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## APPOINTMENT STANDARDIZATION

### FUTURE ENHANCEMENTS FOR CHCS I APS I AND APS II RELEASES

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The objectives of the Appointment Standardization (APS) project are to improve access to care for the patient, maximize the utilization of Medical Treatment Facility (MTF) capacity, standardize appointing data elements for better performance measurement and management, and provide one standardized appointing model for booking across the Medical Health System (MHS). As part of this effort, changes to the Composite Health Care System (CHCS) Managed Care Program (MCP) module have been recommended. Those changes will be implemented in two CHCS CPET releases, APS I and APS II. APS I is projected for release in October 2000. The contents of each release are documented below. For additional detailed information on the changes, please consult the TRICARE Access Imperatives Web site at <http://www.tricare.osd.mil/tai>.

#### 1. APPOINTMENT STANDARDIZATION RELEASE PHASE I (APS I)

The three missions of the APS I CPET release are the initiation of the phase-out of the Patient Appointment and Scheduling BOK option, implementation of the new standard appointment types, and distribution of the new appointment detail codes to sites for review and feedback. This release will also initiate the move to the use of the Managed Care Module (MCP) to book appointments.

Four changes are included in the APS I CPET release.

- Nine new standard appointment types will be added to the Appointment Type table with nine additional codes, one for each standard appointment type with a \$ suffix. The appointment types with the \$ allow sites to identify “MTF Book Only” appointments, e.g., PCMS\$, ROUT\$, etc. These eighteen appointment types will be available for Template and Schedule Build functions. Per MHS policy, at some time in the future, the eighteen appointment types will be the only active appointment types other than the current APV, N-MTF, and T-CON\* fixed appointment types.
- A new Appointment Detail table containing approximately 57 standard detail codes will be added to CHCS. The objective of these codes will be to define special clinical resources required for an appointment or restrictions on the appointment. Examples of the resource codes are retinal screening, asthma evaluation, diabetes patients, and nurse practitioner. One example of a restriction code is Medicare eligible. Sites will have the opportunity to review these values and make recommendations for new values. APS I does not include functionality to allow the use of detail codes.

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- The PAS BOK option will be removed from the primary menu for all users. If sites need to use PAS BOK, the BOK function must be assigned to appropriate staff members as a secondary menu option. Sites are urged to limit the assignment of this option as much as possible, usually to specialty clinics that support self-referrals. Booking clerks will need the MCP menu option in order to book appointments.
  - The Clerk Scheduling Menu will be renamed the Clerk Front Desk Functions Menu and will move to the MCP main menu. The Menu Path is now CA>PAS>MAN.

## **2. APPOINTMENT STANDARDIZATION RELEASE PHASE II (APS II)**

The mission of the APS II CPET release is the implementation of the core Appointment Standardization features and, at some future time, permanent removal of the PAS BOK option. APS II will complete the move to the use of the MCP using a model that supports access to care improvements when booking appointments. Enhancements provide more flexible schedule build functions, a greatly reduced set of appointment types, and standardized coding of appointing conditions and restrictions for a slot, e.g., detail codes to identify clinical resources required, types of patients allowed, and age restrictions.

The changes included in APS II affect the Template Build and Schedule Build options, and all MCP Booking and Reporting options.

- Template and Schedule Build functions—Enhancements to these functions permit sites to define up to three detail codes for each appointment slot, and modify the duration of each slot to the appropriate number of minutes (duration is no longer tied to the appointment type). Standard patient access types will be included in the detail code table and can be used in any combination to reserve appointments for specific groups of patients (e.g., active duty, prime, GME, no prime, etc.). Sites may add their own detail codes to the table, and it is recommended that detail codes reflecting age restrictions be included. Detail codes and duration may also be batch assigned to appointments.
- MCP Booking functions—These enhancements affect all the booking options in MCP, including PCM Booking, Non-Enrollee Booking, Referral Booking, Wait List requests, Non-MTF Booking, Appointment Cancellations (facility and patient), and Browse functions (join and split). The enhancements allow sites to perform a more accurate appointment search for a patient's care needs in a clinic or across multiple clinics with an improved, longer, candidate list of available appointments. The new appointment search criteria include any combination of up to three detail codes (e.g., Scoliosis, Pulmonary Function Tests/Spirometry, etc.), patient access types (detail codes for Active Duty, Prime, GME, Non-Prime, etc.), standard appointment types, appointment duration, and any specific detail codes developed by the sites, such as age ranges. Also, PCM Booking will now include the ability to correctly book Operational Forces active duty to any provider in any place of care in any MCP Provider Group of which the patient's assigned PCM is a member.

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- Self-Referral Booking—A new MCP Booking option has been added. Self-Referral booking permits specialty clinics such as Optometry to book appointments without a referral. MTFs will use a flag to mark these special clinics in order to limit the use of self-referral booking.
  - Reporting—The Clinic/Provider Roster, the Outpatient Encounter Form, the Display Patient Appointment List, and the Non-MTF Log report will be modified to print the detail codes. Two new reports will be added, the Self-Referral Appointment Booking Report and the Appointment Detail Code Schedule Utilization Report.