OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 10 2017

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is a response to section 709 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114–328), that requires a comprehensive plan to implement a standardized appointment system and eliminate variance in appointment scheduling processes and procedures at all military treatment facilities (MTFs).

This report provides information on the Military Health System's (MHS) comprehensive plan to implement a standardized appointment system and eliminate variance in appointment scheduling processes and procedures at all MTFs. Further, it identifies how the MHS will ensure compliance with and accountability for the plan and provides estimated dates of completion. The Department is confident that implementation of this plan, supported by sustainment training and active monitoring by the MHS governance, will result in beneficiary-focused access to high quality primary, specialty, and behavioral health care in the direct care system.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Senate Armed Services Committee.

Sincerely,

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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Performing the Duties of the Under Secretary of
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Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Section 709 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328)

Report on a Standardized System for Scheduling Medical Appointments at Military Treatment Facilities

The estimated cost of this report or study for the Department of Defense is approximately $44,000 for the 2017 Fiscal Year. This includes $25 in expenses and $44,000 in DoD labor.

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Introduction

Section 709 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328) requires the Department of Defense (DoD) to submit a comprehensive plan to implement a standardized appointment system and eliminate variance in appointment scheduling processes and procedures at all military treatment facilities (MTFs). The Military Health System (MHS) understands Congress' intent is to establish standard processes, procedures and appointment types to ensure a reliable, standardized, single medical appointing system within all MTFs with a goal of eliminating variance among MTFs.

In this report, the Department will outline current manual and automated medical appointment processes and procedures along with challenges in its current approach, especially from the beneficiary perspective. This report will identify improvements in the medical appointment process accomplished within the last three years in primary care, which the direct care system will continue to leverage and apply to resolve existing challenges and eliminate variance among MTFs. This report will describe the proposed standard appointment types and processes to be used at MTFs, including the integration of virtual health opportunities such as secure messaging and virtual appointments. Finally, this report will provide a plan for implementation and expected dates of completion of the standard processes, procedures and appointment types for all MTFs and will demonstrate how the direct care system will ensure accountability at all MTFs with the established, standardized appointing processes to ensure beneficiary-friendly access to high quality primary, specialty and behavioral health care.

Part I - Current Appointing Processes and Challenges

Manual Appointing Processes. The direct care system uses the Patient Appointment and Scheduling module Composite Healthcare System (CHCS) for scheduling all MTF appointments in primary, specialty and behavioral health care. The primary, specialty and behavioral health care clinics in each MTF build appointment templates in CHCS. Subsequently, MTF appointment centers or clinics within MTFs schedule appointments for patients in CHCS over the telephone or in person at the MTF. The Nurse Advice Line (NAL) also can schedule primary care appointments in CHCS, if the NAL Registered Nurse (RN) determines the patient needs to be seen within 24 hours. Appointment data in CHCS are collected daily through an automated process and reported in the TRICARE Operations Center (TOC) in order to monitor compliance with MHS Access to Care standards and measure clinic activity at all MTFs. Beneficiaries receive telephone appointment reminders through the AudioCare reminder system, which is linked to CHCS.

Automated Appointing Processes. Beneficiaries enrolled to the direct care system are able to schedule appointments using the automated TRICARE OnLine (TOL) Patient Portal and Secure Messaging systems.

TOL Patient Portal. The TOL Patient Portal is available 24 hours a day, seven days a week and allows beneficiaries to schedule appointments by type, provider, preferred date and time parameters. In addition to primary care appointments, beneficiaries may schedule a limited number of specialty care appointments, such as those in optometry. The TOL Patient Portal also provides the beneficiary the ability to receive appointment reminders, cancel appointments, refill current prescriptions, check prescription status and access and download historical personal health information from the military Electronic Health Record (EHR) using the DoD Blue Button feature.

Beneficiaries may select an option in the TOL Patient Portal to receive upcoming primary, specialty and behavioral health care appointment reminders through email and/or text message. Beneficiaries also may receive an automated telephone call through the AudioCare appointment reminder system. Appointment reminders are automatically sent using the beneficiary's preferred notification method(s) several times prior to each scheduled appointment; reminders also include information on how to cancel the appointment if it is no longer required.

All TOL Patient Portal primary care appointments are automatically web-enabled in CHCS unless specifically excluded by the MTF. There has been system-wide adoption of the initiative with 87 percent of primary care appointments currently available for TOL scheduling. Each month, beneficiaries schedule approximately 80,000 primary care appointments using the TOL Patient Portal, which represents up to six percent of all primary care appointments. While widely adopted in primary care, there are limited web-enabled

specialty and behavioral health care appointments and significant procedural variance among MTFs.

Secure Messaging. Just like the TOL Patient Portal, secure messaging is available to beneficiaries 24 hours a day, seven days a week. Each month, beneficiaries arrange over 18,000 primary care appointments using secure messaging. The beneficiary simply sends an email with basic information (e.g., reason for the visit, the requested date and time) and the primary care team schedules an appointment in CHCS and responds to the beneficiary with the appointment details. In addition, almost one thousand beneficiaries use the secure messaging "web-visit" function for on-line medical appointments. Web-visits are asynchronously conducted with the beneficiary's primary care provider. Finally, beneficiaries use secure messaging to renew medications, request specialty referrals or ask questions about medical conditions or test results without having to make a medical appointment.

