



Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 6025.02

JUN 30 2011

J-3B

SUBJECT: Periodic Health Assessment (PHA) and Individual Medical Readiness (IMR)

References: See Enclosure 1

1. PURPOSE. This Instruction in accordance with the authority in JTF CAPMED-D 5103.02 (Reference (a)):

a. Implements policy, assigns responsibilities, and prescribes procedures to ensure the medical readiness of Service Members (SMs) assigned to Joint Task Force National Capital Region Medical (JTF CapMed) is consistent with sections 136(d) and 671 of title 10, United States Code; DoD Directive 6200.04; and Assistant Secretary of Defense for Health Affairs Memorandum 06-006 (References (b) through (d)).

b. Governs the administration of the PHA in the JTF CapMed Joint Operating Area (JOA) for Joint Medical Treatment Facilities (MTFs) and Centers. The annual PHA is essential to closely monitor the health status of Active Component and Selected Reserve personnel and to provide timely, evidence-based preventive health care, information, counseling, treatment, or testing as appropriate.

2. APPLICABILITY. This Instruction applies to:

a. JTF CapMed and all Joint MTFs and Centers in the National Capital Region (i.e., Fort Belvoir Community Hospital, Walter Reed National Military Medical Center, and the Joint Pathology Center).

b. All SMs assigned to JTF CapMed Joint MTFs and Centers who require an annual PHA except those who have other special requirements to include, but not be limited to:

- (1) Personnel on aeronautical orders;
- (2) Personnel assigned to Special Operations units;

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- (3) Reserve Component personnel;
- (4) Personnel Reliability Program members; and
- (5) Presidential Support Program members.

3. DEFINITIONS. See Glossary.

4. POLICY. It is JTF CapMed policy that:

a. A comprehensive plan be implemented to ensure standardization of medical readiness and tracking of active duty and selected reserve members of the armed forces in accordance with Reference (c).

b. The PHA process will be standardized throughout the JOA to ensure that SMs remain fit and ready to deploy.

c. All Joint MTFs and Centers that administer the PHA will support the PHA and IMR assessment requirements of all SMs empanelled at the facility or center.

d. All Joint MTFs and Centers that administer the PHA will maintain the ability to update all Services' medical readiness reporting systems.

e. All Airmen and Soldiers will complete the online health risk assessment (HRA) prior to completing the PHA. Sailors and Marines will complete the HRA upon reporting for their PHA appointment.

f. All Joint MTFs and Centers will have computers available for SMs to complete the HRA.

g. Joint MTFs and Centers will maximize access for PHAs, to include utilizing TRICARE online and the Integrated Referral Management and Appointing Center (IRMAC).

h. All MTF and Center personnel involved in the PHA and IMR assessment process will have access to the Air Force Web-based Health Assessment and the Army Knowledge Online sites.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is

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available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

8. EFFECTIVE DATE. This Instruction is effective immediately.



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By direction of the Commander

Enclosures:

1. References
 2. Responsibilities
 3. Procedures
 4. PHA Flow
 5. AHLTA PHA Template
- Glossary

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ENCLOSURE 1

REFERENCES

- (a) JTF CAPMED-D 5103.02, "JTF CapMed Clinical Decision Making Committee Charter," June 1, 2010
- (b) Sections 136(d) and 671 of title 10, United States Code
- (c) DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004
- (d) Assistant Secretary of Defense for Health Affairs Memorandum 06-006, "Periodic Health Assessment Policy for Active Duty and Selected Reserve Members," February 16, 2006
- (e) Army Regulation 40-501, "Standards of Medical Fitness," Chapter 8: Medical Examinations—Administrative Procedures and Chapter 11: Individual Medical Readiness Standards, December 14, 2007
- (f) Secretary of the Navy Instruction 6120.3, "Periodic Health Assessment for Individual Medical Readiness," September 14, 2007, as amended
- (g) Air Force Instruction 44-170, "Preventive Health Assessment" December 10, 2009
- (h) Air Force Instruction 10-250, "Individual Medical Readiness," March 9, 2007
- (i) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," January 3, 2006

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ENCLOSURE 2

RESPONSIBILITIES

1. JTF CAPMED COMMANDER. The JTF CapMed Commander shall:
 - a. Evaluate the effectiveness and implementation of the PHA and IMR assessment program.
 - b. Recommend changes and/or revisions to policy and issue guidance as necessary to implement this Instruction.

