RETURN TO POC ROSTER

Last Updates Received From Clinic: 09 MAY 2024

NMCSD
Naval Medical Center San Diego

ORTHOPAEDICS

General Information	
Clinic Desk:	Front Desk # 532-8429 Fax #532-8467 Bone Phone: (24/7): 619-954-6797 After-Hours Ortho Tech: 619-453-6883
POC:	Dept Head: CDR Brian Barlow 532-9477 Vice Chairman: LCDR Kimberly Spahn 532-8428 Division Officer / Business Manager: Ms. Jill Eastin 532-7611 LPO: HM2 Jordan Biagioni 532-5082
Clinic Hours:	**0700-1600 M-F**
Providers:	Orthopaedic Residents and Staff Orthopaedic Surgeons
PA/NPs:	PA
MEPRS Code:	BEAA
Location:	BLDG 1 / 1st Floor
Pt Relations Rep:	HM3 Constabile 532-6868

ADULTS	
Hips Referral	**< 40 yo** Hip MRI, series X-ray to include Dunn Lateral, AP Pelvis (weight bearing/nonweight bearing) and false profile within 1 yr . **> 40 yo** If trauma - hip X-Ray with AP pelvis. **If insidious** onset - phys tx, XR, MRI
LBP/Spine Referrals	Back pain with associated nerve route radiculopathic symptomology. Documented PT, Pain Management, or PM&R of 3 months. Moderate to severe degenerative foramina or central canal changes noted on MRI or scoliosis on X-ray. Expect the consult to be reviewed and to be contacted for continuity of care within primary care setting. **X-rays should be 3 view. Also a CT if hardware or known shrapnel is in place.**
Shoulder Referral	4 View X-ray and MRI required within 6 mos. Recommend physical therapy if no trauma
Knee Referral	4 View weight bearing X-ray and MRI required within 6 mos. Recommend physical therapy if no trauma
Foot/ankle	Weight bearing X-ray required within 6 mos
Hand/Elbow	Basic X-rays required within 6 mos
VA-DoD Lower Back	ORTHO VA GUIDE - View by Topic

Clinic Information	
Beneficiary Category	See Clinical Access Report-Active Duty and Dependents
Urgent Referrals	Requires Direct Physician-to-Physician Contact. **(Use Bone Phone)**
Beneficiary Ages	All Ages
Schedule Release	6 months in advance (MHS requirement)
Patient Instructions	Check in 15 minutes prior to appointment
Additional Information	1. For Adults New Consult must be entered if patient has not been seen in the clinic within 1 year. 2. For PEDS no new consult required for follow up appts outside one year. 3. Consults will be booked to a SPEC by the Ortho clinic Front Desk 4. Contact clinic POC if there is a shortage of SPEC appt. Clinic may modify other apt slots or add new SPEC apt. Patients referred from outside expect to be pre-op's by the Surgical Services on the same day. 5. Referrals will be reviewed by the Ortho Clinic PA within 48 hours.

PEDIATRICS	
PEDIATRICS	< 8 yo and unable to point to area of pain or give explantion - No X-rays required
Peds (Shoulder)	Basic shoulder X-rays
Peds (Hips/Pelvis)	Hip dysplasia; ultrasound (under the age of 6mo or X-ray (over the age of 6mo) showing signs of dysplasia **OR** positive exam findings **NOT TO INCLUDE** clicking hip or asymmetrical skin fold alone **OR** significant risk factors
Peds(Knee)	Any age; three views include full view femur and/or tibia as indicated. >8 yo w/ trauma; FOUR VIEWS
Peds (Foot/Ankle)	Weight bearing X-ray to include toe walking (No X-ray for club foot, intoeing, out toeing) MUST BE GREATER THAN 2 YO FOR GAIT ANALYSIS OTHER THAN TOE WALKING
Peds (Hand/Elbow)	X-ray for injury, bony prominence, nurse maids elbow
Peds (Spine)	Pain; X-rays if old enough to give specific area of pain. Scoliosis; standing scoliosis series must