Challenges. While the MHS has made progress in standardizing appointing processes since 2012, some variance remains in the execution of specific processes and procedures.

Primary Care. Variance remains in the use of team-based care, primary care provider documentation requirements and appointment booking protocols. Another challenge negatively impacting appointment availability is high primary care appointment utilization by low acuity beneficiaries. Average annual primary care utilization is much higher than the national average in a covered population and evidence-based options to mitigate unnecessary utilization of primary care appointments are not consistently applied in all MTFs.

Specialty Care. The MHS has established productivity standards for active duty physicians in specialty and behavioral health care based on a percentage of Medical Group Management Association (MGMA) standards; however, there is very little uniformity of appointment types, appointing standards and processes to include how far out appointments are available in the future within specialty and behavioral health care with the exception of standardization efforts in some enhanced Multi-Service Markets (eMSMs). The control of primary care templates to plan, block and freeze appointments is limited to only a few authorized individuals in each MTF. However, currently there is little uniformity over the control of specialty care appointments. In some cases, individual specialty providers have control over the number and type of appointments planned in CHCS each day. While the Service Medical Departments and the Defense Health Agency (DHA) have limited the use of Provider Book Only (PBO) appointments in primary care, specialty and behavioral health care currently use PBO detail codes on a significant number of appointments. The use of PBOs in specialty and behavioral health care decreases the availability of appointments for booking by beneficiaries.

Overall. There is a misalignment of appointment supply and demand. Primary, specialty and behavioral health care appointments are not always available on the days and times beneficiaries prefer to be seen. Challenges in this area include some MTFs being closed

multiple days in a row adjacent to weekends and federal holidays and few MTF appointments available the last two hours of the day when beneficiaries may wish to be seen after school or work.

Part II - Recent Improvements in Standardizing Appointment Types, Processes and Procedures

Governance and Appointment Performance Monitoring. The MHS has identified core primary care appointment measures and monitors performance at several levels of governance. The Assistant Secretary for Defense for Health Affairs, the Service Surgeons Generals and the Director, DHA monitor MTF primary care appointment performance quarterly. Tri-Service and DHA subject matter experts on the Tri-Service Patient Centered Medical Home (PCMH) Advisory Board and Access Improvement Working Group (AIWG) monitor overall primary care performance and variability across the direct care system on a monthly basis and identify both opportunities for improvement and MTF outliers. MHS core measures to evaluate the performance of standard primary care appointing processes include: Percent Primary Care Manager (PCM) Continuity, Average Number of Days to Third Next 24-Hour Appointments, Average Number of Days to Third Next Future Appointments, Primary Care Encounters in the Network Potentially Recapturable to Primary care and Satisfaction with Getting Care When Needed.

PCMH Model of Primary Care. In FY 2011, the MHS began implementing the PCMH model of primary care. Evidence demonstrates the PCMH model of care results in enhanced access, better outcomes, more integrated care, proactive health management, lower unnecessary utilization and reduced costs. In FY 2012, the MHS designed and implemented a Tri-Service Workflow (TSWF) form in the EHR to standardize clinical processes, ensure standard screening and appointment documentation, support team-based work to maximize provider appointment time and allow analysis of encounter and outcome data. Each Service developed PCMH operating instructions to identify standard team member roles, manpower support ratios and appointment processes and procedures. DHA recently supplemented Service operating instructions with a standard Tri-Service definition of a PCM codified in standard DHA guidance, which allows compliance measurement of the expected enrollment per Full-Time Equivalent (FTE) PCM.

Simplified Appointing in Primary Care. In October 2015, the MHS completed implementation of simplified appointing in primary care. Simplified appointing processes reduced variance in primary care appointment templates by mandating the move from over 15 appointment types to mainly two: appointments within 24 hours (24HR) or appointments in the future (FTR). Currently, almost all primary care appointments are 24HR and FTR types. Reducing the complexity of primary care appointment templates through the implementation of simplified appointing has resulted in over 24 percent more appointments being available per duty day. Another major primary care initiative was to limit the number of authorized MTF staff members who are able to manipulate appointment templates. As a result, simplified appointing limited the number of PBO appointments allowed in primary care to maximize the availability of

primary care appointments for central booking through the MTF appointing centers, the NAL and the TOL Patient Portal.

First Call Resolution. The direct care system implemented first call resolution policies in primary care to ensure Prime beneficiaries' needs are met the first time they call for an appointment. The goal is to prevent MTFs from asking beneficiaries to call back another day because no appointments are available. Standard Tri-Service first call resolution processes include the beneficiary immediately receiving an appointment or meeting the beneficiary's needs in other ways such as calling in a prescription renewal to the pharmacy or setting up a telephone visit with a PCM. If the beneficiary's need for an appointment cannot be met by any MTF alternative for care, the MTF will refer the beneficiary to an Urgent Care Clinic (UCC) in the network.

