



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

JAN 15 2008

MEMORANDUM FOR COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE SUPPORT COMMAND
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA

SUBJECT: Implementation of TRICARE Prime Access Standards for Mental Health

This memorandum directs implementation of TRICARE Prime access standards for mental health and establishes monitoring and reporting requirements to support Health Affairs (HA) Policy Memo 07-022 of 9 October 2007. The primary intent is to ensure beneficiaries have appropriate access to mental health services by aligning mental health access standards with existing primary care standards.

Beneficiaries may request emergent, urgent or routine behavioral health assessment as outlined in HA Policy 07-022. To support appointment timeframes, Military Treatment Facilities (MTFs) are directed to use existing appointment categories for emergent and urgent initial mental health assessments and activate a seven day routine standard for a new, non-urgent behavioral health condition or exacerbation of a previously diagnosed condition. MTFs will use the CHCS routine (ROUT) appointment category to book beneficiary appointments that meet this definition. This appointment type is typically reserved for primary care clinics; however, MTFs will now use the routine (ROUT) appointment type in both primary care and mental health clinics to provide the same level of access to mental health services as for other medical conditions. Beneficiaries retain the option of deferring an appointment beyond the seven day routine initial behavioral health assessment access standard.

Incorporating routine (ROUT) access standards for mental health will require clinic template modifications as well as refinement in clinical practice patterns. The MHS Guide to Access Success (<http://www.tricare.mil/tai/cguide.htm>) provides further details on the use of the routine, as well as other appointment types. Although pending final approval, the enclosed draft sections for the MHS Guide outline appropriate instructions for using the new mental health routine appointment type. Access to care summary reports, including routine access standards for mental health, are available at the TRICARE Operations web site http://mytoc.tma.osd.mil/AccessToCare/TOC/AccessToCareSummary_RollUp.htm.

Regional Commanders will routinely monitor this effort and ensure MTFs incorporate routine (ROUT) access standards for mental health beginning 31 January 2008. Additionally, Regions will provide quarterly reports on access standards for behavioral health care for each MTF starting in April 2008 covering the period of January through March 2008.

NAVMED POLICY 08-001

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T. R. CULLISON
Vice Chief

Attachment:
As stated

MHS Guide to Access Success *(Still under review)*

First chapter. (Exact placement in the MHS Guide TBD)

1. Management of Mental Health Access.

The management of mental health access will be IAW Health Affairs Policy 07-022, TRICARE Prime Access Standards for Mental Health Care, dated October 9, 2007.

1.2. MTFs will establish processes to ensure that initial requests for emergent care will be provided on an immediate basis, as dictated by the threat.

1.3. Urgent mental health care will be provided within 24 hours or less.

1.4. Routine mental health care is defined as an initial request for a new mental health condition or exacerbation of a previously diagnosed condition for which intervention is required but is not urgent.

1.4.1 Routine mental healthcare will be provided within one week/seven calendar days of the patient's request. Beneficiaries will retain the option of deferring this routine mental health assessment past this seven-day standard.

1.4.2. Appointing staffs need to be aware that these routine mental healthcare requests must be appointed within seven days, and can be appointed to the patient's Primary Care, Behavioral Health, or Mental Health Clinics.

1.4.3. Mental Health Clinics should use the ROUT or ROUT\$ appointment type in their templates and schedules and use the Routine ATC Category to book these initial mental health self-referral requests.

1.5. Specialty care mental health referrals will be managed IAW current referral management policy and guidance.

APPENDIX H (Exact placement in the MHS Guide TBD)

2. ROUT (Routine Appointment):

2.1. Definition: The ROUT appointment type is designated for patients who require an office visit with their PCM or mental health provider for a new healthcare problem that is not considered urgent. Routine mental healthcare is defined as an initial request for a new mental health condition or exacerbation of a previously diagnosed condition for which intervention is required but is not urgent.

2.2. In the case of health that is not characterized as mental health, clinical personnel can offer other appropriate alternatives for care, such as self-care. In locations where Nurse Triage is not in place, the concept of "prudent lay-person terminology" will be used to determine whether a patient should be given a routine or acute appointment. Appointing staffs need to be aware that

these routine mental healthcare requests must be appointed within seven days, and can be appointed to the patient's Primary Care, Behavioral Health, or Mental Health Clinics.

2.3. Where used: Only in primary care and mental health clinics.

2.4. ATC Category and Standard: Appointing agents will use the Routine ATC Category or information system search function to book ROUT appointments. To meet the Routine ATC Standard, the appointment must be booked within seven days or 10,800 minutes.

2.5. Scenario 1: Mrs. Jones has been experiencing a pain in her shoulder joint area for a couple of days and decides to call the 1-800 MTF Appointment Line to schedule a visit with her provider. The appointment clerk, IAW local guidelines or scripts, determines the patient's needs and reaches the decision point to transfer Mrs. Jones' call to the Triage Nurse. The Triage Nurse, using approved protocols, rules out self-care and determines that an acute appointment is not necessary, but that a routine (ROUT) appointment should be scheduled with her provider within seven days. Using the Order of Search Precedence for Appointments Business Rule, the Triage Nurse books the appointment and gives the patient appropriate instruction.

2.6. Scenario 2: Petty Officer Jones, recently returned from a combat area, is experiencing first time problems with sleeping, and is feeling anxious. He does not need to see someone immediately. He calls the Mental Health Clinic to ask for an appointment. The mental health technician determines that Petty Officer Jones has an initial request for a new mental health condition for which intervention is required but is not urgent. The technician books Petty Officer Jones' into a routine (ROUT) appointment with a mental health professional within seven days.