Call Center Staff will book SPEC appointments

Orthopaedics staff will book FTR/Follow-up appointments

Updated as of 17 MAY 2024

NMCSD
Naval Medical Center San Diego

Point of Contact Roster

** To update specialty, send worksheet to Jennifer.M.McDonnell2.civ@health.mil **

CLINIC *(Hyperlinked)*	POC	Phone
SD Allergy	LCDR Diana Lindsey	619-524-1519
SD Audiology	Dr. Patricia Mouck	619-532-9604
SD Breast Health Center	RN Libby McDonnell	619-532-5824
SD Cardiology	CDR Cicely Dye	619-532-7400
SD Chiropractic Miramar	CAPT Fred Schmitz/LT Ashley Gripe	858-577-9948
SD Chiropractic NASNI	LT Victoria Flood / LT Timothy Longawa	619-545-0462
SD Chiropractic NAVSTA	LCDR Eric Infante	619-556-8096
SD Dental	CDR Liz Griffis	619-532-8600
SD Dermatology	CDR Peter Shumaker	619-532-9660
SD Endocrinology	LCDR Elizabeth Bauer	619-532-7376
SD ENT-Otolaryngology	Jenny Malley RN	619-532-9600
SD Gastroenterology	Charlie Moore	619-532-9725
SD General Surgery	CDR Jonathan Liebig	619-532-7575
SD Gynecology	LT Viktoryia Mironenka	619-532-7007
SD Health and Wellness	Ms. Melissa Palacios	619-532-7764/6846
SD Infectious Disease	CDR Kristi Stonegarza	619-532-7476
SD Internal Medicine	LCDR Jaime Stull	619-532-6827
SD Mental Health NMCSD	Dr. Dana Grossman	619-532-5761
SD Nephrology	LCDR Nora Maddy	619-532-8840
SD Neurology	Ieisa Norman	619-532-7275
SD Neurosurgery	Fausto Munoz	619-532-5460
SD Nutrition	Christina Griffin, MS, RD	619-532-8530
SD Obstetrics	LT Viktoryia Mironenka	619-532-7007
SD Occupational Therapy (PT)	CAPT Fred Schmitz/LT Megan Balkenbush	619-532-7100
SD Ophthalmology	CDR James Zimmerman	619-532-5251
SD Optometry	LT Brian Walton	619-532-9374
SD Oral Surgery	CDR Pat Morrell	619-532-8600
SD Orthopaedics	Jill Easton	619-532-7611
NTC Podiatry & Orthopedics	LT Jesse Tukuafu	619-524-0932
SD Pain Management	CDR Andrew Parsons	619-532-8943
SD Pediatric Surgery	CDR Pamela Choi	619-532-5953
SD Pediatric Clinics	CAPT John Arnold	619-532-6896
SD Pharmacy & Anticoagulation	CAPT Linh Quach	619-531-1491
SD Physical Therapy	CAPT Fred Schmitz	619-532-7100 x1
SD Physical Therapy MCAS Miramar	CAPT Fred Schmitz	858-577-7961
SD Physical Therapy MCRD	CAPT Fred Schmitz	619-524-6071
SD Physical Therapy NAB	CAPT Fred Schmitz	619-437-3450
SD Physical Therapy NANSI	CAPT Fred Schmitz	619-545-0462
SD Physical Therapy NAVSTA	CAPT Fred Schmitz	619-556-8096
SD Physical Therapy NTC	CAPT Fred Schmitz	619-524-0093
SD Physical Therapy TOCS	CAPT Fred Schmitz	619-532-7100 x1
SD Sports Medicine NAVSTA	CAPT Fred Schmitz	619-556-5936
SD Sports Medicine MCRD	CAPT Fred Schmitz	619-524-8313
SD Plastics	Marie Manuel, RN	619-532-7880
SD Pulmonary	CDR G Seda	619-532-6679
SD Interventional RAD	CAPT Benjamin Drinkwine / CDR Bryce Lokey	619-532-8752
SD RAD/ONC	CDR Daniel Hawley	619-532-7274
SD Rheumatology	CDR Jason Weiner	619-532-7316
SD Speech Pathology	Dr. Petroi-Bock	619-532-9643
SD Urology	CDR Justin Nork	619-532-7201
SD Vascular Surgery	CDR Kimberly Thompson	619-532-7575

Directorate
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Referral Management Center (RMC) Staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert referral notation identifying location of specialty care & appoint to MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Allergy Clinic @ NTC

General Information

DUTY PHONE	619-538-1685
Clinic Desk:	**Front Desk:** 619-524-1519 **Fax:** 619-524-1673
POC:	Clinic Manager: LCDR Diana Lindsey 532-1519
Clinic Hours:	0730-1600 M-F
Providers:	CDR R. Lee; CAPT M. Tucker
PA/NPs:	NA
MEPRS Code:	BABA
Location:	BMC NTC BLDG 624
Pt Relations Rep:	HM3 K. Poznanski

Clinic Information

Beneficiary Access	See weekly HSAR and NMCSD Capability Report.
Beneficiary Ages	
Urgent Referrals	Requires Direct Physician-to-Physician Contact
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	If scheduling for skin test, NO antihistamines 5 days prior to appt 1. New consult must be entered if patient has not been seen in the clinic within 3 years.
Additional Information	2. Consults will be booked to a SPEC appt in MHS via Revenue Cycle. 3. Inquire with patients if other family members are seen in the clinic. If 4. Contact clinic POC if there is a shortage of SPEC appts. Clinic may modify other appt slots or add new SPEC appointment.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Requesting Provider

Additional Information:

- Contain patient's major symptoms and PCM's goals for consultation
- If patient has prior allergy testing NOT in MHS Genesis, patient should bring record to clinic visit.
- If you or patient desire allergy immunotherapy, the patient should be planning to stay in San Diego for a minimum of 1 year to have any clinical benefit (it is typically a 3-5 year treatment plan).
- If patient has chronic urticaria (>6 weeks), recommend trial of second generation antihistamine for 1 month and if controlling urticaria, no need for referral
- If the patient only has a dermatitis, recommend dermatology referral.

NO ANTIHISTAMINES 5 DAYS PRIOR TO SKIN TEST

Antihistamines List:

1. Antihistamines: Claritin (loratadine), Allegra (fexofenadine), Zyrtec (cetirizine), Clarinex (desloratadine), Atarax (hydroxyzine), Deconamine, Xyzal (levocetirizine), Chloropheniramine (CTM Clemastine - Tavist), Benadryl (diphenhydamine)
2. Cold Preparations (containing antihistamines): Actifed, Alk-Seltzer Cold & Sinus, Allerest, Arohist, Bromfed, Comtrex, Contact, Coricidin, Dimetapp, Dimtane, Dramamine, Dristan, Drixoral, Nouahistine, Ornade, Pediacare, Robitussin Cold, Rondec, Rynantan, Semprex, Sine-Off, Sinutab, Sudafed Sinus & Allergy, Tendril, Triaminic, Trialing, Tylenol Cold/Sinus/Allergy/Flu, Vick's Cold.
3. Sleeping pills containing antihistamines: Bayer PM, Doan's PM, Excedrin PM, Noel Caplets, Tylenol PM, Unisom.
4. Nasal antihistamine: Azelastine (Astelin, Astepro)
5. No eye antihistamine: Optivar, Pataday, Visine, Naphcon

