



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

MAR 28 2001

MEMORANDUM FOR ALMAJCOM/SG

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Improving Appointing and Access Business Practices

The Air Force Medical Service (AFMS) has made great strides in improving our appointing and access business practices. There are still considerable opportunities to better meet the expectations of the great American patriots who we are privileged to serve. The 2000 Health Service Inspection report shows that 50% of the complaints they received related to access problems. Our line leadership also expressed concern about our appointing and access efforts in the 2000 Operation Command Champion survey.

The Appointment Standardization and Access initiatives outlined in Attachment 1 will improve customer service, simplify the appointing and referral process for patients and staff, and provide better information for management decisions. These initiatives have been developed in coordination with the TRICARE Management Activity. Execution will require military treatment facilities to closely coordinate with both their Lead Agent and MAJCOM. In general, the Group Practice Manager(s) will be responsible for appointment/access management.

Timely implementation of the initiatives outlined in this memo will directly contribute to our continuing efforts to ensure our healthcare system is reasonable and relevant. My POC for technical questions related to these initiatives or to standard appointment types is Ms. Cindy Pierson, HQ USAF/SGZZ, DSN 240-4080. My POC for access/appointing benefits policy is Maj Paul Friedrichs, HQ USAF/SGMA, DSN 297-4724.


PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments:

1. Appointing and Access Business Practices
2. Dr. Bailey's Memo, 25 May 00
3. Dr. Sears' Memo, 27 Oct 00
4. Maj Hill's Memo, 20 Nov 00

Appointing and Access Business Practices

a. Effective 1 May 01, at least 90% of a military treatment facility's (MTFs) appointments will be scheduled using the Managed Care Program (MCP) Module in CHCS. Dr. Sears has outlined many of the advantages of the MCP module (Atch 2). The Patient Appointment and Scheduling Book Appointments module (PAS BOK) will only be used for scheduling dental or self-referral (e.g., optometry) appointments. The only clinic personnel who should retain PAS BOK privileges in CHCS are those staff who schedule these types of appointments.

b. The metrics from the Access To Care (ATC) program in MCP provide valuable information on MTF appointing business practices. Further refinements of this module will make it even more useful in the future. We anticipate tracking these metrics at p2r2.usafsg.bolling.af.mil later this year. I encourage you to become familiar with the metrics generated by the ATC program. It is imperative that your appointing personnel be trained in use of the MCP and ATC modules. All primary care clinics should have the "Access to Care Reporting" field in CHCS set to "yes," effective 1 Apr 01. When scheduling an appointment, appointing personnel must attempt to ascertain what type of care the patient needs prior to searching for an appointment. Personnel should utilize the ATC module when scheduling appointments in MCP. MTF staff should review these metrics on a regular basis, along with information from the Template Analysis Tool, and should adjust the mix of appointments as needed.

c. Effective 1 Oct 01, AF MTFs will use one of the nine standard appointment types for at least 90% of scheduled appointments (Atch 3). The first Appointment Standardization upgrade was loaded on CHCS hosts Nov 00. The second upgrade is scheduled to be completely released by Sept 01. MTFs are strongly encouraged to begin transitioning to the nine standard appointment types immediately. Improving our appointing and access business practices is a dynamic effort. Further guidance will follow as additional functionality is added to CHCS.

d. Personnel who schedule appointments will be able to view all clinic templates at least 30 days in advance, on a rolling basis.

e. Appointments will be scheduled within access standards (e.g., acute appointments within 24 hours of the appointment time, routine appointments within seven days of the appointment date, etc.) unless there are no appointments available, or the patient refuses an appointment within access standards and requests an appointment outside of access standards. Any appointments scheduled outside of access standards must include the appropriate notation in MCP indicating why access standards were not met. These notations will be used in calculating future metrics.

f. A referral is required in order to schedule a visit in a specialty clinic. Non-emergent referrals (i.e., for care to be rendered more than 24 hours after the consult originated) should be entered into CHCS using the Consult Order Entry (CON) program. Providers must be familiar with the CON program. Specialty-to-specialty referrals may be necessary, but the referring specialist is responsible for notifying the patient's Primary Care Manager (PCM) at the time of referral. A patient enrolled to an MTF who is referred from the MTF to a network provider will receive assistance in making the appointment (e.g., information on network providers who can provide the necessary service, applicable preauthorization and/or claims processing requirements, recommendations for follow-up with the referring provider, and AF medical records custody policy). MTFs will track these referrals to ensure that network care and MTF follow-up occur as indicated.

