

Navy Environmental Health Center (NEHC)

Step-by-Step Guide To Implement Preventive Health Assessment (PHA):

A Systems Approach

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Introduction

The message is simple: deliver evidence-based clinical preventive services to help keep people healthy and save lives. Yet, research shows that even the most effective and accepted preventive services are not delivered regularly in the primary care setting. For example, although pneumococcal disease caused 10,000–14,000 deaths in 1997, only 43 percent of persons aged 65 and older received a pneumococcal vaccine (U.S. Department of Health and Human Services, 2000).

Barriers to making preventive services a routine part of patient care exist among clinicians, patients, and within the clinical setting. Clinicians report they do not have enough time to provide these services because most of their time is spent responding to patients' need for treatment (Frame, 1992; Kottke et al., 1993). Clinicians also cite competing demands, uncertainty about conflicting recommendations, and lack of training in prevention as barriers to providing clinical preventive services (Jaén et al., 1994). Patients often do not ask their health care providers about preventive services because they are unaware of the benefits or availability of these services, are not motivated to seek them out, are deterred by what they perceive as the inconvenience and expense of preventive care (which their health plans may not routinely cover), and are worried about the discomfort they think preventive care may entail. In the clinical setting, barriers to providing preventive services include inadequate reimbursement for these services, patient mobility, and the lack of a system for integrating preventive services into regular patient care (Frame, 1992; Kottke et al., 1993; Stange, 1996; McPhee et al., 1989; Jaén et al., 1994; Solberg et al., 1997; Stange et al., 1998).

Preventive Health Assessment (PHA): A Formal System for Delivering Preventive Services

There is increasing evidence that many of these barriers can be overcome through a formal system for delivering clinical preventive services (Kottke et al. 1993). Navy Medicine also recognized the need for a formal system for delivering CPS. The result was OPNAVINST 6120.3 (5 Dec 01) signed by the Navy Surgeon General and the Assistant Commandant of the Marine Corps. OPNAVINST 6120.3 or PREVENTIVE HEALTH ASSESSMENT is a Navy and Marine Corps Instruction with a strong emphasis on clinical preventive services (CPS). It is the cornerstone of a transition from interventional to preventive health care. OPNAV 6120.3 directs that a formal system be established for annual Preventive Health Assessments (PHA) for every active duty man and woman. The intention of the PHA is to highlight the importance and value of a yearly preventive visit, and to consolidate medical, occupational health and risk screening services, medical record review and preventive counseling into a single visit, or as streamlined a process or system as possible. This *NEHC Step-by-Step Guide to Implementing PHA: A Systems Approach* is adapted from the Agency for Healthcare Research and Quality's (AHRQ's) Put Prevention Into Practice (PIIP), *A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach*. Easy-to-follow, logical steps will take you through a process to implement PHA.

Essential Elements of a System for Delivering Preventive Services

This *Guide* explains how to develop a system to effectively deliver clinical preventive services (CPS) by implementing the Preventive Health Assessment (PHA) in your setting. Although systems and processes will vary among settings, the following steps will help you design a system appropriate to your local command. These steps are described briefly below:

1. Establish preventive care protocols and standards.
2. Define staff roles for implementing PHA.
3. Determine patient and material flow.
4. Audit your PHA process continually.
5. Readjust and refine your process and standards.

1. Establish Preventive Care Protocols and Standards

Navy Medicine uses The Manual of the Medical Department (MANMED) as a standard operating manual (SOP). MANMED is the resource used by the fleet to reference medical issues for active duty personnel. Chapter 15 was recently revised and now contains a source document for women's annual health maintenance examination recommendations. The Preventive Health Assessment Instruction (OPNAVINST 6120.3) established a protocol that contains the Navy and Marine Corps requirements of the PHA. See Appendix (1). ADMINISTRATIVE MESSAGE R 261801Z MAR 02 (Appendix 2) intended to provide all Naval Commands, Medical/Dental Treatment Facilities and operational units with initial recommendations for implementation of PHA. Additional recommendations will be provided when three pilot sites, at Camp Lejeune, Pearl Harbor and Yokosuka, complete local implementation in June 2002 and report lessons learned.