Allergy staff will book appointments (including SPECS, FTR, and PROC)

RETURN TO POC ROSTER

Last Updates Received From Clinic: 25 JAN 2024

NMCSD
Naval Medical Center San Diego

Audiology Clinic

General Information	
Clinic Desk:	**Front Desk:** 619-532-9600 (same as ENT) **Fax:** 619-532-6088
POC:	DIVO: Dr. Patricia Mouck
Clinic Hours:	0700-1600 Mon-Fri
Providers:	Dr. Patricia Mouck, Dr. Jason Duda, Ms. Linda Braun, Ms. Roberta Funson, Ms. Melanie Kilgore
PA/NPs:	NA
MEPRS Code:	BHDA
Location:	NMCSD Building 2 floor 2
Pt Relations Rep:	Ms. Jennifer Malley

Clinic Information	
Beneficiary Access	See weekly HSAR and NMCSD Capability Report.
Beneficiary Ages	newborn to geriatrics
Urgent Referrals	Requires Direct Physician-to-Physician Contact
Schedule Release	45 days in advance (MHS requirement)

Referral Management Center (RMC) staff will perform:
1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Requesting Provider

Prerequisites:
- Ears must be clear of cerumen impaction for auditory and vestibular testing.
- A referral from the PCP or another subspecialty clinic is required.
- All appointments must be scheduled.
- A new referral is required by the patient's primary care provider every three years.

Services:
- Audiology performs comprehensive auditory and vestibular services to active duty and adult dependents.
- Digital hearing aid technology and tinnitus management are available to active duty service members.
- Implantable hearing aid technology and Cochlear Implant management is available for patients age six to adults.
- Pediatric diagnostic audiologic examinations are available for all age groups (newborn to 18 years).

Note:
Appointments will be scheduled by the Audiology Division (SPEC/EST/PROC). Appointments range from 45 minutes up to two hours depending upon the procedure.

The Audiology Division will book ALL appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 24 JANUARY 2024

NMCSD
Naval Medical Center San Diego

Breast Health Center

General Information

Clinic Desk:	BHC: 619-532-5828 Mammo: 619-532-7394 Fax: 619-532-5024
POC:	RN Libby McDonnell
Department Head:	LCDR Jennifer Foley
Clinic Hours:	0730 - 1600 M-F
Providers:	Surgical Oncology Staff and Residents, Radiologist Staff and Residents; Physical Therapist (Breast Cancer Pts - Multi Disciplinary Clinic)
PA/NPs:	Amber Berg, NP
Location:	BLDG 1 / 2nd Floor
Pt Relations Rep:	Ms. Ramona Bridges

Clinic Information

Beneficiary Category	See Clinical Access Report: Active Duty, Retirees, and Dependents
Beneficiary Ages	16 and Up (<16 on case-by-case basis) Imaging for newborn through geriatric
Schedule Release	180 days in advance (MHS requirement)
Patient Instructions	1. Patient should obtain and bring CD or Film of any prior or current breast imaging to include reports. If patient referred for Risk Evaluation, patient should obtain all pertinent famiy history and copies of family member Genetic test results.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 2 years. (With exception of Breast Cancer patients diagnosed and treated at NMCSD within last 5 years)
	2. Consults will be triaged and imaging ordered and completed as necessary prior to being booked with a BHC clinical provider.
	3. Consults will be booked, as needed, to a SPEC or GRP apt using Appointment Order Processing (AOP) in CHCS.
	4. Consults not mandatory for routine screening mammograms.
	5. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Requesting Provider

- Services **NOT CURRENTLY** available: Lymphedema Eval/treatment
- Services **AVAILABLE**: Breast imaging (screening mammograms, Digital Breast Tomosynthesis {DBT}, ultrasound, MRI) Core biopsies (Ultrasound guided, Stereotactic, 3-D Upright Stereotactic, MRI guided), Surgical Oncology, Excisional biopsies, Breast Pain eval/management, BRCA 1/2 Risk Assessment.

URGENT/ASAP/72Hour/STAT Referrals:
- i.e. Evidence of breast abscess -
* For **Urgent** or **STAT** consult, please place referral in computer with current patient contact number **AND** contact Breast Health during normal business hours, or on-call Surgeon or Radiologist if after hours/weekends.

PCM's Instructions for referrals:
- Age, suspected abnormality, disorder, pathologies, clinical/physical findings. Include any previous testing or imaging including imaging done at outside facilities.
- BHC will see all breast cancer patients. **For macromastia or reduction mammoplasty**, refer to plastic surgery. **For breast imaging**, order appropriate radiology study, not BHC referral.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access after review by Breast Health provider
6. Monitor clear and legible reports for beneficiaries obtaining network care

Breast Health staff will book all SPEC, FTR, GRP, and Diagnostic Breast Imaging appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Cardiology

General Information

DUTY PHONE	619-804-2229 (outpatient)
Clinic Desk:	**Front Desk:** 619-532-7400; Fax: 2-9863 **Scheduler:** Melissa Humma 532-7404
POC:	CDR Cicely Dye (DH); RN Janet Kowzlowski (DivO)
Clinic Hours:	0800-1600 M-F
Providers:	CAPT Wessman, LTC Lee, CDR Overbey, CAPT Spalding, LCDR Czaja, Dr. W. Bennett, CDR Russell, CDR Oakley, CDR F. Hartge, LCDR R. Geis, LCDR Kozicki, CDR Fenequito, LT L. Hensley, LCDR A. Babawale
PA/NPs:	PA Ryan Schmitt
MEPRS Code:	BACA
Location:	BLDG 3 / 3rd Floor
Pt Relations Rep:	