Virtual Primary Care Telephone Encounters. PCMs offer virtual primary care encounters with established patients via telephone. Virtual primary care telephone encounters offer a convenient way to address medical issues and coordinate care. In FY 2016, 20 percent of all MTF primary care encounters were accomplished virtually using the telephone.

Nurse Advice Line (NAL). The NAL was implemented in FY 2014 and provides beneficiaries with access to after-hours health care advice from RNs 24 hours a day, seven days a week and appointing services for beneficiaries enrolled to the direct care system when follow-on care is required. The NAL is fully integrated with MTF primary care clinics to: schedule MTF appointments if the RN determines the beneficiary needs to be seen within 24 hours; transfer the beneficiary directly to the MTF via telephone; or provide information about MTF UCC and Emergency Room (ER) Fast Track options. If care is not available in the MTF, the NAL will assist beneficiaries in seeking care at an UCC in the network. MTF primary care teams have access to beneficiary encounter information in a live NAL portal and schedule follow-up appointments with the beneficiary, if clinically indicated. The NAL portal also includes performance data enabling primary care teams to adjust future appointing templates to accommodate real-time and predicted demand surges.

Secure Messaging. Secure messaging is available in all MTF primary care clinics and is being implemented in specialty care. As of February 2017, over 46 percent of beneficiaries enrolled to the direct care system are registered to use secure messaging and over five percent of registered beneficiaries send at least one secure message per month. The MHS recently identified additional targets for enrollment by analyzing registration in secure messaging by gender and age ranges. Results revealed that while registration is high in ages 26 to 59, enrollment rates in secure messaging is lowest in beneficiaries aged 19 to 25 years of age.

Embedded Specialists in Primary Care. In FY 2012, the MHS began embedding specialty providers in primary care to treat the most common conditions in the beneficiary population. Examples of these conditions include behavioral health concerns, musculoskeletal issues and

additional supportive care for diabetes, obesity and medication compliance. Embedded specialists provide convenient and prompt access to comprehensive primary care appointments within the PCMH and include behavioral health providers, physical therapists and clinical pharmacists.

Specialty Referral Guidelines. The direct care system recently added evidence-based specialty consult guidelines in TSWF to provide standard guidance for PCMs to use when considering referring beneficiaries to specialty care. The guidelines may be customized at each MTF or eMSM with phone number and other information based on local specialty care capabilities. The guidelines include when it is appropriate to refer to a specialist as well as what diagnostic tests should be accomplished prior to referring a beneficiary to a specialty provider. Having this evaluation completed prior to a beneficiary's referral to specialty care maximizes the value of the specialty care appointment.

Part III - Plan for Standard Manual Appointment Processes and Procedures

Direct Care System Universal Processes and Procedures. To meet the intent of the 2017 NDAA, section 709 and resolve current challenges, the direct care system has developed a plan to implement the following uniform standard appointment processes and procedures, which will apply to primary, specialty and behavioral health care.

Manual Appointing System. The direct care system will continue using CHCS as the sole MHS appointment system to build templates and schedule appointments in MTFs. Over the next five to seven years, the direct care system will transition to a new EHR, MHS Genesis. Upon transition, MTFs will use MHS Genesis as the sole MHS appointment system to build templates and schedule appointments.

Appointment Availability to meet MHS Access Standards. Overall, MTFs will ensure a sufficient number of appointments are available in order to meet MHS Access Standards and will direct beneficiaries to Managed Care Support Contractor network providers when MTF care is not available or feasible. Specifically, MTFs will ensure a sufficient number of 24HR appointments are available to meet demand within 24 hours and FTR appointments are available to meet demand for routine care within seven days and for follow-up appointments. Follow-up appointments may be made beyond seven days depending on the beneficiary's diagnosis, condition, care plan and the clinical judgment of the provider. MTFs also will ensure a sufficient number FTR appointments are planned and available for booking for follow-up or wellness needs at least 180 days in the future. MTF behavioral health clinics will ensure an adequate number of routine appointments are available to meet demand for routine self-referrals by active duty beneficiaries and for mandatory seven-day follow-up after hospitalization for mental health reasons. Finally, MTFs providing specialty care will ensure a sufficient number of Specialty appointments will be available to meet demand within 28 days. MTFs will balance the number of each appointment type used to meet applicable MHS Access Standards.

MTF Operating Hours/Days. MTFs will be open a minimum of nine hours (eight patient care hours plus one hour for lunch) Monday thru Friday. Core patient care hours will be Monday thru Friday from 0800-1500 hours local time; adjustments for two additional hours to total nine hours will be made locally before 0800 and after 1500 to maximize MTFs' ability to meet beneficiaries' demand for care. Specifically, MTFs will ensure adjustments to core hours align to the hours when beneficiaries prefer to be seen. MTFs and clinics with operational training missions will match core operating hours to line readiness requirements. Finally, the direct care system will offer additional extended operating hours Monday thru Friday beyond eight hours a day or on weekends where sufficient demand exists to meet the intent of the 2017 NDAA, section 704.

