



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

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MEMORANDUM FOR AIR FORCE MEDICAL TREATMENT FACILITIES

FROM: HQ USAF/SG3/5

SUBJECT: First Call Resolution and Do Not Call Back Policy

In response to the 1 October 2014 memorandum from Secretary of Defense Hagel, *Military Health System Action Plan for Access, Quality of Care, and Patient Safety*, and in support of outstanding patient-centered care, the following policy requires first call resolution for all patients requesting appointments at all Air Force Medical Treatment Facilities (MTFs). Under this policy, beneficiaries will not be asked to call back for an appointment.

MTF Commanders are responsible for managing the care of all enrolled patients empanelled to them and patients accepted for specialty care within their MTF. Empanelled beneficiaries should receive access to care at the right time, in the right setting, with the right healthcare professional. This may be through face-to-face appointments, a variety of Enhanced Care options, or routing care to a network provider. MTFs will not divert patients to the TRICARE Nurse Advice Line during business hours as a means to complete first call resolution.

To achieve the mandate that empanelled beneficiaries are not told to call back for an appointment, the following guidelines will be implemented as part of the appointing process:

a. Appointing agents will:

- (1) Search for appointments with the patient's PCM. If no appropriate appointments are available, the agent will search within the PCM Team, then PCM Clinic, then across all Primary Care clinics (this includes cross-booking into the following MEPRS: BAA - Internal Medicine, BDA - Pediatrics, BGA - Family Health, BJA - Flight Medicine)
- (2) If unable to find an appropriate appointment for the patient, transfer the call to the patient's PCM team nurse or a designated clinic triage nurse, via warm hand-off, for triage and appropriate disposition
- (3) If unable to warm-transfer the patient to the PCM team nurse or triage nurse, enter a RED TCON to the team indicating the need for a 2-hour response

b. PCM Team nurses/triage nurses will:

- (1) Take warm hand-off calls from appointing agents and determine the most appropriate disposition
- (2) When warm hand-offs are not possible, reply to RED TCONs within 2 hours

c. MTF commander will:

- (1) Adequately manage provider capacity and availability to meet patient demand
- (2) Ensure MTF is capable of sufficient response to patient demand. A variety of responses may be used to achieve this goal, which include, but are not limited to, expanded teams (BHOP, Physical Therapy Direct Access, etc.) and Support Staff Protocols to increase capacity, and utilization of Medical Management to reduce demand
- (3) Establish business rules to facilitate controlled cross-booking of patients to other teams within the MTF when adequate capacity is not achievable within the PCM team
- (4) Ensure efficient transfer of patients to other MTFs or to the network when adequate capacity is not achievable within access standard in the MTF
- (5) Ensure Active Duty are only deferred to the network as a last resort.

Patient access to his/her PCM, PCM team, and/or the MTF is critical to the success of world-class care. The goal is to maintain the highest level of PCM continuity possible, but cross-booking of patients may be necessary to reduce the volume of care being leaked to the network. When determining the most appropriate disposition for a patient, it is essential that clinical teams balance the benefit of PCM continuity with increased MTF access and good stewardship of our MTF resources.

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