DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICNE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: ACCESS TO CARE MANAGEMENT POLICY FOR NAVY MEDICINE MILITARY TREATMENT FACILITIES

Ref: (a) CFR §199.17(p)(5)(ii), Access Standards
(b) Health Affairs Policy 06-007, TRICARE Policy for Access to Care and Prime Service Area Standards, of 21 February 2006
(c) Health Affairs Memorandum, Access to Private Sector Care by Military Treatment Facility TRICARE Prime Enrollees, of 31 December 2008
(d) BUMED ltr 6320 Ser/04UM3H1204046 of 8 February 2005
(e) TRICARE Operations Manual 6010.51-M, August 1, 2002, Chapter 8, Referrals/Preauthorizations/Authorizations, Section 5, 7.2
(f) TRICARE Operations Manual 6010.51-M, August 1, 2002, Chapter 16, Regional Directors/MTF Commanders Interface, Section 1
(g) Military Health System's Guide to Access Success, of 15 December 2008 (available on-line at: http://www.tricare.mil/tma/tai/cguide.aspx)
(h) NAVMED Policy 08-001, Implementation of TRICARE Access Standards for Mental Health, of 15 January 2008

1. This memorandum provides policy for the management of patient access to care (ATC) within Navy Medicine Regions and Navy Military Treatment Facilities (MTFs). The intent of this policy is to clarify expectations regarding the minimal processes, procedures, tools, staffing, and training necessary to monitor, improve, report, and manage ATC at the clinic and MTF levels. Regional oversight is required to ensure compliance with this policy and to ensure MTFs have the necessary resources to provide ATC. The content of Navy Medicine's Clinic Management Course will be updated to reflect the requirements and processes associated with this policy.

2. The goal of this policy is to provide local clinics and MTFs with a framework to implement and sustain a systematic, proactive, and responsive access plan that meets or exceeds beneficiary expectations and the ATC standards described in references (a) through (c). To be successful, the MTF commanders must oversee the development and deployment of a well researched, efficient and effective access plan that supports their beneficiary population's mission requirements and health care needs, as described in reference (d). MTF access processes will be reviewed during Navy Medical Inspector General visits. The requirements and resources outlined in this policy provide a standardized foundation upon which clinic and MTF commanders can build to ensure that MTF business processes do not create inadvertent barriers to accessing care, but optimize patients' ability to get needed care in a timely manner.

3. As described in references (e) and (f), MTF commanders develop Right of First Refusal (ROFR) processes to ensure MTFs have an opportunity to maximize the number and types of specialty care referrals received from Managed Care Support Contractors (MCSCs), depending upon capacity and graduate medical education (GME) requirements. As such, developing and deploying an effective access plan will also require coordination between MTF commanders, TRICARE Regional Offices (TROs), and MCSCs to ensure that referral practices between the MTFs and MCSCs support ATC for beneficiaries living within a 1-hour drive time of the MTF.

4. Military Health System's (MHS) Guide To Access Success

a. As contained in reference (g), the MHS Guide to Access Success establishes standardized roles, responsibilities, definitions, and guidance for implementing, sustaining, and managing ATC across the MHS, including Navy Medicine MTFs. The implementation of the processes and procedures described in the Guide will be a central component of all MTF access processes. The Guide provides extensive and detailed guidance to MTF commanders and command-appointed Access Managers in the following critical aspects of ATC:

(1) day-to-day management of the clinic's templating, scheduling, and appointing functions, including those made by telephone and the internet;
(2) information system management that supports ATC to include provider network file and table building, and clinic and provider profile management;
(3) enrollment, panel, and demand management and analysis;
(4) referral management activities;
(5) telephone appointment management; and
(6) effective and efficient personnel management in support of the MTF's ATC processes

b. Navy Medicine Regional Commanders and MTF Commanders are directed to implement the standards and practices outlined in the MHS Guide to Access Success as Navy Medicine policy. MTF Commanders and Access Managers are expected to comply with the requirements outlined in the Guide, and regularly evaluate the alignment of their MTFs' ATC practices with the practices contained in the Guide, making needed changes to support local health care requirements.

