



## APPENDIX S

### Improving Accuracy in ATC Measurement

time, their increased satisfaction with their day-to-day work, make it easier for the appointing agents to find and book appointments and can improve customer service.

#### **1.2.1. Recommended Template and Schedule Design Actions.**

Template/Schedule managers should:

1.2.1.1. Ensure that standard appointment types are used on each slot and match the Standard Appointment Type definitions listed in Appendix H of the MHS Guide for Access Success.

1.2.1.2. Discuss with MTF/Clinic/Team providers the types of services they want or need to provide based on their capabilities, experience level and the demand patterns of the population served/enrolled.

1.2.1.3. Consider the demographic make up of the patients that the MTF/clinic/team/ provider serves and how much access these entities can provide based on the following:

1.2.1.3.1. Enrollment status of the patients

1.2.1.3.2. The ages of the patients

1.2.1.3.3. Patient gender

1.2.1.3.4. Number of TRICARE Online (TOL) web-enabled appointments to be offered

1.2.1.3.5. The mission of active duty units

1.2.1.3.6. The disease entities of the population

1.2.1.4. Decide whether to use or not to use patient access, age, or gender detail codes to identify/set aside slots in the templates.

1.2.1.5. Establish appointment type durations for each provider to assist them to efficiently execute their schedules, based on their practice patterns, abilities, and provider experience levels, etc.

1.2.1.6. Establish workload count flags on appointment types to support proper workload accounting for the providers, nurses, and technicians on the schedules.

**1.2.2. Provider File and Table Builds.** Provider File and table builds/structure in CHCS have great impact on ATC measurement results and in supporting

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effective/efficient booking of patients to their providers. Template/schedule managers need to:

1.2.2.1. Confer with their medical staffs and leadership to define the File and Table information needed to complete the CHCS Provider Group, to include numbers of providers, places of care, MEPRS codes and support personnel.

**Note: Ensure place of care matches the MEPRS code.**

1.2.2.2. Ensure that File and Table builds balance continuity of care with access to care standards.

1.2.2.3. Decide with group, team and clinic leadership, the search parameters appointing agents will use when searching for appointments. Depending on how the CHCS Provider Groups are established for an MTF, the appointing agents may search for available appointments using a wide range of search combinations to include:

1.2.2.3.1. With the PCM only

1.2.2.3.2. With the PCM in multiple places of care

1.2.2.3.3. With a provider as a member of multiple Provider Groups with consideration for cross booking.

1.2.2.3.4. With a provider as a PCM in one, multiple, or all MCP Provider Groups with consideration for cross booking.

1.2.2.3.5. With nurses, technicians, or part-time providers with schedules in the group

1.2.2.4. CHCS ATC functionality searches for available appointments across the entire group, and will indicate if there are available appointments inside or outside the standard, even though the appointing agent did not search other group providers' schedules.

**1.2.3. PCM Enrollment, Capacity Planning.** Schedule/template managers should work with providers, clinic managers and enrollment managers to establish enrollment panels/capacities. Factors such as numbers of enrollees, ages, genders, unit mission, a population's epidemiology/acuity level, etc. have great impact on access, and the level at which customer service is delivered. Other factors include:

1.2.3.1. PCM flags in CHCS need to be correctly set for each PCM allowing the system to automatically match the patient to their provider.

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1.2.3.2. Panels/capacities for PCMs need to match their abilities and experience and mission requirements.

1.2.3.3. Effective enrollment management at the MTF enhances the Managed Care Support Contractor's (MCSC) ability to enroll patients.

1.2.3.4. Properly coordinated enrollment management gets the right patient to the right provider. This improves the appointing agent's chances of booking the patient faster with the right provider.

1.2.3.5. Provider absences should be identified before schedules are opened, e.g. meetings, leaves, TDYs, Admin time, Comp time need to be identified so that part-time providers can be used, or cross booking can be arranged to enhance continuity of care.

