



U.S. AIR FORCE

Group Practice Management Newsletter

January 2003



GPM Strategic Perspectives: Colonel Don "Bulldog" Taylor

Looking back over the last 2 years, it's amazing how quickly and dramatically we have evolved in practice management in the Medical Service Corps. Our Group Practice Managers are driving change and improvement in business areas that are absolutely critical to the continued success of THE health plan for our nations warriors (active and retired) and their families. Just step back and look at how far we have progressed in areas such as demand forecasting, appointment booking and scheduling, the measurement of accessibility to care, the newly funded telephony issues to improve our call handling capabilities on our appointment phones, and innovative marketing ideas...just to name a few. Our MTFs staffs, line customers, and most importantly, our patients can see and feel the tremendous, positive impact our GPMs are having on the worlds finest health plan. I am proud and honored to be associated with a group of MSCs of your caliber and motivation to turn visions into reality even in the turbulent and challenging environment we face today.



We will continue to mold and shape the role of the GPM as our business processes continue to mature. Challenges on the road ahead include the initialization of the next generation of Managed Care Support Contracts (T-NEX) with all the associated contracting to make this successful, re-structuring the AFMS with a market-based, "long-view" resourcing approach, the re-vitalization of Patient Administration as one of our core competencies (and the staffing thereof), and how best to maximize/ balance the utilization of our limited 4A resource between PCO/ SCO and our needs in Patient Administration functions.

The next couple years are guaranteed to be among the most challenging and critical in the history of the AFMS; the volume and scope of business process change will be unlike anything we have ever managed before. The GPM community will be looked to lead/ navigate many issues at the strategic, operational and tactical levels in our MTFs...I am totally confident that we have built a cadre of professional practice managers who are more than capable of tackling these challenges.

As the Associate Corps Chief for Health Benefits and Policy, I look forward to meeting and interacting with you as we continue to mold and shape the worlds finest health plan for the worlds most deserving patients...keep up the great work, you are making a difference!

AFMOA GPM News: Lt Col Joe Haggerty

Greetings from the Population Health Division of the AF Medical Operations Agency, Brooks AFB, Texas! Welcome to the first issue of what I know will be a useful GPM tool and venue for sharing new opportunities, challenges, and solutions. Let me take a moment to highlight a few current/ future AFMOA projects that are designed to help the enterprise with business processes.



- Coding Guidebooks: Each facility should have by now received copies of the 2003 ICD-9CM and CPT books, with the HCPCS Code book still to come. In addition, Coding Manager software was also purchased. If you have not seen these yet, please check with your coders or Logistics personnel. Questions may be directed to Ms. Shirley Zoblosky at DSN 240-4123 or shirley.zoblosky@brooks.af.mil

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AFMIOA GPM News: Lt Col Joe Haggerty (continued) - A field survey designed to elicit feedback on the status of GPM roles and responsibilities has been sent to all identified GPMs; completed surveys are due to me NLT 15 Jan 03. Once final, an executive summary of results will be compiled for Col Taylor's use with the MSC Corp and Associate Chiefs; a copy will also be shared with the field.

- The Population Health Division is developing a consulting practice that will enable us to "tailor" facility site visits to meet specific facility requirements for the advancement of healthcare optimization goals and objectives. For example, we recently partnered with the PCOr Mobile Course in conducting training and consultation to the 99th Medical Group at Nellis AFB, NV. 2003 will bring many exciting opportunities and challenges; I look forward to networking with each of you in the future. Please feel free to contact me at any time if I can provide any assistance.

GPM Course/ Training News: Maj John Hyzy

In-Residence Course: Since the launch of the new, formal GPM course in May 02, we have trained 75 practice managers in the schoolhouse at Sheppard AFB. Our projected FY03 in-house course are 13-17 Jan, 31 Mar- 4 Apr, 16-20 Jun, 4-8 Aug, and 22-26 Sep. Each MAJCOM is allocated centrally funded slots to the GPM course every year. To attend the in-residence course, notify your MAJCOM through your Unit Training Manager and seek one of the centrally funded slots. If your MAJCOM runs out of slots and your unit is willing to fund you locally (travel and per diem), contact Maj Hyzy (jerome.hyzy@sheppard.af.mil) to discuss the possibility of attending an upcoming class as an "overage".