Clinic Information

Beneficiary Access	See Clinical Access Report. Active Duty, Dependent, Retirees
Beneficiary Ages	Adult 18 years and older (for peds, see Peds Subspecialty)
Urgent Referrals	Requires Direct Physician-to-Physician Contact 619-804-2229
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Bring all medications to appointment.
Additional Information	1. New consult must be entered if patient has not been seen in the clinic within 3 years. 2. Consults will be booked to a SPEC appt in MHS via Revenue Cycle. 3. Inquire with patients if other family members are seen in the clinic. If so, try and book family members together. 4. Contact clinic POC if there is a shortage of SPEC appts. Clinic may modify other appt slots or add new SPEC appointment.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Requesting Provider

The following studies are ordered through Radiology:
- Nuclear Stress test - Cardiac CT - Cardiac MRI

Additional Information:
- Contain patient's major symptoms and PCM's goals for consultation
- All referrals reviewed by Specialty Provider and may be returned if basic workup (per referral type guidelines) are not met.

Please **SEE ADDITIONAL TABS** to review basic workup for common conditions

Cardiology Staff will book EST

RETURN TO SD CARDIOLOGY

CARDIOLOGY MATRIX BLDG 3, 3RD FLOOR. PHONE # 619-532-7400
***24-Hour on-call* @ 619-804-2229 (outpatient)**

Referrals from outside the MTF should have a copy or CD of radiology studies, labs, diagnosis, study findings, and a brief clinical description or reason for consult

NON-ROUTINE (URGENT, ASAP) & OUTPATIENT

ASAP/STAT
Requires Direct Physician-to-Physician Contact.

Clinic Phone 619-532-7400
Scheduler 619-532-7404

24 HR on-call @ (619) 804-2229

ABNORMAL EKG (Normal if asymptomatic)

*** Consider echo to screen for structural abnormalities if required for duty screening or abnormal exam.**

- Incomplete RBBB,
- Early repolarization/ST segment elevation,
ST elevation followed by T wave inversion V1-V4 in black athletes
- Ectopic atrial or junctional rhythm,
- 1* AV block
- Mobitz Type I 2* AV block

*** REFER IF SYMPTOMATIC**

ABNORMAL EKG (Borderline if asymptomatic)

*** Consider echo to screen for structural abnormalities.**

- Left axis deviation
- Left atrial enlargement
- Right axis deviation
- Right atrial enlargement
- Complete RBBB

*** REFER IF SYMPTOMATIC**

ABNORMAL EKG (Abnormal w/wo symptoms)

CONSIDER CALL FOR GUIDANCE:
- T-wave infersion, ST depression, QRS voltage criteria for LVH/RVH

REFER:
- Pathologic Q-Waves
- Complete LBBB, QRS >140ms
- Epsilon wave
- Ventricular pre-excitation,
- Prolonged QT
- Brugada Type 1,
- Bradycardia <30bpm
- PR >400ms
- Mobitz Type II 2* AV block,
- 3* AV block
- >2 PVCs,
- Atrial tachyarrhythmias
- Ventricular arrhythmias.

MURMUR

***REFERRAL TYPICALLY UNNECESSARY:**
- Valvular heart disease that is mild or moderate does not normally cause symptoms.

***EHOCARDIOGRAM:**
- New systolic murmur, loud murmur (grade 3+), change in intensity, soft murmur associated with LVH or cardiomegaly
- Any type of diastolic murmur.

***REFER:**
- Symptoms of cardiac disease
- Echo shows moderate or severe valvular dysfunction
- Echo showing valvular lesions or progressive cardiomegaly.

CHEST PAIN (Defined)

***ANGINA/EQUIVALENT DYSPNEA:** Substernalchest discomfort, pressure, heaviness, squeezing, burning, radiating to shoulders, arms (L>R), neck, jaw and epigastrium. Brought on and exacerbated by exertion, relieved by rest and/or nitroglycerin.
***STABLE ANGINA:** CP that hasn't changed in intensity or frequency over time since last cardiac evaluation. Pain occurs with same amount of exertion and resolves with rest.
***UNSTABLE ANGINA:** CP escalating in frequency or intensity. May not respond to medications as it did or if there is angina while at rest.
***NONCARDIAC CP:** Chest discomfort lasting only few seconds (usually non-anginal); Pleuritic or positional pain and exquisite tenderness overlying rib cage.

CP MANAGEMENT (Initial diagnostics)

*** OBTAIN EKG**
***TREADMILL STRESS TEST**
- Patient can walk on a treadmil
- Baseline EKG normal
- Age <65yo

***STRESS ECHOCARDIOGRAM**
- If all of the above AND diabetic

***NUC MED STRESS TEST:**
- If NO to any of the above. Order under NM Rad, type MIBI; order rest & stress, specify pharmacologic.

*** CARDUAC CT**
- Can be used to eval stable angina. Discuss with on-call Cardiologist prior.

***REFER TO ER FOR UNSTABLE ANGINA**

***REFER TO CARDIOLOGY:**
- Rapidly progressive angina
- Angina on ADLs despite med therapy
- Early positive or high risk finding on treadmill
- Indeterminate or high risk finding on MPI
- New onset angina <45yo
- Return of angina post-MI
- Ischemic changes on exercise stress test after CABG or PCI despite med tx.
- Equivocal stress test with angina
- Negative stress test with symptoms

PALPITATIONS

***OBTAIN EKG**

*** HOLTER/EVENT MONITOR**
- **Holter (24-48hr**): Couple times daily.
- **Cardiokey (14d**): 2+ times/week
- **Event Monitor (30d):** 1x/week or less often.
- **MCOT (30d**): If looking for silent A Fib in pt <60yo with question of TIA or CVA.

