



DoD INSTRUCTION 6200.05

FORCE HEALTH PROTECTION QUALITY ASSURANCE (FHPQA) PROGRAM

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: June 16, 2016
Change 1 Effective: December 21, 2017

Releasability: **Cleared for public release.** This instruction is available on the Directives Division Website at <https://www.esd.whs.mil/DD/>.

Reissues and Cancels: DoD Instruction 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," February 16, 2007

Incorporates and Cancels: Assistant Secretary of Defense for Health Affairs Memorandum, "Policy for Department of Defense - Health Affairs Deployment Health Quality Assurance Program," January 9, 2004

Approved by: Peter Levine, Acting Under Secretary of Defense for Personnel and Readiness

**Change 1 (Administrative)
Approved by:** Edward J. Burbol, Chief, Directives Division, Washington Headquarters Services

Purpose: This issuance establishes policy, assigns responsibilities, and defines requirements for the development and establishment of the FHPQA Program in accordance with the authority in DoD Directive (DoDD) 5124.02, Sections 731 and 738 of Public Law 108-375; Sections 1074f, 1092a, and 1073b of Title 10, United States Code; and DoDDs 6200.04 and 5136.13.

TABLE OF CONTENTS

SECTION 1: GENERAL ISSUANCE INFORMATION	3
1.1. Applicability.	3
1.2. Policy.	3
1.3. Information Collections.	3
1.4. Summary of Change 1.	4
SECTION 2: RESPONSIBILITIES	5
2.1. Assistant Secretary of Defense for Health Affairs (ASD(HA)).	5
2.2. DASD(HRP&O).	5
2.3. Director, DHA.	5
2.4. Assistant Secretary of Defense for Readiness.	6
2.5. Director, Department of Defense Human Resources Activity.	6
2.6. DoD Component Heads.	6
2.7. Secretaries of the Military Departments and Commandant, United States Coast Guard.	6
2.8. CJCS and the Directors of the Defense Agencies and DoD Field Activities	6
2.9. Combatant Commanders.	6
SECTION 3: TABLE OF FHPQA KEY ELEMENTS	8
GLOSSARY	11
G.1. Acronyms.	11
G.2. Definitions.	11
REFERENCES	13
TABLES	
Table 1. FHPQA Key Elements	8

SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to:

a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

b. DoD civilian employees, as defined in DoDD 1404.10, and DoD contractors authorized to accompany the forces (CAAF), in accordance with DoD Instruction (DoDI) 3000.05, DoDI 3001.02, and DoDI 3020.41.

1.2. POLICY. The DoD will:

a. Appropriately employ those force health protection (FHP) measures that:

(1) Promote, conserve, and restore the mental and physical well-being of Service members, civilian personnel, and to the extent required in contractual language, CAAF in support of contingency operations.

(2) Maintain individual readiness status.

b. Monitor and report DoD deployment health program activity across the full range of DoD activities and operations in accordance with DoDD 6200.04, DoDD 6490.02E, and DoDI 6490.03; e.g., DoD outside the continental United States missions, humanitarian assistance, international disaster relief, defense support of civil authorities, and contingency operations.

c. Monitor and report identified key elements throughout an individual’s career in DoD through health surveillance activities.

1.3. INFORMATION COLLECTIONS.

a. The FHPQA Program reporting requirement, referred to in Paragraph 2.3.f., has been assigned Report Control Symbol DD-HA(AR) 2255-1 in accordance with the procedures in Volume 1 of DoD Manual 8910.01. The expiration date of this information collection is listed in the DoD Information Collections System at <https://apps.osd.mil/sites/DoDIIC/Pages/default.aspx>.

b. The FHPQA Program Findings Report, referred to in Paragraph 2.3.c., does not require licensing with a report control symbol in accordance with Enclosure 3, Paragraph 1b of Volume 1 of DoD Manual 8910.01.

1.4. SUMMARY OF CHANGE 1. The changes to this issuance are administrative and update references for accuracy.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA):

- a. Oversees the development and implementation of this issuance.
- b. Recommends changes or revisions to policy and issues Military Health System guidance, as necessary, to implement this issuance.
- c. Provides program implementation guidance to the Director, Defense Health Agency (DHA), through the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight (DASD(HRP&O)).

