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NATIONAL CAPITAL REGION MEDICAL DIRECTORATE
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MEMORANDUM FOR DIRECTOR, WALTER REED NATIONAL MILITARY MEDICAL CENTER (WRNMMC)
DIRECTOR, FORT BELVOIR COMMUNITY HOSPITAL (FBCH)

SUBJECT: First Call Resolution and Expeditious Reply to Patient Policy

Reference: Secretary of Defense Memorandum, October 1, 2014

1. Purpose. This policy requires first call resolution for all patients requesting appointments at all National Capital Region (NCR) Medical Directorate (MD) Medical Treatment Facilities (MTFs). Under this policy, beneficiaries will not be asked to call back for an appointment.

2. Proponent. The proponent for this policy is the Director, NCR MD.

3. Policy. In response to the reference, *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 for an appointment. First and foremost, patients will not be told to call back in order to book an appointment. Primary Care Medical Home (PCMH) 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 MTFs. Specialty care teams are responsible for providing timely care for all patients accepted for specialty care within their clinics. MTF Directors are responsible for ensuring that all available resources (including IT support and ancillary personnel support) are used and leveraged to execute this mission. In order to achieve this level of ownership, PCMH 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, secure messaging, telephonic communications or care to a network provider. Empanelled patients will be cross-booked to another provider or care team if no appointments are available with the Primary Care Manger (PCM) or care team; deferring patients will be a last resort.

4. This policy identifies responsibilities of MTF Directors, primary care, specialty care and other stakeholders identified in the appointing process to ensure patient satisfaction for our beneficiaries; and outlines use of alternative portals such as Secure Messaging, Nurse Advice Line and TRICARE On Line. Specific procedures are also identified to correctly transfer calls in accordance with existing access to care standards, referral management protocols, and proper use of managing clinic schedules to ensure appointing success the first time one of our patients seeks access.

5. Responsibilities:

a. Appointing agents will:

(1) Book appointments in accordance with access to care standards and referral management protocols.

(2) If unable to find an acceptable appointment for the patient, explain local guidelines and provide information on how patient's request will have a disposition within two hours. This can be made by a telephonic transfer of the patient to the appropriate clinical team, via positive call transfer (warm hand-off) for triage and appropriate disposition (i.e., walk- in, add/book appointment, engage via secure messaging, defer to network, etc., or by utilization of telephonic consult option in Armed Forces Health Longitudinal Technology Application that will be answered by the clinic team within two hours.

(3) Complete first call resolution and will not ask patients to call back for an appointment as outlined in this memo.

b. Clinic teams will:

(1) Accept positive transfer calls from appointing agents when possible, or reply to patients within two hours if positive call transfer is not possible.

(2) Manage patient requests using established team protocols to determine most appropriate disposition.

(3) Use daily team huddles to review schedules to see if patients can be taken care of via methods other than face-to-face clinic interaction.

(4) Complete first call resolution and will not ask patients to call back for an appointment as outlined in this memo.

c. Practice Managers, Template Managers/Call Center Supervisors will:

(1) Maximize the use of auto-reconfiguration and TRICARE Online.

(2) Manage schedules to maximize the availability of open appointments for booking agents (90-day release appointments and 10% or less use of the appointment code "$" on an appointment slot or the Provider Book Only detail code as they restrict agents ability to appoint).

d. Director of the Integrated Referral Management and Appointing Center (IRMAC) will:

(1) Ensure all call center agents and all personnel responsible for appointing functions by telephonic communications are properly trained and knowledgeable on the TRICARE access standards and booking protocols.

(2) Ensure appointing agents and all personnel responsible for appointing functions by telephonic communications comply with first call resolution and do not call back policy.

(3) Manage appointing agents and all personnel responsible for appointing functions by telephonic communications. This management will ultimately be accomplished by having all agents that do telephonic communications utilize a common phone system that can audit in real time telephonic communications.

d. MTF Directors will:

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

(2) 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 meet the patient's health care needs within the established access standards.

(3) Ensure compliance with this policy.

(4) Within 60 days of this memorandum, provide the Director, NCR MD with an audit plan to periodically monitor compliance (monthly, at minimum) with this policy.

(5) Within 90 days of this memorandum, begin providing NCR MD with audit and performance results related to this policy.

e. NCR MD will:

(1) Pursue a telephonic appointing tool that provides the ability for real time auditing of all personnel doing telephonic communications with patients for MTFs within the NCR MD.

(2) Provide oversight and auditing of compliance with this policy.

6. Procedures:

a. Primary Care teams are responsible for the care of Active Duty (TRICARE Prime, reliant, or otherwise entitled, i.e., active duty service members on terminal leave), non-active duty TRICARE Prime, and TRICARE Plus beneficiaries. These beneficiaries are entitled to access within the standards contained in 32 Code of Federal Regulations, part 199.17. The wait for an urgent care visit shall generally not exceed 24 hours; for a routine visit, shall not exceed one week; and for a well-patient visit or a specialty care visit, shall not exceed four weeks. When unable to accommodate within these standards, the MTF will offer the patient a referral to the network.

b. As stated above, TRICARE Prime patients' access to specialty care shall not exceed four weeks. Specialty Care teams will make every attempt to accept incoming referrals within one business day of receipt. Should the referral need to be deferred to the network due to capacity, the referral will be deferred within one business day of receipt. Other beneficiary categories such as TRICARE Plus are entitled to access on a space-available basis. Clinic teams will provide alternatives for space-available patients (visiting the MTF referral management office, contacting the TRICARE contractor, contacting Medicare).

c. MTFs will maximize alternative access portals such as Secure Messaging, Nurse Advice Line (NAL), and TRICARE Online. MTFs will not divert patients to the NAL during business hours as a means to complete first call resolution.

d. Continuity between a patient and his/her PCM, PCM 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, cross-booking of patients may be necessary to reduce the volume of care being leaked to the network. 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 their staff, and may include the use of enhanced access methods described above, the decision to cross-book to another provider or team, or to defer the patient to the network. When making these determinations, it is essential that they balance the benefit of continuity with good stewardship of our resources and consideration for the best care available to our patients.

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Director