

<p>(17 Jan 02) PX Pharmacy closed at lunch time.</p> <p>POC: 1SG Dettler</p>	<p>This space for MEDDAC use only</p> <p>Q Ac At P</p>
<p>Recommendation: Is there a way to have the PX Pharmacy open at lunch time?</p>	
<p>Discussion: To be completed during the HCAC meeting</p> <p>(21Mar02) Staffing is a problem. You see a lot of people behind the window, but most of them are pharmacist techs. There are very strict limitations on who can do what and that obviously limits how many sites we can run. We have two hiring actions out for pharmacists. We're going to try to match our staffing to where we can accommodate most people's conveniences. However, it's going to take a fairly detailed statistical analysis, so it will probably take a while to look at the data, look at our staffing, and then match it all up.</p> <p>(16May02) PX Pharmacy is closed until we are able to hire more pharmacists. This issue is on hold.</p> <p>(18Jul02) We have hired two new pharmacists, but they are not on board yet. When they do come on board, the pharmacy wait in the main health center should be way less. We are not sure yet if we are going to reopen the PX Pharmacy. There are some technical alternatives we can use in lieu of having a pharmacy at the PX. If you look at the workload at the PX Pharmacy, it was very sketchy, some days with very few people, some days with lots of people.</p> <p>(4Dec02) We were able to hire some additional pharmacists. We have been working with the Chief of Pharmacy about if and when we may be able to open up the PX Pharmacy with reduced services.</p> <p>(14Jan03) Still ongoing. We lost three pharmacy techs unexpectedly over the holidays. We can't reopen the PX Pharmacy until we get replacements. We have to have staff to run it even with an automated system.</p> <p>(11Mar03) We plan on opening the PX Pharmacy for limited hours, probably 4 hours a day, on 1 April. We are doing a staffing analysis on how we can support that with our staffing and also what hours are most convenient for our beneficiaries. If the PX Pharmacy is not well utilized once it's reopened, we will close it down again.</p>	

Action: To be completed during the HCAC Meeting
Hours will be adjusted based on demand and use.

(18Jul02) ON HOLD

(19Sep02) ON HOLD. Will re-look once additional pharmacists are on board.

(4Dec02) Update at next meeting.

(14 Jan02) Update at next meeting

(11Mar03) CLOSED

<p>Issue (21Mar02) Soldiers going TDY to WBAMC again and again. Appointments not always on day shuttle scheduled. Just seems to be a large number lately.</p> <p>POC:</p>	<p>This space for MEDDAC use only Q Ac At P</p>
<p>Recommendation:</p>	

Discussion: To be completed during the HCAC meeting

(21Mar02) We do have a vehicle that goes to WBAMC on a regular basis. Need to find out if the soldiers are making their own appointments. When we make the appointments at WBAMC, they are made within a certain timeline because they know when our van gets there and when it leaves. It could also be that the soldiers are getting a run around at WBAMC.

(16May02) In talking to CAS, WBAMC does not always have times open on the Tuesdays we go down there. Part of the problem is, for example, if we are sending someone to see a neurosurgeon there, those surgeons are actually operating on those days. It is a scheduling issue and an internal issue with WBAMC. We will look at different days for sending the shuttle. When a soldier goes TDY to WBAMC, it's paid for by their unit. Suggest to the units that when you have soldiers wanting to drive to WBAMC, you need to find out why they feel they have to drive instead of going by the shuttle. There may be a reason, but we can facilitate having the shuttle available.

(18Jul02) WBAMC cannot always accommodate us. For example, neurosurgery is the biggest issue. Their neurosurgeons happen to be operating on the same day we run the shuttle. Another reason is soldiers aren't showing up for the shuttle. Soldiers are asking for TDY funds to drive their POV to WBAMC.

Monies at DA level have been transferred over to the units to cover these TDY costs. We still try to help you out by having the transportation available, it's just that it doesn't always work out transportation wise.

