The Joint Commission’s Official “Do Not Use” Abbreviation List

In 2004, the Joint Commission created an official “do not use” list of medical abbreviations to meet a National Patient Safety Goal. TRICARE urges all providers to review this list regularly to reduce risk and prevent errors in patient care.

According to the Joint Commission, the official “do not use” list applies, at a minimum, to all orders and medication-related documents that are handwritten (including free-text computer entry), as well as preprinted forms.

Official “Do Not Use” List

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “ce”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “I”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MSO 4 and MgSO 4</td>
<td>Confused for one another</td>
<td>Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

1. Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

The Joint Commission does not apply the “do not use” requirement to preprogrammed health information technology systems (e.g., electronic medical records, computerized prescription order entry systems), but that step remains under consideration. Joint Commission guidelines recommend that organizations eliminate the use of problematic abbreviations, acronyms, symbols and dose designations from software if introducing new systems or upgrading existing systems.

To view the official “do not use” list and additional items under consideration for inclusion, go to www.jointcommission.org. Select the “Patient Safety” tab at the top of the page, then click on the “Do Not Use” link below “Safety Initiatives.”

Inside This Issue ...
- Vaccinate and Help Prevent the Flu
- Cold and Flu Information Resources
- Cancer Clinical Trials—A Treatment Option for TRICARE Beneficiaries
- TRICARE Benefit Limitations
- Health Net Federal Services, LLC Prepares to Transition to a New TRICARE Contract
According to the Centers for Disease Control and Prevention (CDC), more than 200,000 people in the United States are hospitalized each year due to flu-related causes. TRICARE covers age-appropriate doses of annual influenza vaccines based on the current CDC influenza season guidelines for all beneficiaries.

TRICARE coverage includes both the flu shot and the nasal-spray vaccine (FluMist®). Healthy patients of any age may receive the flu shot, while the nasal-spray vaccine should only be administered to healthy people ages 2 through 49, except for pregnant women.

TRICARE Prime and TRICARE Prime Remote (TPR) beneficiaries can receive the seasonal flu shot at no cost from TRICARE network providers or participating TRICARE retail network pharmacies. Note: TRICARE Prime and TPR beneficiaries who obtain the flu vaccine from non-network providers without referrals and authorizations may incur point-of-service charges.

TRICARE Standard and TRICARE Extra beneficiaries can get the flu vaccine from TRICARE-authorized providers or TRICARE retail network pharmacies. Deductibles and cost-shares are waived.

You or your patients can visit the Express Scripts, Inc. Web site at www.express-scripts.com/TRICARE to locate a participating pharmacy. Another way to obtain flu shots is from network convenient care clinics (CCCs). To locate a network CCC, go to the TRICARE network provider directory located on the Health Net Federal Services, LLC Web site at www.healthnetfederalservices.com. Under “Ancillary” provider type, select “Convenient Care Clinic.”

**High-Risk Categories**

TRICARE encourages you to recommend the flu vaccine to all of your patients, particularly those who fall into one of the following high-risk groups, as identified by the CDC:

- Children ages 6 months to 18 years
- Pregnant women
- People ages 50 and older
- People with certain chronic medical conditions
- People who live in nursing homes or other long-term care facilities

People who live with, care for or otherwise interact with patients in the above categories should also receive annual flu vaccines. These people may include health care workers, caregivers and others.

For more information about TRICARE’s flu vaccine coverage, visit www.tricare.mil/flu.

**Vaccinate and Help Prevent the Flu**

If you need cold and flu prevention resources for your TRICARE patients, look no further. Visit Health Net Federal Services, LLC’s “Healthy Living” page at www.healthnetfederalservices.com and click on “Find-It-Fast!” for helpful hand-washing tips and other information to help keep your patients healthy during cold and flu season.
Cancer Clinical Trials—A Treatment Option for TRICARE Beneficiaries

In partnership with the National Cancer Institute (NCI), the Department of Defense offers participation in Phase II and Phase III NCI-sponsored cancer clinical trials as a TRICARE benefit. When enrolled in these studies, patients receive care that is considered the most innovative medicine or therapy but is not yet approved as standard care.

Clinical Trial Phases
• Phase I trials primarily focus on assessing drug safety and are not currently covered by TRICARE due to their highly experimental nature.
• Phase II trials study the effectiveness of an agent or intervention on a particular type of cancer.
• Phase III trials compare a promising new agent against the current standard of care.

