



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 11-061

MCCS

18 JUL 2011

Expires 18 July 2013

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: MEDCOM Policy for Procedures Following Missed Behavioral Health (BH)
Appointments

1. References:

- a. DoD 6025.18-R, Health Information Privacy Regulation, 24 Jan 03,
<http://www.ditc.mil/whs/directives/corres/html/602518r.html>.
- b. Federal Register Notice, Volume 68, No. 68, Page 17357, 9 Apr 03, subject: DoD
Health Information Privacy Program, <http://www.gpoaccess.gov/fr/index.html>.
- c. AR 40-66, Medical Records and Healthcare Documentation, 17 Jun 08 with
Rapid Action Revision, 4 Jan 10.
- d. Directive-Type Memorandum (DTM) 09-006 – Revising Command Notification
Requirements to Dispel Stigma in Providing Mental Health Care to Military Personnel,
2 Jul 09.
- e. ALARACT 160/10, 282049 May 10, subject: VCSA Sends on Protected Health
Information (PHI).
- f. OTSG/MEDCOM Policy Memo 10-042, 30 Jun 10, subject: Release of Protected
Health Information (PHI) to Unit Command Officials.
- g. OTSG/MEDCOM Policy Memo 10-064, 30 Aug 10, subject: Procedures for
Transferring Care During Permanent Change of Station (PCS) for Soldiers Involved with
Family Advocacy Program (FAP) and Behavioral Health (BH).

2. Purpose: To provide guidance on actions to be taken when BH patients miss follow-up appointments due to no-show, cancellation, or refusal to schedule.

* This policy memo supersedes OTSG/MEDCOM Policy Memo 09-036, 10 Jun 09, subject: MEDCOM Policy for Procedures Following Missed Behavioral Health (BH) Appointments.

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3. Proponent: The proponent for this policy is Behavioral Health Division, Assistant Chief of Staff for Health Policy and Services.

4. Policy:

a. The care provider with whom the patient had a scheduled appointment will:

(1) Conduct a risk assessment based on history, diagnosis, and severity of illness to determine whether or not to notify unit command officials. Unit command officials are the Commander or other person(s) designated in writing to receive PHI in order to carry out an activity under the authority of the Commander. Follow applicable statutes to address potential dangerousness of civilian patients. Imminent risk of harm to self or others is an emergency, locate the patient, and ensure the patient is brought to a medical treatment facility (MTF) for evaluation.

(2) Notify unit command officials when the scheduled appointment was intended to access/treat the following issues:

(a) Harm to self: The provider believes there is a serious risk of self-harm by the member.

(b) Harm to others: The provider believes there is a serious risk of harm to others. This includes any disclosures concerning child abuse or domestic violence consistent with DoDI 6400.06.

(c) Harm to mission: The provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight and judgment.

(d) Special personnel: The Soldier is in the Personnel Reliability Program or is in a position that has been pre-identified by Service regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.

(e) Inpatient care: The member is admitted or discharge from any inpatient mental health or substance abuse treatment facility.

(f) The Soldier has entered into a formal outpatient or inpatient treatment program consistent with AR 600-85 for the treatment of substance abuse or dependence.

(g) Referred for Command-directed mental health evaluation.

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(h) Acute medical conditions interfering with duty. The Soldier is experiencing an acute behavioral health condition or acute medical regimen that impairs the member's ability to perform their duties.

(3) Providers will provide the minimum amount of information to satisfy the purpose of the missed appointment notification.

(4) Conduct a risk assessment based on history, diagnosis, severity of illness, and other factors to determine whether or not attempting to contact the patient is necessary. Special attention will be paid to patients who have been prescribed medications that have the potential for adverse outcomes if taken in overdose or in cases where it is inadvisable to discontinue the medication without tapering the dose.

(5) Attempt to contact the patient and arrange follow-up within 24 hours if there is a significant risk of suicidality, deteriorated mental status, non-compliance with medication, or substance abuse.

(6) Assess whether sufficient risk exists to contact the patient's Commander if the patient cannot be reached.

(7) Non-licensed providers will meet with their supervisor to staff all patients who no-show for their appointments. Based on the acuity of the case, the supervisor will make a determination regarding the need to make contact and the best method for achieving it.

b. If the clinician determines, based on history, diagnosis, severity of illness, and potential for dangerousness that immediate personal contact is not indicated, then ancillary staff may be directed to contact the patient to offer another appointment.

c. Licensed independent providers will otherwise determine methodology for re-engaging patients who fail to attend their appointments.

d. Regardless of whether or not actual contact with the patient is successfully completed, all attempts to contact the patient will be documented in the patient's medical record within 24 hours. The rationale for making contact will be clearly documented as will the factors involved in decisions not to make contact. Additional related entries will be made as applicable.

5. Responsibilities:

a. The Directorate of Health Policy and Services, through the Chief, Behavioral Health Division, is responsible for the distribution of BH policies and reviewing, updating, and deleting existing policies conflicting with these requirements.

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b. MTF Commanders along with local BH leadership will ensure that all BH providers are aware of and following the procedures outlined below.

c. BH providers are responsible for complying with these procedures.

6. Discussion:

a. An essential aspect of providing high-quality BH care is compliance with the established treatment plan to include attendance at scheduled appointments. Patients who miss appointments may warrant contact to offer follow-up. Such contact demonstrates provider concern, improves attendance, and enhances patient safety.

b. Providers are most familiar with their patient's circumstances and are, therefore, in the best position to determine the acuity of the patient when an appointment is missed.

FOR THE COMMANDER:


HERBERT A. COLEY
Chief of Staff