2.2. DASD(HRP&O). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

- a. Manages FHPQA Program policy.
- b. Defines FHPQA key elements, and develops policy guidance for the Director, DHA.
- c. Oversees the FHPQA Program implementation and monitors established processes.
- d. Maintains Report Control Symbol HA(AR)2255-1 in accordance with Volume 1 of DoD Manual 8910.01.

2.3. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R), through the ASD(HA), and in addition to the responsibilities in Paragraphs 2.6. and 2.8., the Director, DHA:

- a. Develops a DHA procedural instruction, in accordance with DoDD 5136.13, that implements the policy in this issuance.
- b. Implements program procedures based on FHPQA key elements defined in Table 1.
- c. Reports deployment health surveillance major findings through the DASD(HRP&O) to the ASD(HA) in a manner that ensures that the collection, use, maintenance, and distribution of personally identifiable information is in accordance with DoDD 5400.11, DoD 5400.11-R, and Section 552a of Title 5, United States Code, also known as the “Privacy Act of 1974,” as amended.
- d. Establishes quality assurance and quality control parameters for the uniform implementation, monitoring, and review of the effectiveness of this issuance.

e. Establishes internal program oversight to track compliance to key FHP measures.

f. Prepares a consolidated annual report on DoD-wide FHPQA activities and findings in accordance with Section 1073b of Title 10, United States Code.

2.4. ASSISTANT SECRETARY OF DEFENSE FOR READINESS. Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Readiness confirms deployment health policies for the Reserve Component are consistent with the policies established for the Active Component.

2.5. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY. Under the authority, direction, and control of the USD(P&R) and in addition to the responsibilities in Paragraph 2.6., the Director, Department of Defense Human Resources Activity, establishes and maintains systems to track the duty locations of Service members, civilian personnel, and CAAF during deployment periods, including natural and manmade disasters, when applicable, consistent with DoDD 6490.02E and DoDIs 1336.05, 3001.02, 3020.41, 6055.01, 6055.05, 6490.03, and 1400.32.

2.6. DoD COMPONENT HEADS. The DoD Component heads:

a. Implement effective FHPQA systems to ensure compliance with this issuance.

b. Promote the public trust by making the maximum amount of information available to the public on the FHP activities of the DoD, consistent with Section 1073b of Public Law 108-375 and the DoD's responsibility to ensure national security in accordance with DoDI 8320.02.

2.7. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, UNITED STATES COAST GUARD. In addition to the responsibilities in Paragraph 2.6., the Secretaries of the Military Departments and the Commandant, United States Coast Guard, identify a primary action office with responsibility for reporting FHPQA findings and serving as the point of contact for FHPQA activities.

2.8. CJCS AND THE DIRECTORS OF THE DEFENSE AGENCIES AND DOD FIELD ACTIVITIES. In addition to the responsibilities in Paragraph 2.6, and in consultation with the Secretaries of the Military Departments and the Combatant Commanders, the CJCS and the Directors of the Defense Agencies and DoD Field Activities monitor the implementation of this issuance during all military operations, including deployments, contingencies, exercises, training, and during natural and manmade disasters, when applicable.

2.9. COMBATANT COMMANDERS. In addition to the responsibilities in Paragraph 2.6. and in coordination with the CJCS, the Combatant Commanders:

- a. Establish FHP policies and programs and have overall responsibility for FHP for all forces assigned or attached to their respective commands, and ensure full implementation and application of this issuance during all DoD activities and contingency operations.
- b. Report health surveillance findings for all forces assigned or attached to their respective commands in accordance with DoDD 6490.02E and DoDI 6490.03.

SECTION 3: TABLE OF FHPQA KEY ELEMENTS

3.1. The DoD will monitor identified key elements throughout an individual’s career through health surveillance activities, specifically:

a. Deployment health surveillance activities pursuant to DoDI 6490.03, DoDI 1400.32, and DoDI 3020.41.

b. Occupational and environmental health surveillance activities pursuant to DoDI 6055.01, DoDI 6055.05, and DoD 6055.05-M.

3.2. In accordance with Sections 1074f, 1092a, and 1073b of Title 10, United States Code and DoDD 6490.02E, electronic or onsite audit reviews will support deployment health and medical surveillance oversight activities.