Clinical practices use protocols for the delivery of preventive services as guides to adopting their own minimum acceptable standards of preventive care. Such evidence-based protocols are developed by the U.S. Preventive Services Task Force (USPSTF). Determining which preventive care protocols to adopt is complicated by the need for clinical settings to comply with the differing requirements and programs of TRICARE. In an attempt to streamline the incorporation of preventive services into clinical practice, several groups have collaborated on a common set of guidelines and protocols. Much of this collaboration has been driven by the desire to meet the Health Plan Employer Data and Information Set (HEDIS) requirements. Establish Preventive Care Standards Several sources, listed below, offer recommendations for minimal standards of preventive care.

- The *Guide to Clinical Preventive Services*, third edition incremental release and second edition, includes evidence-based recommendations on clinical preventive services from the USPSTF.

- The *Clinician's Handbook of Preventive Services*, second edition, includes recommendations from 52 major medical authorities, including the USPSTF.
- The National Committee for Quality Assurance sponsors the Health Plan Employer Data and Information Set (HEDIS), a set of standardized performance measures for health care prevention and treatment. Many plans base their preventive care standards on HEDIS performance measures.
- The *Guide to Community Preventive Services*, coordinated by the Centers for Disease Control and Prevention, contains evidence-based recommendations on community preventive services by the Task Force on Community Preventive Services.

2. Define Staff Roles for Implementing PHA

PHA requires a team approach. It is important for the entire clinic staff to know about the Preventive Health Assessment requirement, especially key departments to be involved in the PHA. The PHA Implementation Message (Mar 02) recommends that a Command Champion be designated to oversee local PHA policy development and to coordinate implementation along with key departments that are involved in providing the PHA, e.g., primary care, women's/men's health, occupational health, aviation/undersea medicine, physical exams, health promotion, command fitness, immunizations, POMI, Fleet liaison and dental.

Example: Counseling, a clinical preventive service in which all clinical staff can play key roles throughout a medical encounter, should involve several staff members who take on different yet coordinated and complementary roles. Counseling to promote a healthy diet can be used as an example: When a patient enters the clinical setting, posters in the waiting area or material provided by the check-in clerk can provide information that will reinforce educational messages. While screening the height and weight, a nurse or corpsman can emphasize nutritional information; during the visit, the clinician or health educator can discuss diet-related risk factors for particular conditions such as heart disease or diabetes. The command fitness leader can also reinforce the concepts of a balanced diet as part of a comprehensive fitness program. Referrals for more complex problems can be made to a dietician. Persons interested in intensive weight management can be referred to Health Promotion for information about the "ShipShape" course.

3. Determine Patient and Material Flow

PHA incorporates existing screening, occupational surveillance and medical readiness requirements in an annual face-to-face appointment that includes record review, clinical risk factor screening and preventive counseling. It aims to increase efficiency in the delivery of preventive services with targeted improvements in the health of active duty members and a decrease in lost man-hours for medical/dental appointments. Specifying

the people with whom the patient meets and interacts, and the nature of each interaction, is important. The flow of information and tools, such as the DD2766, and the Health Evaluation Assessment Review (HEAR) also needs to be determined.

The PHA Implementation Message (Mar 02) gives these suggestions:

Determine Recall Process – the PHA requires an annual face to face appointment with a member of the health care team, e.g., corpsman, physician assistant, nurse, physician, etc. The PHA may augment, but does not take the place of the full periodic physical exam. Suggested options to accomplish PHA include: Birth Month screening, combined medical appointment and dental annual exam, or initial command check-in with annual appointment thereafter.

Determine Documentation Process – Delivery and documentation of CPS are central to the PHA process, including age and gender appropriate screening tests and exams, immunizations, and individualized health counseling based on specific occupational and lifestyle risk factors. The Adult Preventive and Chronic Care Flow Sheet or DD 2766 is designed to track and provide a tickler system for CPS. Counseling topics may be documented in section 5 and screening exams in section 7. Transcription of historical data into a paper DD 2766 is not expected. Full documentation on the DD 2766 is contingent upon automated technology

If you are still daunted by the whole process, ease into it by first tackling a subset of your population or one piece of the implementation process. Here are two suggestions:

1. Implement PHA for a definable subset of your population, such as recent PCS members, or with Active Duty women as part of their annual health maintenance exam, or for members as part of their 5-year physical exam. Or try to initiate PHA for a small tenant command as a stand down day.
2. Pre-screen records and place reminders on the medical record prior to visits. Putting needed preventive services on a reminder note on the front of the chart is a simple task. Studies have shown that the delivery of appropriate screening tests, counseling, and immunization can improve greatly with this reminder alone (Chang et al., 1995; Cohen et al., 1989).