2. JOINT MTF COMMANDERS AND CENTER DIRECTORS. The Joint MTF Commanders and Center Directors shall:
 - a. Support medical readiness by providing PHA and IMR assessment to any SM assigned in the JTF CapMed JOA.
 - b. Ensure that PHA and IMR assessment are in accordance with Service-specific requirements as stated in Army Regulation 40-501, Secretary of the Navy Instruction 6120.3, Air Force Instruction (AFI) 44-170, and AFI 10-250 (References (e) through (h)).
 - c. Maximize access to PHA for all SMs assigned to the JTF CapMed JOA by utilizing all options for making an appointment.
 - d. Provide resources that allow SMs to complete their HRA onsite.
 - e. Ensure that SM's PHA and IMR assessment information is updated in their Service's medical readiness reporting system.
 - f. Implement quality assurance and quality control systems to ensure compliance with this Instruction and encourage implementation of best practices.
 - g. Provide appropriate guidance, training, and support to implement the requirements of this Instruction.
 - h. Evaluate and recommend changes or improvements to the PHA program.
 - i. Establish aggressive quarterly and annual goals for the PHA. As stated in DoD Instruction 6025.19 (Reference (i)), the minimal goal for overall medical readiness is more than 75 percent of SMs fully medically ready, with the ideal goal being 100 percent.

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ENCLOSURE 3

PROCEDURES

1. PHA PROCESS. The PHA process will follow the flow sheet in Enclosure 4.
 - a. The SM will be instructed to complete the HRA.
 - b. The SM will make a clinic appointment via one of a number of methods:
 - (1) Walk-in
 - (2) TRICARE Online
 - (3) IRMAC
 - (4) Direct call to clinic
 - c. The clinic will determine if the HRA has been completed. (Army and Air Force SMs have the option to complete the HRA online; Navy and Marine Corps SMs must complete the HRA in person at the clinic.)
 - d. If the HRA is not complete, the SM will complete it in the clinic.
 - e. The HRA and the SM's medical record will be reviewed by the clinic. At this point, IMR will also be assessed.
 - f. If a finding requires urgent attention, the SM will be taken to the appropriate clinic for assessment and care.
 - g. The provider will order required laboratory studies and immunizations, and make any necessary referrals.
 - h. The SM will receive all appropriate education and counseling.
 - i. Completion of the PHA will be documented.

