



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

1 6 APR 2004

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SGO
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050

SUBJECT: Primary Care Element (PCE) Teams and Patient Eligibility in Flight Medicine Clinics

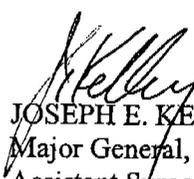
This memo is to clarify how my policy memo "The Primary Care Element", dated 2 Mar 04 (attached), applies to flight medicine. Flight medicine operates under the broad concept of delivering preventive services and care to a defined population as embodied in the PCE concept. The patient-centric approach, leadership by an Active Duty member of the team, access standards, and outcomes measures common to PCE all apply to flight medicine clinics. I recognize that there are differences in how these PCE teams will be constructed, due to the unique flight medicine mission. Flight Medicine PCEs may have different numbers of providers, different support staff composition, and different MEPRS coding rules than other PCE teams. There definitely will be differences in the expected enrollment to each provider. The guiding principle is clear: the PCE is focused on providing the best care of the patient, in all clinics, and not focused on the staff structure.

Flight medicine enrollment consists of flyers, special operational personnel, and their dependants IAW 48-101, Aerospace Medical Operations, paragraph 8. Deviations from flight medicine enrollment will be approved by the MAJCOM/SGPA.

Our line counterparts look to the medical treatment facility (MTF) to provide rapid response to surge events such as aircraft mishaps, in-flight emergencies, deployment lines and hazardous material spills. Even the simple clinic walk-in, returning a flyer back to flying status, is a form of rapid response.

Flight medicine PCM teams must remain focused in providing care to flyers and certain operational personnel. It might be helpful to remember all active duty personnel requiring an AF Form 1042 for medical clearance must be seen in flight medicine. The immediate family members of these active duty personnel should enroll with the flight medicine clinic with flight surgeon staffs optimized to provide care for them.

Please disseminate this memo to all your MTFs. My POC on this matter is Lt Col Lane L. Wall, AFMSA/SGPA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4200, e-mail: lane.wall@pentagon.af.mil.


JOSEPH E. KELLEY
Major General, USAF, MC, CFS
Assistant Surgeon General, Health Care Operations
Office of the Surgeon General

Attachment:
HQ USAF/SGO Policy Memo, 2 Mar 04

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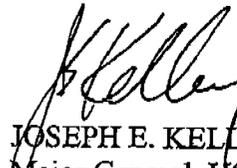
MEMORANDUM FOR ALMAJCOM/SG

FROM: HQ USAF/SGO
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050

SUBJECT: The Primary Care Element (SUSPENSE: 1 April 2004)

Over the last six years our Primary Care Management teams have provided a solid framework for delivering health care to beneficiaries enrolled to our MTFs. As this concept has matured and evolved, we have learned many lessons that are now being incorporated into daily practice. One major evolutionary change is the implementation of the Primary Care Element (PCE) concept. Comprised of three to five Primary Care Managers (PCMs) and their support staffs, this vital team will be responsible to deliver or arrange health care for their enrolled population. The PCE leader will be an active duty PCM or support staff nurse. Success will be measured in terms of access to care, performance on HEDIS metrics, and Preventive Health Assessment and Individual Medical Readiness (PIMR) compliance.

MTF commanders must ensure PCE teams are designated not later than **1 April 2004**. Instructions for implementation of the PCE concept are attached. My POC is Col Jon Pearse AF/SGOC, DSN 297-5328, or email: jon.pearse@pentagon.af.mil.


JOSEPH E. KELLEY
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Office of the Surgeon General

Attachment:
Implementation Instructions for the PCE

PRELIMINARY IMPLEMENTATION INSTRUCTIONS FOR THE PRIMARY CARE ELEMENT

The Primary Care Element (PCE) is the primary care health delivery platform for the Air Force Medical Service and has three critical elements—the team, the product, and output.

PCE OVERVIEW

1.1. The PCE Team

1.1.1. The PCE Team is composed of three to five Primary Care Managers (PCM) and their support staffs. **PCE teams will be designated no later than 1 April 2004.**

1.1.2. An active duty provider or registered nurse who is a member of the element will be selected by the Squadron Commander as the PCE leader. The PCE leader is an additional duty and:

1.1.2.1. Has oversight of members assigned to the element. These individuals cannot be tasked by other individuals without proper coordination with the PCE leader.

1.1.2.2. Will maintain control of the templates of PCMs within his/her element in consultation with the Group Practice Manager. Templates will be created/revised as directed by the PCE leader.

1.1.3. To the extent possible, members of the same PCM team will be assigned to the same Unit Type Code for deployment/contingency operations. At a minimum, members of the same PCM team should be assigned to the same AEF bucket. When a primary care team deploys, the other team members in the element will absorb their patient load and will take the necessary steps to ensure the health care needs of all enrolled patients are met within established standards. It is expected that senior executive staff and staff from other work areas will provide support and assist with direct patient care as required.

1.1.4. PCM staffing models and enrollment rates will be in accordance with approved product line analyses reflected in current Air Force Medical Service guidance. The Family Practice PCM staffing model and enrollment rates will remain unchanged until evaluated by the AFMS Product Line Analysis Transformation Team in FY04. The basic Family Practice PCM staffing model provides for 1 nurse, 2 medical technicians, and 1 administrative technician per PCM. In addition, at least one Group Practice Manager (GPM) and one Health Care Integrator (HCI) are assigned to each MTF with additives based on the patient population served.