4. Audit Your PHA Process Continually

Monitoring performance helps determine how well a command or clinic is implementing PHA. What process is working the best for the PHA: when the AD member checks in? by birth month recall? or another method your facility has chosen? After establishing a process for implementing PHA, perhaps doing chart reviews, then you will be ready to establish goals for your setting's implementation of PHA. You may decide to begin by establishing short-term or intermediate goals. A short-term or intermediate goal may be to increase the delivery of one preventive service within the next 6 months. For example, you may decide to counsel 100% of smokers who visit your clinic within the next 6 months.

5. Readjust and Refine Your Process and Standards

Based on the results of your audits, you may decide that the clinic staff is having difficulty determining either (1) which preventive services or screenings are needed or (2) whether the services being delivered are being documented routinely. You also may find that recommendations on providing certain screening tests have changed. The staff in your clinical setting will then need to determine how to readjust practices and adopt or develop new standards.

Consider Using Consultants for Technical Assistance

One of the most frequently cited predictors for the success of delivering CPS is the use of outside facilitators to help establish and analyze the system for preventive services delivery, to facilitate the group process needed for implementation, and to help identify obstacles and ways to overcome them. Researchers also identified the involvement of internal facilitators who serve as program champions as predicting successful program initiation (Crabtree et al., 1998). Consultants can assist with the nuts and bolts of implementation. They add perspective, teach staff how to collect data and assess the organization, assist staff in overcoming organizational barriers, and facilitate planning and implementation efforts as needed by each practice. You can contact NEHC, BUMED for technical assistance or one of the PHA Demonstration Sites where the process is more mature. NEHC is constantly updating their website with items that might assist various commands in implementation PHA. Go to <http://www-nehc.med.navy.mil/index.htm> and click on “Clinical Preventive Services”, then “Policy and Guidance” to find more information on PHA.

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Preventive Health Assessment (PHA) Requirements **(found in OPNAV 6120.3 paragraphs 6-7)** **Screening - Counseling - Immunizations** **(Clinical Preventive Services)**

Requirements are annual for all active duty members unless otherwise specified. Document on DD 2766, DD2766C (if continuation sheet is needed) or other forms as specified in **red font**.

- Assessment Source(s) – a variety of sources may be used
DD 2766 Block 7. (1)
 - **Health risk assessment tool**
 - **Medical and personal history review**
 - **Physical examinations**
 - **Computerized medical databases**
 - **Service member interview**

- Blood Pressure measurement
DD 2766 Block 7. (4)

- Height and Weight measurement
DD 2766 Block 7. (2), (3)

- Colorectal Cancer Screening (fecal occult blood test)
DD 2766 Block 7. (13)
 - **Annual test beginning age 50 (normal risk)**
 - **Annual test beginning age 40 (high risk for colon cancer)**

- Lipid Screening (total cholesterol/high density lipoprotein blood draw)
DD 2766 Block 7. (5)
 - **Routine screen (q 5 years) men beginning age 35; women beginning age 45 (normal risk)**
 - **Routine screen (q 5years) men and women beginning age 20 (if risk factors for heart disease, i.e. tobacco use, high blood pressure, diabetes, family hx)**

- CV (Cardiovascular) Risk Factors Screening (use PFA/PFT assessment, review risk factors, provide interventions as necessary)

for 12 month clearance, unless medical status changes in the interim)

DD 2766 Block 10. (i); Block 5.

- **Gender**
- **Family history**
- **Elevated BP**
- **Abnormal lipid profile**
- **Heart disease**
- **Smoking**
- **Diabetes**
- **Sedentary lifestyle**
- **Weight**

- **Medical Readiness for Deployment – within parameters of health and mobilization readiness**

DD 2766 Block 10.

- **Medical History (i.e. HIV, PEB)**
- **Administrative issues (i.e. EFMP, pregnancy)**

- **Immunization Status – review for currency; administer if overdue; advise about future immunizations**

Use SF 601

- **Influenza - annual**
- **TD (tetanus/diphtheria) q 10 years**
- **Hepatitis A and B**

- **Occupational Risk and Surveillance – evaluate; review; schedule or arrange appropriate screening**

DD 2766 Block 7. (19); Block 8.