Consecutive Days Closed. No MTF may close in excess of three days or any additional day beyond federally-declared holidays as identified by the Office of Personnel Management or the President of the United States. The direct care system does not consider Service or installation-specific days to be authorized federal holidays; therefore, MTFs are required to be minimally staffed for some portion of the day on unit or installation morale or training days at a level required to meet beneficiary demand for acute medical issues. In addition, MTFs may not schedule medical training days adjacent to a weekend or a federally-declared national holiday. The direct care system will measure compliance with this standard process in the Direct Access Reporting Tool (DART).

First Call Resolution. To ensure standard implementation of first call resolution processes, the direct care system will codify the standard processes for first call resolution of appointment requests in a standard DHA policy issuance. All MTFs will adhere to the following standard processes to ensure first call resolution, based on the type of appointment requested. No Prime beneficiary will be asked to call back on another day to see if an appointment is available.

Acute/Urgent Needs in Primary Care. If a beneficiary requests an appointment for an urgent primary care need, the MTF will book the beneficiary a beneficiary an appointment within 24 hours. If no appointments are available in 24 hours, the MTF will offer the beneficiary an appointment beyond 24 hours. If the beneficiary refuses an appointment beyond the 24-hour access standard, the beneficiary will be transferred to primary care to determine if the beneficiary can be walked in for care or should be deferred to a network UCC. The beneficiary also may be offered a telephone visit with a primary care. If the beneficiary refuses all Face-to-Face (F2F) or virtual appointments, the MTF will offer the NAL services or immediately defer the beneficiary to the network, based on beneficiary preference.

Routine or Follow-up Needs in Primary, Specialty and Behavioral Health Care. If a beneficiary requests an appointment for a routine or follow-up primary care need, the MTF will accommodate the patient with any available appointment type.

Appointment Template Control. All Clinics are required to have an obligated or shared professional Group Practice Manager (Air Force), Template Schedule Managers (Army) or a Clinic Manager (Navy) to manage the daily appointment schedules and adjust future schedules to better meet local demand. The direct care system will establish standard roles, responsibilities, minimum qualifications and training requirements for individuals performing these duties. Only clinic leadership and the individuals identified above will have the ability to open, block, adjust, cancel or freeze appointment templates in primary, specialty and behavioral health care clinics. The MTF commander, director or other MTF leaders may authorize, in writing other responsible individuals to manage appointment templates, if necessary.

Appointment Restrictions, Cancellations and Freezing. The MTF may not cancel more than three percent of appointments per month, not including weather-related cancellations. In addition, MTFs are discouraged from freezing appointments or restricting appointments to limit their availability for booking. If freezing appointments is required due to forecasted inclement weather or operational uncertainty, frozen appointments will be released 48 hours in advance for booking.

Walk-in Care. MTFs will commit to accepting walk-in care for urgent reasons to the greatest extent possible. Primary care will accept beneficiary walk-ins from the NAL or re-directed by the MTF ER or MTF UCC, unless safety would be compromised due to capacity issues. Primary care provided for walk-ins may include use of Clinical Support Staff Protocols (CSSPs) meet patient needs.. Specialty care will commit to discussing potentially emergency consults with the PCM in real-time and thereby accepting "STAT" referrals, which must be addressed the same day.

Follow-up and Specialty Booking at Appointment Checkout. If a follow-up appointment is clinically indicated in the professional judgment of the provider, the health care team will offer to schedule the beneficiary a follow-up appointment up to 180 days in the future at checkout prior to the beneficiary departing the MTF. Beneficiaries who wish to schedule a follow-up appointment before departing the MTF will not be directed to call the MTF appointment center. Beneficiaries who do not choose to book a follow-up appointment during appointment check-out will be instructed to schedule an appointment by calling the MTF appointment center or by using the TOL Patient Portal or secure messaging.

Missed or Late Appointments. The direct care system defines a missed appointment as an appointment for which the beneficiary is not present or when the beneficiary is more than ten minutes late for the scheduled appointment time. If the beneficiary arrives more than ten minutes late, the MTF will offer to work the beneficiary in with the same or a different provider before the end of day. If the beneficiary refuses or if the MTF cannot accommodate additional beneficiaries for safety issues, the MTF will offer to re-schedule the beneficiary at a day and time of the beneficiary's preference.

Telephone Appointing. Primary care appointing staff will adhere to standard processes, regardless of whether MTF appointing is centralized or decentralized. To facilitate patient-centered appointing, MTF primary care staff will include appointing supervisors in clinic huddles and staff meetings to facilitate understanding and synchronization of booking protocols and procedures. Specialty care appointing will be centralized for the first specialty care appointment and accomplished by the MTF appointing centers or the MTF Referral Management Center/Office (RMC/O), as directed by the MHS policy specialty referrals.

Follow-up specialty care appointments will be booked by both the MTF centralized appointing system or by the specialty clinic during the appointment check-out process. The direct care system will establish standard customer service scripts for all appointing staff to optimize beneficiary experience and to ensure beneficiaries' needs are met on the first call.