***NO REFERRAL REQIORED**
- If few PVC's/PAC's. Pt needs mostly reassurance.

***REFER TO CARDIOLOGY:**
- New A. Fib diagnosis
- High burden PVC/PAC (>10%)
- Significant sinus pause >2sec
- Supraventricular tachycardia
- Sustained Ventricular tachycardia

SYNCOPE

***OBTAIN EKG**

***ECHOCARDIOGRAM IF:**
- **Abnormal exam, i.e. murmur. Do provacative maneuver to see if murmur changes.**

*** CARDIAC MONITOR**
- **See "Palpitations"**

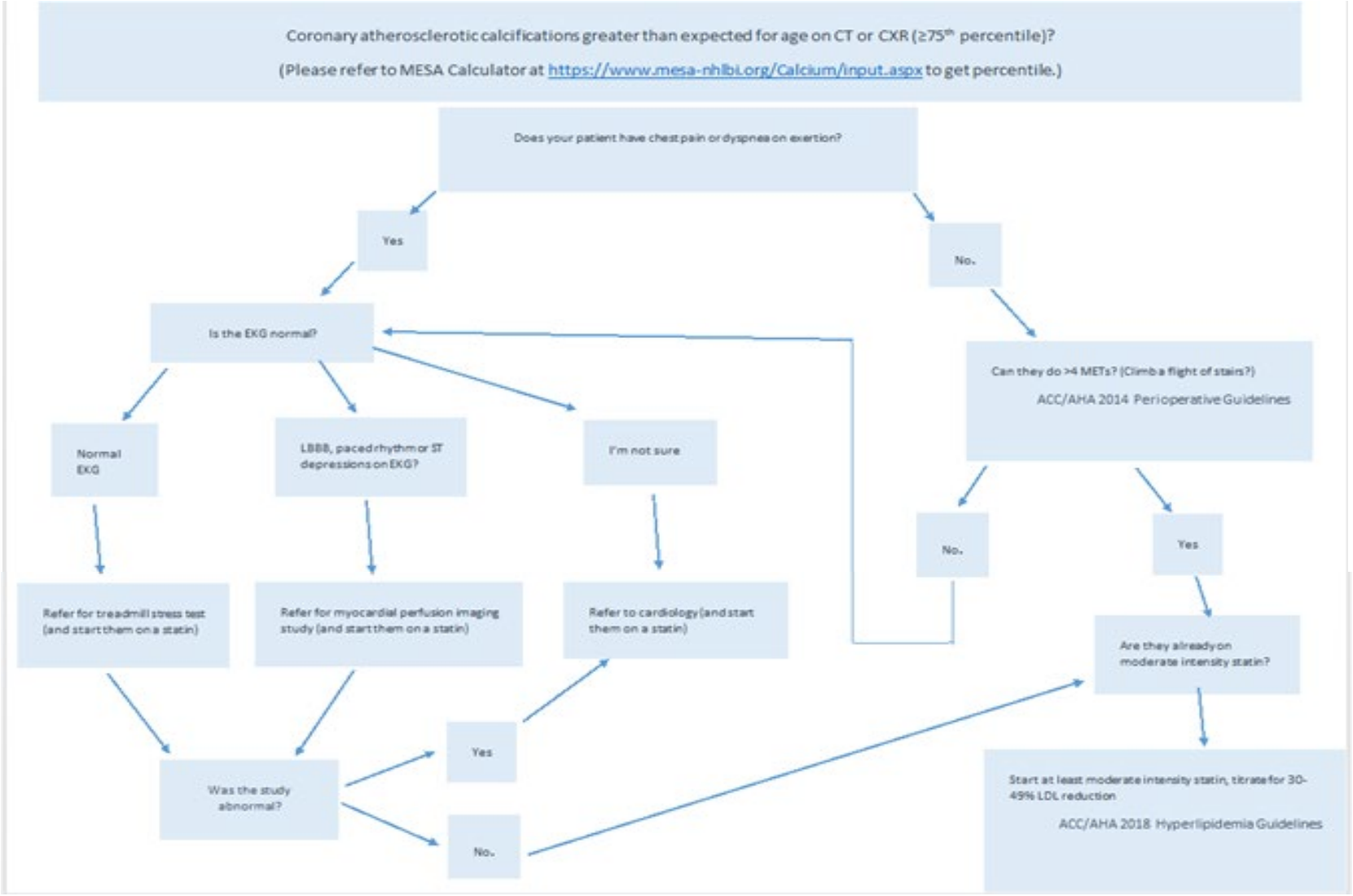
***REFER TO CARDIOLOGY:**
- **Presence of known ischemic heart disease, structural heart disease, previous arrhythmias, or reduced ventricular function.**
- **Any previous cardiac interventions**
- **Brief prodrome (i.e. palpitations) or sudden LOC without prodrome.**
- **Syncope during exertion**
- **Syncope in supine position**
- **Recurrent syncope (more than 1 time)**
- **Abnormal cardiac exam**
- **Family history or premature SCD**
- **Abnormal EKG**
- **If episode resulted in trauma (nonmechanical)**
- **Participation in high risk activity**
- **If "died" and required CPR**

HYPERTENSION

Early referral after initial evaluation to Clinical Pharmacist for medication titration.

Graduate to PCM once at target BP or max tolerated medication.