- **Female Specific Health Screening**

DD 2766 Block 7. (10), (11), (12)

- **Pelvic exam**
 - **Cervical cancer screening (Pap smear)**
 - Annual (high risk or hx abnormal paps)
 - Q 1-3 years (no risk factors, with guidance from PCM)
 - **Chlamydia screening**
 - All sexually active women age 25 years or younger
 - Women over age 25 (if risk factors)
- **Clinical breast exam**
 - By provider for all women age 40-49 q 1-2 years
 - By provider for all women over age 50 - yearly
 - Instruct all women on self breast exam (SBE) techniques

- **Mammography – order a screening exam**
 - All women age 40-49 q 1-2 years
 - All women over age 50 - yearly
 - Baseline mammography at age 35 (or sooner) for high-risk women with annual follow-up

- **Male Specific Health Screening (testicular cancer screening)**
DD 2766 Block 7. (16)
 - **Teach or review TSE (testicular self-exam)**
 - Group setting
 - Individually at PHA
 - **Inform and counsel high risk men (hx of cryptorchidism or atrophic testes) age 17-39 years a about screening options:**
 - Clinical testicular exam by a health care provider
 - Continue performing TSE

- **Counseling**
DD 2766 Block 5.
 - **Health promotion/CPS – target individual risk factors (use USPSTF recommendations)**
 - Diet/Exercise
 - Dental health
 - Tobacco/substance abuse
 - Skin cancer prevention
 - Heat illness prevention
 - Physical/sexual abuse
 - Injury prevention
 - Suicide/violence prevention
 - **Family planning, contraceptive counseling, STD prevention counseling – when appropriate**
 - **Medication/supplement use – discuss safety issues, drug interactions, health impact**
 - Prescribed and OTC meds
 - Nutritional supplements
 - Ergogenic aids
 - Herbal agents

Worksheet to Assess Current PHA Requirements

PHA Requirements Provided

What PHA requirements do we currently provide?

Do we provide PHA requirements for every AD member?

What services or PHA requirement are we documenting?

Existing Systems for Providing PHA requirements

What policies and procedures do we have in place for providing PHA requirements?

What forms (i.e., DD2766, SF601, SF 600) and systems (i.e. PHCA) are we using?

How does our current physical environment support or inhibit our implementation of PHA?

What preventive services delivery systems have worked? Why?

What preventive services delivery systems have not worked? Why?

What can we do differently?

Will the PHA duplicate the work we are already doing?

Staff Roles

What staff currently serves in the provision of PHA requirements?

Who is documenting the delivery of preventive services and PHA requirements?

Assess Current Clinical Flow

When analyzing clinical flow, consider whom the person encounters during a medical visit and what is done at each step of the visit. Such an analysis can provide a foundation for improving clinical efficiency. Effective organization of clinical systems and patient flow, and productive use of staff members' skills, can improve the PHA process. Use the following exercise to review your current clinical flow, to note which staff members perform which functions, and to note when each service is documented. Use the following Sample Current Clinical Flow as a guide.

Sample Current Clinical Flow

Person Enters the Clinic for an Appointment

- The person checks in and is asked to wait in the waiting room. Educational materials are available to review.
- The nurse/corpsman calls the person from the waiting area and takes the height, weight, blood pressure, and a brief history of the presenting problem, or reason for visit.
- Information is documented on a progress note, and the person is brought into the exam room.
- The person waits for the clinician in the exam room.

Person Sees the Clinician

- The clinician documents assessment, diagnosis, and services delivered in the progress notes.
- Flow sheets (such as DD2766) are used to track medications, weight, and vital signs.

Person Exits the Clinic

- Educational materials are available for the person to take home.
- The clerk makes an appointment for follow-up or any further tests.

Outline Current Clinical Flow

Use the following boxes to record each step of your current clinical flow and to identify how your clinical setting might implement a PHA visit and provide the requirements of the PHA. Specify with whom the AD person meets and interacts and briefly describe the nature of the interaction. Identify when forms are completed and when PHA services are documented.

Current Clinical Flow

Person Enters the Clinic for an Appointment

-
-
-
-
-

Answer the following questions to help you complete the box above.

- How and when does your clinical setting identify which screening activities are up-to-date and which preventive services are indicated?
- Who does the person see before seeing the clinician?
- What is done/discussed during this interaction?
- What educational materials are available for the person to read in the waiting area?
- Does staff provide appropriate materials?

Person Sees the Clinician

-
-
-
-

Answer the following questions to help you completed the box above.

- How does the clinician know which PHA requirements/preventive services to offer/order?
- How is the person's preventive care monitored over time?
- What PHA requirements/preventive services are documented?
- How and where are these services documented?