#### **1.3. Booking Activities.**

Appointing agents play a critical role in ensuring access measurements are accurate. Management needs to ensure appointing agents are trained and routinely receive feedback on their performance in booking appointments. The booking of appointments provides data to reports. These reports impact management decisions on the development of templates, schedules, files, tables and ultimately the MTF's ATC performance.

##### **1.3.1. Steps to take to Accurately Book Appointments.**

1.3.1.1. Appointing agents need to identify the patient, their provider and clinic/group in order to book the appointment. If the templates, schedules, files, tables, enrollment panels/capacities are properly identified as in paragraph 1.2 above, this makes the booking activity easier, faster for appointing agents.

1.3.1.2. Instructions and protocols need to be in place to assist the appointing agent to accurately match the request of the patient to the correct ATC Category in CHCS.

1.3.1.3. Appointing agents need to categorize the patient's request in terms of either being Acute, Routine, Wellness, Specialty, or Future as accurately as possible before booking the appointment.

1.3.1.4. Appointment agent searches for and selects the appropriate appointment slots, at the time, with the provider that match the patient's needs and his/her age, enrollment status and gender.

##### **1.3.2. Managing Booking Personnel to Enhance Accuracy.**

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1.3.2.1. Take care of “your people”. Access managers must understand that appointing agents at all levels of the MTF are the ones that are responsible to accurately book appointments. Their activities control the daily schedules of providers, and have impact on access and customer satisfaction.

1.3.2.2. Staff education and re-education is required to ensure that ATC searches are appropriate for the care required.

1.3.3.3. Appointing personnel need to understand the business rules of PCM and Referral Booking tables outlined in Appendix R of this guide.

1.3.3.4. Access managers must provide appointing agents with feedback on their performance on a recurring basis. MTFs may develop reports demonstrating appointing agent performance in accurately booking appointments within ATC standards.

**1.4. Post Booking Activities.** Access Managers must realize that if appointing agents accurately book appointments the data generated from these activities feed CHCS, TRICARE Operations Center and Service level tools and reports that produce information that better reflects what is actually happening in the MTF. Use of these data enables managers at all levels to be more confident in developing templates and schedules and managing access. Some actions available to access managers are:

1.4.1. Using appointing activity reports to better match the supply of appointments (the plan) with the expected demand for appointments (reality) for the mix and quantity required to meet patients’ needs and ATC standards. These are defined as follows:

1.4.1.1. The mix is defined as having enough appointments of each type to provide appointing agents a sufficient supply to meet various patients’ requests for service when using the Exact Match search option. Example: When using the Routine Search option, there are ROUT appointments displayed. A well forecasted appointment mix reduces the likelihood of having to change appointment types during the All Appointment search option, reducing steps and expediting service to customers.

1.4.1.2. Quantity is defined as having a sufficient number of appointments, of any type, within ATC standards, to meet demand when using the All Appointment search.

1.4.2. Use historical appointment data reports when building future schedules and templates. For example, identify the demographics of patients and the historical demand for care, to include various wellness services such as pap smears, school physicals, well baby exams, etc. when building templates and schedules for wellness care.

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1.4.3. Use the Access to Care Summary Reports (ATCSR) to forecast future appointment needs.

1.4.4. Use the ATCSR counts and percentages of Met, Not Met appointments, and patient refusals by provider, to forecast future schedules and verify accuracy of that forecast.

1.4.5. Use the various CHCS Management Reports to identify appointment type usage and non usage, beneficiary type usage, and multiple others types/categories of data.

1.4.6. Use the Unbooked Appointment Report in CHCS to determine numbers of patients who requested an appointment but for whom none was booked. This allows for the determination of unmet demand and if there is a need for more appointments to be added on the schedule.

1.4.7. Use the Planned versus Final Booked Appointment Report in CHCS to assess the types and volume of modifications made to appointments in order to complete the booking function. This allows the manager to adjust templates and schedules to minimize modifications during booking.

1.4.8. Use un-booked (unused) appointment data to identify appointments that are targets for auto-reconfiguration.