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HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

DEC 19 1995

MEMORANDUM FOR:
ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)
SUBJECT: Policy Guidelines for Implementing TRICARE Primary Care Programs in the Military Health Services System (MHSS)

Primary care is an essential element of a successful managed care program in the Military Health Services System (MHSS). The attached primary care policy guidelines were developed to meet a need for written policy expressed by participants of the July 1995 TRICARE Conference and members of the TRICARE Quality Council. The guidelines provide commanders and civilian contractors with the flexibility to meet the healthcare needs of their enrollees, and are intended to:

- Summarize the distinguishing characteristics and process of primary care;
- Establish the role of primary care managers;
- Encompass a diverse group of clinicians as primary care providers;
- Include a broad spectrum of comprehensive primary care services;
- Emphasize that primary care access standards are the same for military and civilian programs across the MHSS
- Suggest that multiple variables be considered when developing primary care panel sizes.

The point of contact for this action is Colonel Dianne Bechtold, (703) 695-6800.

Stephen C. Joseph, M.D., M.P.H.

Attachment
As Stated

cc: Surgeons General

HA POLICY 96-016

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**POLICY GUIDELINES FOR IMPLEMENTING
TRICARE PRIMARY CARE PROGRAMS IN THE
MILITARY HEALTH SERVICES SYSTEM**

**OFFICE OF THE SECRETARY OF DEFENSE (HEALTH AFFAIRS),
DECEMBER 1995**

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1. OVERVIEW

Primary care and primary care managers are essential elements of a successful managed care program in the Military Health Services System (MHSS). These primary care guidelines are intended to provide commanders and civilian contractors with the flexibility to meet the health care needs of their enrollees. Operational medicine is exempt from these guidelines (e.g., active duty sick call, occupational and preventive medicine, medical surveillance, field operations, contingency support, shipboard medicine), but the Services may apply them when appropriate.

2. PRIMARY CARE - DISTINGUISHING FEATURES

Primary care is the entry level of the MHSS. (Other essential levels of the DoD integrated system include secondary, tertiary, and emergency care.) Primary care is first contact care that is:

a. Continuous - longitudinal and person-focused over time, and across care settings (inpatient and outpatient);
b. Comprehensive - offers a range of services broad enough to meet all common needs in the population, without regard to age, gender, disease, and/or organ system;
c. Coordinated - often structured in a collaborative, multidisciplinary team approach, and linked in real time with specialty services and information systems; and,
d. Accountable - measures processes and outcomes to determine best clinical practice, improve patient access and services, and increase staff efficiencies.

3. PRIMARY CARE - THE PROCESS

Primary care provides appropriate, cost-effective, quality care to a local enrolled population. The key points of the process are to:

a. Serve as the enrollee's access/entry point to the MHSS;
b. Provide longitudinal care in a sustained partnership with patients and families;
c. Provide the broad spectrum of care and uniformity of benefits required to meet all common primary care needs of the enrolled population;
d. Coordinate and integrate specialty care (diagnostic and therapeutic consultation; referral for specialty management of complex, unusual problems);
e. Ensure provision of services which balance the best possible outcomes for the beneficiary in the context of fiscal responsibility; and,
f. Deliver health care which is family-centered and community/military unit oriented.

4. PRIMARY CARE MANAGERS

The enrolled beneficiaries' primary care providers manage the provision of their primary health care. Under the primary care manager (PCM) concept, enrolled members are assigned to an identified individual or group/team of primary care providers for comprehensive primary health care. (A location, building, or clinic is not an acceptable PCM.) This process allows for family and military unit integrity. Beneficiaries should be provided a choice in selection of their PCMs to the maximum extent feasible. The PCMs are advocates for their assigned patients and liaisons for them with the MHSS. Assigned members must be given the name and telephone number of their individual provider or primary care team.

Based on the defining features of primary care established above in paragraph two, adequate numbers of residency-trained, board-certified family physicians, general internists, and general pediatricians should be sought to serve as PCMs. Other physicians, nurse practitioners and physician assistants who are privileged to provide primary care services may be organized as part of PCM teams. Other non-privileged health care personnel working under supervision and within the scope of their training may also be part of PCM teams.