Person Exits the Clinic

-
-

Answer the following questions to help you complete the box above.

- What kind of monitoring system is in place to follow up with off-site screenings?
- What kind of reminder system is in place to follow up with screenings and counseling that are needed but that were not done at this visit?

Worksheet for Developing a PHA Implementation Plan

When should we start implementation?

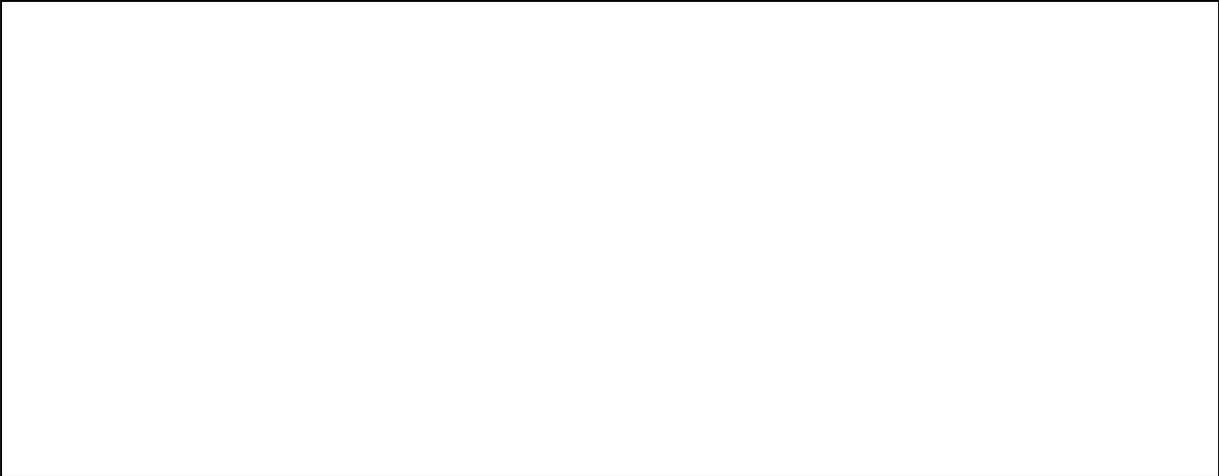
How should we start implementation?

Who will our initial target population be?

With what PHA requirements/services should we start? Which should we add later?

A large, empty rectangular box with a thin black border, intended for handwritten or typed notes in response to the question above.

How will we know when we are ready to expand our services?

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Obtain Staff and Administrative Support – Identify a PHA Command Champion

Support from staff and the administration is needed to successfully implement a process for implementing the PHA and delivering clinical preventive services. Support includes not only the cheerleading role but also the authorization for staff to expend time and resources. Although key staff, representing different areas of your setting, should be involved in the development and ongoing evaluation of your system, an internal change agent or program champion should have primary responsibility for the program. The ideal command champion will know the organization's history, personalities, abilities, authority figures, and decision-making process. This person will also have a wide social network within the organization and will be trusted and respected by both superiors and colleagues. This implies that the program champion should have excellent communication skills, especially listening skills.

Worksheet for Delegating PHA Functions Among Staff

For each question, consider the following:

- **Who would be the best person to fill the role of PHA command champion? Why?**

- **Who would be the best person to supervise and/or follow-up?**

- **What key departments should be represented in any planning meetings for PHA implementation? (i.e., primary care, women's/men's health, occupational health, Aviation/undersea medicine, physical exams, health promotion, command fitness, immunizations, POMI, Fleet liaison, and dental)**

Clinical Flow

Who will assure the DD2766 is in the client's chart the day before the PHA visit?

Who will prescreen the client's chart the day before the PHA visit?

Who will conduct and review the HEAR (or other health risk assessment) and initiate the DD2766 for each person?

Who will be responsible for ordering screening tests?

Who will be responsible for reviewing the appropriate health guides with the client and for counseling the patient on identified risk factors?

Ongoing Activities in the Clinic

- Clinic staff conducts periodic chart audits to assess delivery of preventive services and PHA requirements and documentation. Results are shared with staff and used in performance evaluations.
- Regular meetings are scheduled for staff to reflect on implementation of the PHA.
- Staff functions are reviewed for effectiveness, and job descriptions are revised to include preventive care activities.
- Staff and client feedback is routinely invited and reviewed.
- PHA process is tweaked and refined based on feedback and results.
- Successes are acknowledged and celebrated.