



# Caring for America's Heroes

## Army Medical Command's Best Practices

### Review and Analysis

January 28, 2009





# Overview

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- ❑ Clinical Surge Capability
- ❑ The Samaritan Program
- ❑ Access to Care MTF Checklist
- ❑ MEB Clinic





# Army Best Practice Points of Contact

## **CLINICAL SURGE CAPACITY:**

**COL Colin Greene, [colin.greene@US.army.mil](mailto:colin.greene@US.army.mil), and Ms. Connie Albright, [connie.albright@US.army.mil](mailto:connie.albright@US.army.mil), (202) 782-3621**

## **THE SAMARITAN PROGRAM:**

**COL Colin Greene, [colin.greene@US.army.mil](mailto:colin.greene@US.army.mil), (202) 782-3621**

## **ACCESS TO CARE (ATC):**

**WRMC: ATC Best Practices POM Teams of Excellence, Mr. Blake R. Borsic, (253) 968-4495 (Office), (253) 278-0548 (Blackberry)**

**ERMC: Clinic Level Activity and Workload Summary (CLAWS) Tool & ERMC Appointment Management Tool, Mr. George Sherman (202) 371-3406**

**GPRMC: ED Department Access/ Triage at BAMC, MAJ William M. (Matt) Burns, (210) 295-2356, [matt.burns@us.army.mil](mailto:matt.burns@us.army.mil)**

## **MEB CLINIC:**

**PRMC Referral Management Tool, Ms. Laura Davidson (808) 433-4219 or Major Aristotle A. Vaseliades (808) 433-5243**





# Clinical Surge Capability

- ❑ Clinical Surge Capability is a locum tenens provider pool. The provider's home station is a location that has the volume to provide an adequate amount of workload.
- ❑ Given a two-week notice, the program provides the NARMC CG the capability of locating primary care, behavioral health (BH), and TBI care providers at remote sites without impacting operations at support MTFs.
- ❑ Measures of Performance:
  - Process:
    - ❑ # of TDY provider-days, by specialty (and % of total days TDY)
    - ❑ # of patient contacts/RVUs, by specialty, total and on TDY
    - ❑ patient satisfaction rates, by provider
    - ❑ #of days of in-region AD/GS provider deployment, by specialty
  - Outcome:
    - ❑ % unbackfilled deployed provider days, by specialty, by region
    - ❑ Average MEB completion time, by installation
    - ❑ MEBs forwarded to PEB per month, by installation
    - ❑ Wait times for BH appointments, by installation





# Clinical Surge Capability (Cont')

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- ❑ The clinical surge capability is region specific and the MEDCOM is assessing feasibility of the project.
- ❑ The program has potential to be adopted by MEDCOM as best practice, because it provides flexibility without decreasing the capabilities of the supporting MTFs.
- ❑ Similar surge capabilities can be contracted and managed by MEDCOM, to cover all regions, and additional specialties can be included. Currently, NARMC is piloting this program.
- ❑ The program is a result of a need to cross-cover certain specialties during major troop movements, and to increase providers available to backfill deployed individuals.
- ❑ NARMC pilot will determine if locum tenens is a viable program for expanding in the MEDCOM.





# The Samaritan Program

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- ❑ Samaritan Fort Drum Behavior Health Clinic in Watertown, NY is an AD only clinic with 9 mental health providers.
- ❑ This program improved access to routine behavioral health care for 10th Mountain Division Soldiers assigned to Fort Drum. From 7 Jun 08 to 10 Jan 09, 589 new patients with a total of 5,019 visits, which would not have otherwise occurred, for a net average gain of 700 visits per month.
- ❑ The measures of performance were the number of visits and new patients, which equates to unmet demand.
- ❑ MHS adopting this program as best practice permits access to a specific and variety of care that was unavailable through AD, GS/NSPS, or standard contract hires.
- ❑ MHS can adopt this program as an alternative to GS/NSPS or standard contracting for difficult-to-hire areas or positions. This is an established technique through the TRICARE partner that is perhaps underutilized. The program satisfied unmet urgent needs.
- ❑ It can be implemented to other sites as an alternative to GS/NSPS or standard contracting for difficult-to-hire areas or positions.





# Access to Care MTF Checklist

- ❑ The Comprehensive Access to Care (ATC) Checklist from our Standardized Organizational Inspection Program is a tool to improve ATC throughout MEDCOM and standardize metric and business practices.
- ❑ The purpose of the checklist is to identify MTFs' compliance with current policies and guidance that support ATC.
- ❑ The measures of performance consist of 15 specific ATC categories with 205 questions. Performance measures incorporate policies and guidance that support ATC issued by OSD(HA), TMA, and MEDCOM.
- ❑ The program was fielded Dec 08 and implemented in Jan 09.
- ❑ Implementation is currently under way MEDCOM-wide using the MEDCOM IG Command Inspection Program. All MTFs have completed a self-assessment using the checklist, and OIP visits began in Jan 09. All RMCs will have an OIP visit, followed by selected MTFs within the RMCs.
- ❑ This comprehensive checklist is a result of the primary objective of the OTSG TRICARE Division to improve access to care throughout MEDCOM and this checklist can be utilized at all MTFs within MEDCOM and are applicable to all sites.





# MEB Clinic

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- ❑ MEB Clinic
- ❑ The clinic will improve throughput and quality of MEBs
- ❑ MHS adoption will standardize MEBs, increase throughput and provide MEB physician specialists
- ❑ MHS should adopt by creating a pilot with later full implementation (Currently 9 MEDCOM MTFs have implemented some form of MEB Clinic)
- ❑ Initial concept was developed from continuous process improvement
- ❑ MEB Clinics can be implemented as virtual or physical clinics







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