



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

Canc: Dec 2019  
IN REPLY REFER TO  
BUMEDNOTE 6000  
BUMED-M3  
20 Dec 2018

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: IMPROVING PATIENT EXPERIENCE WITH ACCESS TO CARE

Ref: (a) DHA-IPM 18-001  
(b) DHA-PI 6025.03  
(c) BUMEDNOTE 6000 of 2 Apr 2018  
(d) DHA-IPM 17-009  
(e) ASD(HA) Policy Memorandum, Guidance for the Implementation of Simplified Appointing of 29 July 2015  
(f) MHS Guide to Access Success, 22 January 2008  
(g) BUMEDINST 6320.103  
(h) BUMED Memo 6000 Ser M3B1/15UM30138, Implementation of Simplified Appointing in Primary Care of 17 Aug 2015  
(i) BUMEDINST 6300.20  
(j) 32 CFR 199

1. Purpose. To improve beneficiary experience with access to care (ATC) in Navy medical treatment facilities (MTF) as described in references (a) through (j).

2. Scope and Applicability. This notice applies to all Navy MTFs.

3. Policy. ATC for our beneficiaries is a top priority for Navy Medicine. All beneficiaries enrolled in TRICARE Prime programs must be afforded ATC according to the standards provided in references (a) through (j). To be successful, the MTF commanding officers (CO) must oversee the development and deployment of a well-researched, effective, and efficient access plan that supports their beneficiary population's mission requirements and healthcare needs.

4. Responsibilities

a. Regional Commanders must:

(1) Monitor ATC within their area of responsibility by reviewing available data sources (e.g., ATC business metrics and Joint Outpatient Experience Survey (JOES)).

(2) Address any outliers in performance.

b. MTF COs must:

(1) Comply with references (a) through (j). Reference (a), Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in MTFs, is located at <https://health.mil/Reference-Center/Policies?&daterange=2010-2018> and reference (b), Standard Processes and Criteria for Establishing Urgent Care (UC) Services and Expanded Hours and Appointment Availability in Primary Care in MTFs to Support an Integrated Health Care System is located at <https://health.mil/Reference-Center/Policies?page=2#pagingAnchor>.

(2) Evaluate success of access standards through access business and administrative metrics, patient experience measures such as the JOES, and patient comments. Reconcile differences in administrative measures and patient experience measures, as patient experience measures do not always reflect the same level of performance on the ATC business measures.

(3) Establish policy for managing “no shows” and cancelled appointments that optimize ATC per reference (a). Best practices for decreasing no show rates include but are not limited to:

(a) Pre-visit telephone calls.

(b) Educating patients on the impact of missed scheduled appointments.

(c) Providing information on the MTF Web site regarding the “no show” policy to include contact information for rescheduling the appointment.

(d) Providing a patient with a copy of the “no show” policy at care entry points, such as clinic check-in desks.

(e) Ensuring primary care manager continuity.

(f) Sending appointment reminders through mail or e-mail.

(g) Posting “do not be a no show” reminders throughout MTFs.

(4) Promote and market ATC information to patients. Sharing information on public facing Web sites, in town halls, in brochures, and other communication vehicles can be an effective tool to engage patients and manage expectations.

c. Directors, Department Heads, Access Managers, Clinic Managers, and Call Center Supervisors must:

(1) Optimize clinic business processes to maintain an outstanding experience of care, per references (a) through (j).

(2) 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.

(3) Ensure all staff who book appointments comply with the first call resolution policy per reference (c), first call resolution and call back policy. Patients will not be asked to call back for an appointment as outlined in reference (a).

(4) Ensure accountability by providing MTF leaders with regular briefings on the progress of ATC improvement initiatives and metrics.

(a) Metrics are available on the Military Health System Dashboard at <https://carepoint.health.mil/sites/mhsp4i/SitePages/Home.aspx?HomePage=true>

(b) JOES: <https://joesreports.com/>

(c) TRICARE Inpatient Satisfaction Survey: <https://www.trissreports.com/>

(d) Medical Home Port SharePoint Site: [https://login.max.gov/cas/login?service=https%3A%2F%2Fcommunity.max.gov%2Flogin.action%3Fos\\_destination%3D%252Fpages%252Fviewpage.action%253FspaceKey%253DDoD%2526title%253DMedical%252BHome%252BAccess%252BTo%252BCare%252BInformation](https://login.max.gov/cas/login?service=https%3A%2F%2Fcommunity.max.gov%2Flogin.action%3Fos_destination%3D%252Fpages%252Fviewpage.action%253FspaceKey%253DDoD%2526title%253DMedical%252BHome%252BAccess%252BTo%252BCare%252BInformation)

(e) Transparency Initiative Site: <https://health.mil/transparency>

(f) Nurse Advise Line dashboard: <https://carepoint.health.mil/sites/PCAD/SitePages/NAL.aspx>

(5) Follow best practices to ensure the optimum patient experience with ATC:

(a) Utilize Direct Access Reporting Tool (DART) to monitor and improve access. The DART tool can be located at <https://carepoint.informatics.afms.mil/sites/DART/SitePages/Home.aspx>

(b) Extension of staff hours, compensatory time resolution, and understanding the triggers for extending hours, per reference (b).

(c) Conduct analysis of staffing. This includes analyzing the number of appointments per provider, seasonal rotations of active personnel, coverage for provider absences, other duties, and control of leave and temporary duty assignments.

(d) Ensure 24-hour appointments are available for booking through the Nurse Advice Line Management System (NALMS) and telephone numbers are kept current in the NALMS for warm transfers. Utilize dashboard to determine high volume times in relation to appointment supply, as well as other access indicators, such as successful bookings and transfers.

(e) Utilize virtual health visits. Types of virtual health services include synchronous (real-time or clinical video) virtual provider-to-patient encounters, as well as synchronous and asynchronous teleconsultations between providers (e.g., teleradiology where stored patient information is forwarded to appropriate providers). As technology advances, Navy Medicine is continuing to expand and improve virtual health services, report in response to Section 718 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328), and Enhancement of Use of Telehealth Services in the Military Health System, 13 July 2017.

(f) Use of provider extenders such as physicians assistants, nurse practitioners, and Independent Duty Corpsmen to expand ATC, references (a), (b), (e) through (h), and report in response to Section 718 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328), Enhancement of Use of Telehealth Services in the Military Health System, 13 July 2017.

(g) Promote use of Nurse Advice Line (NAL), NAL Program Operations Guidance, located at <https://health.mil/Reference-Center/Policies?daterange=2010-2018> and Report in response to Section 718 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328), Enhancement of Use of Telehealth Services in the Military Health System, 13 July 2017.

## 5. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/ Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

6. Information Management Control. Reports required in paragraph 4 of this notice are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

  
TERRY J. MOULTON  
Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>