1.2. The PCE Product

1.2.1. The product of the PCE is delivered or arranged health care for their enrolled population.

1.2.2. The PCE will assume absolute responsibility for the enrollees assigned to each PCM and are accountable for their aggregate patient population. It is the responsibility of the PCM and his/her team to guide their patients through the health care process.

1.2.3. Active Duty (AD) and AD family members should be given priority for enrollment to an AD PCM followed by all other TRICARE prime patients.

1.3. PCE Output

1.3.1. Timely access to appointments and consultations, a fit and medically ready force, and the delivery of high quality clinical care are the primary, targeted areas of importance for the AFMS. Three measures will be used to gauge PCE success: 1-7-28 access standards, results in selected Health Plan Employer Data and Information Set (HEDIS) indicators, and results in Preventive Health Assessment - Individual Medical Readiness (PIMR).

1.3.2. For every PCE, a distinct PCM Group name must also be designated in CHCS. Many MTFs are currently using this field in CHCS, e.g., "Gold Team," "Falcon Team," "Family Practice Team A," but usually only 2-3 providers are grouped under one team name. All of the providers in a PCE should fall under one PCM Group Name. Without this critical change, it will be extremely difficult to complete an accurate assessment by PCE for Air Force Complete Immunizations Tracking Application (AFCITA), PIMR and HEDIS. **PCM Group names in CHCS must be assigned no later than 1 April 2004.**

1.3.3. The Air Force Surgeon General's Balanced Scorecard, P2R2, remains the AFMS corporate dashboard for trending metrics over time. Other tools to measure progress and success include:

1.3.4.1. Access: Template Analysis Tool

1.3.4.2. Individual Medical Readiness: AFCITA, PIMR

1.3.4.3. Clinical Quality (HEDIS): AFCITA, Air Force Population Health Portal (AFPHP)

1.3.4. PCE-to-PCE comparisons will be determined only at the corporate level by the AFMS Performance Improvement Board. It is not the intent to compare PCM to PCM.

2. PCE RESOURCES AND REFERENCES

2.1. Access

- "Improving Access to Care Using Open Access Model", SG Policy #02-031, 16 Jun 02
https://kx.afms.mil/ctb/groups/dotmil/documents/afms/ctb_008078.pdf
- "Access to Care and Referral Times", OSD(HA) Policy, 17 Sep 02,
<http://www.ha.osd.mil/policies/2002/02-018.pdf>
- TMA, Commander's Guide to Access Success, <http://www.tricare.osd.mil/tai/cguide.htm>
- AFMS Report, *Open Access and Review Recommendations*, Aug 02,

<https://phsd.afms.mil/webpages/index11.htm>

- HQ USAF/SGMA, *Access to Care Improvement Bulletin*, david.corey@pentagon.af.mil
- Access to Care (ATC) Summary Report, <http://www.tricare.osd.mil/tools> or http://toc.tma.osd.mil/dap/tmaportal_login.html
- MTF Template Analysis Tool (TAT)
- Enrollment and Population Reports
- Institute for Healthcare Improvement (IHI), *Idealized Design of Clinical Office Practices*, <http://www.ihl.org/idealized/idcop/index.asp>
- Clinical Microsystems (sponsored by Dartmouth College), <http://www.clinicalmicrosystem.org/access.htm>

2.2. Output/Metrics:

- P2R2, <https://p2r2.hq.af.mil/>
- P2R2 Virtual Analyst, <https://p2r2va.hq.af.mil/>
- Aggregate PIMR reports, AF Corporate Health Information Processing Service, <https://www.afchips.brooks.af.mil/>
- Aggregate reports and PCM patient action lists on selected AFMS HEDIS indicators, Air Force Population Health Portal, <https://stage.afms.mil/afphp/login/login.cfm>
- Executive Information & Decision Support (EI/DS) Portal, <http://eidportal.ha.osd.mil/>
- Health Plan Employer Data And Information Set (HEDIS), National Committee for Quality Assurance (NCQA), <http://www.ncqa.org/Programs/HEDIS/>

2.3. Practice Assessment:

- Agency for Healthcare Research and Quality, *Guide to Clinical Preventive Services*, <http://www.ahrq.gov/clinic/cps3dix.htm>
- Quality Healthcare (in collaboration with Institute for Healthcare Improvement), <http://www.qualityhealthcare.org>
- Assessing Your Practice: "The Green Book", Dartmouth College and Institute for Healthcare Improvement, <http://www.clinicalmicrosystem.org>

2.4. Education and Training Assistance

- MAJCOM Population Health POC
- Population Health Support Division (PHSD), <https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?functionalarea=PopHealthSupportDiv&checkinform=AFMS&doctype=home>
- 882d Training Group, Primary Care Orientation resident and mobile course, contact Medical Director at DSN 736-1995, Commercial (940) 676-1995
- Health Care Integrator course, <https://kx.afms.mil/hci>
- Group Practice Manager course, <https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?functionalarea=GroupPracticeMgmt&doctype=home>
- Advanced Population Health Informatics course, contact Population Health Support Division, DSN 240-8190, Commercial 210-536-8190, Toll-Free 800-298-0230