

2010 Military Health System Conference

Front-line Successes in Improving Access to Care and Referral Management

Sharing Knowledge: Achieving Breakthrough Performance

Ms. Marissa Koch; Ms. Patricia Oakes; Ms. Crystal Kelley; Mr. Scott Graham; CAPT Maryalice Morro, CAPT Kevin Berry

25 January 2010



Objectives

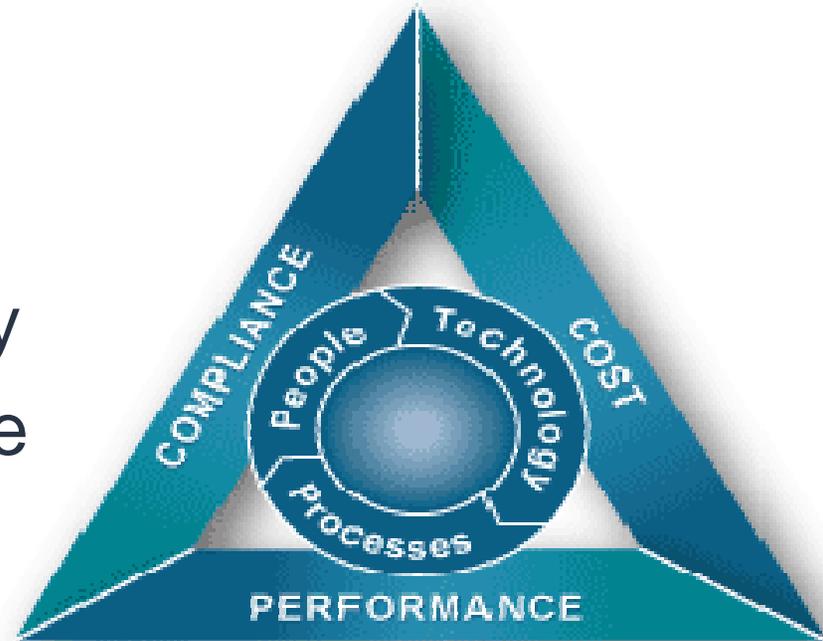


- Share execution strategies to operate a successful referral management center (RMC) to:
 - Ensure patient-centered continuity of care
 - Maximize MTF specialty care capabilities
 - Enhance clinical currency
- Leverage technology to ensure immediate access to data
- Answer Your Questions

Air Force Referral Management



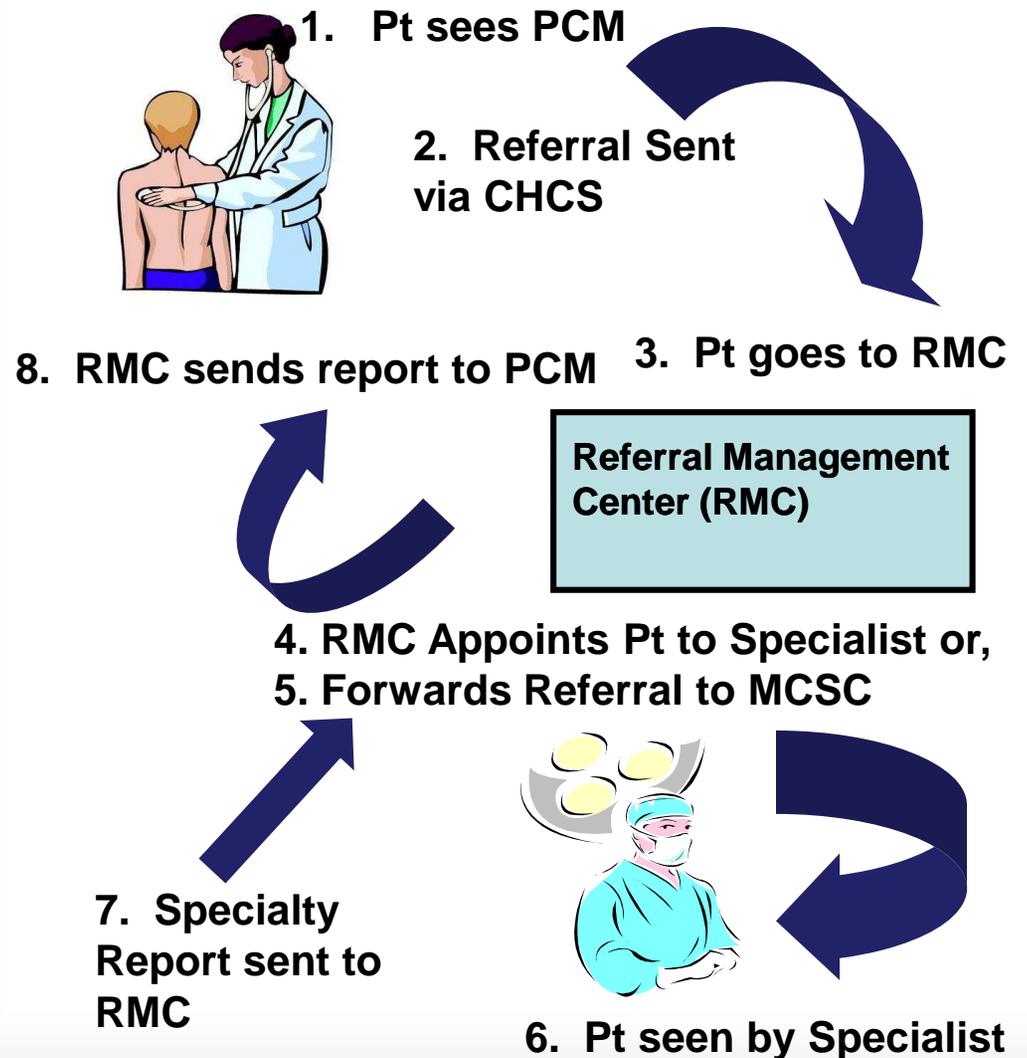
- Process standardized, defined & executed by functional stakeholders
- Resourced by AF SG & senior leadership
- Facilitated by technology
- Inspected for compliance



Since 2004: RMC-“One-Stop Shop”



- **Appointing:** Appoint Patients Prior to Leaving MTF (Direct Care Only)
- **Health Benefits:** Advise Patients on Referral/Treatment Options, Travel Requirements etc.
- **Tracking:** Track All Referral Requests/Results Going Out of/into MTF via CHCS/AHLTA; Follow-up to Obtain Results
- **Review:** Review Referral for Appropriateness, Administrative & Medical Completeness; Conduct ROFR
- **Coordination:** Determine Where Referral Will Go Using MTF Capability/Capacity Reports
- **Customer Service:** Enhance Responsiveness to Patients; Relieve Providers From Administrivia
- **Guide:** <https://kx.afms.mil/healthbenefits>



MHS Clear & Legible Report WG



- Members: Services, TMA, TROs
- Chartered to
 - Develop standardized business rules to manage network referrals under the T-3 environment
 - Define referral tracking workload returning to the MTF under T-3
 - Report to Joint Health Care Oversight Council

2nd Medical Group Barksdale Air Force Base

Patricia Oakes, RN, CHPN, Chief, Referral Management Center

25 January 2010



Know Your Referral Stats



- Total primary care enrollment: 17,161
 - Family Practice 12,331
 - Pediatrics 3,414
 - Flight Medicine 1,088
 - Internal Medicine 328
- Average monthly referrals: 2,808
 - Defer to network 2,443
 - Direct care 182
 - Results received 2,596

Know Your MTF Capabilities



- MTF specialty care
 - Orthopedic Surgery
 - Women's Health
 - Developmental Pediatrics
 - Physical Therapy (ADSM only)
 - Chiropractic Care (ADSM only)
 - Optometry (ADSM only)
 - Mental Health (ADSM only)

Utilize All Your Assets



- Ancillary services
 - Lab
 - Radiology (XR, CT, US, MMG)
 - Telederm
 - Cardiopulmonary (24hr HM, PFTs, MCT)
 - Nutritional Medicine
 - DME (limited)
 - Ortho supplies
 - TENs units

Basics for Success



- Referral management training
 - Required for all providers and nurses
 - Initial training when they in-process
 - Annual refresher training as a group
 - Policies, training materials on shared drive
 - Referral Management Resource Guide
 - Referral requirements
 - Referral tools
 - Utilization management
 - Results management
 - Network provider guide

Basics for Success



- Patient education
 - RMC brochures posted throughout MTF
 - Appointment guides for all beneficiary categories
 - Authorization demonstration at check-in
- RMC & TSC are co-located in same office
 - Strongly supported by MTF leadership
 - “One-Stop Shop” for all enrollment, referral, authorization, billing, and claims needs
 - Efficient patient and provider support
 - Less duplication of services

Develop Network Provider Relationships



- Challenges & solutions
 - Specialist deficiencies
 - Personal visits by SGH and key clinical staff
 - Endocrinology
 - Ortho-hand specialist
 - Psychiatry
 - Primary Care provider shortage in MTF
 - Urgent Care Clinics
 - MTF referral-auth for 1 eval/3 visits for 60 days
 - Collaborative agreement b/w MTF, MCSC, & providers

Annual 2 MDG Provider Reception



- MTF/network provider collaboration
 - Mandated by the MOU
- Global Medics Anytime...Anywhere
 - Provider reception & twilight air show
 - Started in 2005 with less than 200 attendees
 - 2009 had more than 600 attendees
 - 20% increase in network provider enrollment
 - 50% increase in network hospital enrollment

Annual 2 MDG Provider Reception



- Attendees
 - Physicians and allied health professionals
 - Hospital administrators
 - MTF providers and nurses
 - MTF & Wing commanders
 - MCSC leadership
 - Local Member of Congress

Better Understanding of Military



- Photo gallery & biographies of MTF providers
- Military displays
 - Alaskan Shelter- mobile hospital
 - Public Health- MRE demo and tasting
 - Bio Engineering- Hazmat response suits/devices
 - Body armor display
 - Barany chair
 - Decon tent
 - Field dentistry display

In the Beginning...2004



Name tag table



Refreshments



2004



Simple Displays



Less than 200 guests





2009...We've Come So Far

**Name tag tables:
700+ tags made**

**Civilian guests were saluted
by the BAFB Honor Guard**



2009...It Just Keeps Getting Bigger



**Impressive
centerpiece**



**The food is
always a big hit**



Showcasing Military Medicine



Alaska Shelter- our civilian partners are curious



They enjoy the hands-on experience





Demonstrations and Displays

Our Displays have grown more elaborate and informative



The MTF Provider Bio Wall introduces our staff to the civilian providers



Special Guests



Our civilian guests were amazed at the skills of the USAF Honor Guard



Strike Eagle Demo Team took time for photo ops and autographs





Outstanding Attendance

Hoban Hall was filled to capacity with 600+ guests.