Post-Discharge Appointment Booking. All beneficiaries discharged from the MTF following admission will be booked for a follow-up appointment in either specialty care or primary care prior to departing the MTF. The follow-up appointment may be either F2F or accomplished via telephone using the virtual visit appointment type.

Stakeholder Education. The direct care system will implement a beneficiary education campaign plan informing beneficiaries about the various ways in which beneficiaries may schedule MTF primary, specialty and behavioral health care appointments, including through the use of secure messaging and the TOL Patient Portal, by 1 October 2017. The direct care system also will implement standard training curricula and a Tri-Service course to educate MTF personnel on standard processes, procedures, appointment types and customization of specialty referral guidelines in FY 2018.

Primary Care Processes, Procedures and Appointment Types. The direct care system has established the following primary care-specific standard processes, procedures and appointment types for use in all MTFs. Primary care clinics include family medicine, pediatrics, internal medicine, general primary care, active-duty primary care clinics, operational medicine and any other clinic types providing primary care services.

Appointment Types. Most MTF primary care clinics will have only two appointment types, 24HR or FTR, and MTFs are required to adjust the appointment mix based on demand to maximize access to care. In addition, primary care clinics may use the authorized virtual appointment type for telephone visits with established patients. All MTFs will use standard appointment lengths for each appointment type as outlined in official DHA guidance.

24HR and FTR Appointment Pre-Visit Screening. From the beneficiary's perspective, all standard 24HR and FTR appointments will include 20 minutes with ancillary staff who will conduct pre-appointment screening. Ancillary staff will conduct and document all required screening, to include behavioral health screening, in the appropriate TSWF form. In addition, the ancillary staff will conduct medication reconciliation, identify and schedule wellness visits, offer embedded specialist services, as appropriate, and identify issues to be addressed by the PCM. MTFs will adjust appointment scripts notifying each beneficiary of the appointment time and process, which begins with pre-appointment screening.

No "One Visit/One Problem" Policy. No MTF, clinic or individual provider will be permitted to implement a "One Visit/One Problem" policy. MTF primary care clinics will

conduct pre-visit planning and also triage presenting issues to maximize the value of the visit if the beneficiary's visit was scheduled at least 48 hours in advance. The problems most clinically urgent will be addressed during the scheduled appointment time as well as those issues the beneficiary wishes to address. The beneficiary will be offered a second appointment for any non-urgent issues that cannot be addressed during the scheduled appointment time.

Demand and Supply. The direct care system will maximize supply in order to meet beneficiary demand for primary care. The direct care system has established standard supply and demand data sources for performance measurement and a process to measure demand and supply. The Services and Tri-Service governance will monitor MTFs' compliance with standard processes to meet MHS Access Standards, appointment mix and types used, unfilled appointments compared to unmet demand and appointment availability by time of day compared to beneficiary demand using information from the TOC, the DART and other approved standard data sources. MTFs may adjust inexperienced provider encounter mix, commensurate with the provider's skills, until full provider capacity can be reached. Services will address outliers, resolve staffing, training and equipping challenges and will ensure MTFs are taking recommended actions. MTFs not meeting MHS performance standards and/or complying with standard appointing guidance will be elevated to the respective Service/governance for action.

The direct care system defines demand as the sum of met and unmet demand. Demand includes those beneficiaries who tried to access the system but failed, beneficiaries who were not given an appointment when they called and leakage to ERs or UCCs for non-emergent but urgent medical needs.

The direct care system defines the supply of PCM appointments as the sum of F2F primary care appointments, virtual telephone encounters and other team-based methods to address beneficiary demand, such as CSSPs and telephone consults. Team-based care options fully leverage the primary care team, maximize appointment efficiency and enhance the primary care team's ability to meet total beneficiary demand. MTF primary care supply will be supplemented by additional telehealth resources, such as telehealth visits between a MTF or contract provider and the Prime beneficiary. Standard business rules and implementation plans are in development to meet the intent of the 2017 NDAA, Section 718.

Template Review for Demand Management and Supply Optimization. MTF staff will review appointment schedules at least 72 hours in advance, but no later than 24 hours in advance, to identify beneficiary needs which can be met virtually with a telephone visit with a PCM; with CSSP team-based walk-in care for common acute conditions; or with telephone consults with the clinic RN for needs such as medication renewals. The MTFs will convert

appointments made available through the demand management processes identified above to 24HR or FTR appointments in primary care, based on demand.

Templates and Appointment Type Use. MTFs will actively manage available primary care appointments to maximize each clinic's ability to meet access standards for all appointment types used. The MHS default appointment mix standard is 60 percent 24HR and 40 percent FTR appointments, to be adjusted locally to meet demand.

Demand-Based Appointment Balancing by Hour of Day. MTFs will ensure primary care appointments are available every operating hour, based on beneficiary demand for preferred times. The availability of appointments by type per hour will be adjusted locally to minimize unfilled appointments and maximize access to care. If the MTF uses a generic eight-hour operating day, at least 10 percent of total planned primary care appointments will be available each hour. If a MTF expands/extends operating hours, the MTF will distribute planned appointments proportionally. MTFs may adjust these standards in collaboration with Service-level access representatives based on post-implementation analysis of local demand.