(4Dec02) We appoint our patients to WBAMC with the aim of trying to get them on the Tuesday shuttle. Approximately 20 percent are opting out not to take the shuttle but their POVs. We have asked WBAMC to appoint our patients on Tuesdays, but in some cases it's not feasible because it's their operative day.

Soldiers making their own follow-up appointments when they're at WBAMC are not necessarily making them for Tuesday when they can take the shuttle. We have no control over that. Some soldiers are circumventing the system we've set up because they want to drive their POVs versus taking the shuttle.

We need to know how big this issue is in your units, i.e., how important is it to you that we continue to try to force people to get their appointment on a certain time, that we provide the transportation for your soldiers, etc.

We will continue to work this issue.

(14Jan03) We tried to engage in an agreement with WBAMC where they would see our patients between certain hours on Tuesdays. It just doesn't work because there are so many subspecialties who have other commitments on certain days of the week. While we still have the transportation available, there is no way we can guarantee units that your soldiers will have their appointments on Tuesdays. One way the senior leadership can help is when your soldiers have appointments at WBAMC, let them know when they make their follow up appointments, they need to specifically ask about getting their appointments on Tuesdays.

(11Mar03) It has become clear that most of the problems with this issue are things beyond our control. We cannot always control the appointments for the providers at WBAMC. A lot of times the problem is not just the medical center itself, it's the soldiers agreeing with whatever appointment they're given. They just don't ask about another appointment. If you're concerned about soldiers spending a lot of time at WBAMC, you might talk to the soldier and find out if they're asking for appointments or just taking what's given them.

Action: To be completed during the HCAC Meeting

(21Mar02) DCCS will work this issue with unit.

(16May02) Look at different days for sending the shuttle.

(18Jul02) LTC Beitz still working issue with units.

(19Sep02) LTC Beitz working issue; he is TDY but will provide update at next meeting.

(4Dec02) DCCS to provide update at next meeting.

(14Jan03) Update next meeting.

(11Mar03) CLOSED

<p>Issue (21Mar02) Referral process</p> <p>POC:</p>	<p>This space for MEDDAC use only</p> <p>Q Ac At P</p>
<p>Recommendation:</p>	

Discussion: To be completed during the HCAC meeting

(21Mar02) This is a big problem in MTFs. The smaller you get, the bigger a problem it becomes because the more you have to send out of your facility into the civilian community. It is a process that has become very complex. Even AD you send out, there are several holes that have to be jumped. Doctor writes consult, consult has to go first to someone in the TRICARE office who approves it. This is done by computer. Then it goes back to someone who makes the appointment or sends a letter to the patient telling him it's been approved and to make his own appointment. When the patient sees the doctor, then the doctor sends the information and it gets put in the record. We thought we had it fixed not too long ago, but it's not working real well. We've initiated a Process Action Team (PAT) to address several referral issues. One is to improve the timeliness of patients getting their consults. The second is a mechanism by which we can get the results back. It isn't a problem if you see a doctor who comes here. It is a problem if you go out. When you go to WBAMC, with everything being computerized now, lot of providers put it in the computer but you don't necessarily get hard copies in the records. With the civilian community, that is a totally different ballgame. There are doctors who are very good and who will mail it to you, sometimes they mail it to your doctor, sometimes they mail it to the health center commander, and sometimes they mail it to PAD. By the time you go through all the loops to get it to the right person, it may be 45 to 60 days down the road.

It is very difficult to tie the loop between the soldier's PCM and the private sector doctor so that everybody is reading off the same sheet of music. We have civilian doctors out there who are clueless in terms of the military.

(16May02) Have established Process Action Team; first meeting is tomorrow. This is going to be a long term action.

(18Jul02) Process Action Team has met twice.

(19Sep02) Some changes have been made in our referral process and we are slowly implementing them. We are looking at data and the referral process seems to be improving.

