COL-Ret Kathryn Scheidt

TriCare

MUSNAVC Guest Speaker

General Meeting

21 June 2017



2017 NDAA- Access to Care Improvements

Title 10; Chapter 55, paragraph 1077a

- MTF UC expanded hours until 11 PM, 7days a week, as appropriate.
- Preauthorization for network UC visit no longer required
- Nurse advice line

Instructions to follow.....

TRICARE NAL Military Health System

Direct Care

- ▶ 56 Hospitals
- ▶ 361 Clinics
- ► 150,000 providers and staff



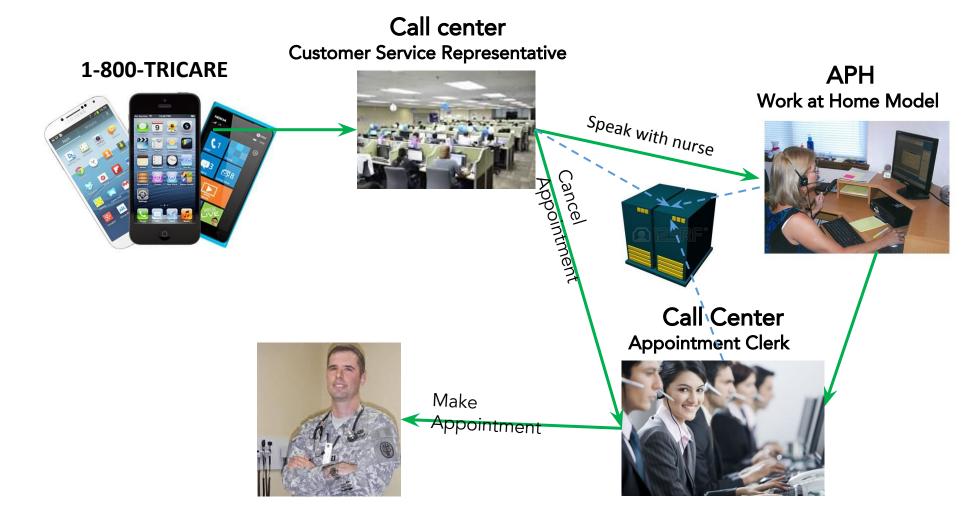
- NAL interfaces with 674 individual clinics
 - Includes Alaska and Hawaii

Network Care

- Three Regions
 - North Health Net Federal Services
 - South Humana Military
 Healthcare Services
 - West UnitedHealthcare
 Military and Veterans



TRICARE NAL Program Overview



Unique Features of the TRICARE Program

- PCMH Appointing
- Warm Transfers to PCMH Team
- ED and UCC Provider Locator Support (& pre-authorization)
- Civilian Urgent Care Referral Submission
- PCMH Access to call information and reports
- Follow business rules established by PCMH team
- Re-direct services back to MTF ED/UCC
- Dynamic and real-time leadership metrics
- Program is common & shared by all services

TRICARE NAL Program Call Process Flow



TRICARE NAL Specific Tasks

► CSR

- ADP clearance required
- Answers initial incoming call
- Documents caller's location and PII
- Verifies eligibility in the defense eligibility database
- Verifies caller's intention: speak to a nurse or cancel an appointment
- Warm transfers caller to nurse or appointment clerk as applicable