Table 1. FHPQA Key Elements

Element	Description	Sample Measures of Success
Individual Medical Readiness (IMR)	Monitoring IMR elements: - Periodic Health Assessments - Deployment Limiting Conditions - Dental Readiness - Immunizations - Readiness Lab Studies - Individual Medical Equipment	Percent of Service members available to deploy who are medically ready to deploy, as defined in DoDI 6025.19. Goal: \geq 85 percent
Physical Fitness	Promote and improve the health of the force through individual physical fitness, as defined by DoDD 1308.1 and in accordance with DoDD 6200.04.	Percent of deployed active duty force with passing physical fitness scores or meeting weight standard. Goal: >90 percent Percent of units providing time for fitness activities during duty hours. Goal: >90 percent
Deployed Unit and Individual Augmentee Locations	Location data on deployed units and individual augmentees is tracked, collected, reported, and stored to link occupational and environmental exposures (or potential exposures) to deployed personnel.	Percent of deployed force with once-daily location data on file in the Defense Manpower Data Center. Goal: >90 percent Percent agreement between Defense Manpower Data Center and DoD Component-specific deployment rosters. Goal: >90 percent

Table 1. FHPQA Key Elements, Continued

Element	Description	Sample Measures of Success
Deployment Exposures	Hazardous environmental and occupational exposures during deployments are reported, investigated, and documented in individual permanent health records and central databases. Exposures are considered hazardous if they result in adverse health effects or pose a significant risk of adverse health effects.	<p>Percent of deployed force with adverse health effects from hazardous exposures who have exposure-related documentation in their permanent health records and stored centrally. Goal: >90 percent</p> <p>Percent of site assessments completed prior to arrival of deployed force. Goal: >80 percent</p>
Preventive Measures in Deployed Settings	Preventive health measures are effective in reducing or eliminating preventable diseases and injuries and minimizing lost work or duty time.	<p>Rate of vector-borne diseases. Goal: <50 percent of the rate projected by the National Center for Medical Intelligence.</p> <p>Rate of non-battle injury. Goal: <1 percent per week</p>
Deployment Health Assessments in accordance with DoDI 6490.03 and DoDI 6490.12	-DD Form 2795, “Pre-Deployment Health Assessment” -DD Form 2796, “Post-Deployment Health Assessment (PDHA)” -DD Form 2900, “Post Deployment Health Re-assessment (PDHRA)” -DD Form 2978, “Deployment Mental Health Assessment”	<p>Percent of individuals with required deployment health assessments completed and available via automated central DoD system. Goal: >95 percent</p> <p>Percent of individuals returned via medical evacuation from theater. Goal: <5 percent</p> <p>Percent of individuals with referral recommended who received appropriate evaluation within 30-days of return from deployment. Goal: >95 percent</p> <p>Completion of individual mental health assessments based on contingency tracking system roster. Goal: >95 percent</p>

Table 1. FHPQA Key Elements, Continued

Element	Description	Sample Measures of Success
DoD Health Information Available to the Department of Veterans Affairs (VA)	DoD deployment health-related information on separating individuals is made readily available to the VA.	Percent of separating active duty force individuals having DoD health information transferred or made available to the VA within 45 days of separation. Goal: >95 percent
Education and Training	FHP information incorporated into Services' education and training courses and programs (e.g., formal military education, commander schools, technical training).	FHP topics are incorporated into selected entry/mid/senior level education courses and training programs. Goal: >90 percent of selected courses and training programs.
Research and Development (R&D)	FHP insertion into R&D process development and product applications. Lessons learned, health or medical surveillance, and other FHP data sources are used to inform the combat developer, R&D, and acquisition communities, and result in positive change in the form of new or improved products.	Specific examples of R&D programs and applications that improve FHP. Data from Health Assessment Review Tool-Accessions used to develop targeted intervention and prevention programs. Mortality data (e.g., blast injury patterns) used to improve personal protective equipment. Goal: >1 example per year
Lessons Learned	<ul style="list-style-type: none"> - Define process for health surveillance and medical surveillance collection, adjudication, and implementation of lessons learned. - Incorporate lessons learned into FHP program improvements. - Document how doctrine, policy, or procedures were affected. 	Specific examples of lessons learned contributions and outcomes that improve FHP. Goal: >1 example per year
Service Commander's and Combatant Commander's Assessment	Service and Combatant Commander's assessment of FHP programs (e.g., operational plans reflect FHP lessons learned).	Each Service and Combatant Command provides an annual assessment of FHP program effectiveness. Goal: 1 report per year from each Service and Combatant Command to the DASD(HRP&O).