New GPM Mobile Course Now Available: We recently developed and are now offering a mobile version of the GPM course. To date, we have taken the GPM course on the road to Wilford Hall (30 attendees), and to TRICARE Region 3-sponsored event in Augusta, GA (50 joint service attendees). Future mobile events are under consideration for Travis, Tripler Army Hospital, Luke, Andrews, and Davis-Monthan in the Feb/ Mar/ Apr timeframe. If you wish to attend one of these events, contact a GPM at one of the hosting MTFs. To request a mobile event at your MTF, contact Maj Hyzy.

GPM Field Consultants

We designed the GPM Field Consultant program to recognize the achievements of our experienced GPMs in the field, enhance the sharing of knowledge and successful techniques, and provide a forum for our experienced GPMs to help mentor/ grow younger/ newer GPMs. Listed below (by critical GPM skill area) are our GPM Field Consultants for FY03:

CHCS Scheduling and Templating: Maj Susan Baker (Lakenheath DSN: 226-8466), Capt Meredith Shephard (Hanscom DSN: 478-5030), Capt Sharon Goodwin (Wright-Patt DSN: 787-9240), 1Lt Mollie Yazzie (Luke DSN: 896-9375),

CHCS Reporting: Maj Rachel Lefebvre (Travis DSN 799-5279), Capt Meredith Shephard (Hanscom DSN 478-5030)

Coding Support: Maj Steve Sales (Academy DSN 333-5509), Maj Susan Baker (Lakenheath DSN 226-8466), Capt Susan Pietrykowski (Luke DSN 896-8992), Capt Jacqueline Bowers (certified coder) (Minot DSN 453-5473), Capt John McKenna (Tinker DSN 884-2896), Lt Michelle Stoffa (Bolling DSN: 754-6154)

Customer Satisfaction: 1Lt Dianna Kimler (Robins DSN 497-7986), Capt John McKenna (Tinker DSN 884-2896)

Demand Analysis: Maj Bill Wood (Eielson DSN: 317-377-6646), Maj Steve Sales (Academy DSN: 333-5509), Capt John McKenna (Tinker DSN 884-2896), Capt John Ginnity (Ramstein DSN 479-2504), Capt Sharon Goodwin (Wright-Patt DSN: 787-9240), 1Lt Mollie Yazzie (Luke DSN: 896-9375)

Marketing: Mrs. Lisa Carducci (dedicated PCO marketing specialist) (Scott DSN 576-7704)

Management of PCO Team Medical Records: Maj Dawn Rowe (HQ AFMC DSN 787-6633)

Measurement of Access to Care: Mr Dave Corey (SGMA DSN 761-4445 ext 3050, Maj Marissa Koch (SGMA DSN 761-4445 ext 3048, Maj Rachel Lefebvre (Travis DSN 799-5279), Maj Melinda Weiss (Scott DSN 576-7311 ext 4413), Capt John McKenna (Tinker DSN 884-2896), Capt Meredith Shephard (Hanscom DSN: 478-5030), Capt Sharon Goodwin (Wright-Patt DSN: 787-9240), 1Lt Mollie Yazzie (Luke DSN: 896-9375)

PCO Referral Tracking/ Management: Maj Mike Petronis (LAR3 DSN 773-2717), Capt John Ginnity (Ramstein DSN 479-2504), Capt John McKenna (Tinker DSN 884-2896)

Private Sector Care Recapture: Maj Mike Petronis and Ms Gerrie Pinckney (LAR3 DSN 773-2717), Maj Steve Sales (Academy DSN 333-5509)

Feel free to contact these GPMs/ field experts for thoughts/ ideas/ advise on projects you are working that relate to their listed specialty... Additionally, if you would like to be listed as a future GPM Field Consultant, contact Maj Hyzy and briefly describe your area of interest and the experience you think you can offer our GPMs. We will update this roster with each publishing of the GPM Newsletter. Many thanks to all the above-listed GPMs who graciously volunteered their demonstrated talents!

GPM Alignment/ Role Clarification

In a continuing effort to ensure the most effective alignment and reporting relationship for our GPMs in the field, the “supervision received” section of the GPM Job Description has been modified. Every MTF will be unique and will have its own organizational dynamics. . . we want to allow for enough flexibility for GPMs to align themselves with the “right” senior leader in their organization. We do however recommend that either the MDOS/ CC or the MDSS/ CC/ SGA serve as the GPMs reporting official (we deleted the reference to the Flight Commander as a suggested option). Ideally, an effective GPM has a direct reporting relationship with the MDOS/ CC, along with a close and active mentoring relationship with the SGA. However your MTF lines you up, we strongly suggest you have a regular, standing spot on the Executive Leadership Team agenda to communicate successes, challenges, and key metrics (like accessibility to care) directly to the senior leadership in your MTF. **In most cases, the GPMs should be the Access Manager for their MTF.**

The most successful practice model involves a strong, effective working relationship between an administrator and a physician. All medical practice business decisions should be researched, discussed, coordinated, and executed with this relationship in mind. . . builds trust, and leads to better outcomes for the clinic. We encourage all our GPMs to seek out the senior physician leaders in each of the clinics they support and construct a practice management partnership relationship with them. Find a way to meet with them regularly and discuss business strengths, challenges, and proposals you have. . . you will find this relationship will make you a much more effective practice manager. Group Practice Management is a new, rapidly evolving specialty for MSCs. We have come a long way over the last 2 years and are having a huge impact on our health plan. This is however, a highly complex job with a very broad range of duties and responsibilities. Here is a tip to help keep this job manageable. . . first, carefully read the GPM Job Description to give yourself a feel for what “lives in your backyard”. Then, decide which processes you are in a position to be responsible and accountable for (ability to direct, manage, and control), and for which you serve as a consultant (provide advice to those who are accountable). Finally, sit down with your supervisor and review this list to ensure they understand exactly what to expect from you. You will need to assess the 4A environment in each of your clinics and assess whether or not the business processes in these areas would benefit from aligning the 4A under you. . . a judgment call on your part, and something you should discuss with your boss. Finally, there is nothing more effective for demonstrating your impact as a GPM like a good set of operational metrics that chart the effectiveness of key business processes (see the GPM Metrics download file on the GPM homepage for ideas).

GPM Operational Tools Under Development

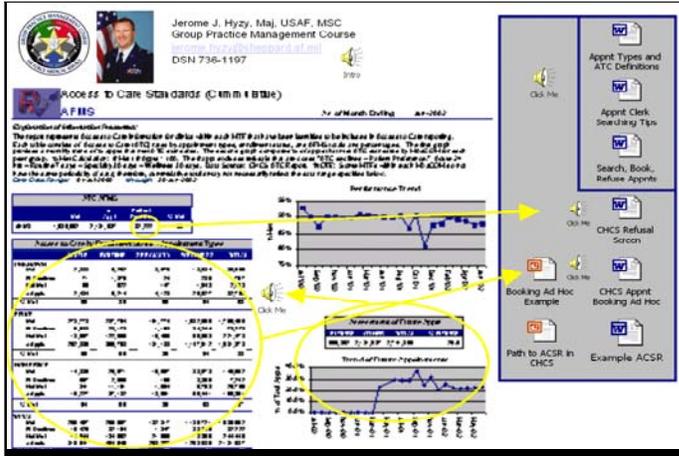
An important tool under development for our GPMs is the Appointment Supply/ Demand Analysis Tool. We are working to create a web-based tool similar in function to the Template Analysis Tool (updated regularly from your CHCS data). The aim of this tool is to help you more quickly and effectively visualize by provider, by appointment type (final version will display all templated appointment types), where you are not meeting TRICARE access standards, and where you may have opportunities to convert appointments, alter appointment lengths, provider out-of-clinic time, and panel sizes to better meet our access promise to our enrollees. The scratchpad version of this tool looks like this:

As of 11/4/2002									
Appointment Accessibility Improvement Tool									
Family Practice Clinic									
Date		= Outside TRICARE Access Standard (Need to Make More)							
Number		= Number of Unused Appointments Last Week (Targets for Conversion)							
Date	Day	Provider Name	Appt Type	3rd Available	# Used Last Week	# Unused Last Week	Avg Appt Length	PCM Bookable Minutes This Week	Panel Size
4-Nov-02	Mon	Brown	Acute/SD	4-Nov-02	6	0	10.00	400.00	1400
4-Nov-02	Mon	Brown	Routine	7-Nov-02	8	2	15.00		
4-Nov-02	Mon	Brown	Well	23-Nov-02	4	2	15.00		
4-Nov-02	Mon	Green	Acute/SD	4-Nov-02	8	2	10.00	380.00	1250
4-Nov-02	Mon	Green	Routine	16-Nov-02	10	0	20.00		
4-Nov-02	Mon	Green	Well	17-Nov-02	7	0	20.00		
4-Nov-02	Mon	Jones	Acute/SD	4-Nov-02	10	1	15.00	410.00	1200
4-Nov-02	Mon	Jones	Routine	9-Nov-02	10	0	15.00		
4-Nov-02	Mon	Jones	Well	21-Nov-02	7	0	15.00		
4-Nov-02	Mon	Smith	Acute/SD	4-Nov-02	7	3	10.00	390.00	1500
4-Nov-02	Mon	Smith	Routine	14-Nov-02	10	0	20.00		
4-Nov-02	Mon	Smith	Well	15-Nov-02	7	0	15.00		
4-Nov-02	Mon	White	Acute/SD	5-Nov-02	9	0	10.00	400.00	1500
4-Nov-02	Mon	White	Routine	10-Nov-02	10	0	15.00		
4-Nov-02	Mon	White	Well	19-Nov-02	8	1	20.00		

As soon as we have a functioning version of this tool, we plan to have 3 GPMs at selected sites test it for us and provide feedback for any final tweaking prior to releasing to the field. More to come soon...

GPM Operational Tools Under Development (continued)

The Air Force Surgeon General has made it crystal clear that delivering care within the TRICARE access standards is one of our top strategic priorities. The AFMS is using the Access to Care Summary Report from CHCS as its main measure of accessibility to appointments. There are a number of appointment clerk training and other data quality issues that must be straightened out. To assist our GPMs in leading this effort, we created the Access to Care Summary Report Toolkit:



You can find this toolkit by visiting the P2R2 website (<https://p2r2.hq.af.mil>), selecting the ACCESS view from the pull-down menu, then clicking on the gray IMPROVE button on the upper right-hand corner of any one of the access charts. Note: This is a large file and takes 2-3 minutes to load.

ATC Measurement Training Update: Maj Marissa Koch and Mr Dave Corey (SGMA Access OPR/ Consultant)

The Air Force Surgeon General's Office will be providing a series of Access Manager training sessions. The class title is: **Access to Care (ATC)...A Primer On Conducting Accurate ATC Searches.** The class is designed to fully educate AFMS appointment personnel to improve the accuracy of the collection of ATC data. This topic is timely as MTF's Access To Care Summary data are now being displayed on the Air Force Surgeon General's P2R2 and for the Performance Improvement Board. These classes will clear up a lot of questions appointment personnel have and serves as a foundation for follow-on Access Management classes that are to be offered in the future. The topics covered in these classes are highlighted in the attached Powerpoint overview. These classes will be conducted as teleconferences. The class should not take more than one hour and attendees should have up to 30 minutes for questions if needed. Each class has 25 telephone lines available, some may want to get a group using one or two phones at their job sites. Attendance is open on a first come first serve basis to all AFMS MTFs personnel and support contractors for any session. Appointment-booking personnel of all varieties to include Access Managers, appointing clerks, appointing supervisors, and others involved in support of the appointing of patients at Air Force MTFs should attend. The presenter has included the **PowerPoint Presentation** that needs to be printed out before the presentation, a **Student Evaluation**, a **Certificate of Training** that can complete for yourself and/ or your staff after they have received the training. Training will be conducted on:

- Thursday, 30 January 2003 from 0800 to 0930 Eastern. The dial-in number: Conus: (800) 828-4058. No overseas access. Participant code: 443790
- Tuesday, 4 February 2003 from 1200 to 1330 Eastern. The dial-in number: Conus: (800) 432-3507. Overseas: (309) 671-3639. Participant code: 105755
- Wednesday, 12 February 2003 from 1400-1530 Eastern. The dial-in number: Conus: (800) 828-4058 Overseas: (865) 525-4116. Participant code: 297524

POO Instructor: David J. Corey, FACHE, Access Program Consultant, Karta Technologies, Inc., Health Benefits & Policy Division, Office of the Air Force Surgeon General (HQ USAF/ SGMA), Three Skyline Place, STE 1511, Falls Church, VA 22041, Email: david.corey@pentagon.af.mil, Telephone: 703-681-4445 ext 3050, DSN 761 Fax: 703-681-6531.



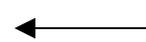
"Access Management Training-Session One"



"Completion Certificate.ppt"



"Student EvaluationV2.doc"



Double-click on embedded files to open

Cool Web Sites



1. American Academy of Family Physicians website:
<http://www.aafp.org/fpm.xml>

The FPM Toolbox

[Coding & Documentation](#)
[Patient Handouts](#)
[Computerization](#)
[Practice Assessment](#)
[Flow Sheets](#)
[Disease Management](#)
[HIPAA](#)
[More...](#)
New tool:
[Patient Handout: Prescription Assistance](#)

2. Biometric Data Quality Assurance Service website:
<https://bdqas.afms.mil>

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AF/SG Data Quality Metrics

Ambulatory Metrics - Measures timeliness and completeness of ambulatory data by comparing SADR (Standard Ambulatory Data Record) counts with DOWR (Daily Outpatient Workload Report) from CHCS. Our database is updated daily.

For SADR, we select ADS appointment types of 1 (scheduled appointment), 3 (walk-in), and 4 (sick call), and only consider MEPRS codes which start with the letter B. We also exclude MEPRS codes GPS and BP*, as well as appointment disposition of 'S' (left without being seen).

Most clinics are also entering encounters that do not have containing "course" visits in CHCS (non-privileged provider visits). While this is legitimate workload too, it cannot be used in the comparison to DOWR. To correct for this, we exclude all appointments with an EAM code of 99211, with the exception of authorized clinics (Physical Therapy, Occupational Therapy, Diet Clinic, and Orthotics Lab - MEPRS BAL*, BLA*, BLE* and BEE*). Since there isn't a flag in the SADR to indicate coursethon count, this is our best estimation for computing a number equivalent to the DOWR algorithm.

The DOWR is a daily report generated by CHCS which gives a total of all "course" appointments, excluding T-codes, for each MEPR at a site for the past 45 days. We restrict our counts to B-MEPRS codes, with the

3. MEPRS Early Warning and Control System web page:
http://www.tricare.osd.mil/ebc/rm_home/mewacs/index.html



GPM Networking and Contact Information

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Strategic/ Policy Issues

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Operational Issues

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Training/ Tool Development Issues

GPM Web Page: <https://www.afms.mil/gpm>

For questions/ comments/ submissions for the GPM Newsletter, contact Maj Hyzy