Pediatric Asthma in Military Medical Treatment Facilities September 1993 Through December 1993", May 1995 and "Pediatric Asthma - Phase II Special Study", December 1995. The study was done in 11 MTFs with the highest admission rates for pediatric asthma.

The study has multiple findings to include:

- Poor documentation of care
- A list of risk factors which were predictive of admission
- Long delays between initial presentation and initiation of therapy
- Infrequent use of anti-inflammatory medication
- Inadequate home management education
- Variation amongst the study MTFs in the risk-adjusted admission and readmission rates

Although the study was conducted in 11 MTFs, the findings are applicable to the entire direct care system. The study contains the National Heart, Lung and Blood Institute's (NHLBI) guideline for the care of asthma in the outpatient and inpatient settings.

Copies of the study were mailed to the Services, Intermediate Commands, and MTFs in May and December 1995. The abstract of this and similar studies can be found on the Health Affairs Homepage on the World Wide Web (<http://www.ha.osd.mil>). Additional copies of the study can be obtained from FMAS Corporation, (301) 984-6180.

The Department of Defense Pharmacoeconomic Center (PEC) addressed the management of asthma in their August 16, 1996 ["PEC Update"](#). This issue contains for the treatment of asthma:

- Cost-effectiveness models
- Treatment guidelines
- Preferred drug lists
- Drug usage evaluation criteria
- National Naval Medical Center and Keesler Air Force Base Asthma case management programs

The PEC has a [homepage](#) on the Health Affairs World Wide Web site. Additional copies of the "PEC Update" can be obtained from the PEC, (210) 221-4311, DSN 471-4311.

The adoption of the NHLBI's guidelines for the treatment of asthma will remediate many of the findings in these studies. Therefore, I request that the Services, Lead Agents, Intermediate Commands, and MTFs read and analyze the above mentioned study and implement the NHLBI asthma guidelines. The Service Surgeons General shall forward their implementation plans to ASD(HA) within 120 days of the date of this memorandum. The Service Surgeons General will coordinate between Services a standard uniform policy relative to the attached plan and disseminate said plan to their respective Lead Agents and MTF's. Lead Agents shall ensure their respective Regional Health Plan has incorporated the policy. Assistance in interpretation of the results of the studies can be obtained from the point of contact.

The National Quality Management Program's special studies component will evaluate pediatric asthma and the use of the NHLBI guidelines again during fiscal year 1997.

The point of contact is Colonel David C. Schutt, (703) 695-6802, DSN 225-6802.

A handwritten signature in black ink, appearing to read "Stephen C. Joseph", with a long horizontal flourish extending to the right.

Stephen C. Joseph, M.D., M.P.H.

**HA POLICY 97-011**

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