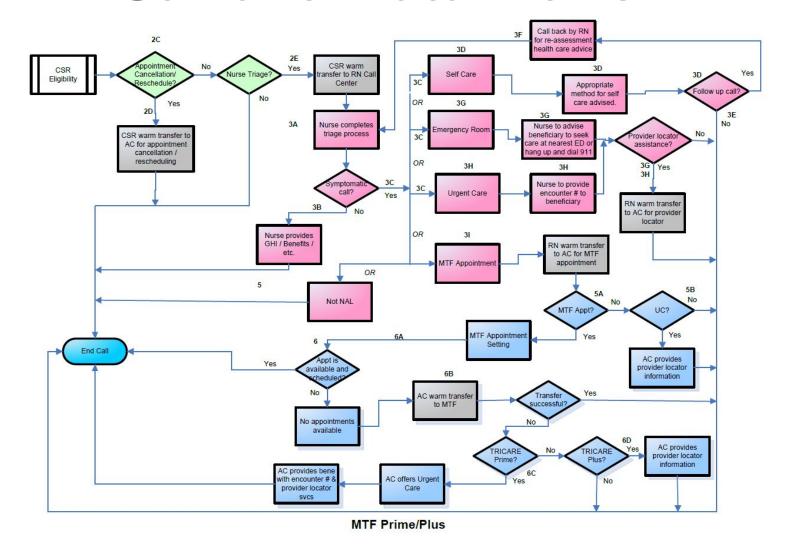
Nurse

- Performs triage using a record containing no PII or PHI

AC

- ADP clearance required
- Makes MTF appointment
- Cancels MTF appointment
- Provide Network urgent care center referrals
- Offers network provider locater services

TRICARE Call and Data Flows



TRICARE NAL Background

- ► Leidos and McKesson have a decade of military NAL experience
- Leidos, AxisPoint Health, and SAIC partnered to develop, implement, and manage TRICARE's first-ever national NAL
 - Incorporating the program elements previously developed
- April 2014 beneficiary calls began

AxisPoint Health Nurse Advice Line Accreditation, Availability and Nurse Experience







The VITAL Nurse Advice line is always available and experiences 0% blockage

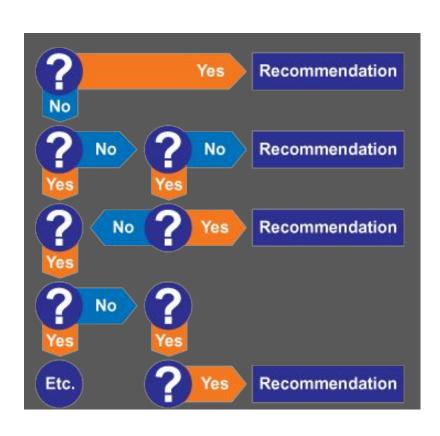


Full accreditation for URAC's Health Call Center Accreditation Program

TRICARE NAL Algorithm Development

- Algorithms are developed by the physicians and nurses on the AxisPoint Health clinical team
- They analyze a symptom, such as chest pain, and make a comprehensive list of all of its possible causes
- Then they create a second list of those causes that an assessment cannot afford to erroneously exclude

AxisPoint Health Nurse Advice Line Patented Algorithms Deliver Consistent Care

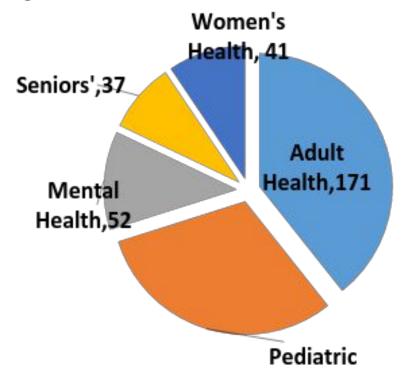


Yes/No questions help to quickly identify cause of complaint:

- Allows the nurse to drill down to detail regarding caller symptoms
- Provides clinical integrity and reproducible outcomes
- Rules out "cannot afford to miss" conditions first, followed by less acute problems
- Determines the level and timing of the intervention recommended based on the condition that cannot be ruled out

TRICRE NAL AxisPoint Health Clinical Algorithms

The Nurse Advice Line system consists of 435 algorithms divided into five modules



TRICARE NAL 17 Endpoints Tailored for the Military Population

- Active Duty and their beneficiaries, Tricare MCSC and Tricare Standard each have different access options depending on the time of day and day of week
- Endpoints: Match the MHS Access to Care standards: ED, UC, Appointment, Self Care
- ► Callers requiring appointments in less than 24 hours or any caller needing Network provider locater services is warm transferred back to our SAIC partner for the third part of the call resulting in a single call resolution.

VITAL Nurse Advice Line





Advice Matching that of Physicians

>99%

alignment between the triage advice given by McKesson nurses and that given by physicians for each category of advice (ED or urgent care, office visit, or self-care)

Telephone Advice	On-Call Physicians	McKesson Nurse
ED or Urgent Care	11.4%	10.7%
Office Care	19.0%	18.7%
Self-Care	69.6%	70.6%

Source: "Does Telephone Triage Delay Significant Medical Treatment? Advice Nurse Service versus On-Call Pediatricians."