CAC FLOWSHEET



CARDIOLOGY FOLLOW-UP GUIDANCE

Condition	Subcategory	Routine F/u	Graduate/Comments
CAD w/normal LVEF			
ACS	PCI CABG		3 years post event (PCM ONLY FOLLOW-UP) 3 years post event (PCM ONLY FOLLOW-UP)
Stable w/o angina	w/o revascularization PCI CABG		1 year (PCM ONLY FOLLOW-UP) 2 years if on SAPT, 3 years if on extended DAPT (PCM ONLY FOLLOW-UP) 2 years (PCM ONLY FOLLOW-UP)
Non-obstructive			after confirmation of stability and diagnosis
A-Fib			
Antiarrhythmic Therapy		1 year	
No Antiarrhythmic Therapy		6 months	
Heart Failure/Cardiomyopathy			
NHYA Class 1	Normal LVEF LVEF <40%	 1 year	After 1 year of stability
NYHA Class 2-3/Stage C	Class 2 Class 3	6-12 months 6 months	graduate Heart Failure Clinic with return to primary cardiologist, continue f/u every 6-12 months with Primary Cardiologist consider Heart Failure Clinic referral
NYHA Class 4/Stage D			Heart Failure Clinic
Valve Disease			
Rheumatic	Mild Dysfunction	2 years	
Native	Mild Moderate, Single Valve Moderate, Multiple Valves Severe	None None 1 year 6-12 months	(PCM ONLY FOLLOW-UP) (PCM ONLY FOLLOW-UP)
Prosthetic, Normal Function, Stable Patient	Mechanical Bioprosthetic/Repair – Surgical Transcatheter	2 years 2 years 1 year	Follow-up every 6-12 months post-surgery, then every 2 years
Prosthetic – abnormal function		1 year	
Aorta Disease			
Aneurysm	BAV Trileaflet, mild or less AI a. 4.0-4.4 cm, indexed size 1.9-2.0cm/m2 b. ≥ 4.5cm, indexed to >2.0cm/m2 Moderate/Severe AI	1 year 1-2 years 1 year 6-12 months	May consider f/u more often if size of aneurysm is increasing
Prior isolated aorta surgery			Follow-up per Cardiothoracic surgery
Hypertension			
			Early referral after initial evaluation to Clinical Pharmacist for med titration and then graduate to PCM when at target BP or max tolerated medication

NMCSD Cardiac Rehab Clinic

NMCSD
Naval Medical Center San Diego

General Information	
Clinic Desk:	Front Desk: 619-437-3450
POC:	DH: CAPT Fred Schmitz;Sup: Casandra Pearson
Clinic Hours:	**0700-1530 M-Th, 0700-1200 Fridays**
Providers:	Cardiac RN and ACLS trained HMs
PA/NPs:	NA
MEPRS Code:	BLAA_0029_3
Location:	NMCSD, Bldg. 3, Deck 1

Clinic Information	
Beneficiary Category Access	See weekly HSAR and Capability Report.
Beneficiary Ages	Adult 18 - 65 and adolescents age 13+ with basic ortho injuries
Urgent Referrals	NA
Schedule Release	NLT 30 days
Additional Information	1. Consults will be booked to a SPEC apt using Appointment Order Processing (AOP) in CHCS.

Requesting Provider

For patients who require physical conditioning while being monitored by telemetry.
Most consults come from Cardiology or Internal Medicine. Consults from PCMs may be approved.
Services not available: Stress Tests, Holter Monitoring.
Age > 65 is acceptable

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Cardiac Rehab staff will book GROUP appointments.

RETURN TO POC ROSTER

Last Updates Received From Clinic: APRIL 2024

NMCSD
Naval Medical Center San Diego

Chiropractic MCAS / NASNI / NAVSTA

General Information

MCAS	
Clinic Desk:	858-577-7961 Fax#858-577-9965
POC:	DH: CAPT Fred Schmitz; DIVO: LT Ashley Gripe
Clinic Hours:	0700-1530 M-F
Location:	BMC BLDG 2525
Providers:	Dr. Charles (Allen) White
NASNI	
Clinic Desk:	619-545-0462
POC:	NASNI DH: LCDR Leticia Banker
	Chiro/PT DIVO: LT Victoria Flood / LT Timothy Longawa
Clinic Hours:	0700-1530 M-F
Location:	NASNI - BMC
Providers:	LT Longawa, Dr. Kris Kinsella (chiropractor)
NAVSTA	
Clinic Desk:	619-556-5936 Fax#619-556-9419
POC:	LCDR Eric Infante
	Business Manager: JD Magee (619-532-6290)
Clinic Hours:	0600-1600 M-F
Location:	NAVSTA - BMC
Providers:	Dr. Kim Khauv
MEPRS Code:	BEDA
PA/NPs	none

Clinic Information

Clinic will see	See Clinical Access Report-Active Duty
Clinic will NOT see	PCS or EAS planned in short time, acute fractures/dislocations
Schedule Release	6 to 8 weeks in advance
Patient Instructions	Show Up In PT Gear For Your Appointment and wear low cut tennis shoes. Please arrive 15 minutes early to complete intake paper work .Please call to cancel appointment if unable to make your appt.
Additional Information	1. Do Not Book Same Day Appointments. 2. Not required to meet ATC Standards (Not A TRICARE Benefit) 3. EST Apt Conversions-Chiropractic Never Has Leftovers. 4. Clinic Will Create Extra SPEC For Special Cases, If The Provider Orders It

Requesting Provider

Indications:

•CONSULTS: Direct consults to MCASM PT Attn: "SPINE TEAM"
•Musculoskeletal complaints with emphasis on spinal related pain and failure to respond to PCM efforts.
•No prior chiropractic treatment or successful prior chiropractic treatment (attains some degree of sustained benefit).
•Patient have adequate time(6 weeks) to be seen and receive follow up chiropractic visits if indicated.
•It is recommended that the patient be instructed to perform a basic home exercise program while the referral is processed.