g. MTFs will provide CHCS access as requested by the TRICARE Operations Center (TOC) (Atch 4). The TOC will collect information centrally and report it at <http://www.tricare.osd.mil/tools/StdApptType/toc/SAT.htm>. This will insure more uniform data collection and comparison while minimizing demands on MTFs.

h. The Open Access (OA) appointing model is in evolution in the AFMS. MTFs will coordinate implementation of OA programs with their Lead Agent in order to avoid incurring charges from managed care support contractors due to contract changes. MTFs should not embark on OA initiatives unless they have successfully optimized their primary care clinics and are successfully using the MCP module.

i. Training aids and extensive background information on these initiatives are available at <http://www.tricare.osd.mil/tai/default.htm> and <http://sg-www.satx.disa.mil/staff/dstrader/sgma/>.



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

MAY 25 2000

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy for Standardized Appointment Types

This memorandum establishes the policy for standardization of appointment types throughout the Military Health System (MHS). The attachment describes the methodology to be used for standardization. The methodology was developed over the past six-months by the Appointment Standardization Integrated Program Team (ASIPT). The purposes for standardizing appointment types and other associated data elements are to improve beneficiary customer service, simplify the appointing and referral process, and provide better data for management decisions.

The ASIPT, comprised of Service Surgeons General Office, TRICARE Lead Agents, and Managed Care Support Contractor representatives, was established to develop a methodology and implementation plan for standardizing the appointment types and other data elements within the MHS Composite Health Care System (CHCS). The ASIPT was also charged with the responsibility for establishing MHS appointment processing business rules. The details were accomplished through a Working Integrated Program Team subset of the ASIPT that was given the goal of developing a methodology that would ensure a process that matches the *Right Patient* to the *Right Provider* at the *Right Place* and at the *Right Time*.

The functional requirements for system changes to implement the standardized appointment types have been submitted to the Functional Integration and Data Administration. Once the system changes have been accomplished, the schedule and timeline for military treatment facilities (MTFs) to implement appointment type standardization will be published in forthcoming guidance. The target date for beginning implementation is October 2000 with a twelve-month period expected for completing the conversion of all MTFs to the standardized appointment types.


Dr. Sue Bailey

Attachment:
As stated

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TRICARE Management Activity Appointment Type Standardization (Revised 7 August 2000)

This document represents the methodology for standardization of the clinical appointment data field names for use throughout the Military Health System. This product evolved from the DoD-wide standardization effort of the Composite Health Care System (CHCS) data value names for appointment types, clinic names, and other data values as necessary to support standardized business practices in the clinical appointments process.

Requirements of the Process

Right Patient	Right Provider	Right Place	Right Time
Enrollment status Patient Status Age Sex	Provider linked to right location	Place linked to right clinical services	Provider defining availability (templating)
Time requirement (and access standard) Location Clinical need	Information Technology (IT) requirement	IT requirement	Management Responsibility

Assumptions

<ul style="list-style-type: none"> • The appointment system will not be developed as a tool for workload or workforce accounting. • Appointment names are standardized. • Clinic names are standardized. • Appointments may be reserved to ensure access to care by specific types of patient. • Military Treatment Facility (MTF) and Managed Care Support Contractors (MCSCs) share the ability to appoint. • At present, certain appointments will remain designated as "MTF Book Only". Eventually the contractor and MTF will share the ability to book all appointments. • Triage occurs before appointing. 	<ul style="list-style-type: none"> • One of the goals of the appointing process is to maximize the utilization of MTF capacity. • One telephone number will function as the point of access for appointing and referrals. • The appointing system is demand focused, not supply focused, and will strive to match supply to demand. • Leadership supports standardization and the efforts to operationalize the standardization. • TRICARE Prime patients seeking care are properly enrolled using CHCS MCP or other approved system. • The patient will be seen at the appropriate level of care.
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Appointment Process Usage

- Differentiate visit type.
- Assign the authority to arrange visits.
- Differentiate time expectations.
- Differentiate visit duration.
- Identify procedures.
- Match patient to provider skill.
- Match patient needs to resources.
- Allow for performance measurement.
- Demonstrate effectiveness, efficiency, and customer satisfaction.