2. DOCUMENTATION

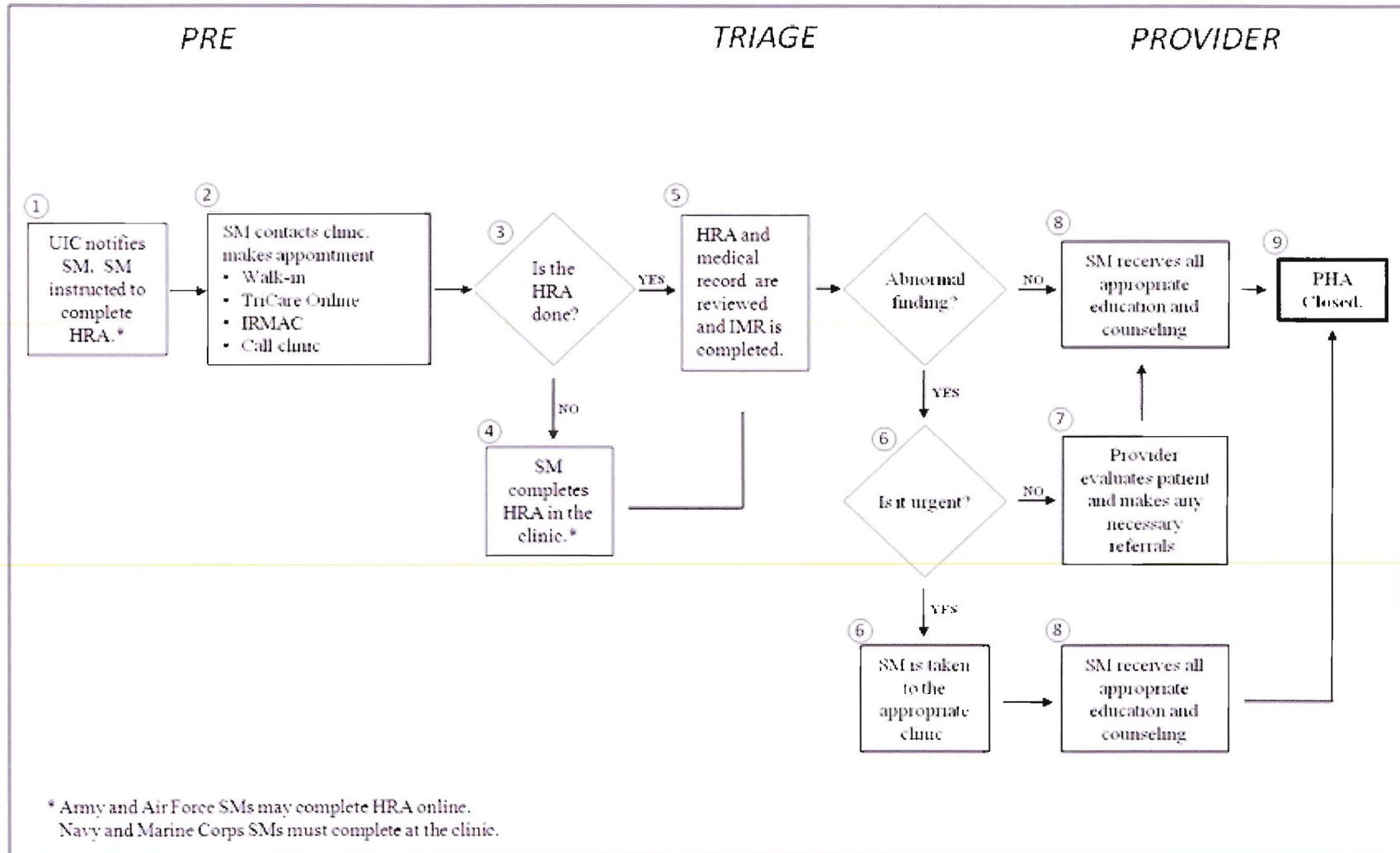
- a. Documentation of IMR assessment will be completed by the Joint MTF or Center performing the PHA. The IMR assessment will be documented using the medical readiness reporting system of the member's Service.
- b. Documentation of the PHA will occur using the Armed Forces Health Longitudinal

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Technology Application (AHLTA). A sample PHA/IMR assessment template is located at Enclosure 5. This template may be modified as needed when individual Service PHA and IMR requirements change.