24HR Appointment Supply for Urgent Health Needs for Holidays and By Season. The MTF will maintain the minimum number of required 24HR appointments during periods of low supply, based on analysis of historical met and unmet demand. For example, MTFs are required to adjust templates to accommodate higher historical demand for 24HR appointments above normal levels to accommodate increased demand for appointments for urgent reasons before and after weekends and holidays as well as during the cold and flu season. MTFs also will actively manage increased demand for school physicals in July and August through planned events where multiple physicals are accomplished with a series of sequential steps, increased future appointments and use of team-based care. During summer rotation season or any other period when the MTF is experiencing longer-term gaps in the number of assigned vs. authorized primary care providers, the urgent needs of less high acuity beneficiaries may be shifted temporarily to the network using the Integrated Healthcare System (IHCS) operating model. The direct care system is developing IHCS plans in support of the 2017 NDAA Sections 704 and 706; IHCS plans will leverage the MHS' TRICARE contracts to provide medical care to beneficiaries in the purchased care network.

CSSPs. MTFs will offer alternative access to primary care team members to maximize the MTF's ability to meet beneficiary needs. MTFs will, at minimum, implement CSSPs for: adult cold, adult sore threat, urinary tract infection, pregnancy test, pediatric cold and pediatric sore throat. The direct care system will develop CSSP protocols based on NAL industry-standard algorithms and embed the protocols in TSWF.

Evidence-Based Follow-up Care. MTFs will implement evidence-based return intervals for follow-up care based on the diagnosis and beneficiary's care plan progress rather than reflexively scheduling the beneficiary for follow-up care. The direct care system will embed follow-up tools in TSWF to support clinical teams in execution of evidence-based return

intervals. The MHS encourages the use of secure messaging or telephone "check in" visits using the SPEC*HC or VIRT appointment types for follow up care, if clinically appropriate.

Beneficiary Activation/Education. PCMHs/MTFs will conduct on-boarding for beneficiaries enrolled to the direct care system. On-boarding information will include options for accessing care including the NAL, Secure Messaging, the TOL Patient Portal, the MTF appointing center, CSSPs and telephone consultations with the team RN. The MTF also will provide instruction on self-care/CSSP availability to build resilience, reduce unnecessary primary care utilization and provide the beneficiary options for dealing with common acute conditions. Strategies may include a MTF program to teach beneficiaries how to obtain an appointment or advice through the NAL or secure messaging as well as how they can take care of their own needs for self-limiting illness such as colds.

Group Appointments. MTFs will increase the use of group appointments to improve beneficiary engagement, outcomes and beneficiary experience. MTFs will consider group appointments for the following conditions: fibromyalgia, diabetes, hypertension and other conditions where industry evidence demonstrates beneficiary collaboration and communication through group appointments have improved outcomes and satisfaction while reducing unnecessary primary care appointment utilization.

NAL. MTFs will actively encourage the use of the NAL, endorse the NAL to beneficiaries and distribute central NAL stakeholder education. MTF staff also will review NAL encounters in the NAL portal and will contact the beneficiary to arrange follow-up care, if clinically indicated.

Specialty and Behavioral Care Health Processes, Procedures and Appointment Types. The direct care system has established the following standard processes, procedures and appointment types for specialty and behavioral health clinics in MTFs.

Specialty Appointment Performance Monitoring. The MHS approved its first two core measures to evaluate specialty care appointing performance: Number of Days from Consult to Booking and Number of Days from Booking to an Appointment. The direct care system will monitor specialty care access measures and compliance with the processes and procedures identified in this report to improve performance and reduce variance.

Appointment Types. The preponderance of MTF specialty and behavioral health care appointment types will be SPEC or FTR, adjusted based on product line-specific standards and patient demand with the goal to maximize capture of care to the direct care system. In addition, specialty and behavioral health care clinics may use the authorized virtual appointment type for telephone visits with established beneficiaries. MTF may use only standard appointment types and appointment lengths.

Template Review for Supply Optimization. MTF clinic staff will actively manage and review appointment schedules at least 72 hours in advance but no later than 24 hours in advance to identify beneficiary needs, can be met virtually with a telephone visit with a provider or the clinic RN. The MTFs will convert appointments made available through the demand management processes identified above to SPEC appointments in specialty and behavioral health care.

Business Rules on Specialty Appointing and Referral Management. In January 2017, the MHS approved and began implementing a policy identifying standard guidance to improve and expedite the specialty care appointing and referral processes in the direct care system. The goal is to provide the beneficiary with a specialty care appointment date and time in the MTF at the time the consult is written or within 24 hours in order to ensure a timely and patient-centered referral process. If the MTF does not determine whether the beneficiary can be seen in the direct care system within 24 hours, the referral will be sent to the purchased care network. The policy requires MTFs outside of eMSMs to implement the standard guidance by 31 July 2017; MTFs in eMSMs are required to implement the standard guidance by 31 January 2018.