Published in Archives of Pediatrics & Adolescent Medicine, July 2003. David Geffen School of Medicine at UCLA and McKesson

TRICARE NAL Measures of Success

- Direct patients to the most clinically appropriate level of care.
- Reduce cost by recapturing unnecessary Emergency Department and Urgent Care utilization.
- Maximize patient satisfaction.
- Recapture care to the military treatment facilities.
- Improve the patient's continuous healthcare relationship with his/her PCMH Team

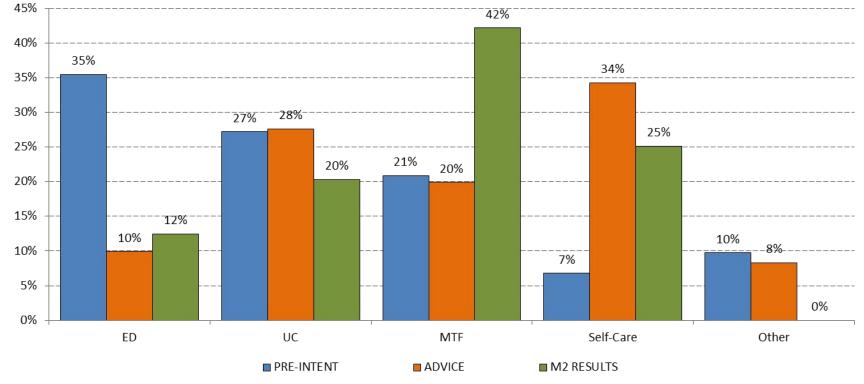
Program Outcomes

Nurse Advice Line has served approximately 1.3M callers to date.

A day at a glance:

- CONUS NAL averages approximately 1,750 calls per day.
- CONUS NAL potentially saves 9 lives per day by recommending or activating emergency procedures and assisting callers in crisis.
- CONUS NAL provides clinical advice to more than 40 mothers or fathers of infants per day.
- 550 NAL callers per day are given professional self-care and health advice, saving them a trip to the doctor.

Pre-Intent vs. RN Advice vs. Patient Behavior July 2015 – June 2016



What was the Impact?

		Pre-Inte	ent		NAL RN Ad	vice	M2	Results (0	Claims)	Return On Investme	ent
	Pre-Intent	Percent	Dollar Amt	Advice	Percent	Dollar Amt	M2 Results	Percent	Dollar Amt	Calculations	Dollar Amt
ED	209,580	35%	\$ 83,831,812	58,601	10%	\$ 23,440,400	73,366	12%	\$ 29,346,400	Estimated Potential Costs	\$ 114,204,031
UC	160,651	27%	\$ 20,884,625	163,309	28%	\$ 21,230,170	119,951	20%	\$ 15,593,630	Estimated Actual Costs	\$ 64,119,344
MTF	123,216	21%	\$ 9,487,594	117,519	20%	\$ 9,048,963	249,082	42%	\$ 19,179,314	Potential Costs Avoided/Savings	\$ 50,084,687
Self-Care	39,956	7%	\$ -	202,395	34%	\$ -	148,486	25%	\$ -	PCA per Call	\$ 84.76
Other	57,483	10%	\$ -	49,061	8%	\$ -	-	0%		Net PCA	\$ 45.76
TOTAL	590,885	100%	\$ 114,204,031	590,885	100%	\$ 53,719,533	590,885	100%	\$ 64,119,344		

July 2015 thru June 2016

Costs Avoided Per Call July 2015 – June 2016

Cost

Estimated Potential Cost	\$ 114,204,031
Estimated Actual Cost	\$ 64,119,344
Estimate Costs Avoided	\$ 50,084,687
Avoided Costs per Call	\$ 84.67
Net Costs Avoided per Call	\$ 45.76

Utilization

Total Number of Calls	590,885
Break-Even Number of Calls	341,968
Break Even Calls per Day	937
Actual FY16 Calls per Day	1,700