ENCLOSURE 4

PHA FLOW



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ENCLOSURE 5

AHLTA PHA TEMPLATE

Reason for Appointment: PHA	
Appointment Comments:	
All Military Members:	
Vitals: BP: HR: T: HT: WT: BMI: BSA:	
Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ of cigarettes/cigars per day/Amount smokeless tobacco used per day? _____	
Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ of drinks (5 oz wine/12 oz beer) per day Have you ever felt you should cut down on your drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No Have people annoyed you by criticizing or complaining about your drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever felt bad or guilty about your drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a drink/drug in the morning (Eye opener) to steady your nerves or to get rid of a hangover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stress and Depression: Do you feel significantly stressed by your job or life events? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel you have serious problems dealing with your spouse, parents, children, or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past few months have you been bothered by feeling down, helpless, panicky, or anxious? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Age Specific Preventive Services (Male/Female, age 50+): Colonoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Sigmoidoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Fecal Occult Blood <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Equipment: 2 Pair of PMI/GMI: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Male Specific Preventive Screening: Monthly Testicular self-exam <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Validation of Tests/Immunizations: <input type="checkbox"/> iPPD <input type="checkbox"/> Annual Influenza <input type="checkbox"/> Hep A <input type="checkbox"/> MMR <input type="checkbox"/> Polio <input type="checkbox"/> Tdap <input type="checkbox"/> HIV <input type="checkbox"/> Blood Type <input type="checkbox"/> G6PD <input type="checkbox"/> Sickle Cell
Annual Female Specific Prevention Screening: Chlamydia Screening <input type="checkbox"/> Yes <input type="checkbox"/> No Gonorrhea Screening <input type="checkbox"/> Yes <input type="checkbox"/> No	
Army Personnel Only	
Annual Health Care Provider Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No ECG (All members age 40+, every 5 years) <input type="checkbox"/> Yes <input type="checkbox"/> No FBS (All members at 40+, then every 5 years) <input type="checkbox"/> Yes <input type="checkbox"/> No Mammography (Females age 40+): <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Mammogram: _____ Osteoporosis Screening (Females age 60+): <input type="checkbox"/> Yes <input type="checkbox"/> No Lipid Panel (Males at 35+ and Females age 40+, every 5 years): Total Cholesterol: _____ HDL: _____	CVSP: Framingham Risk Score: _____ Date of last Pap: _____ Profile Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Audiogram: <input type="checkbox"/> Yes <input type="checkbox"/> No Distant Visual Acuity: OD: 20/ OS: 20/
Navy Personnel Only	
Annual Audiogram (Only for members enrolled in the Hearing Conservation Program): <input type="checkbox"/> Yes <input type="checkbox"/> No Distant Visual Acuity: OD: 20/ OS: 20/ Lipid and Glucose: <input type="checkbox"/> Yes <input type="checkbox"/> No Mammography (Females age 50+): <input type="checkbox"/> Yes <input type="checkbox"/> No CVSP: Framingham Risk Score: _____ (http://www-nchc.med.navy.mil/HealthyLiving/Clinical_Health_Services/pfa.aspx)	Date of last Pap: _____ iPPD Surveillance/Screening form: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Risk Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Air Force Personnel Only	
Amalgam Grid Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Near Visual Acuity: OD: 20/ OS: 20/ Lipid (Females age 45+/Men age 35+) Osteoporosis Screening (Females age 60+): <input type="checkbox"/> Yes <input type="checkbox"/> No Rubella Screen (Females Only-Initial Screen): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Aspirin Counseling (Females age 50+/Males age 40+): <input type="checkbox"/> Yes <input type="checkbox"/> No Audiogram (Only for members enrolled in the Hearing Conservation Program): <input type="checkbox"/> Yes <input type="checkbox"/> No	CVSP: Framingham Risk Score: _____ Date of last Pap: _____ Mammography (Females age 40+): <input type="checkbox"/> Yes <input type="checkbox"/> No PCM Visit (Once every 3 years): <input type="checkbox"/> Yes <input type="checkbox"/> No Skin Cancer Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No

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GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

AFI	Air Force Instruction
AHLTA	Armed Forces Health Longitudinal Technology Application
HRA	Health Risk Assessment
IMR	Individual Medical Readiness
IRMAC	Integrated Referral Management and Appointing Center
JOA	Joint Operating Area
JTF CapMed	Joint Task Force National Capital Region Medical
MTF	Medical Treatment Facility
PHA	Periodic Health Assessment
SM	Service Member

PART II. DEFINITIONS

Fully Medically Ready. See Reference (i).

IMR. A means to assess an individual SM's or larger cohort's readiness level against established metrics applied to key elements of health and fitness to determine medical deployability in support of contingency operations.

Military Services. The Army, the Navy, the Air Force, and the Marine Corps.

PHA. An annual assessment for changes in health status, especially those that could impact a member's ability to perform military duties.

SM. Any military member serving in the Army, Navy, Marine Corps, or Air Force.