Table arrangements allowed guests to sit and network.





One Team, One Goal

**Military & Civilian
providers networking
at the air show**



**Military & Civilian
providers networking over
good food**



Bottom Line



- Key components to a successful referral management program
 - MTF outreach to the network providers
 - Collaboration of RMC and TSC/MCSC
 - MTF provider/nurse education
 - MTF leadership support

2010 Military Health System Conference

Referral Management

Sharing Knowledge: Achieving Breakthrough Performance

Ms. Crystal Kelley

25 January 2010



88th Medical Group

Snap Shot of 88th Medical Group



- 88th Medical Group/Wright Patterson AF Base
 - Total Enrollment: 36,232
 - Family Practice- 21,699
 - Internal Medicine 4,445
 - Pediatrics-9,554
 - Flight Medicine-534
 - Catchment Eligibles: 56,988
 - Average monthly referrals- 4160
 - Defer to network- 1622
 - Direct care (MTF)- 2538

Basics for Success



- Executive Staff support
 - Provider champion & transition team
- Design business rules for each clinic
 - Simple to follow
 - Allow for flexibility
 - Allow for speedy review
- All referrals directed to RMC
 - 100% use of CHCS/AHLTA
 - CHCS clinic profiles
 - RMC listed first as Consulting Clinic

Basics for Success



- Work with providers & clinic staff
 - What would make them more productive?
 - X-rays before appointment
 - Audiogram prior to ENT appointment
 - Standing orders
 - Direct phone line to RMC Lead
 - Quick response to review or booking issues
 - Utilize review comments for booking clerks
 - Attention to detail
 - Clinic POCs
 - Decreases phone time for needed information

Basics for Success



- Provider education
 - Specialty providers educating PCMs
 - Decreases unnecessary referrals
 - Enhances provider to provider contact
- All clinics follow established business rules
 - Only patients meeting criteria are seen
 - Appointments are made available to RMC to book
 - Detail codes eliminate need for working in AD and walk-ins

Recapturing Care Vs. Currency



- Work closely with providers
 - Know what types of cases they need for currency
 - Be informed/educated on coding
 - Cross book where possible
 - Plastics does hand surgery
 - Colorectal surgeon can perform C-scopes
 - Peds GI – are they certified in adult?
- Currency platform
 - What cases do they need for currency

How To Know If You're Successful



- Track metrics
 - RMC walk-in
 - Redirected care
 - Initial increase
 - Referral trends within the MTF
 - Trends in deferred care and reason codes
 - Network provider usage rate
 - Private sector costs
 - Consult result trends
 - Review error rates

How To Sustain Success



- Routinely refine business rules
- Frequently adjust Service Availability List
- Work closely with the Group Practice Mgrs
 - Adjust templates
 - Utilize detail codes
 - Notify of pending deployments
- Report directly to an oversight committee
 - Give visibility at a higher level
 - Decreases roadblocks for patients and staff

The Medical Management Team



**See Back-Up
Slides for
Tools/Templates**



2010 Military Health System Conference

Referral Management

A Network Approach

Sharing Knowledge: Achieving Breakthrough Performance

Scott R Graham

25 Jan 2010

San Antonio Military Medical System



San Antonio Military Medical System



- Total unique system users – 240,000 worldwide
- Total DCS Enrollment – 120,000
 - WHMC – 55,000
 - BAMC – 40,000
 - 12th MDG – 25,000
 - Network enrolled 8,000
- Referral Management Impact
 - Total 22,000 monthly
 - Direct Care referrals – 15,000
 - DME/Home Health – 3000
 - Network deferred - 3500

Basics For Success



- Admin closure functionality in CHCS inactivated
- Cradle to grave referral management
 - 100% accountability
 - 100% tracking
 - 100% resolution
- What does that mean?
 - All patient referrals are followed up if unresolved
 - All referrals have some kind of result posted in AHLTA or returned to the ordering provider

Referral Resulting

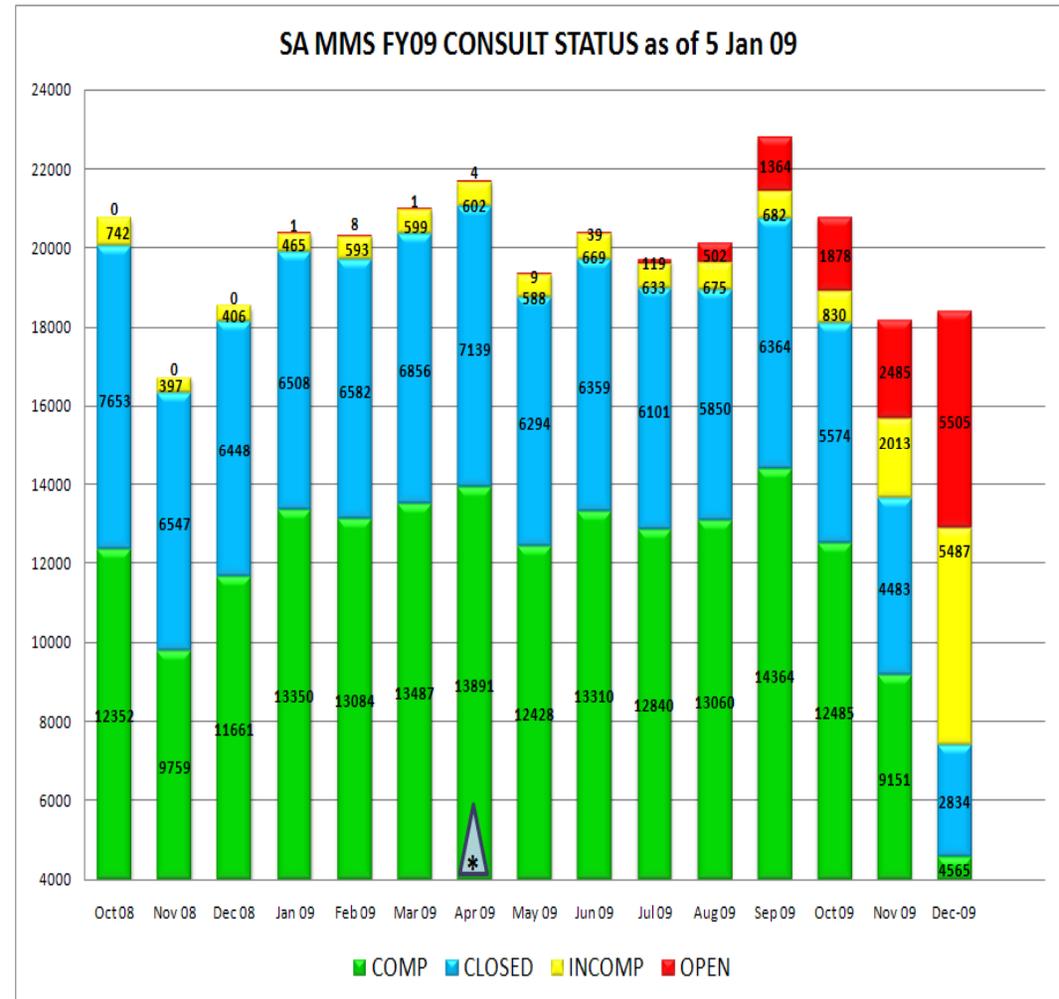


- CLR in AHLTA when seen in the DCS
- Unlinked referrals closed w/ annotation of visit
- Pt refusals/declinations annotated and closed
- Refusals for pts sent to network, same
- Recapture care (ROFR, TFL, Std) resulted to ordering provider
- Network ordered referrals twice no showed – resulted as a no show to the ordering provider
- Bottom line: There **MUST** be a disposition

How Do We Track?



- **Managing the process**
 - Timeliness
 - Follow-up
 - Actionable
- **Open referrals are those still pending an appointment**
- **Completed referrals are those seen with documentation signed off in AHLTA**
- **Incomplete referrals are those seen by specialist but the referral results not been signed yet**
- **Closed represent any referral unable to be appointed**
 - Patient refusals
 - Patient seen but consult not linked
 - Patients unable to be contacted due to bad CHCS data
 - Ordered care and declined by MTF for non enrolled patients
- **Dec data reflects < 30 days overall**