Inappropriate Referral:

•Patients being seen solely for the purpose of documenting back pain;
•Patients sent for Medical Board issues, or deployment status, patients fearful or un-willing to undergo spinal manipulation;
•Patients not ambulatory or in so acute pain simple movement produces extreme pain;
•Patients unable to localize pain;
•Patients with unrelenting pain or pain regardless of position.

Conditions not treated:

•ACUTE rheumatoid or rheumatoid like inflammatory conditions,
•Bone weakening or Destructive Disorders,
•Malignancies,
•Infection of Bone and Joint,
•Patients with signs of neurologic defects,
•Signs and symptoms of cauda equina syndrome.

Chiropractic staff will book EST appointments

Call Center staff will book SPEC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 08 MARCH 2024

NMCSD Naval Medical Center San Diego

Hospital Dentistry

General Information

DUTY PHONE	619-379-5625
Clinic Desk:	619 532-8600 option 4 Fax: 619-532-5942
POC:	**DH:** CDR Elizabeth Griffis // 619-532-7397 **Program Director:** LCDR Kyle Ragsdale // 619-532- 6867 **Business Manger:** Ms. Tresa Thomas // 619-532-8797
Clinic Hours:	0700-1530 M-F
Providers:	CDR Eric Bischoff, CDR Daniel Hammer, CDR Patrick Morrell, LCDR David Cho, LCDR Travis Scholer
PA/NPs:	none
MEPRS Code:	CAAA
Location:	BLDG 1 / 2ND Floor

Requesting Provider

Mission

Hospital Dentistry, Naval Medical Center San Diego has the dual mission of maintaining operational dental readiness while training General Practice Residents.

Specialty Services

Comprehensive General Dentistry
Orthodontics
Pediatric Dentistry
Oral & Maxillofacial Prosthodontics
Orofacial Pain

Pediatric general dentistry is available on a limited basis for EFMP/special needs children of active duty only.

Clinic Information

Beneficiary Category Access	All Eligible patients
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	6 to 8 weeks in advance
Patient Instructions	Check in 15 minutes prior to appointment at the Dental Clinic
Additional Information	**Availability of Services:** Open to active duty staff and referred personnel.
	Care for dependents and retirees is available and selected on a case by case basis.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Oral Surgery Staff will book FPR, PROC and SPEC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Dermatology

General Information

DUTY PHONE	**619-453-6822**
Clinic Desk:	Front Desk: 532-9660 Appoinments: 532-9493 Fax: 532-9458 (to check consult: 532-9837)
POC:	CDR C. Lamar Hardy (Chairman Dermatology), LCDR E. Chad Schmidgal (Assistant Department Head)
Clinic Hours:	**0800-1600 M-F**
Providers:	Dermatology Residents and Staff Dermatologists
PA/NPs:	NA
MEPRS Code:	BAPA
Location:	BLDG 2 / 3rd Floor
Pt Relations Rep:	Rodney Taylor, RN; CAPT Neil Gibbs (ret.) 532-9660

Clinic Information

Beneficiary Access	See Clinical Access Report. Active Duty, Dependent, Retirees
Beneficiary Ages	No age restriction
Urgent Referrals	Requires Direct Physician-to-Physician Contact. Call 619-453-6822
Schedule Release	90 days in advance (MHS requirement)
Patient Instructions	Arrive 10min prior to scheduled appointment
	1. New Consult must be entered if patient has not been seen in the clinic **FOR THE REFERRED CONDITION** within 12 months.
Additional Information	2. Consults will be booked to a SPEC appt in MHS via Revenue Cycle.
	3. Inquire with patients if other family members are seen in the clinic. If so, try and book family members together.
	4. Contact clinic POC if there is a shortage of SPEC appts. Clinic may modify other appt slots or add new SPEC appointment.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Send referral to clinic worklist 0029 Dermatology Clinic or defer as per CAR
5. Monitor clear and legible reports for beneficiaries obtaining network care

Requesting Provider

All consults will be ROUTINE unless otherwise discussed with the Dermatology Senior Resident and/or supervising Duty Dermatologist. Please select Yes next to ROFR in MHS Genesis Referral Request 2.0 (Right of first refusal). See referral guidelines on the following Dermatology tabs.

All consults should include the following information:
- Patient age
- Description of lesions (i.e. location, appearance, symmetry, border regularity, color, diameter, evolution or history of lesion/rash, etc.)
- Duration of condition
- Specific treatments attempted and response to treatment
- Your differential diagnosis

Referral Restrictions
- Referrals for patients at otherwise baseline risk for skin cancer who simply desire a skin exam to be performed by a dermatologist are restricted. We strongly encourage all referring providers to conduct an initial skin exam and refer to dermatology with a specific clinical question or concern pertaining to a lesion/lesions/diagnosis/diagnoses.