Data Elements Requiring Standardization

Existing Field	Existing Field	Existing Field	New Field	New Field	Modified Field	New Field
1 Appointment Types	2 Location (Clinic Names)	3 Booking Authority	4 Patient Access Type	5 Age Delineation	6 Time (appt time & duration)	7 Appointment Detail Field

The Nine MHS Standard Appointment Types and Access Criteria

- PCM initial primary care only (30 days)
- SPEC initial specialty care only (30 days)
- ACUT acute (24 hours)
- ROUT routine appointment (7 days)
- WELL wellness, health promotion (30 days)
- PROC procedure with designated time allotment (provider designated duration)
- EST established patient follow-up (provider designated duration)
- TCON telephone consult
- GRP group/class (provider designated duration)

Standard Location (Clinic Names)

- Each MTF will have the option to use as many or as few of the clinic names as necessary. (Note: The standard location table is under development).
- Providers will use CLN orders and CON orders to facilitate the assignment of the right provider or clinic.

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Booking Authority

- The dollar (\$) sign will be used as the last character in the appointment type field to indicate MTF Book Only, e.g. PCMS\$, ROUTS\$.
- The \$ suffix is a short term solution. Eventually the MTF and the MCSC will have a partnership that provides all parties with the availability to book all appointments.

Patient Access Type

All MTFs will have the capability to reserve appointment slots according to a patient access type as follows:

1. Active duty
2. Prime
3. Graduate Medical Education
4. No Active Duty
5. No Prime
6. No Active Duty, No Prime

MHS Enterprise Appointment and Referral Business Rules

- a. The order of search precedence for appointments (non Specialized Treatment Service [STS]) by the location of the appointment is:

For Prime patients seeking primary care: <ol style="list-style-type: none">1. PCM – physician based in any place of care where the PCM practices2. PCM – any PCM group member providing service in the enrollee’s place of care.3. PCM – for OPS forces, any PCM group member who is a PCM and who provides service in the enrollee’s PCM places of care and within the enrolling MTF.	For Non-Prime Patients seeking primary care: <ol style="list-style-type: none">1. Primary Care physician—civilian or MTF2. Next available MTF3. Network physician4. Non-network physician
For Prime patients seeking specialty care: <ol style="list-style-type: none">1. MTF based physician or clinic requested by PCM2. Next available MTF (based physician) within access standards3. Network physician within access standards4. Non-network physician within access standards	For Non-Prime patients seeking specialty care: <ol style="list-style-type: none">1. Closest MTF2. Next available MTF3. Network physician4. Non-network physician

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b. Specialty Care & Referral Process

- 1) All prime patients seeking specialty care will have a referral from their PCM except in the case of a medical emergency. Limited Self-Referral will be permitted for certain known and predictable conditions.
- 2) All referral requests will be electronic via CHCS (or other approved system).

c. Patient's Rights

- 1) The patient may elect to use the Point of Service Option.
- 2) Beneficiaries may waive the distance access standard for specialty care.
- 3) The patient may waive the time access standard and request appointments outside of access standards for convenience reasons even though appointments are available within access standards.
- 4) The patient's refusals and waivers will be documented electronically in CHCS (or other approved system).

d. Booking

- 1) Clinic appointment templates, other than acute, will be open for booking at least 30 days ahead at all times.
- 2) Basic CHCS Patient Demographic information, at a minimum, name, address, and telephone number will be updated at the time of appointment booking.
- 3) Delinquent and non-count appointments may be resolved by CHCS end-of-day processing daily.
- 4) An appointment slot may be reserved using one of the following patient access types:
 - Active duty
 - Prime
 - Graduate Medical Education
 - No Active Duty
 - No Prime
 - No Active Duty, No Prime

e. Associated Appointment Process Business Rules

- 1) MCSC and MTF (government) appointment clerks will be able to view all available appointments in CHCS or any other approved system.
- 2) One telephone number will function as the beneficiaries' point of access for all appointing and referral needs. The beneficiary's call will be appropriately routed to the right telephone extension if the first point of contact is unable to serve the beneficiary's health care information or appointment needs. The routing will occur without requiring the patient to make an additional telephone call.
- 3) The appointing process will work under the assumption of "PCM by Name" enrollment where applicable IAW ASD/HA Policy Memorandum - Individual Assignments to Primary Care Managers by Name (3 Dec 1999).

