[Categorical Listing] [Numerical Listing]

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

3 DEC 1999

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy Memorandum - Individual Assignments to Primary Care Managers by Name

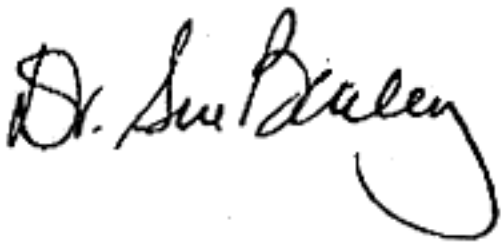
The relationship between primary care provider and patient is the cornerstone of high quality, prevention-oriented, continuous and coordinated health care. Enrollment to an individual, named primary care provider represents the best means for meeting our patient's needs, assuring continuity of care and improving the effectiveness and efficiency of services. Accordingly, MTF commanders, in concert with Lead Agent staffs, shall ensure that all TRICARE Prime beneficiaries are assigned to a primary care manager (PCM) by name/supported by a team. Each Service should develop its implementation plan by 30 January 2000. The Services should begin assigning new enrollees to specific PCMs as soon as possible thereafter, and complete assignment by the end of September 2000.

In both the military and civilian health care setting, designating a specific primary care manager has proven to be the best solution to ensure satisfaction, provide preventive services, and coordinate health care. A primary care manager is a physician or other privileged medical professional who serves as the member's first contact with the plan's health care system. PCMs also refer members to specialists if needed. PCMs provide follow-up care for members after they have received care from a specialist. The PCM is the coordinator of care. Individual PCMs are typically family practitioners, internists, pediatricians, and general practitioners. With appropriate physician consultation/supervision, physician assistants, nurse practitioners, nurse midwives and independent duty corpsmen may also serve as PCMs. Specialists (i.e., obstetricians/gynecologists managing comprehensive women's health) may also serve as PCMs when appropriate. Housestaff should not be formally assigned as the sole PCM because they must provide care under the supervision of a privileged staff member. They are valuable members of the health care team and can assume greater patient care responsibility as they progress in training. Continuity clinics for housestaff should consist of a subset of a privileged staff member's enrolled patients.

Assignment to a PCM by name is the first of a series of fundamental steps in MTF optimization to enable providers to provide better and more consistent health care, and to collect and use information to improve the health status of both the individual and the enrolled community/populations served. Assigning PCMs by name will also help implement the proactive and best aspects of managed care to include preventive measures, demand

management, referral management, clinical practice guidelines, and case management. Health care teams are still necessary and strongly encouraged to deliver the most appropriate care by the most appropriate provider in order to deliver quality, service, and value. One person, however, must be accountable for prevention efforts and chronic care management. With new provider support information systems coming on line, such as Population Health Operational Tracking and Oversight (PHOTO) and CHCSII, prevention information and reminders for individual patients and panels will be sent to one provider who can then coordinate patient prevention and care efforts using the team approach as appropriate, such as acute same day care and after hours care.

MHS patients understand our challenges and are supportive of our uniformed missions. Deployments of our medical personnel, as well as other training and military unique requirements may interrupt the desired and intended purpose of enrollment to a PCM, and for that reason, providers rarely have a stand-alone practice. PCMs usually are organized into teams for the purpose of ensuring patient care continuity and accountability in the event that the individual's assigned PCM is absent or unavailable.



Dr. Sue Bailey

HA Policy 99-033

[Top]

Last update: 12/08/1999