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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Policy Memorandum Implementation of the 'Patient-Centered Medical Home' Model of Primary Care in MTFs

- References: (a) Assistant Secretary of Defense (Health Affairs) (ASD (HA) Policy 99-033, Individual Assignments to Primary Care Managers by Name. (<http://mhs.osd.mil/Content/docs/pdfs/policies/1999/99-033.pdf>)
- (b) ASD(HA) Policy 06-007 TRICARE Policy for Access to Care and Prime Standard Area Standards (<http://mhs.osd.mil/Content/docs/pdfs/policies/2006/06-007.pdf>)
- (c) ASD (HA) Policy 07-009 Access to Primary Care Managers at Military Treatment Facilities (<http://mhs.osd.mil/Content/docs/pdfs/policies/2007/07-009.pdf>)

This policy, in conjunction with references (b) and (c), supersedes reference (a), which is hereby cancelled. References (b) and (c) outline access to care standards that are required by Title 32, Code of Federal Regulations (CFR) Part 199.17(p)(5)(ii). While the current standards ensure timely access to appointments, they overlook the importance of the patient-provider relationship in assuring continuity of care, and as a major driver of patient satisfaction and better outcomes for our TRICARE Prime beneficiaries. This policy builds on MTF current success with appointment access and provider continuity by requiring that a single primary care framework be adopted that specifically targets communication and patient-centered health care delivery.

The Patient-Centered Medical Home (PCMH) is an established model of primary care that improves continuity of care and enhances access through patient-centered care and effective patient-provider communication. Consistent with longstanding MHS goals, the PCMH is associated with better outcomes, reduced mortality, fewer hospital admissions for patients with chronic diseases, lower utilization, improved patient compliance with recommended care and reduced medical spending. One of the core principles of the PCMH is that patients have a consistent relationship with their health care provider who delivers first contact, continuous, and comprehensive care.

Every Prime patient is assigned a primary care manager by name (PCMBN) and each PCM is part of a team practice. The PCM team ensures patients have access to advice and provider continuity 24 hours 7 days a week. The PCM and the supporting team assists the patient with information and services to support health care decisions and to ensure comprehensive, continuous care. Principles of the PCMH prescribe that health care be delivered around the whole person concept, coordinated and integrated care between settings and specialties, evidence-based and safely administered.

This policy is applicable to primary care settings at all MTFs and is effective immediately. The PCMH model of care will be implemented across the Services. TRICARE Prime beneficiaries will be assigned to a PCMBN and will be encouraged to seek all nonemergency health care services from their PCMs. PCMs provide the majority of the beneficiaries' health care needs and refer them to specialized care if needed. PCMs provide follow-up care for patients after they have received care from consultant specialists, and provide ongoing continuity and care coordination. For purposes of this policy a PCM is a physician or other licensed health care professional who serves as beneficiaries' first contact with the health care system. To meet the requirement for 24 hour 7 days a week beneficiary access, an MTF clinic or provider may fill the role of PCM.

PCMs may be family physicians, internists, pediatricians, and general practitioners. Physician assistants, nurse practitioners, nurse midwives, independent duty corpsmen, and physicians in residency training may also serve as PCMs on the PCM team under appropriate staff physician consultation/supervision (the PCM Team Leader). Other specialists (e.g., obstetricians/gynecologists managing comprehensive women's health) may also serve as PCMs when that would best meet the needs of the patient. PCMs must be able to deliver a standard scope of primary care to assigned beneficiaries.

A cornerstone of this policy is that PCMs be organized into PCM teams to reinforce patient-provider communication, and to optimize continuity and accountability when the individual's assigned PCM is unavailable. Every team has a leader who accepts responsibility for delivering patient-centered care. The PCM and the supporting team assist the patient with information and services to support health care decisions. The ideal size of this team will range between three to five providers, depending upon the complexity of the patient population and the type of primary care providers available. Primary care clinics may have one or more PCM teams depending on the size of the primary care population served.

Under this policy requiring implementation of the PCMH as a comprehensive primary care model to improve patient satisfaction and outcomes, MTFs are encouraged

to utilize innovative approaches that are patient-centered and access focused. Open access scheduling, online appointing and online provider/patient communication, 24-hour nurse advice and triage lines, and provider/patient telephonic consults are examples of some innovative approaches that may be used to enhance patient-provider communication.

The effectiveness of PCMH policy implementation will be assessed through PCM assignment and PCM team appointment continuity. Measures of the effectiveness of PCMH outcomes will be assessed through MHS measures of access, and through measures of patient satisfaction with care, patient satisfaction with provider communication, and patient satisfaction with technical health care quality. Metrics will be reported to leaders through the MHS Strategic plan, with MHS action plans and incentive programs to reward innovation and success developed through the MHS Clinical Quality Forum, the Clinical Proponency Steering Committee, and the Senior Military Medical Advisory Committee.

A centrally supported PCMH communication plan will be developed to meet Service-specific requirements for educating and reinforcing the PCMH model. The MHS communications plan will target both TRICARE Prime beneficiaries and MTF personnel.

My point of contact for this policy is Colonel John P. Kugler, Deputy Chief Medical Officer, Office of the Chief Medical Officer, TRICARE Management Activity. He can be reached at (703)681-0071 or at John.Kugler@tma.osd.mil.



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cc:
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