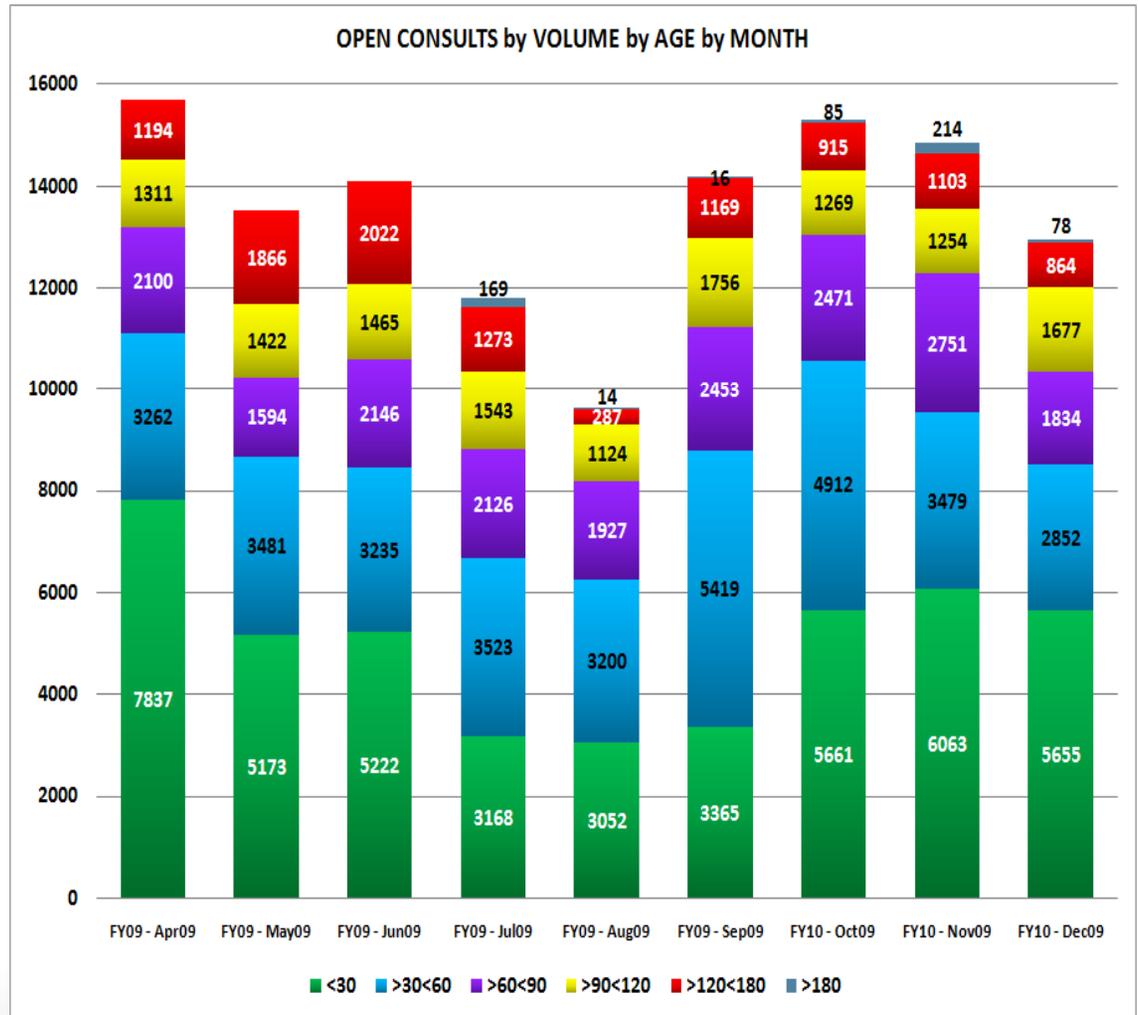


*Admin closure function disable for SA-MMS

Admin Closure Update



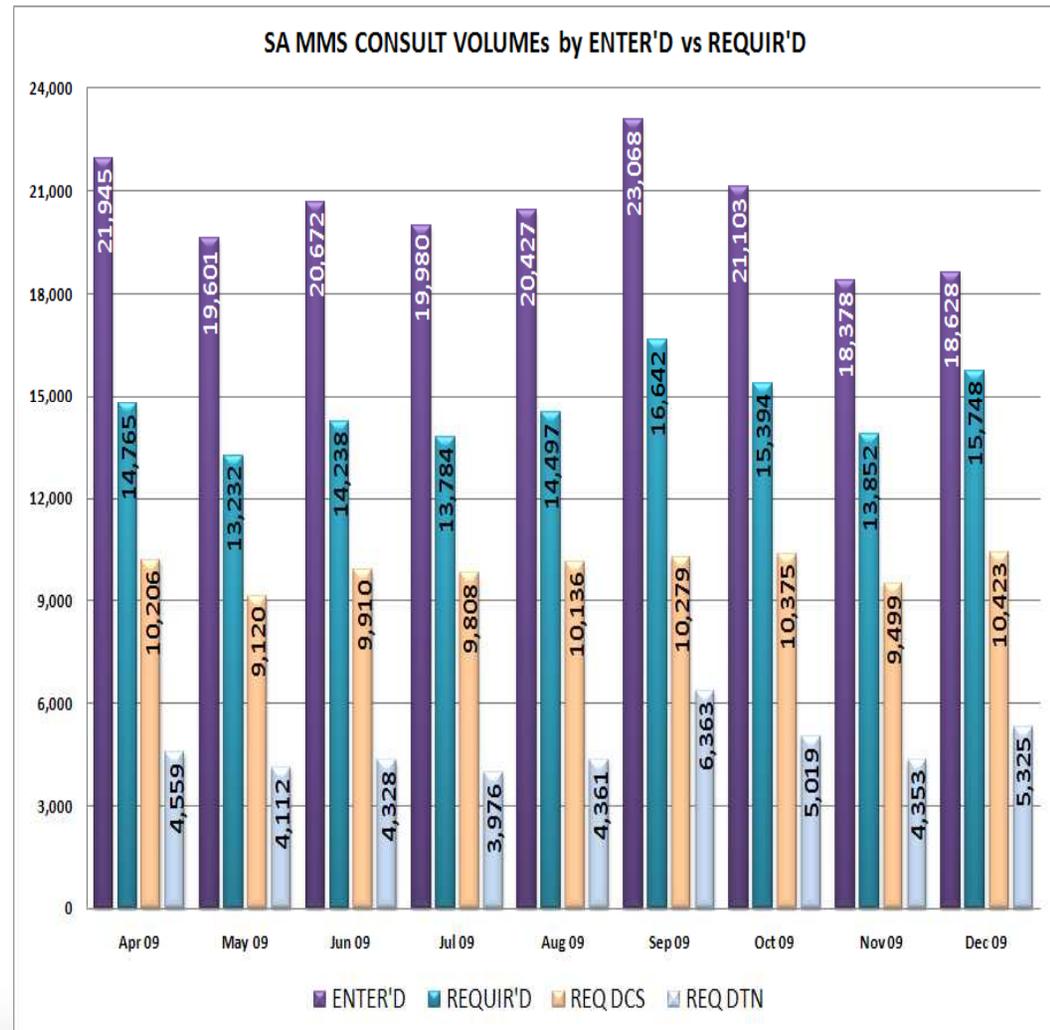
- 100% of all referrals are tracked
- Manual closure by MRMC as required
- No adverse system functionality
- Multiple reasons for “aged” referrals
 - Adjunct care post surgery
 - Referrals submitted pre deployment
- The key is resolution of all referrals with actionable outcomes



Managing Referrals



- Essential to have full visibility of the entire referral process
- Full accountability of ALL referrals
- Processes and control measures in place to track
- Understand the difference between referred care and support
 - Referred = patient visits
 - Support = DME, etc.
- Assign accountability
- Require processes and control
- Provider feedback essential



Recapture Efforts

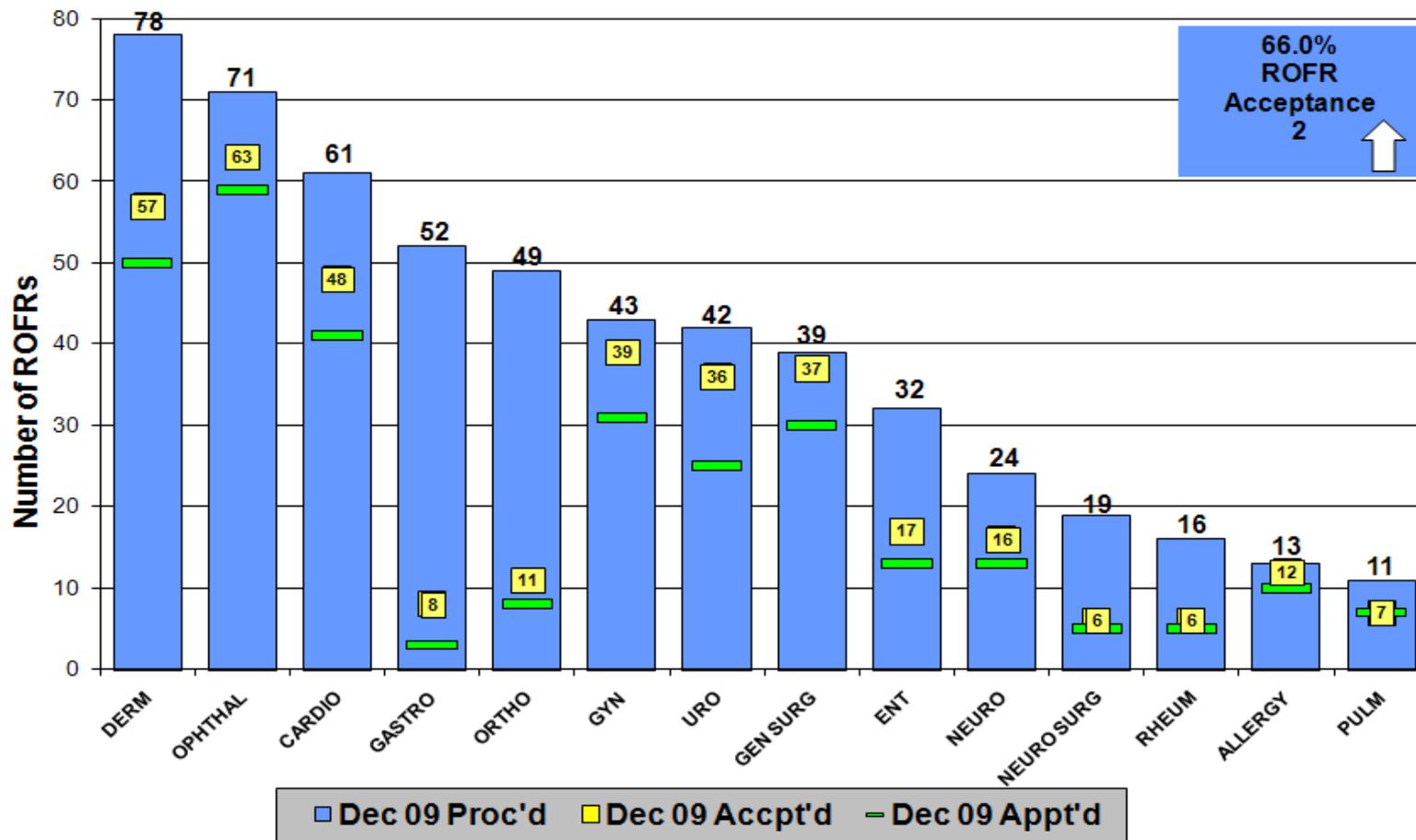


- Essential for sustainment training, GME, currency, inpatient nursing currency
- Established processes to effectively recapture
 - ROFRS
 - TFL
 - Standard
- Any recapture should be treated as a ROFR
- Common themes
 - Timely
 - Full results accountability
 - Communication
 - Key to success is customer/patient service
- It is an issue of capacity NOT capability