Consult Review. Review of specialty consults will be the exception since this unnecessarily delays beneficiary appointing. Most civilian medical systems do not screen consults. Instead, the focus is on appointing the beneficiary as soon as possible. The keys to this approach are standardization and optimization of primary care referrals and a collaborative approach between the referring provider and the specialist. Specialty care clinics are required to collaborate with primary care and the RMC/O to minimize the number of appointments requiring review prior to booking on an on-going basis. The MTFs also will ensure all pre-visit care and testing have been accomplished to maximize the value of the first specialty visit.

Specialty Product Line Leaders (PLL). MTF and eMSMs PLLs will collaborate with product line Group Practice Managers (Air Force), Template Schedule Managers (Army) or a Clinic Managers (Navy), who will be responsible for developing the daily schedule as well as shaping the schedule to meet local demand. Only clinic leadership, the PLLs, Group Practice Managers, Template Schedule Managers and Clinic Managers are authorized to build, block, freeze, adjust and cancel appointment templates. The PLL responsibilities include implementation of the MHS' standard business rules for specialty appointing, optimizing appointment templates and associated clinical activities in order to maximize specialty care capacity, improve access to care, decrease the number of deferrals to the network and increase the care captured from the network.

Centralized Specialty Care Appointing. The direct care system will implement centralized specialty appointing at each MTF or within eMSMs. MTF appointing clerks will either schedule the beneficiary for a specialty appointment before he/she departs the MTF or will

contact the beneficiary to schedule the appointment. Beneficiaries also may contact the MTF appointment center after 24 hours to schedule the specialty care or behavioral health appointment.

Specialty Appointment Capacity. The number of available specialty and behavioral health care appointments will be based on the standard capacity rules for each product line. Specialty capacity rules will be based on standard adjustments to a full-time equivalent by team role and some agreed upon percentage of MGMA standards for all active duty, civilian and contractor specialty and behavioral health providers. The direct care system specialty care subject matter experts, in collaboration with Service PLLs, will develop capacity standards for each specialty and behavioral health care product line by September 2017 and will codify the standards in a DHA issuance. Clinic staff will actively manage the mix of specialty and behavioral health care appointments to meet MHS Access Standards.

Specialty Care Follow-up Appointments. All direct care system specialty and behavioral health care clinics will offer to schedule a follow-up appointment at check-out if follow-up care is clinically indicated after the first specialty appointment. Follow-up appointments will be available at least 180 days in the future, based on demand. If a beneficiary chooses not to schedule a follow-up appointment at check-out, the beneficiary will be instructed to call the MTF or eMSM central appointing number. The MTF or eMSM central appointing centers are authorized to book follow-up appointments for established beneficiaries up to 180 days in the future.

Enterprise Referral Guidelines. The direct care system has made evidence-based standard specialty referral guidelines available in TSWF. MTFs and eMSMs specialty PLLs will collaborate with primary care to enhance the referral guidelines in TSWF based on local capabilities to maximize direct care system booking of specialty appointments.

Part IV - Plan for Standard Automated Appointment Processes, Procedures and Types

Secure Messaging. The direct care system will continue implementation of secure messaging in specialty and behavioral health care and will promulgate standard secure messaging workflows to minimize provider workload while improving beneficiary experience and response times. The MTF will encourage providers to use secure messaging and will monitor the utilization of secure messaging by clinic and provider.

TOL Patient Portal. In FY 2017, the MHS will enhance the TOL Patient Portal by deploying a mobile appointing application for smartphones to facilitate automated on-line appointment scheduling. To maximize the number of appointments available for automated booking, the direct care system will implement the following standard processes in MTFs.

Primary Care. The direct care system will ensure at least 90 percent of 24HR and FTR primary care appointments are available for on-line booking. MTFs may consider making embedded behavioral health specialist appointments available for on-line booking.

Specialty Care/Behavioral Health. The direct care system will develop a standard plan to make some minimal specialty care appointments available for on-line booking, including routine behavioral health appointments for active duty personnel and optometry, if available at MTFs. The direct care system also will implement a pilot to allow on-line booking of SPEC and FTR appointments for beneficiaries with approved specialty referrals to determine the feasibility of full implementation throughout the direct care system.

Telehealth. The direct care system will explore other telehealth opportunities for manual and automated booking as required by the 2017 NDAA section 718. The MHS will develop and implement standard business rules, processes and procedures for approved telehealth capabilities based on requirements in primary, specialty and behavioral health care. Approved telehealth capabilities under development by primary, specialty and behavioral health care Service leads, in collaboration with the Telehealth Working Group, include: telehealth to the beneficiary's location; remote monitoring of beneficiaries with chronic disease; and specialty teleconsultation.

Part V – Implementation and Compliance Plan for Standard Appointment Processes, Procedures and Types

Implementation Plan. The direct care system will implement the plan outlined in this report by 31 January 2018 and will report on the implementation of the standard manual and automated appointment system on 1 February 2018. Implementation plan components and estimated dates of completion are provided in Table 1.

