



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
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FEB 12 2015

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST  
COMMANDER, NAVY MEDICINE WEST

Subj: NON-AVAILABILITY OF PATIENT APPOINTMENTS AT MEDICAL TREATMENT FACILITIES

1. In response to the 1 October 2014 memorandum from Secretary of Defense Hagel, *Military Health System Action Plan for Access, Quality of Care, and Patient Safety*, and in support of outstanding patient-centered care, the following policy is to be implemented immediately to ensure patients are not told to call back the next day for an appointment.
2. First and foremost, patients will not be told to call back in order to book an appointment. Primary Care teams are responsible for managing the care of all active duty and TRICARE Prime and TRICARE Plus patients enrolled to them. These teams must own the care that is delivered to their patients, either within or outside of the Medical Treatment Facility (MTF). Additionally, Specialty Care teams are responsible for providing timely care for all patients accepted for specialty care within their clinic. In order to achieve this level of ownership, teams must make themselves available to provide their empanelled beneficiaries the right care, at the right time, in the right setting, with the right healthcare professional. This may be accomplished by face-to-face appointments, a variety of Enhanced Care options, or routing care to a network provider. Active duty patients will be cross-booked to another provider, or care team, if no appointments are available with the Primary Care Manager (PCM) or care team; deferring active duty patients to the network will be a last resort.
3. To achieve the mandate that TRICARE Prime and Plus patients are not told to call back for an appointment, the following guidelines will be implemented as part of the appointing process:
  - a. Appointing clerks will:
    - (1) Book appointments in accordance with access to care and referral management protocols.
    - (2) If unable to find an appropriate appointment for the patient, explain local guidelines and transfer the patient to the appropriate clinical team, via positive call transfer if possible (using a warm hand-off), for triage and appropriate disposition.
  - b. Clinic teams will:
    - (1) Accept positive transfer calls from appointing clerks, when possible, and determine the most appropriate disposition.
    - (2) When positive transfers are not possible, reply to urgent requests within two hours and reply to all other requests by the end of the duty day.

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c. MTF Commanding Officers will:

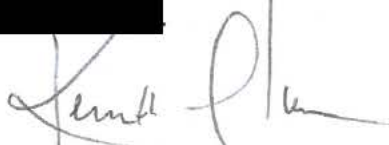
(1) Adequately manage provider capacity and availability to meet patient demand.

(2) Ensure MTF is capable of sufficient response to patient demand, utilizing a variety of responses which include, but are not limited to, Standardized Registered Nurse Order Set Protocols, demand management, and increased appointing capacity. This becomes even more important during times of increased demand or provider shortages.

(3) When adequate capacity is not achievable within the MTF, ensure efficient transfer of patients to other MTFs, or ensure a referral to the network is offered to maintain access standards.

4. Continuity between a patient and his or her PCM, Medical Home Port (MHP) team, and/or the MTF is critical to the success of world-class care. Although the goal is to maintain the highest level of PCM continuity possible, temporary cross-booking of patients may be necessary to reduce leakage of care to the network when care is available within the MTF. When appointments are not available with a team, and a patient is transferred to the clinic for disposition, the disposition decision rests with the PCM and the MHP team. When making these determinations, it is essential for teams to balance the benefit of continuity with good stewardship of our resources.

5. My point of contact is [REDACTED] available at (703) 681- 8489, [REDACTED] or via email at [REDACTED]



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