The delineated clinical privileges of primary care providers should reflect their training and current competency in primary care. Those providers without a full scope of training in primary care should practice in close consultation with fully qualified physicians serving as PCMs. In accordance with DoD Directive 6025.13, "Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS)", appropriate mechanisms for supervision and oversight of practice shall be in place for all nonphysician health care providers.

5. PRIMARY CARE SERVICES

The practice of primary care engages a broad spectrum of comprehensive services designed to meet all common primary care needs of the enrolled population, including:

a. Prevention;
b. Health education and counseling;
c. Diagnostic and therapeutic services;
d. Minor surgery;
e. Consultation; and,
f. Specialty referral.

Mental health and behavioral health services may be provided by referral, operate independently and cooperatively for separate management and resourcing efficiencies, or be integrated into the total scope of primary care services provided, depending upon organizational mission and structure.

Primary care support staff must be available in sufficient numbers to optimize the time that clinicians spend with patients. This includes those functions that are performed before, during, and after appointments by:

a. Administrative, secretarial, and appointment personnel;
b. Receptionists;
c. Registered nurses; practical nurses; and nursing assistants, medical aides, or attendants; and,
d. Medical records technicians and transcribers.

6. PRIMARY CARE ACCESS

Primary care access standards are the same for military and civilian programs in the MHSS.

a. Baseline requirements.
    1. Same day access to PCM services;
    2. Travel time: 30 minutes from residence to delivery site (exceptions may be made in remote areas);
    3. Office wait: 30 minutes in non-emergency situations;
    4. Night and weekend coverage provided for urgent health care needs; and,
    5. Emergency services: arranged for in the community and available 24-hours a day, seven days a week. Emergency services are not a substitute for after-hours primary care or urgent care access.

b. Maximum appointment waiting times.
    1. Acute visit: one day;

2. Routine visit: one week;
3. Well visit: four weeks; and,
4. Specialty visit: four weeks.

Exceptions to travel and waiting times may be allowed at the preference or request of the enrollee.

Primary care access is more than the ability to make an appointment with a provider. Access includes telephone availability of PCMs; contact with advice and triage nurses, health benefits advisors, and customer service desks; and information about telephonic data bases and medical call centers that expand the ability of commanders and contractors to meet the needs of their customers. Support, counseling, screening, and educational systems increase enrollees' knowledge and confidence to make appropriate decisions: for example, whether to initiate or continue self care, and when to seek care from a provider for a particular service. This "partnering" with enrollees should be a goal for all primary care plans.

Primary care access standards apply where TRICARE Prime is offered. A demonstration project is in the planning stages for remote areas where TRICARE Prime is not offered.

7. PRIMARY CARE RATIOS

The number and mix of primary care providers must satisfy demand and ensure access to all necessary services. Ratios will vary from region to region based on enrollee demographics and epidemiological data. Subsequent adjustments should be made as appropriate. Request for Proposal language in TRICARE managed care support contracts specifies, "The PCM requirement is a ratio of one PCM to every 2,000 enrollees." This should be considered the maximum ratio or ceiling for one primary care provider.

Variables which must be considered during development of PCM panel sizes include:

a. Preparation and professional competence, team composition, patient case-mix, and enrollee needs and preferences;
b. Distribution of disorders in the population and the frequency with which disorders need to be encountered for practitioners to maintain their competence in dealing with them;
c. Administrative, medical readiness, and other military-unique demands on providers;
d. Calculation of "full-time equivalents" of primary care providers;
e. Expert opinion - high ratios impact on provider practice patterns (more referrals to specialists, for example), staff morale, and patient satisfaction; lower ratios may result in decreased productivity and financial risk to the organization;
f. Support staff capability; and,
g. State laws and professional practice acts.

As TRICARE programs mature, resourcing should be based on calculation of appropriate proportions of primary care practitioners, instead of relying on demand-oriented projections that reflect current practice patterns.

8. PRIMARY CARE REFERENCES

A list of current primary care references and publications is attached.

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Last update: 12/21/1998