



Data Collection and Access to Care

Report to Congress
December 1, 2023



U.S. Coast Guard

Foreword

December 1, 2023

I am pleased to present the following report, “Data Collection and Access to Care,” prepared by the U.S. Coast Guard.

The Don Young Coast Guard Authorization Act of 2022 directs the submission of a report on the policy and the implementation plans to address access-to-care deficiencies.

Pursuant to Congressional requirements, this report is provided to the following members of Congress:

The Honorable Maria Cantwell
Chair, Senate Committee on Commerce, Science, and Transportation

The Honorable Ted Cruz
Ranking Member, Senate Committee on Commerce, Science, and Transportation

The Honorable Sam Graves
Chairman, House Committee on Transportation and Infrastructure

The Honorable Rick Larsen
Ranking Member, House Committee on Transportation and Infrastructure

I would be pleased to answer any questions you may have, or your staff may contact my Senate Liaison Office at (202) 224-2913 or House Liaison Office at (202) 225-4775.

Sincerely,



Linda L. Fagan
Admiral, U.S. Coast Guard
Commandant





Data Collection and Access to Care

Table of Contents

I. Legislative Language	1
II. Report	2
Appendix A: Abbreviations	3
Appendix B: Access to Care for Beneficiaries (COMDTINST 6000.11)	4

I. Legislative Language

This report responds to the language set forth in Section 11408 of the Don Young Coast Guard Authorization Act of 2022 (Pub. L. No. 117-263), which reads:

SEC. 11408. DATA COLLECTION AND ACCESS TO CARE.

(a) **IN GENERAL.**—Not later than 180 days after the date of enactment of this Act, the Commandant, in consultation with the Defense Health Agency and any healthcare expert the Commandant considers appropriate, shall develop, and make publicly available, a policy to require the collection of data regarding access by members of the Coast Guard and their dependents to medical, dental, and behavioral healthcare as recommended by the Comptroller General of the United States in the report entitled “Coast Guard Health Care: Improvements Needed for Determining Staffing Needs and Monitoring Access to Care”, published in February 2022.

(b) **ELEMENTS.**—The policy required by subsection(a) shall address the following:

- (1) Methods to collect data on access to care for—
 - (A) routine annual physical health assessments;
 - (B) flight physicals for aviators or prospective aviators;
 - (C) sick call;
 - (D) injuries;
 - (E) dental health; and
 - (F) behavioral health conditions.
- (2) Collection of data on access to care for referrals.
- (3) Collection of data on access to care for members of the Coast Guard stationed at remote units, aboard Coast Guard cutters, and on deployments.
- (4) Use of the electronic health record system to improve data collection on access to care.
- (5) Use of data for addressing the standards of care, including time between requests for appointments and actual appointments, including appointments made with referral services.

(c) **PUBLICATION AND REPORT TO CONGRESS.**—Not later than 90 days after the policy under subsection (a) is completed, or any subsequent updates to such policy, the Commandant shall—

- (1) publish the policy on a publicly accessible internet website of the Coast Guard; and
- (2) submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives a report on the policy and the manner in which the Commandant plans to address access-to-care deficiencies.

II. Report

In June 2023, the Coast Guard released¹ Commandant Instruction 6000.11 *Access to Care for Beneficiaries*. This Instruction is the Coast Guard's first ever Access to Care (ATC) policy, establishing the roles, responsibilities, requirements, and definitions to implement, sustain, and manage ATC for beneficiaries. It also provides guidance to evaluate and improve ATC for healthcare received by Coast Guard beneficiaries through the TRICARE network and Department of Defense (DoD) Military Medical Treatment Facilities (MTFs). Commandant Instruction 6000.11 directs the Health, Safety, Work-Life Service Center to create specific processes to improve ATC and to establish partnerships with the Defense Health Agency and TRICARE, leverage data, and realize technological capabilities within MHS GENESIS² to directly affect improvements in ATC. Implementing this policy will be a multiyear process and will require a systematic review and intentional activities to make these improvements.

Coast Guard beneficiaries receive health services from three sources: Coast Guard clinics, DoD MTFs, and/or TRICARE network providers. The accessibility of care varies according to many factors including provider shortages, civilian provider participation levels in TRICARE, geography, patient choice/consumerism, MTF business rules, and other factors. The health entitlement is heavily dependent upon timely access as defined by 32 C.F.R. 199.17 P(5) for individual health and readiness. Each care source has real-time data to measure performance for both internal management and external measurement in relation to peers, the community, and statutory requirements. Data available through MHS GENESIS and data collected by TRICARE Managed Care Support Contractors provide a means to measure accessibility of care. Most importantly, the data may inform opportunities to improve ATC.

The Coast Guard is taking additional actions to improve ATC. By the end of 2024, two strategic documents, the RAND-led health services strategic study and Don Young Coast Guard Authorization Act of 2022 required *Healthcare System Review and Strategic Plan*, will inform the Coast Guard's priorities and actions, of which ATC will be a primary focus.

¹ COMDTINST 6000.11 is publicly available at: <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/About-CG-Directives-System/Commandant-Instructions/?smdsearch2812=6000.11>

² MHS GENESIS is the DoD's new electronic health record. When fully deployed, MHS GENESIS will provide the DoD's 9.6 million beneficiaries and 205,000 medical providers with a single, integrated health record across the continuum of care – deployed and at home and eventually, through the transition to the Department of Veterans Affairs.

Appendix A: Abbreviations

Abbreviations	Definition
ATC	Access to Care
C.F.R.	Code of Federal Regulations
DoD	Department of Defense
MHS	Military Health System
MTF	Military Medical Treatment Facilities

Appendix B: Access to Care for Beneficiaries (COMDTINST 6000.11)

ACCESS TO CARE FOR BENEFICIARIES



COMDTINST 6000.11
June 2023



COMDTINST 6000.11
02 JUN 2023

COMMANDANT INSTRUCTION 6000.11

Subj: ACCESS TO CARE FOR BENEFICIARIES

Ref: (a) 32 Code of Federal Regulations (C.F.R.) § 199.17 p(5)
(b) Commandant Operating Facility Change Order Number 006-13
(c) Patient Centered Wellness Home, HSWLSCINST 6012.1 (series)

1. PURPOSE. This Instruction establishes the roles, responsibilities, requirements, and definitions for implementing, sustaining, and managing access to care (ATC) for beneficiaries. It also provides guidance for evaluating and improving ATC for healthcare received by Coast Guard beneficiaries through the TRICARE network and Department of Defense (DoD) Military Treatment Facilities (MTFs).
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and office chiefs of headquarters staff elements must comply with the provisions of this Instruction.
3. AUTHORIZED RELEASE. Internet release is authorized.
4. DIRECTIVES AFFECTED. None
5. DISCUSSION. Coast Guard beneficiaries may receive health services from three sources: Coast Guard clinics, DoD MTFs, and TRICARE network providers. The accessibility of care varies according to many factors including provider shortages, civilian provider participation levels in TRICARE, geography, patient choice/consumerism, MTF business rules, and other factors. The health entitlement is heavily dependent upon timely access as defined by Reference (a) for individual health and readiness. Each care source has real-time data to measure performance for both internal management and external measurement in relation to peers, the community, and statutory requirements. Data available through MHS GENESIS and data collected by TRICARE Managed Care Support Contractors (MCSCs) provide a means to measure accessibility of care. Most importantly, the data may inform opportunities to improve ATC.
6. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance of Coast Guard personnel and is not intended to, nor does it impose legally binding requirements on any party outside the Coast Guard.

7. MAJOR CHANGES. This Instruction establishes the policy for access to care data and reporting.
8. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. The Office of Environmental Management, Commandant (CG-47) reviewed this Commandant Instruction and the general policies contained within and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. This Commandant Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental requirements, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).
9. DISTRIBUTION. No paper distribution will be made of this Instruction. An electronic version will be located Coast Guard Directives System Library internally, and if applicable on the Internet at www.dcms.uscg.mil/directives.
10. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with the records retention schedules located on the Records Resource Center SharePoint Online site: <https://uscg.sharepoint-mil.us/sites/cg61/SitePages/CG-611-RIM.aspx>.
11. DEFINITIONS. The lexicon provided below clarifies and expands upon terms used within this Instruction.
 - a. Access to Care (ATC). The Military Health System defines access to care as “the timely use of personal health services to achieve the best health outcomes.” The desired outcome is providing the patient with the right healthcare service, at the right time, and in the right setting within a patient centric focus. The right setting may include over the phone, in the office, or virtually.
 - b. ATC Management. ATC management for medical practices includes the day-to-day management of templating, scheduling, and appointing functions. These appointments may be made in-person, by telephone, or online. ATC management is also management of the information systems, including provider file and table building and clinic/provider profile management; empanelment, demand management, and analysis; referral management activities; appointing telephony management; and effective and efficient personnel management in support of this mission. The scale/scope of these activities varies among Coast Guard clinics, DoD MTFs, and TRICARE network providers.
 - c. ATC Manager. The Health Services Administrator (HSA) or their appointed designee responsible for managing access to care in a Coast Guard clinic.
 - d. Coast Guard Beneficiaries. Coast Guard beneficiaries for the purposes of this Instruction include Coast Guard active-duty service members and their dependents and Coast Guard

retirees and their dependents enrolled in a TRICARE Prime plan. Business rules for enrollment of beneficiaries vary among Coast Guard clinics, TRICARE network providers, and DoD MTFs and are not differentiated in this Instruction.

- e. Health Services. Health services encompasses primary care, specialty care, and dental care.
- f. MHS GENESIS. MHS GENESIS is the electronic health record for the Military Health System. It has been implemented across Coast Guard clinics and being transitioned at the time of this policy release across the DoD health system.
- g. Referral Management Coordinators (RMCs). RMCs are assigned to a Coast Guard clinic and are responsible for managing and tracking referrals (through the proper MHS GENESIS workflow) generated by a Coast Guard clinic until closure.

12. PROGRAM OVERVIEW. The elements of the Coast Guard's ATC program include:

- a. Goal of ATC Management. The goal of ATC management is to evaluate, implement, and sustain a systematic, proactive, programmatic, and responsive access program for all sources of care (Coast Guard clinics, DoD MTFs, and TRICARE network providers) utilized by Coast Guard beneficiaries. Coast Guard clinics, DoD MTFs, and TRICARE network providers must meet the access standards stated in Reference (a).
- b. Objectives of ATC Management. The objectives of ATC management are to deliver patient-centric access to services, meet mission requirements, and satisfy the wellness and readiness needs of beneficiaries.

13. ROLES AND RESPONSIBILITIES. The following roles implement the responsibilities associated with ATC program management.

- a. Commandant (CG-11) must:
 - (1) Serve as the Health, Safety, and Work-Life (HSWL) program Director with technical authority to promulgate ATC policy.
 - (2) In alignment with current strategic imperatives and in collaboration with the HSWL Service Center (HSWL SC), select ATC measures for assessing the accessibility of care for Coast Guard beneficiaries who receive care from Coast Guard clinics, DoD MTFs, and TRICARE network providers.
 - (3) Ensure the HSWL SC develops technical guidance consistent with ATC policy.
 - (4) Interface with the Defense Health Agency (DHA), MCSCs, and other TRICARE representatives to negotiate changes to ATC policy where improvements are necessary, or innovations identified.

b. Commandant (CG-112) must:

- (1) Provide health policy as needed to advance access to care for Coast Guard beneficiaries.
- (2) Coordinate financial related actions to ensure adequate support for medical care, including access to care.
- (3) Provide liaison activities at the Headquarters Defense Health Agency to communicate, collaborate, and facilitate full participation by Coast Guard on all benefit changes or developments related to access to care.

c. HSWL SC must:

- (1) Undertake the following ATC activities under the technical authority of Commandant (CG-11) and in accordance with Reference (b):
 - (a) Provide technical guidance to Coast Guard clinics to ensure scheduling, appointing, and template management procedures create an adequate supply of appointments to meet empaneled patients' total demand for healthcare within ATC standards found in Reference (a).
 - (b) Standardize and align patient care locations, slot types, and appointment types to enable comparable measurement of ATC across all Coast Guard clinics.
 - (c) Designate the HSA at each Coast Guard clinic as the ATC Manager who will have primary responsibility for ATC management.
 - (d) Set standards and procedures to maintain patient continuity with their Primary Care Manager (PCM) in accordance with the Patient Centered Wellness Home Model (Reference (c)), or any care models adopted by the Coast Guard.
 - (e) Establish processes that enable follow up care and tracking to closure of appointments for referrals made by Coast Guard clinics.
 - (f) Develop procedures for managing no shows and cancellations, and methods for filling appointments when future appointments are cancelled.
 - (g) Design triage and overflow processes for Coast Guard clinics when patient care needs cannot be met within ATC standards (e.g., telehealth, nurse advice lines, cross-coverage with other clinics/sickbays, etc.).
 - (h) Monitor deployment schedules for Coast Guard clinic providers and staff to ensure interruptions to ATC are minimized.
 - (i) Publish guidelines for managing Coast Guard clinic appointment schedule change requests with the goal of minimizing frequent/repeated changes to opened schedules and minimizing facility closures.

- (j) Develop processes for modifying appointments (e.g., joining dental appointments to support dental procedures, extended medical exams, etc.) to meet patient needs.
- (k) Evaluate ATC and related metrics (e.g., referrals, PCM continuity, network utilization of urgent care, etc.) against standards for health services provided through Coast Guard clinics, DoD MTFs, and TRICARE network providers. Where standards do not exist, HSWL SC and CG-1122 must collaborate to recommend standards to CG-11, monitor trends, or both.
- (l) Meet with TRICARE and DoD MTF representatives at least quarterly to evaluate ATC for Coast Guard beneficiaries who receive care from TRICARE network providers and where ATC standards are not met, identify opportunities to improve accessibility of care. The meeting must be memorialized in the format directed by HSWL SC.
- (m) Appoint HSWL SC to evaluate and disseminate ATC metrics monthly and, where ATC standards are not met, identify, and implement strategies to optimize access to care.
- (n) In collaboration with CG-112, identify training sources for developing the skills of employees who have a role in the Coast Guard's ATC management program.
- (o) Brief CG-11 and HSWL SC Commanding Officer (CO) quarterly on ATC measures for all sources of care and follow up actions to improve ATC.

14. ATC MANAGEMENT GUIDELINES FOR COAST GUARD COMMANDS SUPERVISING CLINICS. Coast Guard Commands must ensure clinics adhere to the following ATC guidelines as stated in Reference (a).

- a. Schedule Management. Under the technical guidance of the HSWL SC, the ATC Manager in collaboration with clinic leadership must:
 - (1) Maintain a rolling 180-day schedule to ensure adequate provider and clinic staff availability to meet patient demand within access standards as stated in Reference (a).
 - (2) Forecast and analyze patient demand utilizing appropriate ATC measures.
 - (3) Manage appointment schedule change requests with the goal of minimizing frequent/repeated changes to opened schedules, changes causing clinic cancellations, and rescheduling of patients.
 - (4) Analyze unfilled appointments to determine the root causes of unused appointments and identify opportunities determine the effectiveness of meeting patient demand relative to the quantity of appointments: time of available appointments, over/under supply of appointment mix, seasonality impacts, cancellations, no-shows, and schedule changes.

- (5) Review schedule management measures for assessing the clinic's accessibility of care.
- b. Template Management. Under the technical guidance of the HSWL SC, the ATC Manager in collaboration with clinic leadership must:
 - (1) Ensure templates/appointment mix are designed to meet demand for care as stated in Reference (a).
 - (2) Ensure appointment slot lengths and types follow HSWL SC guidance to ensure they reflect the type of care provided.
 - (3) Enable a certain percentage of appointments for online patient scheduling as required by HSWL SC.
 - (4) Manage processes for modifying appointments (e.g., joining dental appointments to support dental procedures, extended medical exams, etc.) to meet patient needs.
 - (5) Review template management measures for assessing the clinic's accessibility of care and take corrective action when standards are not met.
- c. Appointing. Under the technical guidance of the HSWL SC, the ATC Manager in collaboration with clinic leadership must:
 - (1) Ensure appointing personnel use MHS Genesis to schedule patient appointments. Offline procedures should be developed for scheduling appointments when MHS GENESIS is inoperable.
 - (2) Ensure appointing personnel use the appropriate patient care locations, slot types, and appointment types to best represent the encounter in accordance with the ATC standards in Reference (a) and as prescribed by HSWL SC.
 - (3) Ensure that appointing personnel perform Defense Enrollment Eligibility Reporting System (DEERS) eligibility checks and other verifications for all patients seeking an appointment.
 - (4) Oversee processes for managing patients that require triage (e.g., clinic does not have enough appointments, patient requires higher level/urgent care, after hours care, etc.).

Potential options include telehealth, nurse advice line, clinic direction to urgent care, or other alternatives.
 - (5) Reschedule patients with future appointments into any cancelled or unused appointment slots.
 - (6) Manage processes for no-shows, patients who leave without being seen, late arrivals, patient cancellations, and clinic cancellations.

- (7) Maintain oversight of appointment reminder systems.
- (8) Maximize use of appropriate Patient Portal appointment scheduling.
- (9) Encourage beneficiary adoption and use of scheduling appointments online.
- (10) Complete end of day processing requirements.
- (11) Review appointing measures for assessing the clinic's accessibility of care and take corrective action when standards are not met per Reference (a).
- d. Referrals Management. Under the technical guidance of the HSWL SC, the ATC Manager in collaboration with clinic leadership must:
 - (1) Designate RMCs in writing.
 - (2) Ensure (as appropriate) RMCs have access to book appointments for patients referred to DoD MTFs.
 - (3) Ensure RMCs schedule referred patients for their appointments (if circumstances permit).
 - (4) Ensure that appointments for referred patients meets ATC standards in Reference (a) unless the patient waives access standards. Access managers must contact DoD MTF appointment management leadership staff or TRICARE liaison staff when appointments fall outside of ATC standards.
 - (5) Review referrals management measures for assessing the clinic's accessibility of care and take corrective action when standards are not met per Reference (a).
- 15. TRICARE NETWORK PROVIDERS AND DoD MTFs. The following activities must be undertaken to monitor ATC for Coast Guard beneficiaries who receive health services from DoD MTFs and TRICARE network providers.
 - a. HSWL SC must undertake the following activities to monitor and make recommendations for improving ATC as appropriate for Coast Guard beneficiaries who receive care from DoD MTFs:
 - (1) Review ATC measures frequently that are available through DHA and brief HSWL SC CO and CG-11 on findings and follow on actions. Though CG-11 is responsible for identifying the ATC measures for the HSWL program, they may differ between DHA and the Coast Guard. In this case, DHA ATC measures should be considered for adoption.
 - (2) Participate in recurring DHA meetings focused on ATC at least quarterly to review ATC measures for Coast Guard beneficiaries who have obtained care from DoD MTFs and where ATC improvement opportunities can be explored. At least one HSWL SC rep must be a chartered member of this meeting.

- (3) Refer ATC policy issues to CG-112 for review and action.
 - b. HSWL SC must undertake the following activities to monitor and make recommendations for improving ATC as appropriate for Coast Guard beneficiaries who receive care from TRICARE network providers:
 - (1) Review ATC measures frequently that are available through TRICARE and brief HSWL SC Commanding Officer and CG-11 monthly on findings and follow on actions.
 - (2) Participate in recurring TRICARE meetings focused on ATC at least quarterly to review ATC measures for Coast Guard beneficiaries who have obtained care from TRICARE network providers and where ATC improvement opportunities can be explored. At least one HSWL SC representative must be a chartered member of this meeting.
 - (3) Refer ATC policy issues to CG-112 for review and action.
16. ATC PROGRAM DEVELOPMENT AND GROWTH. This Instruction presents the Coast Guard's first ever ATC policy. As such, the requirements outlined here are new and will likely take years to fully develop. Thus, the success of the ATC program is contingent upon the careful development of standard operating procedures, technical directives, and other procedural guidance and measuring ATC to inform continuous improvement. This effort will require collaboration with DHA to enable sharing of ATC data, develop/maintain reports, and obtain access to reporting tools. The DHA has many policies and procedural instructions that can be used to develop ATC policies and procedures for the Coast Guard. There are also many computer- and classroom- based courses provided by vendors and DHA to grow and develop the skills of Coast Guard employees who have a role in the Coast Guard's ATC program.
17. FORMS/REPORTS. None.
18. SECTION 508. This Instruction adheres to Accessibility Guidelines and Standards as promulgated by the U.S. Access Board. If changes are needed, please communicate with the Coast Guard Section 508 Program Management Office at: Section.508@uscg.mil .
19. REQUESTS FOR CHANGES. Units and individuals may recommend changes via the chain of command to: HQS-DG-1st-CG-112@uscg.mil .

/DANA L. THOMAS/
Rear Admiral, U.S. Coast Guard
Director, Health, Safety, and Work-Life