TRICARE NAL Web Report Repository

- Designed to enable users at all levels (DHA, Services, eMSMs, MTFs, clinics) to access aggregate data and individual caller records
- Combination of standard and ad hoc reports
- Multiple analyzable dashboards
- Notification of NAL caller activity to 1200 Points Contact every eight hours
- Only source of real time clinic demand and capacity data
 - Enables MHS leadership to make significant process improvements



CONUS Nurse Advice Line, a TRICARE Management Activity of the Military Health System (MHS), offers a 24 hours a day, 7 days a week, 365 days a year telehealth nurse triage and self/ home care advice, civilian network authorizations, civilian network provider locator support, and specified Military Treatment Facility (MTF) appointing services for eligible TRICARE beneficiaries, uniformed service members, retirees, and their families (henceforth referred to as TRICARE) residing or visiting in the Continental United States (CONUS).

Login	
User name:	
Password:	
	Login



×

Note: You are accessing a secure DoD sanctioned IT system provided for authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions....

- (i) If you cannot remember your password, you can reset your password here. Click here to view password strength rules.
- Three (3) failed login attempts will result in your account being temporarily disabled (locked out). An administrator will need to unlock your account before you can access the system again.
- (1) Please send an email to NAL Password Support to report account issues or request account reactivation during business hours -- 0800-1700 Eastern

"On October 1, 2013, the Department of Defense established the Defense Health Agency (DHA) to manage the activities of the Military Health System. These activities include those previously managed by TRICARE Management Activity (TMA), which was disestablished on the same date. During the next several months, all TMA websites will change to reflect the new DHA. We appreciate your patience during this transition."



7700 Arlington Boulevard, Suite 5101, Falls Church, VA 22042-5101



















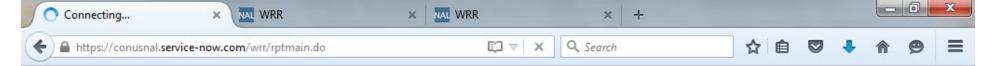












Web Reporting Repository (WRR) - Review high level metrics, navigate to program reports or request help from this page.

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Web Reporting Repository

Home Reports Help

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24 Hour General NAL Stats

Category Yesterday Today **Total Encounters** 2358 1147

Number of records created in NAL by Customer Service Representatives (both in and out-ofscope calls).

Total Beneficiaries 2201 1045

Number of beneficiary eligibility verifications performed by Customer Service Representatives.

986 **Total Nurse Triages** 2091

Number of nurse triages performed categorized by call type:

Note: Only Symptom calls will result in an endpoint.

Total Triage Algorithms 2163

Number of algorithms utilized by nurses during triages.

Total UC

Authorizations

523

225

Reporting Options



Assistance Options - Click to

access



- · Browse the Frequently Asked Questions
- · Submit new and review existing requests for assistance





