5. Business Planning

a. Navy Medicine utilizes the MHS Business Planning Tool to support the development of an annual business plan which includes eight critical initiatives, one of which is "Improving Access to Care." As MTFs develop their annual business plans, they must incorporate demand forecasting to determine the appropriate provider panel sizes and staffing requirements that will provide them with the ability to meet patient demand for care. These estimates are to be monitored on a quarterly basis to determine if provider panel sizes and staffing requirements are adequate to meet actual patient demand. Based upon this review, MTFs will make needed adjustments.

b. Navy MTFs operate in diverse environments and face different challenges in their efforts to satisfy beneficiaries and ensure they receive care within the ATC standards. Given this variability, some MTFs may consistently meet ATC standards and demonstrate patient satisfaction, while others may struggle. If, using TRICARE Operations Center (TOC) ATC and Navy Patient Satisfaction Survey (PSS) data (described in the "ATC Monitoring Resources" section below), an MTF (including all child Defense Medical Information System (DMIS) facilities) can demonstrate that for a 12-month period it has met both the ATC standards and achieved patient satisfaction at least 90 percent of the time, the MTF may choose to omit ATC initiatives from its business planning process (the 12-month period is defined as a continuous period where the 12th month is the most recent month for which ATC and Navy PSS data are available). This does not, however, eliminate the MTF's responsibility to continually monitor its performance against ATC standards and PSS results. MTFs that are unable to demonstrate that they consistently meet the ATC standards and achieve patient satisfaction at least 90 percent of the time for a 12-month period, are expected to include two ATC critical initiatives (contained in the Tri-Service Business Planning Tool) in their business planning process, to include all child DMIS facilities.

6. ATC Monitoring Resources: The resources described below, MHS Insight and TOC, provide MTF Commanders and Access Managers with metrics and data that can be utilized to monitor ATC and patient satisfaction.

7. MHS Insight

a. MHS Insight is a web-based performance management tool used at all levels of Navy Medicine. MHS Insight provides information that can be used to set, monitor, and achieve strategic performance goals, including ATC performance and patient satisfaction. The following MHS Insight metrics are the primary tools to monitor overall ATC performance and patient satisfaction in MTFs, Regions, and across Navy Medicine:

- Access to Care Standards;
- Access Management;
- Percent of Time MTF Enrollees See Their Primary Care Manager (PCM);
- Third Next Available Appointment; and
- Navy Patient Satisfaction

b. These metrics are to be monitored monthly to ensure compliance and identify areas for improvement. Information on creating an MHS Insight user account is available at https://eids.ha.osd.mil.

8. TRICARE Operations Center

a. The TOC also offers a variety of web-based performance management tools and data for use at all levels of Navy Medicine. These tools and data include:

- CHCS Primary Care Manager (PCM) Capacity and Assignment Report;
- Template Analysis Tool (TAT);
- CHCS Appointment Activity Tool (AAT);
- Enrollment/Population Reports;
- ATC Summary Report*;
- ATC Management Report;
- Detail Code Usage and Summary Report;
- TRICARE On-line (TOL) Planned Appointments Report;
- TRICARE On-line (TOL) Audit Trail Report;
- Appointment Cancellations by Facility Report; and
- The National Enrollment Database (NED) Discrepancy Report

* ATC data is available via MHS Insight and TOC. The ATC data displayed in MHS Insight is drawn from TOC data.

b. These metrics are to be monitored monthly to ensure compliance and identify areas for improvement. The TOC is available at: http://mytoc.tma.osd.mil/.

c. Additional ATC monitoring tools and metrics are identified within the MHS Guide to Access Success.

9. Mental Health: As of February 2009, ATC data for the monitoring of routine mental health care is not available via existing monitoring tools. Per reference (h), Navy Medicine Regions will continue to monitor and report on mental health ATC until MHS-wide tools are available. While additional information and tools are needed to determine whether the ATC standards for routine mental health are being met, the TOC Template Analysis Tool (TAT) does provide information on the number and availability of routine appointments in mental health clinics.

10. Access To Care Standards and Patient Satisfaction: As MTFs establish and implement their ATC processes, MTF Commanders and Access Managers are directed to not only consider how ATC standards are being met within their facilities, but to monitor patient perceptions and expectations as they relate to ATC. The monitoring tools described above provide MTF commanders with the ability to monitor the degree to which ATC standards are being met and how patients perceive the process of accessing care. Monitoring stakeholder feedback, patient satisfaction, and ATC data will enable MTF Commanders and Access Managers to gain a more complete picture of ATC within their facilities, identifying areas where ATC standards and patient expectations are being met or exceeded, as well as identifying areas where improvement is needed.

11. My points of contact for this policy are CDR Tom Whippen, MSC, USN at (202) 762-3146 or e-mail thomas.whippen@med.navy.mil and Mr. Mark Thomas at (202) 762-3774 or e-mail mark.thomas4@med.navy.mil.

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