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

HA POLICY: 0000005

TRICARE Management Activity
Appointment Type Standardization

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

Assumptions

• The appointment system will not be developed as a tool for workload or workforce accounting.	• One of the goals of the appointing process is to maximize the utilization of MTF capacity.
• Appointment names are standardized.	• One telephone number will function as the point of access for appointing and referrals.
• Clinic names are standardized.	• The appointing system is demand focused, not supply focused, and will strive to match supply to demand.
• Patient status codes and the prioritization of patients is standardized.	• Leadership supports standardization and the efforts to operationalize the standardization.
• Military Treatment Facility (MTF) and Managed Care Support Contractors (MCSCs) share the ability to appoint.	• TRICARE Prime patients seeking care are properly enrolled using CHCS MCP or other approved system.
• At present, certain appointments will remain designated as "MTF Book Only". Eventually the contractor and MTF will share the ability to book all appointments.	• The patient will be seen at the appropriate level of care.
• Triage occurs before appointing.	

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 Beneficiary Priority	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 (30 days)
- 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 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.

Booking Authority

- The dollar ($) sign will be used as the first character in the appointment type field (short term) to indicate MTF Book Only.

- Eventually, the MTF and the MCSC will have a partnership that provides all parties with the availability to book all appointments.

Beneficiary Priority

All MTFs will prioritize booking by enrollment status IAW <u>Policy Memorandum to Refine Policy for Priority use of Medical Treatment Facilities by TRICARE Prime Enrollees</u>, Mar 18, 1997 as follows:

1. Active duty
2. Active duty family member Prime
3. Retirees and their family members Prime
4. Active duty family members non-Prime
5. Retirees and their family members non-Prime

Future new Beneficiary Priority Categories under consideration are:
- NAD   No active duty (NAD)
- NADP   No active duty, no Prime (NADP)

MHS Enterprise Appointment and Referral Business Rules

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

For Prime patients seeking primary care:	For Non-Prime Patients seeking primary care:
1. PCM – physician based in any place of care where the PCM practices 2. PCM – any PCM group member providing service in the enrollee's place of care.	1. PCM—civilian or MTF 2. Next available MTF 3. Network physician 4. Non-network physician
For Prime patients seeking specialty care: 1. MTF based physician or clinic requested by PCM 2. Next available MTF (based physician) within access standards 3. Network physician within access standards 4. Non-network physician within access standards	For Non-Prime patients seeking specialty care: 1. Closest MTF 2. Next available MTF 3. Network physician 4. Non-network physician

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 appointments will be resolved by CHCS end-of-day processing daily.
4) Appointment booking will be prioritized by enrollment status IAW HA Policy Memoranda 96-053 and 97-041 in the following order:

- Active duty
- Active duty family members enrolled in TRICARE Prime
- Retirees and their family members enrolled in TRICARE Prime
- Active duty family members not enrolled in TRICARE Prime
- Retirees and their family members not enrolled in TRICARE Prime
- Patients booked through Resource Sharing agreements

e. Associated Appointment Process Business Rules

1) MCSC and MTF (government) appointment clerks will be able to view all available appointments in CHCS or 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).

Associated CHCS (or other approved system) Requirements

Scheduling

- Scheduling supervisors will be able to assign a beneficiary priority to each appointment slot on a provider schedule.

- Valid entries will be those in a common file having the same controls as the provider specialty file.

- These entries will be four alphanumeric characters.

- Patient Appointing and Scheduling (PAS) users will be able to search for appointment slots based on beneficiary priority field.

- The numbers one through five (1 – 5) will be used to designate which beneficiary the appointment allows. [See "Beneficiary Priority" section above]

- Future NAD and NADP will be slots reserved for patients to be seen through resource sharing agreements

- The patient has access to the appointments with their appropriate numbered priority and all others with a greater number than their own.

- 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 (available to be filled by beneficiaries at any priority) 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 for a patient, CHCS will not display appointments with providers who do treat patients of that age.

Time

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

Appointment Detail Field

- The Appointment Detail Field is permanent and searchable.

- Scheduling supervisors will be able to assign an appointment detail tag to each appointment slot on a provider schedule.

- Valid 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.

- PAS users will be able to search for appointment slots based on appointment detail entries.

- The system will allow up to twenty (20) additional locally defined detail codes if deemed necessary for appointment specificity.

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