Who Is Eligible?
Active duty family members and retirees and their family members are eligible for coverage of cancer clinical trial participation. Note: Active duty service member participation is always coordinated directly by a military treatment facility.

Cost of Participation
TRICARE will cost-share all medical care and testing required to determine eligibility for an NCI-sponsored trial. Claims for medical care provided during participation in a trial are processed under normal TRICARE reimbursement rules when each of the following conditions is met:
• Prior authorization is obtained for the proposed treatment
• The treatments are NCI-sponsored Phase II or Phase III protocols
• The patient continues to meet entry criteria for the protocol
• Institutional and individual providers are TRICARE-authorized providers

Where Are Clinical Trial Participants Treated?
There are more than 2,000 trial sites throughout the United States, including military hospitals and clinics, comprehensive and clinical cancer centers, community hospitals and private practices. Trial participation may require patients to change physicians, but their primary care managers or specialists may administer certain services as part of the clinical trial.

How to Participate
To determine clinical trial availability, please visit NCI’s Web site at www.cancer.gov. To obtain prior authorization for an NCI-sponsored clinical trial, contact the cancer clinical trials coordinator for the TRICARE North Region at 1-800-395-7821. Be sure to contact the coordinator before beginning evaluations or treatments for patients under clinical trials.

TRICARE Benefit Limitations
TRICARE covers most inpatient and outpatient care that is medically necessary and considered proven. However, there are special rules and limitations for certain types of care, and some types of care are not covered at all. For example, did you know that TRICARE’s coverage for detoxification is limited to two admissions per lifetime? Or that a diabetes diagnosis is required for foot orthotics, and only certain types of orthotics are covered? There are a number of services for which TRICARE beneficiaries must meet certain criteria for care to be covered, even if those services do not require prior authorization.

TRICARE offers several Web resources and tools to help you quickly determine if your patients meet the criteria for service coverage and find guidance on how to obtain prior authorizations or referrals for care, if necessary.

To determine coverage, first consult TRICARE’s “Benefits, Exclusions and Limitations” list by visiting the Health Net Federal Services, LLC (Health Net) Web site at www.healthnetfederalservices.com. Click “Provider,” then the “Benefits” tab, and select “Benefits, Exclusions and Limitations.” This information is also available in the TRICARE Provider Handbook.

Once you confirm TRICARE coverage, you can use Health Net’s online prior authorization determination and referral decision tools to further refine prior authorization and referral requirements. To submit a prior authorization or referral request to Health Net, use the Online Authorization and Referral Submission Tool. Health Net also offers online tutorials and a variety of Quick Reference Charts throughout the provider section of its site.
Health Net Federal Services, LLC Prepares to Transition to a New TRICARE Contract

TRICARE Management Activity awarded Health Net Federal Services, LLC (Health Net) a five-year renewal of the TRICARE North Region Managed Care Support Contract. Health Net has partnered with the Department of Defense for more than 20 years and is honored to continue serving the TRICARE North Region and its 2.9 million beneficiaries, including military families, retirees and wounded, ill and injured service members.

Throughout the current TRICARE contract, Health Net developed a strong regionwide civilian network of more than 150,000 contracted hospitals, clinics and individual providers.

The new contract, also known as “T-3,” will commence the delivery of health care services on April 1, 2011. Providers may experience some nominal changes in procedures, but TRICARE and Health Net will strive to ensure a smooth transition.

Health Net will have three subcontractor partners in the new Managed Care Support Contract:

- PGBA, LLC will continue its support as the TRICARE North Region claims administrator.
- HP Enterprise Services will provide information and system support.
- UnitedHealth Group will provide support with health care information technology tools, such as its disease management program.

In the coming months, Health Net will communicate with network providers to make you aware of certain operational and procedural changes under T-3. Additionally, all information will be available on Health Net’s Web site at www.healthnetfederalservices.com. Under the T-3 contract, registered users of the Web site will receive regular provider updates and other TRICARE-specific information via e-mail notification and information posted to the Web. More information regarding new Web registration instructions will be provided.

Health Net is excited to continue as the health care services administrator for the TRICARE North Region, and we are equally enthusiastic to go forth with you as our health care provider partners in caring for America’s active duty service members, retirees and family members.