Right Of First Refusal Management – Dec 09



ROFRs: Volume Processed by Specialty / Acceptance / Booked



Recapture Keys



- Patient & customer service first
 - If we want to recapture we **MUST** make the capacity
 - Capacity must be within ATC
 - Notification must be timely
- The **GOLD STANDARD**
 - No review or w/in 24 hrs
 - Same day patient notification of acceptance and appointment
 - An invitation back if we can't accommodate
 - **RESULTS!**

Leadership & Decision Making



- Monthly Stakeholder Report
 - Provide to all via local SharePoint, AFKN, & AKO
 - Includes analysis and recommendations



SA-MMS Mtly
Stakeholder Report

- Quarterly executive council
 - Military Medical System Balanced Scorecard
 - Roll up from each MTF
 - Focus on improvement opportunities
 - Process owner invites
 - Strategic & Tactical vector



SA-MMS Exec
Council & BSC

- Ad hoc meeting participation
 - WHMC Health Plans Mgt/ECOMs input
 - BAMC Quarterly Business Ops
 - SAMMC-HPM
 - MTF/MCSC ACM Forum



Health Plans
Management



BAMC Business
Ops

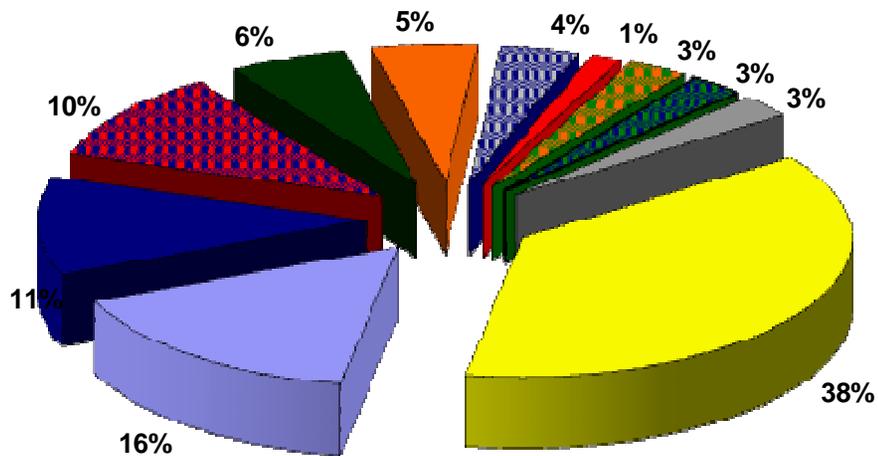
- AFKN Community of Practice

<https://afkm.wpafb.af.mil/ASPs/CoP/OpenCoP.asp?Filter=OO-SG-AE-50>

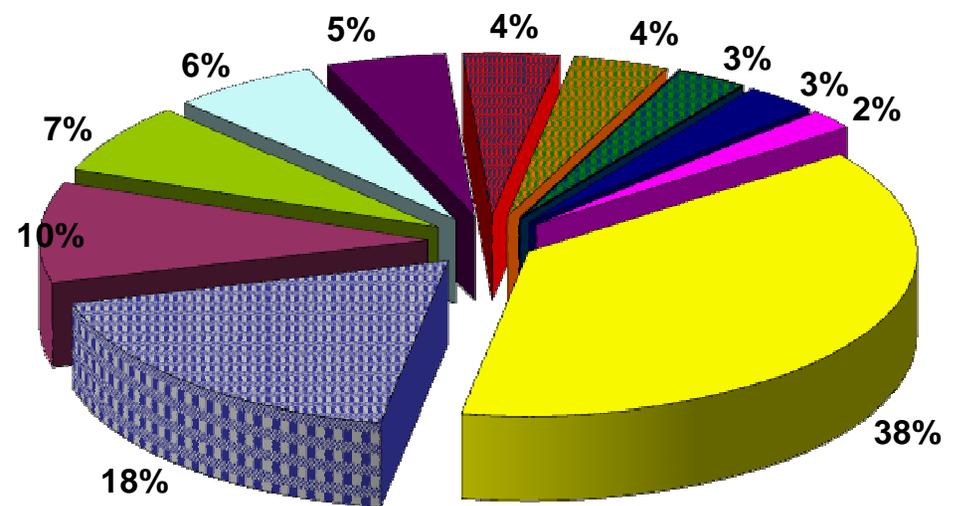
Specialty Care—Purchased Care



Top Purchased Care Specialties By Cost



Top Purchased Care Specialties By Volume



- Acute Care
- Radiology
- Cardiovascular Disease
- Ambulance Services
- Gastroenterology
- All Other
- Internal Medicine
- Pediatrics
- Physical Therapist
- Orthopedic Surgery
- Anesthesiology

- Physical Therapy
- Pain Management
- Behavioral Med
- Orthopedics
- Otorhinolaryngology
- All Others
- Podiatry
- Sleep Disorder
- Network Radiology Referral
- Gastroenterology
- Plastic Surgery

Keys To Success



- Systematic follow up process
 - Effective tools
 - RMSTR
 - Homegrown data base reports
 - Appointing accountability
 - Personnel resources to execute
 - The Chase
 - Call patients to follow up on “open” referrals
 - Update CHCS with outcomes
 - Close when indicated
 - Provider feedback

The Bottom Line



- You can't manage what you can't see
- Turning off admin closure functionality
- Provide the right resources to resolve all open referrals
- Feedback mechanism to providers on status
- Clinician follow up when required
- Leadership support

Naval Hospital Pensacola

Health Information Exchange

CAPT Maryalice Morro, NC, USN, Commanding Officer

25 January 2010



Health Information Exchange



- Mission:
 - To create an environment that fosters, facilitates and promotes health care connectedness and innovation
- Core areas of focus:
 - Health information exchange
 - Healthcare Innovations (Intro, mgmt and R&D)
 - Security Impacts



Health Information Exchange

- Ideal microcosm of American health care
- “Health Information Utility” for federal and civilian members to realize greater operational efficiency
- Established broad community buy-in to support the health information utility
- Scale toward the nascent National Health Information Network
- Federal/civilian providers, non-health entities who have common needs

Health Information Exchange



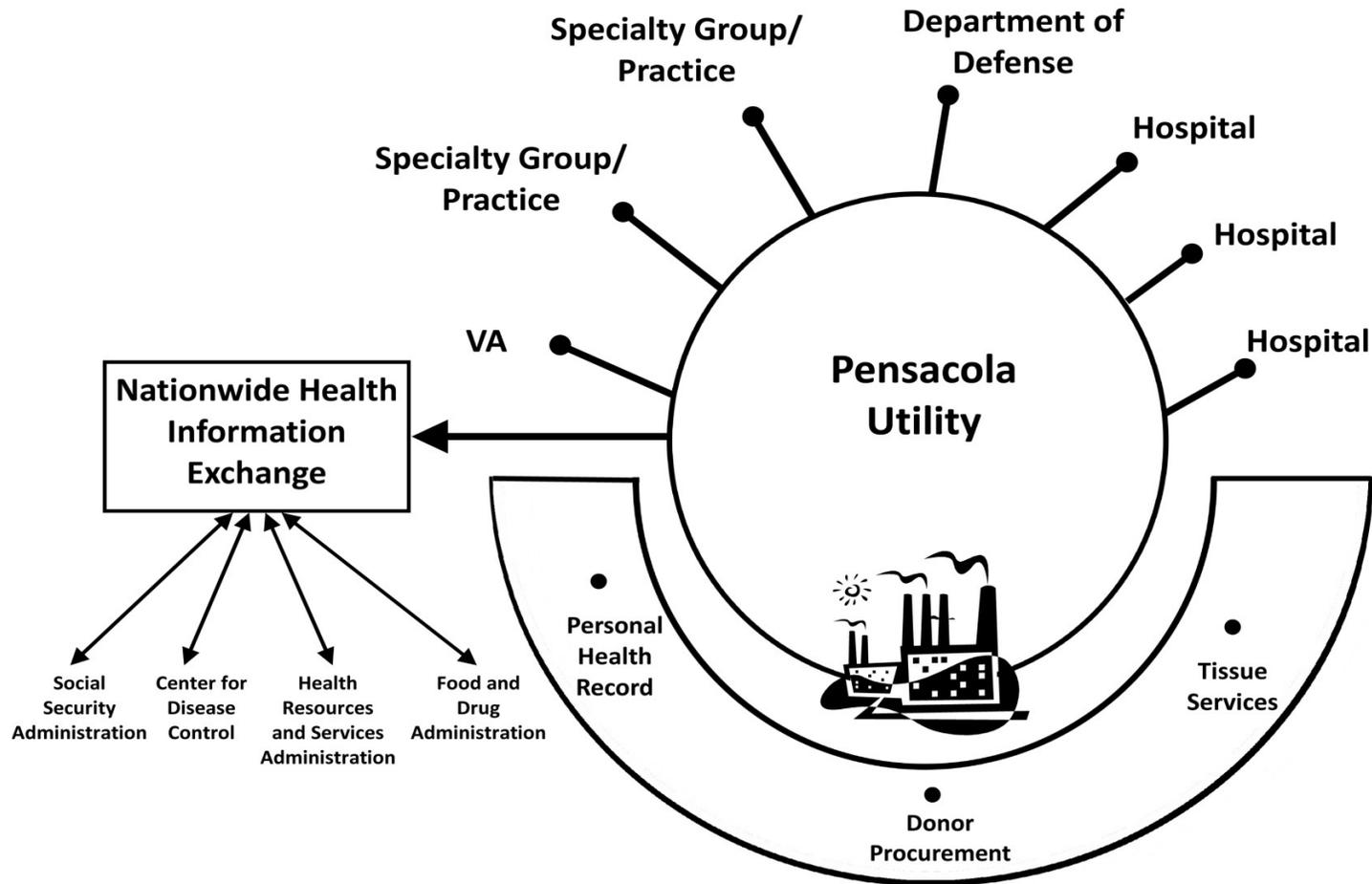
- Collaborative group
 - Sacred Heart Health Systems
 - Baptist Health Care
 - Center for Information Dominance
 - Naval Hospital Pensacola
 - Pensacola Bay Area Chamber of Commerce
 - VA Joint Ambulatory Care Clinic
 - Gastroenterology Associates
 - Cardiology Consultants

Health Information Exchange



- Goals and Benefits
 - Overcome substantial barriers because of insufficient incentives
 - Incentive-based business models to increase adoption
 - Strategies for providers acceptance, utilization rates and clinical outcomes
 - Pilot potential efficiency mechanisms by decreasing time to adjudicate claims/expediting the decision for Medicare/Medicaid and social security benefits
 - Transferable across jurisdictions

Health Information Exchange



Health Information Exchange



- Engineering
 - Data Use Agreement from the Military Health System
 - Facilitate the data sharing between military and civilian providers
 - Sustained by a transaction based model
 - Leverages source data federation
 - Service-oriented architecture
 - Web services
 - Scalable and extensible

Health Information Exchange



- Practical application
 - Referral management
 - Immediate medical information (ED, Primary Care)
 - Continuity of care
 - Disaster preparedness
 - Security
 - Personal health record porting
 - Claims and pensions and adjudications

2010 Military Health System Conference

Change Management

Sharing Knowledge: Achieving Breakthrough Performance

CAPT Kevin Berry, MC, USN, Special Studies, JTF CAPMED

25 January 2010



Joint Task Force National Capital Region Medical

Leading Change*



- **Change** is very hard.
 - Bureaucracies: Very stable organizations until the unexpected happens. Culture trumps disruptive innovation or good ideas.
 - Learning Organizations: Good for organizations committed to make incremental change. Low success rates.
 - Transformational Organizations: Usual establish new organization to address a life or death threat.

* Charles Vela, private communication, (Expertech Solutions, 2009)

Eight Core Change Principles*



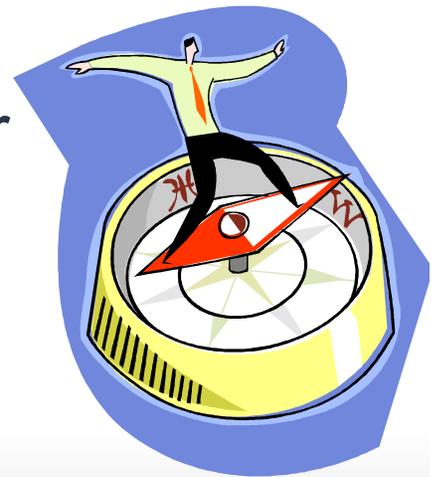
1. Urgency. There must be a clear imperative for change.
2. Guiding coalition. The head of the organization leading change is not enough, there must be a number of people who pull together as a tight highly functional team. There will be power struggles.
3. Powerful vision. Sensible and simple. Anyone can get it.
4. Tell the story. It is a narrative said a thousand times to a thousand people in a thousand ways.

* John P Kotter, Leading Change, (Boston: Harvard Business School Press, 1996)



Eight Core Change Principles*

5. Remove the barriers. Bureaucracies have cultures. Culture is a powerful mental barrier. Real barriers must be found, and they hide.
6. Short term wins. “Quick splashy victories.”
7. Keep the energy high. Change does not take root easily, it is fragile.
8. Practice makes a new culture. Anchor the change into organization in everyway.



* Kotter, 1996

Summary



- Tips and tools you can use to operate a successful referral management center (more examples in back-up slides!)
- Leveraging technology for immediate data access
- Embrace change management principles
- Questions???



BACK UP SLIDES

Contact Information



- **Ms. Patricia Oakes, RN, CHPN, Chief, Referral Management Center**
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Policies and Guidance



AFMS RMC
User's Guide

- Found in AFMS RMC User's Guide: : <https://kx.afms.mil/healthbenefits>
- OASD (HA) Policy: "The Right of First Refusal Rule"
- OASD (HA) Policy: "The 72 Hours Rule"
- OASD (HA) Policy: TRICARE Policy for Access to Care and Prime Service Areas
- CFR, Title 32, Part 199.17: "The 24 hour, 7 day, 28 day Rule"
- OASD (HA) Policy: "Medical Management Programs"
- USAF/SG Memorandum: "30-Day Rolling Appointments"
- T-Nex Requirements
- OASD (HA) "Policy Guidance for Referral Management"
- TRICARE Operations and Patient Administration (TOPA) Flight
- AF/SGO Policy Guidance for Referral Management
- AF/SGO Policy Letter, "MTF Versus Contractor Responsibilities"
- AF/SGO Policy Letter on Scanning Health (Medical) Documents
- AF/SGO Policy Letter on RMC Policy Guidance
- AF/SGO Policy on ADSM Referral Management
- AF/SG3 Policy Letter, Managing Urgent/Acute and Routine Primary Care Services for Enrolled Beneficiaries When the MTF Cannot Provide These Services IAW Access to Care Standards
- AF/SG3 Policy Letter, Instruction for Implementing Health Affairs Policy 07-022, TRICARE Prime Access Standards for Mental Health Care

The Joint Commission Requirements (Hospitals)



- Full Compliance: All Referral Requests Tracked & Accounted For
 - IM.6.10, EP 6. The medical record contains sufficient information to identify the patient; support the diagnosis or condition; justify the care, treatment, and services; document the course and results of care, treatment, and services; and promote continuity of care among providers
 - IM.6.10.10, EP 8. The hospital has a policy and procedures on the timely entry of all significant information into the patient's medical record
 - IM.6.20, EP1. Medical record contains consultation reports
 - PC.5.60, EP2. When external resources are needed, the hospital participates in coordinating care, treatment , and services with those resources
 - PC.5.60, EP3. The hospital has a process to receive or share relevant patient information to facilitate appropriate coordination or continuity when patients are referred to other care, treatment, and service providers
 - PC.5.60, EP5. The activities detailed in the plan of care, treatment, and services are designed to occur in a time frame that meets the patient's health needs

Accreditation Association for Ambulatory Health Care (AAAHC)



- 2009 AAAHC Handbook
- Chapter 4. D.8. ..appropriate and timely follow-up findings and tests
- Chapter 6.
 - H. Reports, histories and physicals, progress notes and other patient information (such as laboratory reports, x-rays readings, operative reports, and consultations) are reviewed and incorporated into the record in a timely manner
 - O. When necessary for ensuring continuity of care, sur records of a patient who was treated elsewhere (such a physician, hospital, ambulatory surgical service, nursing consultant) are obtained



Health Services Inspection Oversight Requirements



- Element LD.3.2.8 RMC Guidelines
 - 2009 Common Findings:
 - MTF did not have a written process to document the tracking of all completed referrals from receipt in the RMC to the referring provider or surrogate to final disposition in patient's medical records.
 - MTF did not have written processes in place defining procedures for notifying referring providers of unkept referral appointments for purposes of provider clinical determination.
 - Emergent/urgent referral results were not always received within 24 hours following completion of treatment.
 - The MTF did not track all internal referrals.



Air Force Inspection Agency
Dedicated to Improving the Air Force



2 MDG MTF Capabilities Report



- Guide for MTF utilization and recapture
 - Appointing process
 - Inclusions
 - Exclusions/Restrictions
 - Capabilities/Recaptures
 - Leakage possibilities
 - General information
 - Reviewed/approved by SGH

2 MDG MTF Capabilities Report



BARKSDALE AFB
2D MEDICAL GROUP CAPABILITY REPORT

CLINIC SPECIALTY/NAME: Women's Health Clinic (Gyn) /456-4436		
CLINIC POC/PHONE#: Susan Bailey, RN/ 456-4470		
APPOINTING PROCESS:		
SPEC-	Initial visit with a referral for a PCM diagnosed problem	
	Urgent referrals must have provider to provider contact w/acceptance. Accepted referrals are booked by Gyn clinic. Gyn clinic will not "Walk in" referrals.	
	Cancelled consults should be rescheduled by the GYN clinic or referral closed out with comments to ordering PCM.	
PROC\$-	Colpos and PBO(provider book only) procedures	
WELL-	Routine Pap Smears can be scheduled TOL (TRICARE on Line) or by appointment line	
EST\$-	Routine Follow up appointments (PBO)	
INCLUSIONS: All AD & Prime Enrollees		
EXCLUSIONS/RESTRICTIONS:		
Chronic Pelvic pain	Confirmed Breast Mass	
Post menopausal bleeding	Any surgical diagnosis	
LEEP Procedures	Male patients	
Endometriosis (chronic)	Females under age 13	
Postive HCG	Post Partum Care	
Suspected or confirmed Ectopic Pregnancy	Bioidentical/herbal hormonal supplements	
CAPABILITIES/RECAPTURES:		
Routine Well Women Exam (ADSM;, dependants and retirees)	Nonspecific breast problems	
Colposcopies	Cervical Polyp removal	
Acute Pelvic Pain	Insertion/Removal of IUD to include Implanon	
STD Testing	Contraceptive Management to include IUD placement	
Menstrual abnormalities	New Onset of Menopausal symptoms	
Postpartum Care (newly PCS'd and not est with network prov)	Bartholin gland abscess	
Semen analysis for spouses w/fertility problems		
LEAKAGE POSSIBILITIES:		
Non-AD patients found to need Colpo on Routine Well Women visit performed by network provider		
Pts already established with network provider for EOC/DX may remain for continuity of care.		
GENERAL INFORMATION:		
Routine Well Women Exam does not require referral.		
Reviewed by: Tiameko Overton, APRN-C	Title: Women's Health Nurse Practitioner	Date: 11/24/09
Approved by SGH:		Date:

2 MDG Radiology Order Form



RADIOLOGY ORDER

Barksdale Air Force Base

This document serves as the order and authorization for all radiology tests (except MRI/MRA-see below). The performing facility will not receive an additional authorization number from Humana Military Healthcare Service. This test is exempt from Prior Authorization and BAFB is the authorizing agent for all ACTIVE DUTY MEMBERS.

MRI/MRA-Requires prior authorization from Humana Military Healthcare Services in addition to physician's order.

PRIORITY STATUS:	STAT	ASAP	ROUTINE
RADIOLOGIC STUDIES:	DATE: _____		
<input type="checkbox"/> Mammogram: _____	Screening	Diagnostic:	
<input type="checkbox"/> Ultrasound of: _____		<input type="checkbox"/> Bone Density (DEXA) Scan	
<input type="checkbox"/> X-Ray of: _____			

CONTRAST STUDIES:
Requires copy of BUN/Creatinine levels drawn within 3 weeks of test if over age 45 or per facility protocol.

CT of: _____ w/ PO contrast w/ IV contrast w/o contrast

BUN: _____ Creatinine: _____ Date of Lab: _____

NUCLEAR MEDICINE STUDIES:

Bone Scan: _____ Thyroid Scan

FLUOROSCOPY: _____

MRI of: _____ w/Arthrogram w/contrast w/o contrast

(must have a referral entered in AHLTA also for prior authorization)

MRA (Angiograms) of: _____

(must have a referral entered in AHLTA also for prior authorization)

Complete the following information. Failure to complete this information may result in delay in care for your patient.

Name of patient: _____ DOB: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Sponsor SS#: _____ Patient SS#: _____

DIAGNOSIS/HISTORY: _____

Ordering provider (PA & NP must have MD/DO co-sign)	Authorized MD/DO Co-Signature (when needed)
<div style="border: 1px solid black; width: 150px; height: 50px; margin-bottom: 5px;"></div> Signature Block	<div style="border: 1px solid black; width: 150px; height: 50px; margin-bottom: 5px;"></div> Signature Block
_____	_____
Appt Date	

Appt Time	

BAFB POC: Radiology Dept 318-456-3835 **RADIOLOGY RESULTS FAX:** 318-456-7746

For complete list of TRICARE providers, call 800-444-5445 or view at www.humana-military.com.

Partial list of Providers within 50 miles of BAFB:	phone	fax
Ashley Ridge Imaging (MRI and Ultrasounds)	318-869-4747	318-869-4748
Northwest Imaging (MRI and MRA)	318-425-1001	318-425-5001
Christus Schumpert Highland (All Studies)	318-681-4100	318-681-5469
Christus Schumpert St Mary (All Studies)	318-681-4100	318-681-4572
Willis Knighton Central Scheduling (All Studies)	318-212-8550	318-212-8185
Dr. Larry Broadwell (Dexa Scans only)	318-221-0399	318-221-1940

2 MDG DME Order Form



FAST TRACK DME

Please complete the following for all DME items and give to patient. This will serve as a Certificate of Medical Necessity (CMN) required by all DME companies. However, if DME is not listed here, this Rx and a referral will be required. If referral is entered, send patient to Referral Management Center for complete instructions. A referral is required for all Active Duty patients.

Nebulizer and/or supplies (consumables)	Walker
Manual Wheelchair and/or Accessories	Cane
TENS Unit (basic model ONLY) and/or supplies	Bedside Commode
Home BP Monitor (<\$100 AND not electronic)	Apnea Monitor
CPAP and/or supplies	Other-List below
Compression Stockings (TED hose)	
Length _____ Gradient _____	WHEELCHAIR

Complete the following in its entirety. Each of these items is a required element:

Name of patient: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

SS of Sponsor : _____ Diagnosis: _____ Prognosis: _____

Duration of need: _____ (Circle one): Purchase Rental
(Indicate time needed or "Permanent")

Physician's signature: _____

Optional Information:

Height: _____ Weight: _____ DOB: _____

Additional comments: _____



A complete list of TRICARE Network DME Providers can be located in the Provider Directory, at 800-444-5445 or at www.humana-military.com.

Partial list of Providers within 50 miles of BAFB:

Accucare Medical LLC	318-687-1444
Apria Medical Products	318-631-6701
Empi (TENS units)	800-328-2536 xt-1642
In Home Respiratory	318-861-5969
Medical Technology	318-549-9585
Millennium Medical	318-424-4150
Ortho RX	318-798-5583
Samaritan Home Medical	318-752-2112
Sterling Home Med	318-683-5119

PRIME DME Co-payment Schedule:

ADSM & family: \$0 (none).
 Retirees: 20% of negotiated rate.

Cert Limb&Brace	318-636-9145
Lincare Inc	318-226-0555
Physician Choice	318-746-6288
Red Ball Medical	318-424-8393
Edgepark	-800-321-0591, ext 3536

2 MDG RMC Patient Brochure



How do I get my results?

Results are returned to the MDG/your PCM based on the type of services received. Your PCM will contact you if your test results are abnormal. If you need to discuss results with your PCM please call 456-6555 and submit a telephone consult or make an appointment.

What if I have Other Health Insurance (OHI) or Medicare?

If you have OHI including Medicare, TRICARE will always be secondary payor to that insurance. You will NOT receive authorizations from HMHS. The RMC will assist you in getting an appointment by faxing your referral to the specialist of your choice (within the network of your OHI). Please call 456-6559 with your appointment date so we can request your results for your PCM. You need to provide your OHI information to 2d Medical Group by updating your DD form 2569 annually. Your OHI should also be identified/provided to the specialist when making your appointment.

What if I get a prescription?

There are 3 pharmacy options:

1. MDG Pharmacy (no cost)
2. Network Pharmacies (co-pays \$3 for generic, \$9 for name brand and \$22 for non-formulary)
3. TRICARE Mail Order Pharmacy (co-pays \$3 for generic, \$9 for name brand and \$22 for non-formulary)

Helpful Resources

HMHS allows you to verify your authorizations, eligibility, change specialty providers, view a list of network providers and read about your benefits on your computer. Go to:

www.humana-military.com
or call 800-444-5445

For all TRICARE questions go to:
www.tricare.osd.mil

To schedule medical appointments on line with your PCM at the MDG, go to:
www.tricareonline.com

MDG appointment line

- (318) 456-6555

MDG after hours answering service

- (318) 456-6555
- Toll free 1-866-899-1157

How do I get care out of the area?

In an emergency, call 911 immediately. For all non-emergent care call MDG answering service available 24/7. **PRP** members and MDG enrollees **MUST** request a referral from their PCM prior to receiving all non-emergent care. If you do not call before going, a referral cannot be entered retroactively. **Routine care** is not covered while traveling out of area. If you seek care in or out of the local area without a referral (when a referral is required) you are utilizing the POS option.

2d Medical Group Barksdale AFB, LA



Referral Management Center (RMC)

(318) 456-6562
(318) 456-6573- fax

Hours of operations:
Monday-Friday 7:30-4:30
Closed Thursdays at 3:30 for training



All healthcare begins and ends at the 2d Medical Group

2 MDG RMC Patient Brochure



What needs a referral?

A referral from your Primary Care Manager (PCM) and authorization from Humana Military Healthcare Service (HMHS) is required for ALL healthcare obtained outside the 2d Medical Group (MDG). EXCEPTION: non-active duty enrollees can obtain clinical preventive services without a referral and authorization. Refer to TRICARE Beneficiary Handbook (pg 19-21) for requirements or call HMHS 1-800-444-5445 prior to scheduling appointment. Active duty require a referral for all off-base healthcare.

Your PCM determines how soon you need to be seen based on **medical necessity** supported by clinical information.

- STAT – within 24 hours
- ASAP – within 7 days
- Routine – within 28 days

Your PCM will identify any documentation to bring to your appointment. The staff at the check-in desk will make your copies before you go to the RMC.

Who schedules my appointment?

The RMC will schedule:

- STAT/ASAP referral appointments
- **PRP** patients
- Specialty clinic appointments within the MDG.

For all other referrals, you will be mailed an authorization letter from HMHS in 7-10 days with the specialist name and phone number to schedule your own appointment.

PRP Patients

All **PRP** members **MUST** stop by the RMC for scheduling. **PRP** members **MUST** be placed on suspension 1 day prior to your appointment IAW AFI 36-2104.

Which Specialist will I see?

Specialty Services available at the MDG:

- Orthopedic Surgery
- Nutritional Medicine
- Tele-Dermatology
- Allergy/Immunology
- Internal Medicine

For Active Duty Members only:

- Physical Therapy
- Chiropractic Care
- Mental Health

If service/access is not available in the MDG, you can choose from a list of network providers or (if you have no preference) HMHS will designate a network provider in that specialty.

What if the specialist wants to perform additional services?

Your specialist must contact HMHS (not your PCM) for authorization prior to performing any additional procedures/ services/admission not authorized on your referral. If they want to send you to another specialist it will require a separate referral from your PCM.

6 Things to know before your appointment

1. Verify your authorization prior to your appointment.
2. How many visits/procedures are authorized?
3. When does the authorization expire?
4. What to bring to the appointment?
 - Military ID card
 - Copies of required medical documentation (i.e. x-rays, MRIs)
5. Driving directions and check-in time.
6. If you cannot obtain an appointment within 4 weeks or need assistance contact the RMC staff at 456-6562.

Point-of-Service (POS) Option

If you seek care in or out of the local area without a referral (when a referral is required) you are utilizing the POS option. With POS, you are responsible to pay higher cost shares (50% of allowable charge) after you meet a POS annual deductible (\$300/Individual \$600/Family). This will not be reimbursed by TRICARE. The POS option does not apply to Active Duty, they will be responsible for 100% of the allowable charge. A referral cannot be entered retroactively to cover the date of service.

2 MDG ADSM Appointment Guide



DEPARTMENT OF THE AIR FORCE
2D MEDICAL GROUP (ACC)
BARKSDALE AIR FORCE BASE LOUISIANA

ACTIVE DUTY PRP/FLIGHT MEDICINE APPOINTMENT GUIDE

Specialist: _____ Schedule appt after: _____

Phone Number: _____ Address: _____

To ensure TRICARE reimbursement, please note the following:

1. You must schedule your appointment after the date indicated above in order to insure that you have an authorization.
2. You are responsible for ensuring that your referral has been authorized **BEFORE** you are seen by any network provider. To verify authorization, you may call 1-800-444-5445 or visit www.humana-military.com. Failure to receive authorization may result in the specialist refusing to see you or personal payment for services not authorized. If no authorization is received or available on line three days before your appointment, contact the Referral Management Center at (318) 456-6562 for assistance.
3. Your PCM team is responsible for supplying you with copies of your medical records that are required by the specialist. If you do not have copies of lab work, radiology exams, other specialty consultations and your last PCM note, you must contact your PCM team to obtain these to take to your appointment. Many of the specialists will require records prior to making an appointment. You must coordinate this requirement with your PCM team. Do not request records for this visit from Medical Records.
4. You **MUST** report to PRP or Flight Medicine records section the day of or the day before your scheduled appointment and no later than the next duty day after your appointment. The PRP office will make appropriate notifications to your unit monitor.
ATTN FLYERS: Failure to report to Flight Med w/in 24 hrs after appt will result in DNIF.
6. ASAP/STAT appointment date: _____ time: _____. Your authorization will be faxed to the specialty provider prior to your appointment. You will not receive proof of authorization by mail, but may obtain a copy through the above website. If you must reschedule the appointment, it must be for after the above date to ensure authorization. You may call the provider directly to reschedule.

If you have any questions or concerns in regards to your referral, you can contact the Barksdale AFB, **Referral Management Center at (318) 456-6562.**

2 MDG RMC Training Manual



Ms. Patricia Oakes, RN, CHPN, Chief, RMC
456-6571 (do not give to patients)

- The RMC is co-located with the TRICARE Service Center
- RMC is the POC for **all** specialty care referrals
- All patients with a specialist referral are to be sent to the RMC after leaving the MTF referring clinic
- Referring MTF provider team is responsible for providing required medical records to patient prior to specialty appointment
- RMC will confirm all TRICARE eligibility, demographics, and instruct patient on the referral process when patient comes to RMC
- RMC will appoint all Direct Care (MTF) Specialty Care appointments unless the MTF Clinic is exempt by MTF leadership
- All TRICARE Plus, TRICARE Standard, and Other Health Insurance (OHI) patients will be offered assistance with their referral and/or a provider list given (no authorization is required)
- Non-active duty 2 MDG enrolled Prime referrals will be e-faxed to the Managed Care Service Contractor (MCSC) for UR, BR and authorization. Active duty referrals are authorized by UM and e-faxed to MCSC for administrative processing
- MCSC will mail authorization to patient within 7-10 days on routine specialty care referrals
- **All STAT/ASAP referrals will require provider to provider contact. RMC will only obtain authorization for information provided in referral and fax to the receiving provider**
- **Patients will not receive an auto authorization by mail for any urgent priority or retro dated referrals but may obtain copy at www.humana-military.com**
- **2 MDG specialty clinics have the Right of First Refusal.** If the patient can be seen and treated by MTF providers, the patient will be appointed to the MTF versus the civilian network (**not a patient/provider option**). **Patient may be sent to the TSC to discuss other options to satisfy personal choice of providers.**

2 MDG Second Opinion Handout



Referral Management Center
2MDG/SGSTM
243 Curtiss Road, Suite 100
Barksdale AFB, LA 71110
(318) 456-6562 fax (318) 456-6573

UNDERSTANDING SECOND OPINION PROCESS

A Patient Guide

1. If a patient already has an open Eval & Treat authorization with one provider and the patient or PCM requests a second opinion, the second physician will be authorized for evaluation only to include two visits. This allows the second opinion physician the ability to request from Humana-Military diagnostic testing that may be needed to render a fair opinion and allow the patient one routine follow up visit with that physician to be given results of the testing and receive recommendation. The second opinion provider must also send a report to the PCM stating the recommendation.
2. If the patient chooses to receive continued care from the second provider, the patient must discuss this with their PCM. If it is agreed that the second provider is the best provider of care, the PCM will need to enter a new referral stating to disengage the first provider and give the Eval & Treat authorization to the second provider by names.
3. If a patient desires to change specialty providers without first seeking a second opinion, the PCM can enter a referral stating to disengage from one provider and authorize the Eval & Treat to another provider. If the referral does not state this, then an Evaluation only will be authorized if an existing Eval & Treat authorization to another provider is active.
4. If a patient seeks a second opinion for a service that is offered by the MTF, the second provider will be given authorization for evaluation only. If the patient chooses to seek care with the second provider and the services can be offered by the MTF provider, no TRICARE authorization will be given to the second provider for the treatment. The patient's choices are:
 - Continue care with the MTF provider
 - Exercise the Point of Service Option and seek care from the second provider, which means the patient will pay a deductible and out of pocket cost share
 - Change from TRICARE Prime to TRICARE Standard coverage

Definitions:

Evaluation only-

Provider authorized 1 evaluation and 1 follow up visit

Second Opinion-

Provider authorized 1 evaluation and 1 follow up visit

Eval & Treat-

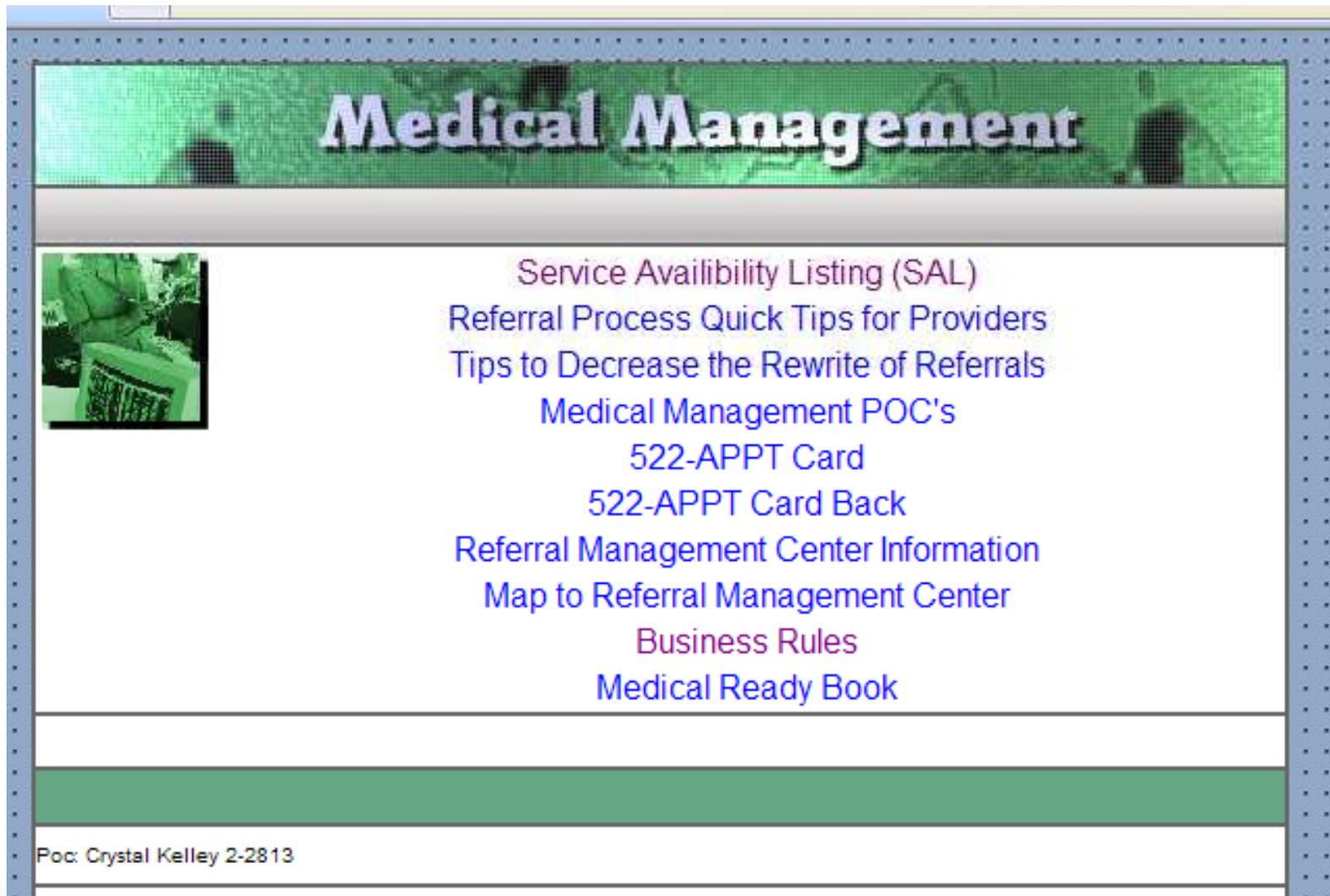
Provider authorized 1 evaluation and 3 follow up visits

Please Note:

Specialist can seek authorization from TRICARE for diagnostic testing, but continued care and treatment (injections, surgery, etc...) can only be requested by a provider with an Eval & Treat authorization.

If you have any questions, please contact the Referral Management Center at (318) 456-6562.

MTF Intranet



The screenshot shows a web page titled "Medical Management" with a green background. The page lists several resources for providers, including a Service Availability Listing (SAL), referral process quick tips, and a medical ready book. A small image of a computer monitor is visible on the left side of the page.

Medical Management

- Service Availability Listing (SAL)
- Referral Process Quick Tips for Providers
- Tips to Decrease the Rewrite of Referrals
- Medical Management POC's
- 522-APPT Card
- 522-APPT Card Back
- Referral Management Center Information
- Map to Referral Management Center
- Business Rules
- Medical Ready Book

Poc: Crystal Kelley 2-2813

MTF Intranet



Business Rules

Acupuncture	Adolescent Clinic	Allergy & Immunizations
Audiology Clinic	Cardiology Clinic	Colorectal Surgery
Dermatology Clinic	Developmental Pediatrics	Diabetes Education
ENT Clinic	Endocrinology Clinic	Endocrinology & Infertility
General Surgery	GI	Hematology
Infectious Disease Clinic	Internal Medicine A	Nephrology Clinic
Neurology	Neurosurgery	Nutritional Medicine
Ophthalmology	Optometry Clinic	Orthopedic Clinic
OT Special Rules	Pain Management	Pediatric Endocrinology
Peds Cardiology	Peds GI	Physical Therapy
Plastic Surgery Clinic	Podiatry Clinic	Pulmonary
Radiation Therapy	Rheumatology Clinic	Thoracic Surgery
Urogynecology Clinic	Urology Clinic	Vascular Surgery
Women's Health	Wound Clinic	

[Medical Management Home](#)

[Knowzone](#)

MTF Intranet – Tips for Providers



Referral Process Quick Tips for Providers

When referring a patient for specialty care, please remember the following:

- Give the patient a “Scheduling Your Referral” card and remind them to walk-in to the Referral Management Center or to call 522-APPT (2778), to book their specialty care appointment.
- If the referral has been deferred to network, Health Net will send a letter to all active duty and TRICARE Prime beneficiaries with the name of a network provider to call to schedule an appointment. The patient must make their own appointment with the authorized provider on the letter.
- If the beneficiary status is anything other than active duty or Prime, and the referral has been deferred to civilian care, the Medical Management office will provide a packet to the patient explaining how to schedule their appointment and a list of specialists to choose from.
- **If you are the consultant, you must enter your results for the initial consult in AHLTA within 24 hours.**
- If you need additional assistance, please call the Referral Center @ 257-3390.

***Appointments are patient driven—please do not tell patients that they will be called!**

MTF Intranet- Decrease Rewrites



Tips to Decrease the Rewrite of Referrals

The contractor loads authorizations for all deferred care for Active Duty and Prime, based on the written referral.

Prime/Active Duty Authorization Limits for Physician to Physician Referrals:

Second opinion	2 visits	90 days
Evaluation only	2 visits	90 days
Evaluate and treat	6 visits	6 months
Chronic Care/Service unavailable in the MTF	6 visits	6 mths

No matter how many visits or the time frame you enter, **ALL** consults must be renewed after 6 months.

1. Do not use unapproved abbreviations.
2. Must have a provisional diagnosis.
3. Plainly state specialty requested.
4. No referral required for inpatients needing in-house specialty care.
5. Referrals are required for patients being transferred from anywhere within the MTF to Civilian Inpatient bed.
6. Medical Equipment for Active Duty and Prime need a referral in CHCS.
* **The Referral Management Center must receive a written prescription before medical equipment can be ordered.**
7. All referrals (other than routine) need provider to provider contact.
* **Name of provider contacted must be included in the body of the referral.**
8. Refrain from writing anything in the body of the referral that is not medically necessary, since your exact wording is sent to the referral physician.
* **Medical Management will request a new referral if unnecessary remarks are included.**

MTF Intranet-Referral Info Needed



Information Needed in a Referral

The referral must contain the symptoms the patient is experiencing, any relevant personal and/or familial history to the symptoms. Please state what you want the specialist to do. For example – if you want a c-scope done, write that.

Request for continuity of care must have the Providers full name and location.

Lab work/x-rays that are significant to a diagnosis or that will aid in diagnosing a condition should be ordered previous to the consult. This will assist the reviewers of the consults in determining if a procedure needs to be scheduled first or if an appointment needs to be scheduled.

Refer to the Medical Management Work Center on the Knowzone for specific clinic business rules and for the Service Availability List.

Feel free to call the Referral Center if you have questions: 7-3390

Pertinent briefings can be found on the Medical Management Workcenter on the Knowzone.

Nov09 Revision

Referral Reminder Cards



You Have a Pending Referral to _____

To activate your specialty care appointment

Walk-in to the Referral Management Center located on the 1st floor next to the Pharmacy.

Or

Call (937) 522-APPT (2778) (locally) or 1-877-522-3600 (if calling outside of area).

Referral Reminder Card - Back



You Can Contact Health Net by Calling:

1-877-TRICARE or visit the website at:

www.healthnetfederalservices.com

You can contact TRICARE for LIFE by calling:

1-866-773-0404 or visit the website at:

<http://www.tricare4u.com>

RMC Handout- Trifold



For Information and Assistance

**Wright-Patterson Medical Center
Appointment Services**
(937) 522-APPT (2778)

You will not be called to schedule an appointment. To activate your referral you must either stop by the Referral Management Center next to the Outpatient Pharmacy or call (937) 522-2778.

Wright-Patterson Medical Center

88th Medical Group
4881 Sugar Maple Drive
WPAFB Ohio 45433



Specialty Care Information



88th Medical Group



RMC Handout - Trifold



What is Referral Management?

Referral Management is the process of managing and coordinating care for specialty services.

What do I do?

If your provider refers you to a specialist, please proceed to the Referral Management Center (RMC), conveniently located on the first floor, Room 1U11, near the Outpatient Pharmacy. You will be able to schedule your in-house specialty care appointment or will be provided information on how to obtain care in the civilian community.

You will not be called to schedule an appointment. To activate your referral you must either stop by the Referral Management Center next to the Outpatient Pharmacy or call (937) 522-2778.

What can I expect at the RMC?

The referral management staff will either book an in house specialty appointment or provide information on how to obtain an appointment with a civilian specialist.

In House Specialist Appointments

The referral management staff will book your appointment. You can walk-in to the office after your provider enters a referral or you may call (937) 522-APPT (2778), option 1.

Civilian Specialist Appointments

If you are referred to a civilian Specialist, the RMC will not be able to book your appointment but will provide you information on how to obtain an appointment with a civilian provider.

What if I have Other Health Insurance?

If you have other health insurance, have chosen the TRICARE Standard option or are eligible for Medicare, you will need to verify your benefits with your primary insurance carrier. You will also need to verify that the civilian provider you choose is an authorized provider in your other health insurance's network.

TRICARE For Life Beneficiaries (TFL)

Specialty care for TFL is offered on a space-available basis. If we are unable to serve you at Wright-Patterson, you may seek care from any Medicare accepting provider. Your care requires no authorization through Health Net Federal Services.

Business Rules – Specialty Care



Neurosurgery

Subject: Referral Guidelines for Neurosurgery Clinic appointments.

1. The following guidelines apply to booking Neurosurgery appointments.

a. Beneficiaries accepted as follows:

- AD
- Prime
- Dayton VA – space available only

Age group accepted in the Neurosurgery – all ages

b. Referral Center may book SPEC or EST appointments for new consults as follows:

- i. All new non-spine consults are to be booked in SPEC with Dr. Klimo.
- ii. All new consults for spine are to be booked in a SPEC detail code BK with Dr. Peele or PA Burgbacher.
- iii. Scoliosis to be booked in a SPEC with Dr. Peelle only
- iv. Any tumor or brain diagnosis to be booked with Dr. Klimo in SPEC.

*ALL consults require MRI (within 6 months) and X-rays (within 3 months) of affected area. Scoliosis diagnosis may not need MRI. Call clinic to validate need prior to ordering MRI.

c. Patients that have been seen by neurosurgery in the past 2 years will be booked in an EST with the provider they saw previously. If that provider is no longer in the MTF, book in a SPEC.

d. Consults Not within WPMC Scope of Practice needing deferred:

- none

e. Consults needing provider review and/or coordination

Before Scheduling:

- ASAP/STAT or to be seen within 24-72 hour timeframe
- ER consults/ Trauma
- Right of first refusal cases from Utilization Management

*Referring physician is responsible for contacting the Neurosurgeon/Ortho Spine surgeon on call
– see Neurosurgery On- Call Schedule on Knowzone.

If access exceeds 28 days for any appointment
please contact- Sgt Shonk at 7-1274

Business Rules - Specialty Clinics



ENT Clinic

Subject: Referral Guidelines for ENT appointments.

1. The following guidelines apply to booking ENT appointments.

a. Beneficiaries accepted as follows:

- AD
- Prime

*Standard, TRICARE Plus, Medicare will be seen for Head & Neck Cancer, Skin Cancer, Thyroid/Parathyroid Disease and Neck Masses only.

Age group accepted in the ENT clinic – All ages

b. RMC may book **Spec** appointments for new consults.

c. The following types of consults **May be scheduled** under **Spec** Appointments for ENT clinic.

- Chronic Pharyngitis
- Skin or head & neck cancer
- Evaluation for Tonsillectomy
- Evaluation for Adenoidectomy
- Chronic nose bleeds/Epistaxis
- Dysphasia
- Nasal lesions
- Nasal Polyps
- Sinus Pressure/congestion
- Sinusitis
- Hypersalivation
- Tonsillitis
- Ear pain/Otalgia – requires audiogram prior to appt
- ET Dysfunction
- Otitis Media
- Somoplasty/snoring procedures
- Hearing loss – requires audiogram prior to appt
- Tinnitus – requires audiogram prior to appt
- Vertigo – requires ENG & audiogram prior to appt
- Meniere's Disease – required ENG & audiogram prior to appt
- Imbalance/Disequilibrium– requires ENG & audiogram prior to appt
- Dizziness – requires ENG & audiogram prior to appt
- Chronic ear infections – requires audiogram prior to appt
- Tympanic membrane perforation – requires audiogram
- Ear surgery eval – requires audiogram prior to appt
- Thyroid/Parathyroid disorders – see paragraph f

Business Rules – Specialty Care



e. Specified diagnosis and any ear related diagnosis will need audiogram and/or an ENG prior to appointment unless consult entered by **Mellisa Theis, Robert Shull, Ane Shull, or Pamela Mishler from Audiology**. Otherwise the RMC nurse will enter a referral to Audiology per Major Michaelson and he will sign the order. **Patient needs to be seen in Audiology prior to ENT.**

f. **Ear Cleaning** – Referrals are not accepted for ear cleanings. Patients can self refer for this service. Can be booked in **PROC** on Friday mornings, labeled ear cleaning self referral

g. **Thyroid and Parathyroid consults** will need to be scheduled through Dr Michaelson. Please email him with the patient's information and he will ensure timely consultation. If Dr Michaelson is unavailable, please contact provider on call.

- In review comments: Clinic to book and name of provider contacted.

h. Consults **Not within WPMC ENT Scope of Practice** needing deferred to network:

- Consults for allergic rhinitis/rhinitis of any kind/nasal congestion/runny nose should be forwarded to Allergy and Immunology

i. Consults needing provider review and/or coordination

Before Scheduling:

- ASAP/ Stat/ or to be seen within 24-72 hour timeframe,
- Sudden hearing loss with less than a month duration
- Bells Palsy or acute facial nerve paralysis
- Trauma/ER consults

**The referring provider is responsible to page:
Dr Michaelson #737**

j. If access exceeds 28 days for a Spec appt. please contact,
SSgt O'Loughlin – 7-9290 Sgt Woodruff at 7-0782