BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: FIRST CALL RESOLUTION AND CALL BACK POLICY

Ref: (a) BUMED memo 6000 Ser M3/15UM30012 of 12 Feb 2015 (NOTAL)
(b) SecDef memo OSD011272-14 of 1 Oct 2014 (NOTAL)

1. **Purpose.** To provide guidance on and underscore the importance of the first call resolution and call back policy as described in references (a) and (b).

2. **Scope.** This notice applies to all Navy medical treatment facilities (MTF).

3. **Policy.** Resolution for patients requesting appointments at all MTFs will be made upon the first phone call. Under this policy, beneficiaries will not be asked to call back for an appointment. This policy identifies the responsibilities of all Navy medical personnel involved in the appointing process to ensure patient satisfaction for our beneficiaries and outlines the use of alternative portals such as secure messaging, Nurse Advice Line, patient portals (e.g., TRICARE On Line). Specific procedures are also identified to correctly transfer calls per existing access to care standards, referral management protocols, and proper use of managing clinic schedules to ensure appointing success the first time a patient seeks access.

4. **Responsibilities.** To ensure patients are not told to call back for an appointment, the following guidelines will be implemented as part of the appointing process:

   a. **Navy Medicine Regional Commanders must:**

      (1) Monitor call back rates within their area of responsibility by reviewing available data sources (e.g., Joint Outpatient Experience Survey).

      (2) Address any outliers in performance.

   b. **MTF Commanding Officers must:**

      (1) Adequately manage access, patient demand, provider capacity, and availability to meet patient demand.
(2) Ensure the MTF is capable of sufficient response to patient demand, utilizing a variety of access options which include, but are not limited to, standardized nurse guided protocols, secure messaging, embedded specialist appointments, and increased appointing capacity via demand management.

(3) When adequate capacity is not achievable within the MTF, ensure efficient transfer of patients within the integrated healthcare network such as to the MTF urgent care center, MTF emergency department, another MTF, or referral to the network to maintain access standards.

(4) Ensure appointing clerks comply with this call back policy notice.

c. Department Heads and Clinic Managers must:

   (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 2 hours and reply to all other requests by the end of the duty day.

   (3) Use daily team huddles to review schedules to see if patients can be taken care of via enhanced access methods such as a virtual health visit.

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

d. Directors, Access Managers, and Call Center Supervisors must:

   (1) Manage access and templates to maximize the availability of open appointments, and eliminate restrictions on appointing such as detail codes and disabling Web site availability.

   (2) Ensure booking protocols clearly define what to do in the event an appointment is not available.

   (3) Ensure all clinic booking clerks and call centers are properly trained and knowledgeable on the Military Health System (MHS) access to care standards and booking protocols.

   (4) Ensure appointing clerks comply with first call resolution policy as outlined in this notice by:

      (a) Booking appointments per MHS access to care and referral management protocols.
(b) Following best practices to ensure the patient receives an appointment when they call. Best practices include:

1. If appointments are available the same day, offering the appointment for the same day.

2. If an acute or urgent appointment is not available within 24 hours, offering to book outside the booking window.

3. For primary care routine medical or follow up needs, converting a 24 hour appointment to a future appointment if it meets the patient’s needs.

(c) If unable to find an appropriate appointment for the patient, explaining local guidelines and transferring the patient to the appropriate clinical team or designated team member, via positive call transfer if possible (using a warm hand-off) for triage and appropriate disposition such as walk-in, nurse guided protocol, etc. As a result, personnel will:

1. Enter a telephone consult if the team nurse cannot be reached to resolve the patients’ appointment request.

2. Mark the telephone consult as “Urgent/Red” if the request is for today or the next 2 business days and “routine/non-urgent” for 3 days or more. Inform the patient the team will call them back.

(d) Completing first call resolution and not asking patients to call back for an appointment as outlined in this notice.

5. Procedures. The following procedures must be followed to ensure resolution of the patient’s call for an appointment:

a. Primary care teams are responsible for the care of active duty and other beneficiaries as entitled by policy or guidance. These beneficiaries are entitled to access within the standards contained in 32 Code of Federal Regulations, part 199.17 which is available at https://www.gpo.gov/fdsys/granule/CFR-2011-title32-vol2/CFR-2011-title32-vol2-sec199-17/content-detail.html. The wait time for an urgent care visit must not exceed 24 hours; for a routine visit, it must not exceed 1 week; and for a specialty care visit, it must not exceed 4 weeks. When unable to accommodate within these standards, the MTF will offer the patient an appointment within the integrated healthcare network such as MTF urgent care center, MTF emergency department, another MTF, or referral to the network.

b. Continuity between a patient and their primary care clinician, primary care team, and the MTF is critical to the success of world-class care. Although the goal is to maintain the highest level of continuity possible, cross booking of patients may be necessary to reduce the volume of
care being transferred 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 primary
care clinician and their staff. The clinic staff may use of any of the enhanced access methods
described in paragraph 5a, decide to cross book to another clinician or team, or to defer the
patient to the network. When making these determinations, it is essential to balance the benefit
of continuity with good stewardship of resources.

c. Specialty care teams will make every attempt to accept incoming referrals within 1
business day of receipt. Should the referral need to be deferred to the network due to capacity,
the referral will be deferred within 1 business day of receipt. Other beneficiary categories such
as TRICARE For Life 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, and contacting Medicare).

d. MTFs will maximize alternative access portals such as secure messaging, Nurse Advice
Line, and patient portals (e.g., TRICARE Online). MTFs will not divert patients to the Nurse
Advice Line during business hours as a means to complete first call resolution.

6. Records Management. Records created as a result of this notice, regardless of media and
format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy