



**San Antonio Uniformed Services
Health Education Consortium
San Antonio, Texas**

Resident Healthcare Access Policy

I. Purpose:

A. Fort Sam Houston/BAMC Access to Care:

1. Medical care for Army residents assigned to BAMC is typically provided by Family Medicine Service (FMS) staff members practicing at the Ft Sam Houston Clinic (Bldg 1179). Acutely ill residents may access care by one of these methods:

a. Telephoning the San Antonio Consult and Management Office (CAMO at 916-9900) to schedule a same day appointment

b. Booking an appointment through the TRICARE On-Line website (www.tricareonline.com)

c. Walking-in for nurse triage between 0715-1615 hours Mon-Fri (except Federal and Training Holidays). The nurse will refer triaged patients to providers as necessary. Fort Sam Houston and BAMC buses provide transportation to and from the Fort Sam Houston Clinic.

2. After hours and urgent/emergent care for residents at BAMC is provided by the Emergency Department.

B. As of 1 July 2013, 59th MDW Access to Care:

1. Air Force residents assigned to 59MDW (959 CSPS and 59 TRS) receive their routine ambulatory medical care at the WHASC. Appointment options include:

a. Call the San Antonio CAMO during duty hours (at 916-9900) for an acute care appointment

b. Booking appointments at any time through the TRICARE On-Line website (www.tricareonline.com).

2. Army residents working at Wilford Hall Ambulatory Surgical Care Clinic (WHASC) may receive primary care at WHASC on a space available basis. Army residents normally enroll at the Fort Sam Houston Clinic.

3. After hours urgent care for all residents may be obtained at the WHASC Urgent Care Clinic (UCC) or at SAMMC. Emergent care should be obtained at the nearest Emergency Room. However, if time and circumstances allow, obtaining emergent care at SAMMC is highly preferred.

4. This policy will change in the future to reflect updated San Antonio EMSM (Enhanced Multiservice Market) directives.

II. Policy:

A. SAUSHEC residents who develop acute, non-emergent illnesses can access care using the procedures described above. In addition, they should notify their attending staff physician or program director of their need to seek acute medical care.

B. Residents who become ill after duty hours will be seen by Urgent Care or Emergency Medicine providers at BAMC or WHASC.

C. SAUSHEC strongly recommends that ill residents access their primary care provider or team. This will increase the likelihood that the health problem will be appropriately diagnosed and documented, primary care clinical practice guidelines will be followed, necessary medications will be prescribed and required follow-up visits will be scheduled.

D. Trainees who believe they are suffering from an emergent condition should immediately seek care in the Emergency Department. Trainees with an acute illness, who are unable to gain access to their PCP or another primary care giver within 24 hours, should report to the Emergency Department or Urgent Care Center.

E. Residents may be tempted to self-prescribe. Self-prescribing is strictly prohibited for Air Force physicians (AFI 44-102, 10.2.5). Army physicians are permitted to self-prescribe, but they cannot prescribe controlled narcotics, controlled sedative drugs or centrally acting medications such as anti-depressants or anti-psychotics (AR 40-3, 11-11.e.) Army physicians assigned to an Air Force facility cannot self-prescribe.

F. Alternately, residents may turn to peers for treatment. Depending on the specialty, peers may not be knowledgeable about diagnostic/treatment options for the resident's condition, and they may not be able to enter ambulatory notes in the electronic medical record. In the event that a resident evaluates and/or treats a colleague, the treating resident must, at a minimum, generate an outpatient note in AHLTA and ensure the note is co-signed by an attending staff physician. The attending physician may choose to evaluate the sick resident personally, before any treatment plan is developed.

G. Residents must understand the importance of seeking medical care when they are ill, especially when suffering from infectious diseases or any illness that may impair their ability to deliver care effectively and efficiently. Learning to recognize limitations imposed by illness is an important component of a resident's professionalism. Preventing disease transmission to patients is just as important as the resident's dedication and selfless service to patient care.