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CAAF	contractors authorized to accompany the forces
CJCS	Chairman of the Joint Chiefs of Staff
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DoDD	DoD directive
DoDI	DoD instruction
FHP	force health protection
FHPQA	force health protection quality assurance
IMR	individual medical readiness
MHS	Military Health System
R&D	research and development
USCG	United States Coast Guard
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purposes of this issuance.

CAAF. Contractor personnel, including all tiers of subcontractor personnel, who are authorized to accompany U.S. military forces in applicable contingency operations and have been afforded CAAF status through applicable contracts in accordance with DoDI 3020.41 or Service policy.

deployment health surveillance. The systematic collection, analysis, and interpretation of health-related data pertinent to a military population before, during, and after completion of a deployment, to address the health needs of individual Service members as well as deployed populations, and to facilitate the identification and remediation of deployment-related health hazards.

FHP. All measures taken by commanders, supervisors, individual Service members, and the MHS to promote, protect, improve, conserve, and restore the mental and physical well-being of Service members across the full range of military activities and operations. These measures

enable the fielding of a healthy and fit force, the prevention of injuries and illness and protection of the force from health hazards, and the provision of highly effective medical and rehabilitative care to those who become sick or injured anywhere in the world.

FHPQA Program. The identification of key elements associated with protecting the health of Service members and applicable DoD civilian and contractor personnel throughout their period of service and across the full range of military activities and operations, along with the systematic monitoring, analysis, and reporting on important FHP processes and outcomes to ensure effectiveness and compliance throughout the MHS.

health surveillance. The systematic collection, analysis, and interpretation of data on the health of individuals, populations, and relevant health hazards; with timely distribution of actionable information to users at all levels. Health surveillance provides data that support evaluation of the quality and effectiveness of FHP measures. It includes medical surveillance as well as occupational and environmental health surveillance.

IMR. A means to assess an individual Service member'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. The extent to which a Service member is medically ready to participate in an operational deployment, as measured by six key elements: a current periodic health assessment; the absence of deployment-limiting health conditions; a favorable dental readiness classification; currency in required immunizations; the completion of readiness-related laboratory studies; and the availability of individual medical equipment.

medical surveillance. The ongoing and systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation; and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance.

occupational and environmental health surveillance. The regular collection, analysis, archiving, interpretation, and distribution of occupational and environmental health-related data for purposes of monitoring the health of, or potential health hazard impact on, a population and individual personnel, and for intervention in a timely manner to prevent, treat, or control the occurrence of disease or injury.

personally identifiable information. Defined in DoD 5400.11-R.

REFERENCES

- DoD 6055.05-M, “Occupational Medical Examinations and Surveillance Manual,” May 2, 2007, as amended
- DoD Directive 1308.1, “DoD Physical Fitness and Body Fat Program,” June 30, 2004
- DoD Directive 1404.10, “DoD Civilian Expeditionary Workforce,” January 23, 2009
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- DoD Directive 5400.11, “Department of Defense Privacy Program,” October 29, 2014
- DoD Directive 5400.11, “DoD Privacy Program,” October 29, 2014
- DoD Directive 6200.04, “Force Health Protection (FHP),” October 9, 2004
- DoD Directive 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012, as amended
- DoD Instruction 1336.05, “Automated Extract of Active Duty Military Personnel Records,” July 28, 2009, as amended
- DoD Instruction 1400.32, “DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures,” April 24, 1995
- DoD Instruction 3000.05, “Stability Operations,” September 16, 2009
- DoD Instruction 3001.02, “Personnel Accountability in Conjunction With Natural or Manmade Disasters,” May 3, 2010
- DoD Instruction 3020.41, “Operational Contract Support (OCS),” December 20, 2011, as amended
- DoD Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014
- DoD Instruction 6055.01, “DoD Safety and Occupational Health (SOH) Program,” October 14, 2014
- DoD Instruction 6055.05, “Occupational and Environmental Health (OEH),” November 11, 2008
- DoD Instruction 6490.03, “Deployment Health,” August 11, 2006
- DoD Instruction 6490.12, “Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation,” February 26, 2013, as amended
- DoD Instruction 8320.02, “Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense,” August 5, 2013
- DoD Manual 8910.01, Volume 1, “DoD Information Collections: Procedures for DoD Internal Information Collections,” June 30, 2014, as amended
- Public Law 108-375, “Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005,” October 28, 2004
- United States Code, Title 5, Section 552a (also known as the “Privacy Act of 1974,” as amended)
- United States Code, Title 10