Table 1. Implementation Plan for Standard Processes, Procedures and Appointment Types

Plan Component	Estimated Date of Completion
Issue standard policy on specialty care referral processes.	Complete
Services will begin identifying PLLs for each specialty care product line.	1 June 2017
Implement standard specialty referral processes at MTFs not located in eMSMs to include centralized booking of specialty appointments at RMO/Cs.	31 July 2017
Identify standard capacity rules for each specialty and behavioral health care product line.	1 September 2017
Issue DHA issuance on standard processes, procedures and appointment types.	1 October 2017
Ensure at least 90 percent of primary care 24HR and FTR appointments and some limited specialty care appointments are available for automated booking on TOL at each MTF.	1 October 2017
Initiate a pilot to allow automated specialty care SPEC and FTR appointment booking on TOL and evaluate the results after 180 days to determine feasibility of full application across the direct care system.	1 October 2017
Publish standard guidelines for CSSPs for specific common acute conditions in TSWF for use in direct care system.	1 October 2017
Develop and distribute patient-centered beneficiary education materials on standard manual and on-line appointing processes.	1 October 2017
Complete implementation of all policy guidance on standard processes, procedures and appointment types except for specialty referral processes in eMSMs.	1 January 2018
Complete implementation of standard specialty referral processes in eMSM MTFs to include to include centralized booking of specialty appointments at RMO/Cs.	31 January 2018
Develop and implement standard evidence-based return interval guidelines for primary care follow-up appointments and standard self-care guidance for common acute conditions in TSWF.	FY 2018
Brief the Committees on Armed Services of the Senate and the House of Representatives on the implementation of a standard manual and automated appointing system.	1 February 2018

Compliance Plan. The direct care system has developed a process to provide operational oversight for the implementation and sustainment of standard processes, procedures and appointment types for primary, specialty and behavioral health care. Performance measures include but are not limited to the measures on the MHS Dashboard and responses on the Joint Outpatient Experience Survey.

Active Management. Tri-Service and DHA Tri-Service Patient Centered Care Integrated Board (TSPCCIB) will actively track and monitor compliance with all standard processes, procedures and appointment types as well as telehealth plan development. The TSPCCIB will evaluate performance and identify MTF performance outliers to the Services; subsequently, the Services will address performance outliers and resolve challenges leading to lower than expected performance. The TSPCCIB also will lead Tri-Service webinar training for MTFs and the Services will conduct training and sustainment activities to support the standard processes and procedures in this report. Finally, the TSPCCIB will identify and codify emerging leading practices and innovations in appointing processes, procedures and product line optimization in future DHA policy guidance to support continuous process improvement.

Governance. Senior MHS governance will monitor appointment system performance, variance and compliance with the standard processes and procedures identified in this report. Governance also will direct corrective actions, if required, to ensure the direct care system establishes and maintains reliable, standardized appointing processes, procedures and appointment types to support a single medical manual and automated appointing system.

Summary. The direct care system collaboratively established Tri-Service standard processes, procedures and appointment types to eliminate variance at MTFs and improve beneficiary experience, which are detailed in this report and which will be codified in a standard DHA policy issuance. The plan detailed in this report identifies comprehensive standards for operating hours, manual and automated appointing processes, first call resolution, capacity, follow-up appointment scheduling and specialty referrals. The Department will implement and ensure accountability for the standard processes, procedures and appointment types in this report at all MTFs. The Department is confident that implementation of the details outlined in this plan, supported by sustainment training and actively monitored by MHS governance, will result in beneficiary-friendly access to high quality primary, specialty and behavioral health care in the direct care system.

Appendix A: Glossary

Acronym	Term
24HR	24-Hour Appointment
AIWG	Access Improvement Working Group
CFR	Code of Federal Register
CHCS	Composite Health Care System
CSSP	Clinical Support Staff Protocol
DART	Direct Access Reporting Tool
DHA	Defense Health Agency
DoD	Department of Defense
EHR	Electronic Health Record
eMSM	Enhanced Multi-Service Market
ER	Emergency Room
F2F	Face-to-Face
FTE	Full Time Equivalent
FTR	Future Appointment
FY	Fiscal Year
GRP	Group Appointment
IHCS	Integrated Health Care System
IPM	Interim Procedural Memorandum
MGMA	Medical Group Management Association
MHS	Military Health System
MTF	Medical Treatment Facility
NAL	Nurse Advice Line
NDAA	National Defense Authorization Act
PBO	Provider Book Only
PCM	Primary Care Manager
PCMH	Patient Centered Medical Home
PLL	Product Line Leader
PROC	Procedure Appointment
RMC/O	Referral Management Center/Office
RN	Registered Nurse
ROUT	Routine Appointment in Behavioral Health
SPEC	Specialty Appointment
SPEC*HC	Virtual Telephone Appointment in CHCS
STAT	Medical abbreviation from the Latin word statum, meaning 'immediately.'
TOC	TRICARE Operations Center
TOL	TRICARE On-Line

Acronym	Term
TSPCCIB	Tri-Service Patient Centered Medical Home Integrated Board
TSWF	Tri-Service Workflow
UCC	Urgent Care Clinic
VIRT	Virtual Telephone Appointment in MHS Genesis