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Associated CHCS (or other approved system) Requirements

Scheduling

- Scheduling supervisors will be able to assign a patient access type to each appointment slot on a provider schedule.
- Valid patient access type entries will be those in a common file having the same controls as the provider specialty file.
- These entries will be five alphanumeric characters.
- Future "No Active Duty" and "No Active Duty, No Prime" patient access types will indicate slots reserved for patients to be seen through resource sharing agreements

Booking

- Managed Care Program (MCP) users will be able to search for appointment slots based on patient access types.
- Users with appropriate authority may override the patient access type or age restrictions on a slot and book the appointment for a patient with a different patient access type or age.
- The clinic has the responsibility to define access on a continuous basis (how many appointments are designated by which enrollment status).
- Each MTF has the ability to designate when the appointment will be released and what the new appointment definition will be.

Age Delineation

- A high and low age range will be recorded on each provider's profile to indicate the ages of the patients that the provider is credentialed to treat.
- When searching for available appointments for a patient, CHCS will highlight appointments with providers who treat patients of that age.

Time

- Providers are able to define the amount of time required (duration) per appointment or procedure.

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Appointment Detail Field

- The Appointment Detail Field is permanent and searchable.
- Scheduling supervisors will be able to assign up to three appointment detail values to each appointment slot on a provider schedule.
- Valid detail entries will be those in a common file having the same controls as the appointment type file.
- These entries will be up to ten (10) characters in length.
- MCP users will be able to search for appointment slots based on appointment detail entries.
- The system will allow additional locally defined detail codes if deemed necessary for appointment specificity.
- Detail values will not be used by sites to indicate specialty care at the MEPRS 4 level. Specialty care at the fourth MEPRS level should be designated by the creation of a clinic name to indicate that care.

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The following is the core list of codes for the Appointment Detail Field:

+PPD	Positive Purified Protein Derivative (PPD) or other tuberculosis test evals
>BF	Weight exceeding body fat standards
ADHD	Attention Deficit and Hyperactivity Disorder or Attention Deficit Disorder
Anger	Anger management education - no PCM referral required
Asthma	Asthma evaluation or education appointments
BCP	Birth Control
BEPC	Birth and Early Parenting Class
BFC	Breast Feeding Class
BK	Back pain or problem
BTL	Bilateral tubal ligation
Chol	Cholesterol
Circ	Circumcision
Colpo	Colposcopy- abnormal pap required
DM	Diabetes
DSGCH	Dressing/bandage change
E&I	Female Endocrine and Infertility patients only
EFMP	Exceptional Family Member Program
EyeDz	Eye disease
FlexS	Flexible Sigmoidoscopy
Flt	Flight Physical Exam
GDb	Gestational Diabetes patients only
Head	Headache education
HTN	Hypertension patients
IUD	Removal or possible placement of an IUD
MC	Medicare eligible
MEB	Evaluation Board Physical Exam
NoPaP	Gynecology appointments only, not Paps
NOR	Removal or possible placement of Norplant
NPCL	New Prenatal Class
NST	Non-Stress Test
Nutr	Nutrition education - no PCM referral required
OB	Pregnancy or obstetrics
OSS	Overseas Screening
PAP	Pap Smear patients
PDS	Pathfinding/Drill Sergeant test
PE	Physical Exam
PFT	Pulmonary Function Tests/Spirometry
PP	Post-Partum patient only
PRT	Physical Readiness Test Screens
PVR	Post-Void Residual
RET	Retinal Screening
Sch	School physical
Scoli	Scoliosis
SEA	Sea Duty Screening
Inject	Shot only
SPE	Separation or retirement physical exam
Stress	Stress management education program - no PCM referral required
TobCes	Tobacco Cessation- no PCM referral required
UroGyn	Urology or Gynecology
Vas	Vasectomy
Vert	Vertigo
WB	Well-Baby



TRICARE
MANAGEMENT
ACTIVITY

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OCT 27 2000

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Activation of the Composite Health Care System (CHCS) Managed Care Program
Module

This policy memorandum directs all Military Treatment Facilities (MTFs) that have not activated the Managed Care Program (MCP) Module to do so NLT 15 January 2001.

It is imperative that we take all steps necessary for a managed care organization to achieve success. Therefore it is essential that we leverage the use of existing information technology and current information systems to improve our performance. The CHCS MCP module, when built and used properly, provides the robust database and system capabilities that will facilitate our transition to Primary Care Manager (PCM) By Name, make outpatient appointment scheduling easier, and improve access to care for our beneficiaries. In addition, the following advantages for effective managed care business practices are available through the MCP module:

- Automatic verification of eligibility.
- Automatic verification of enrollment status.
- Integration of Appointment Order Processing (AOP) and Consult Tracking.
- Appropriate patient appointing.
- Broader searches for appointments.
- Improved access for the patient via improved appointment search results.
- Appropriate booking for enrollees and non-enrollees.
- Booking clerk requires less familiarity with the clinic environment.