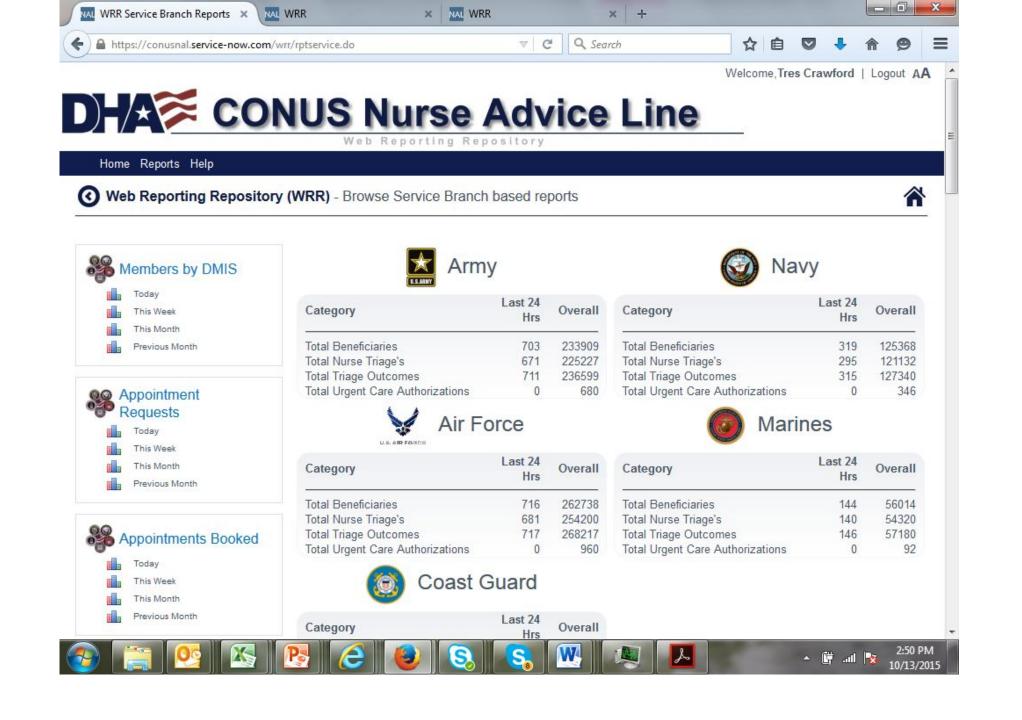












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DHA CONUS Nurse Advice Line

Web Reporting Repository

Home Reports Help

CONUS NAL Dashboard - CONUS NAL Performance Data for Today



Volume by CLIN	1173 -
- MTF Enrolled Prime/Plus	985
- MCSC	37
- Standard	27
- Not NAL	124

Total Nurse Call Types 991 (csv) =

For those beneficiaries transferred to a nurse, these represent the broad categories of Call Types as documented by the nurse.

- Benefits	12 (csv)
- Caller	1 (csv)
- General Health Information	25 (csv)
- Other	29 (csv)
- Provider Referral	12 (csv)
- Symptom	912 (csv)

Total Triage Outcomes 962 (csv) =

Triage algorithm types invoked by the nurse and subsequent outcomes. Note: Only Symptom call types will result in triage outcome.

342 (csv)
537 (csv)
74 (csv)

			D	ispositio	ns			
Pre-Intent	Cancel	ED	MTF	Non-SX	PCP	Self Care	UC	Total
(empty)	0	0	4	46	0	1	0	69
Call for prof. Advice	0	12	53	7	2	41	40	155
Make appt. w/health prof.	1	6	77	9	0	73	61	227
Not Asked	0	0	2	5	0	10	1	18
Seek care ED	0	29	60	4	7	54	48	202
Seek care UC	1	6	57	8	5	59	70	206
Self-care/nonprof. advice	0	7	10	1	0	21	14	53
	2	60	263	80	14	259	234	930





































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Web Reporting Repository

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CONUS NAL Booking Analysis Dashboard - CONUS NAL Performance Data for Today



Appointment Center Actions

Available Action	Yes	No	In Scope for AC
CHCS Access	338 (32.1%)	0 (0.0%) 338 (of	1053 total beneficiaries)
MTF Available for Booking	332 (31.53%)	6 (0.57%)	338
PCM/Team/Clinic Available for Booking	65 (6.17%)	267 (25.36%)	332

Note: The value noted above in yellow highlight represents missed opportunities for booking by the NAL Appointing staff because MTF resources were not available.

Appointment Center Transfers to MTF Activity

Appointment wonter manerers	o min atourney	4	
Available Action	Yes	No	Total
Transfer to MTF	46 (4.37%) 176 (16.	.71%)	222
	Caller Refused Transfer MTF Booked MTF is closed MTF Not Answer/Answering Machine MTF Phone Busy MTF Refused Transfer Other - See AC Notes	5	An Appointment Center clerk may transfer a beneficiary to their MTF for several reasons but the majority of transfers occur as a last chance event prior to referring the member to an Urgent Care facility. The items listed here are the reasons those

https://conusnal.service-now.com/wrr/home.do





























attempts failed.



TRICARE NAL Real Life Examples

- Parents called us for an Army trainee who stated he was going to commit suicide. NAL notified DHA, who notified the Army and the next day, the patient was receiving high quality inpatient psychiatric care
- NAL advised parents of a 8-day old infant to get to the nearest emergency room; the infant was immediately operated on in an Army medical center for a life-threatening issue and is now recovering
- Army active duty member called the NAL before his MTF opened and was sent to the nearest civilian emergency room, where he was diagnosed with a life threatening illness and put on life-support; he recovered and personally wrote and thanked the NAL for saving his life.

TRICARE NAL

Questions?