(4Dec02) Our Process Action Team has been working on how to improve communication and feedback. Problem has been when we send a patient downtown, the results don't always come back to the referring provider.

We have engaged with the health care organizations downtown in a joint venture and this is one of the issues we have addressed. Part of the recommendation that's been made is we're going to have a single point of contact in our facility for the return of results/information who will ensure that the right provider gets the information in terms of follow up. We haven't implemented this yet. There are still some details of the process to be worked out.

(14Jan03) We are going to institute a couple of things. One of those being to have our patients, when we send them out to see a consultant, hand carry a consult with them so we can get some hand written notes back. This will improve the continuity of care and make our PCMs more comfortable about following up on these patients.

(11Mar03) We've instituted some changes in our referral tracking process and monitoring to see how they're working. We are also working with the SVRHC cooperative to help solve some issues as well as feedback from our patients.

Action: To be completed during the HCAC Meeting

Progress updates on PAT at these meetings. This will take a while to resolve because it involves TRICARE and the civilian community.

(18Jul02) Brief on PAT's progress at next meeting.

(19Sep02) Update at next meeting.

(4Dec02) Update at next meeting.

(14Jan03) Update at next meeting.

(11Mar03) Update at next meeting.

<p>Issue</p> <p>(18Jul02) Military personnel and dependents are waiting hours to pick-up PPIP over-the-counter medications due to the PX Pharmacy being closed. Most military utilized the PX for the quick over-the-counter medications, especially while on duty or during lunchtime.</p> <p>POC: SSG Jones, 306th MI HCAC Rep</p>	<p>This space for MEDDAC use only</p> <p>Q Ac At P</p>
<p>Recommendation:</p> <p>Since a pharmacist is not needed for over-the-counter medications, can the PX Pharmacy be opened and staffed with one or two individuals to solely dispense the PPIP meds? This will reduce wait time for all, as well as reduce the number of people being served at the main pharmacy. Those who are in need of serious medications can be served faster as well as those who just need over-the-counter relief meds.</p>	

Discussion: To be completed during the HCAC meeting

(18Jul02) As soon as we dispense a medication, we are obligated to dispense it with the oversight of a Pharmacist. Although you are allowed to pick up medicines without a prescription, they are still dispensed to you by a pharmacist. If we did this, we would have to remove someone from here and put them over at the PX to hand out medications. If we use a medic to do that, that means that's a medic we don't have in clinics. It's still a staffing issue.

(19Sep02) Staffing is getting better, but we are still not where we should be. We are still looking at whether or not we will reopen the PX Pharmacy. It is an efficiency issue. As business is a lot slower at the PX, you have a Pharmacist who may be under-utilized over there and then we get patients stacked up at the Health Center. Right now we are looking at a system that automatically dispenses medications. This would be for the providers, not the patients to use. This would give the TMC the ability to dispense prescription medications to the patient, maintain good accountability, and still give you the things you get at a regular pharmacy, which is the patient information sheet. This is a system where the doctor puts the prescription in the computer, scans a code that shows up on a piece of paper, then walks over to the machine and it spits out a bottle of medicine with the right amount. We hope to have this system on line here within the next month or two, and an automated machine would be both at the PVAS and the DMM.

(4Dec02) We have acquired the PickPoint machines, two in the Military Medicine Clinic and one in the PVAS. We are waiting on the final link up and training on how to use them, but we expect no later than the first of the year to be functional and fully operational so that we will be able to dispense most of the prescription medicines that we normally dispense at the Health Center Pharmacy.

(14Jan03) Still waiting for the machines to be hooked up. Over the holidays we lost some techs and haven't been able to stock the PicPoint machines, and there is a computer connection problem as well. Once we get those two issues rectified, we should be able to start dispensing medications at the Military Medicine Clinic; hopefully that will happen next month.

(11Mar03) Having some problems with the PicPoint machines. They are probably working 70% of the time. It's a connectivity issue and we are working to get the "bugs" out of the system. Bottom line is we have shifted some of the work from the Health Center to DMM, not only OTCs but also prescription drugs.

Action: To be completed during the HCAC Meeting

(18Jul02) COL Tucker to look at dispensing over-the-counter medicines at CSCC.

(19Sep02) Update at next meeting.

(4Dec02) Update at next meeting.

(14Jan03) Update at next meeting.

(11Mar03) Update at next meeting.

<p>Issue</p> <p>(19Sep02) Dependents who work are having difficulty getting in for needed shots with the current days and hours set for immunizations. A dependent whose work hour starts at noon attempted to get a shot in the morning prior to going in to work in order to prevent leaving work and having her pay docked. She was turned away because shot hours had not started yet. The situation was later resolved through the Battalion and MEDDAC CSMs where the dependent was allowed to go in prior to work.</p> <p>POC: SSG Jones, 306th MI Rep</p>	<p>This space for MEDDAC use only</p> <p>Q Ac At P</p>
<p>Recommendation:</p> <p>Immunizations not be set to certain days or hours. If possible, provide Monday-Friday during duty hours, which will provide more flexibility to all customers.</p>	

Discussion: To be completed during the HCAC meeting

(19Sep02) We feel this recommendation makes a lot of sense. We are going to meet with the key players in the clinic and see if we can make this "doable". We don't want to make that commitment without looking at why the hours were set they way they were. If the answer is we're not just going to be open all the time for immunizations, then we will come up with some kind of a system that is more customer friendly than what we have now.

(4Dec02) The Immunization Clinic is moving to the first floor with all the other patient care activities. Once we get all the particulars squared away, it's likely we'll be able to handle an increased walk-in volume.

(14Jan03) Have moved Immunization/Allergy Clinic to first floor in the Adult Family Care/Pediatrics area. We now have to incorporate not only the work they were doing upstairs, but also the pediatrics and adult immunizations that were being done downstairs. That means we have to augment the existing staff with additional staff from the existing clinics and program our workload so the staffing is right. We will not be able to fully accommodate just a walk-in basis clinic. Right now pediatrics and adult immunizations are still being done in the clinics, but we will be giving more shots in the central immunization area.

(11Mar03) We have improved the delivery of services and are now accommodating walk-ins on a regular basis for routine immunizations. The Allergy Clinic still has set hours.

Action: To be completed during the HCAC Meeting

(19Sep02) DCCS will analyze situation and provide recommendation to Commander.

(4Dec02) DCCS to provide update at next meeting.

(14Jan03) Update at next meeting.

(11Mar03) CLOSED

<p>Issue</p> <p>(11Mar03) I have read in a newspaper/magazine/Army Times/or heard/seen on TV/radio something about the fact that a class action suit or something similar was in effect to cause the Tricare folks in Phoenix to make an en masse notification to all three credit reporting agencies regarding the theft/break-in in Dec and to put a fraud alert on everybody's credit reports. Has this happened yet? Do we still need to try and make contact? What about the fact that one of the credit reporting bureaus wants a fee to be paid first? Why should I have to pay for it when it's not my fault?</p> <p>POC: Deb Gearty, 439-2804</p>	<p>This space for MEDDAC use only</p> <p>Q Ac At P</p>
<p>Recommendation:</p> <p>That Tricare make the en masse notifications to the three credit reporting agencies. And that this notification occur ASAP.</p>	
<p>Discussion: To be completed during the HCAC meeting</p> <p>(11Mar03) One of the first things TriWest attempted to do was a mass notification to the credit agencies, but they were not allowed to do it because of a Privacy Act issue. They did try, but they were told by the lawyers they couldn't. The responsibility will fall on each individual to do that. As far as credit bureaus who want a fee to be paid first, again that is something that is beyond our control and that is a question individuals will have to forward to TriWest themselves.</p>	
<p>Action: To be completed during the HCAC Meeting</p> <p>(11Mar03) Update at next meeting</p>	