The Appointment Standardization Integrated Program Team (IPT) members, which have been appointed by each Service and Lead Agent, have made the following recommendations for future CHCS enhancements that will improve enrollee access to care, provide a better match of the patient to the provider, and free more appointments for booking:

- Nine standard appointment types.
- Appointments reserved by beneficiary priority.
- More accurate match of a patient to a provider's capabilities, such as patient age appropriate for a provider.

- Appropriate match of needed care to scheduled resources via detail field.
- Release of reserved appointments to booking on a provider defined schedule.

These recommendations can only be realized by using the MCP. To ensure that this policy is implemented, the Services are required to submit a status report beginning by the fifth business day of the month starting in December 2000 and bi-monthly thereafter, until all MTFs have successfully activated MCP. The format for the status report is in the Attachment. It is hoped that my staff at TMA will be able to provide you this report from a centralized source in the very near future. Once developed, this centralized report will eliminate the requirement for Service reporting and we will adjust guidance for tracking MCP activation and usage at that time. Although the target date for all facilities to fully activate MCP is 15 January 2001, I encourage the earliest possible activation of the module to ensure an easier transition to PCM-By-Name, and upcoming improvements in patient appointing practices.

We recognize that this policy will require a change to most of the existing managed care support contracts. The process to conduct an Independent Government Cost Estimate (IGCE) has been initiated to ensure the appropriate Change Order is accomplished as soon as possible. TRICARE Management Activity is working with the Lead Agents to gather information on the scope and impact of these changes on the contracts. TMA is also working on developing training programs with the Patient Appointment, formally known as the Appointment Standardization IPT and the Lead Agents to ensure a smooth transition to these new business practices and information system changes.

If further MCP technical support and assistance are needed, the respective Service's Military Department CHCS representative should be contacted. The point of contact for this policy is Lieutenant Colonel David J. Corey, (703) 681-1740, e-mail: david.corey@tma.osd.mil.



H. James T. Sears, M.D.
Executive Director

Attachment:
As stated

cc:
TRICARE Lead Agents

SUBJECT: Mission Statement of TRICARE Operations Center (TOC)

1. The TOC was established within the TRICARE Management Activity (TMA) to perform three primary functions:
 - a. Rapid development and fielding of a "suite" of tools to provide real-time display of important operational indicators for MTFs, Lead Agents, MCSCs, Services, TMA and Health Affairs (HA)
 - b. Monitor key operational indicators for the TRICARE enterprise
 - c. Anticipate issues for senior HA, TMA and Service medical personnel
2. Initial activities of the TOC focused on expansion of the MTF Template Analysis Tool, which provides operational feedback to the MTF staffs regarding compliance with TRICARE access standards. TMA, HA, and the Services have enthusiastically endorsed this concept of central production of operational information and efforts to achieve visibility of other critical management data are now underway.
3. The TOC currently pulls data from 90 CHCS hosts (367 MTFs) daily. CHCS data could alternatively be obtained by tasking each MTF to provide this information. This would require additional effort from the MTFs and as new reporting requirements are developed the burden on the MTFs would subsequently increase. The philosophy of the TOC is that when this data can be pulled centrally it will be. The data is developed into user-friendly reports and made accessible to any interested parties on the TOC web site (<http://www.tricare.osd.mil/tools>).
4. To allow full development of this process, it is necessary that all CHCS hosts provide specific "Fileman" access to the TOC. Required access does not allow modification of CHCS data files. Access specifics are as follows:
 - a. Primary Menu Option should be: DIUSER
 - b. File Manager Access Codes: DdHhKkLlPpRrSs#
 - c. Security Keys: DIOUT
 - d. Secondary Menu Option: PS Spooler Menu
5. The TOC is currently developing data reports to assess MCP appointing activities, PCMBN assignment, and appointment standardization. All of these metrics will be available on the TOC web site.
6. Several CHCS hosts have not yet given the TOC the required access. Without access, the TOC tools cannot be developed for the MTFs supported by those CHCS hosts.
7. Please contact Maj Steve Hill (Steve.hill@tma.osd.mil), or Jamie Miles (Jamie.miles@tma.osd.mil), at 703-681-0064 x3642 for further details or to coordinate CHCS host access.

STEPHEN C. HILL, Major, USAF, MSC
Director, TRICARE Operations Center