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## APPENDIX I

### ACCESS TO CARE OPTIMIZATION

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This section is a guide for the MTF to analyze key aspects and processes of a facility's access to care operations to support annual business planning. MTFs need to review the entire appointment booking process from enrollment through receiving patient calls, booking appointments, and tracking the patient up to but not including the encounter with the provider. There are six activities MTFs should utilize in whole or part to optimize access. MTFs should implement these activities as a complement to their Business Plan Critical Initiatives and improvements. The tables below provide an outline of critical access improvement points in the outpatient care setting. The MTF should use these tables as part of an access to care optimization program.

#### ATC Optimization Activities

##### 1. Optimize Enrollment /Empanelment

1.1 Balance distribution of patients to panels in accordance with patient clinical needs and the skill/experience of the provider.

1.2 Balance distribution of patients to panels in accordance with Graduate Medical Education (GME) and Provider/Patient Readiness Requirements.

1.3 Maximize the average weighted patient encounter.

1.4 Minimize the movement of patients from one panel to another.

1.5 Enrollment/PIT errors < 0.5%. (How many assignment errors does the MTF have between DEERS and CHCS?)

1.6 The National Enrollment Database (NED) discrepancy report should be reviewed regularly. MTF should promptly correct Patient Information Transfer (PIT) errors.

1.7 Ensure Managed Care Support Contractor (MCSC) establishes sufficient enrollment capacity within the Network TRICARE Prime Service Area (PSA) to directly augment Direct Care System enrollment.

1.8 Perform regular demand management studies that best suit the needs of the patient population and the capabilities of the MTF providers.

##### 2. Access Manager Responsibilities

2.1. Promotes the provision of high quality, accessible, cost effective healthcare services.

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- 2.2. Assist providers, professional, support, and administrative staff in optimizing patient care and clinical processes.
- 2.3. Maintaining processes that optimize template management.
- 2.4. Facilitates and coordinates healthcare resources to ensure optimal Access Standards are met > 90% of the time IAW MHS/Service specific Business Planning guidance.
- 2.5. Facilitates and coordinates clinical oversight for empanelment decisions.
- 2.6. Ensure providers' schedules reflect at least 30- 45 days of full appointment availability.
- 2.7. < 5% of appointments unused (does not apply to Open Access environment or clinics with excess capacity).
- 2.8. Minimize the use of detail codes that restrict the use of appointments.
- 2.9 Minimize the use of provider book only, MTF book, and freezing of appointments.
- 2.10. Minimize the use of facility cancelled appointments.
- 2.11. Develop and facilitate processes that reduce no show, patient cancel, left with out being seen (LWOBS), and unbooked appointment rates.
- 2.12. Implement processes encouraging TRICARE Online (TOL) registration and the use of TOL for appointing.

### **3. Implement adequate Telephone/Web-Enabled Network**

- 3.1. Maximize use of MTF automatic call distribution system and monitor telephone calls everywhere appointments are made.
- 3.2. Maintain a simple call tree with minimal use of call tree layers.
- 3.3. Reduced Call abandonment rates to 2% or below.
- 3.4. Respond to callers in less than 90 seconds, 90% of the time.
- 3.5. Provide one local and toll free number for beneficiaries to call for appointments.
- 3.6. Implement processes that support 1<sup>st</sup> call resolution.

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- 3.7. Implement a 24 hour centralized appointment cancellation line.
- 3.8. Maintain telephone metrics (wait time and caller abandon rate) and incorporate into command level monitoring and reporting.
- 3.9. Survey beneficiaries on telephone appointing services.
- 3.10. Utilize the appointment reminder system to minimize no-show rates.
- 3.11. Decrease rate of calls that don't result in an appointment being booked by providing appropriate alternatives to unavailable appointment requests, i.e. network appointment, clinic triage, PCM consultation, etc.

#### 4. Optimizing Primary Care

- 4.1. Implement processes that result in patient/provider satisfaction with access greater than or equal to 90% of the time.
- 4.2. Increase capacity and available appointments.
- 4.3. Decrease patient throughput times.
- 4.4. Decrease the number of primary care appointments made outside the primary care clinic - Decrease by 90%.
- 4.5. Decrease the number of preventable Emergency Department (ED) visits.
- 4.6. Ensure that provider and support staff ratios are optimized.
- 4.7. Ensure continuity of care and coordination of care.
- 4.8. Implement processes that monitor outcomes.
- 4.9. Utilize physician assistants, nurse practitioners, and nurses for care to optimize physicians, physician assistant, nurse practitioner and nurses' time for appropriate care.
- 4.10. Implement patient education programs for self care.
- 4.11. Decrease Reliance on ED/Acute Care Clinics.
- 4.12. Decrease Leakage to the Network.

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- 4.13. Ensure 24/7 Access to a Primary Care Manager.
- 4.14. Meet Health Plan Employer Data and Information Set (HEDIS) Targets – at or above 90%
- 4.15. Clinical Practice Guideline (CPG) compliance - – at or above meet 90% baseline.
- 4.16. Practice Early Detection of Disease (EDD).
- 4.17. Improve coding accuracy.

#### **5. Implement Open Access Model where appropriate**

- 5.1. Implement processes that ensure Appointment is with the PCM Team 90% of the time.
- 5.2. Implement processes that ensure patient satisfaction with access to care > 90%.
- 5.3. Implement processes that ensure 60% of appointments are requested and seen within the same day.

#### **6. Business Planning Access to Care Critical Initiatives**

- 6.1. Effectively manage resources/processes to improve access.
- 6.2. Effectively document utilization of healthcare manpower.
- 6.3. Based on individual Service guidance, select access to care critical initiatives that help support and increase access to health care.
- 6.4. Develop action plans that will achieve Access to Care critical initiative objectives.