Cosmetic Treatments:
- Select functional and/or cosmetic aesthetic deformities are appropriate for referral. Referred patients should be made aware that any elective cosmetic procedure may require them to first be seen in consultation, and there is no specific timeline to provider consultation as space is limited. Unless determined to be strictly medically necessary (decision to be made by the staff/attending for the encounter), they will be provided a cosmetic superbill which must be paid in full prior to scheduling for cosmetic or aesthetic procedures.
- Available treatments/procedures via the cosmetic clinic: Botox, Chemical peels, Removal of skin tags, Removal of seborrheic keratoses or other nuisance cosmetic lesions, Acne scar or other scar subcision, Biostimulation (Scupltra) for patients with HIV-associated lipodystrophy, Patients desiring sclerotherapy who are direct referrals from Vascular surgery clinic, IPL/BBL treatments to face, neck and hands, Chemical reconstruction of skin scars (CROSS) for acne scarring, other procedures for extensive acne scarring (filler, saline injections, FNAL), Hyaluronic acid (HA) filler procedures, including acne/atrophic scar filler, lip filler, cheek and chin filler, temple filler, 'liquid rhinoplasty,'

Last updated NOV 2022. Credit to LCDR Nolan, LCDR Ostrofe, LCDR Lyford, and LCDR

Dermatology staff will book SPEC, EST, and PROC appointments

NMCSD
Naval Medical Center San Diego

DERMATOLOGY (2)

Referral Guidelines

1. Skin screenings: Clinic availability does not support skin screenings for low-risk patients. Higher risk features include:
- Personal history of skin cancer
- Personal history of multiple atypical nevi
- History of tanning bed use or multiple blistering sunburns
- An immediate family member with a history of melanoma skin cancer
- Patients being treated with an immunosuppressant and/or immunomodulatory medication in which annual skin cancer screening exams are advised

a. Note: "Patient requests skin exam" is not sufficient for referral. Help us understand why the provider requests a skin exam.
b. Screening exam should be performed by the referring provider.

2. Concerning skin lesions: If you note a concerning lesion on a skin exam that warrants evaluation, please describe your concern in the consult. ** Referrals without supporting descriptive documentation may be rejected. **
a. Note: skin tags and seborrheic keratoses are not an indication for referral in the absence of inflammation or interference with wearing operational gear/clothing.

3. Acrochordon (skin tag): Dermatology referral not indicated in the absence of inflammation or interference with wearing operational gear and/or clothing. Recommended treatment, if symptomatic or interfering as above, may be performed by the PCM as desired. This may include scissor excision while grasping the apex of the skin tag with a forceps. Local anesthesia is generally not required for small skin tags but may be necessary for large ones and/or depending on the lesion site. Bleeding may be controlled with pressure or aluminum chloride (Drysol). Should the lesion be removed surgically, sending the specimen for pathology is advised. Alternative means of removal include cryotherapy (for small, < 3 mm skin tags).
a. Note: perianal skin tags can be a sign of Crohn's disease
b. Note: skin tags may develop more frequently in the setting of insulin resistance in response to insulin and IGF effects on fibroblasts

Referral Guidelines

4. Acne: Refer patients who have failed 3 or more months of standard therapy as below:
a. Comedonal acne (whiteheads and blackheads): Tretinoin 0.025% or 0.05% nightly + benzoyl peroxide 5% gel or liquid (wash) each morning
b. Mild inflammatory acne (whiteheads, blackheads, few papules and pustules)
i. Tretinoin 0.025% or 0.05%, apply a pea-sized amount to entire face nightly + benzoyl peroxide 5% gel or wash each morning + clindamycin 1% solution or lotion each morning
c. Moderate inflammatory acne (whiteheads, blackheads, multiple papules and pustules)
i. Tretinoin 0.025% or 0.05% nightly + benzoyl peroxide 5% gel or wash each morning + clindamycin 1% solution or lotion each morning
ii. Oral antibiotic (typical dosing of doxycycline ranges from 50 to 100mg PO BID taken with food for 3 months)
iii. If female, strongly consider OCP (Yaz or Ortho-Tricyclen)
d. Severe inflammatory acne (nodules, cysts, active scarring, acne conglobata)
i. Refer to dermatology
ii. Prescribe at least 1 month of tretinoin, benzoyl peroxide, and doxycycline while they are waiting for their appointment
iii. If female, initiation of a form of birth control is recommended in preparation for Category X medications to treat acne such as spironolactone or isotretinoin
iv. If patient is a candidate for isotretinoin, consider ordering ALT, triglycerides, and urine B-hCG (patients who can become pregnant)
e. Management Pearls
i. Prescribe treatments under each category concurrently to maximize outcomes
ii. Treatment response can take 2-3 months of diligent use
iii. If acne does not respond (e.g. 50-75% clearance) after 3 months, escalate treatment to the next category
iv. Benzoyl peroxide products can bleach fabrics. Rinse well.
v. Topical and oral antibiotics should be prescribed WITH topical benzoyl peroxide to reduce antimicrobial resistance.
vi. Gels can cause dry skin and irritation and should be reserved for very oily skin types. In general, tretinoin cream and benzoyl peroxide wash are less drying and better tolerated than the gel formulations of either agent. Furthermore, clindamycin lotion is less drying than clindamycin solution.

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Naval Medical Center San Diego

DERMATOLOGY (3)

Referral Guidelines

5. Verrucae (warts):
a. Facial or periungual warts: Refer to dermatology
b. Extremity/trunk warts: Prior to referral to dermatology, treat with cryotherapy every 2 weeks and daily OTC salicylic acid application for 12 weeks. Consider 17% salicylic acid on the body, 40% salicylic acid for hands and feet. If cryotherapy is not available at the referring provider's clinic, proceed with salicylic acid application as above prior to referral.
c. Genital warts (condyloma acuminata) – Prior to referral to dermatology, treat with a 2-month trial of podofilox (Podofilox solution for external genital warts; gel only for perianal warts). This medication should be applied thinly to warts, twice daily, 3 consecutive days of the week and repeated for 6-8 weeks, if needed. Another option is imiquimod applied 3 times a week at bedtime and wash off in the morning. If no reaction after 2 weeks, increase to up to 5 times per week, not to exceed 16 weeks of treatment.

6. Molluscum: consider observation for up to 24 months. If patient desires treatment of facial molluscum, refer. If patient desires treatment for non-facial molluscum, perform a trial of therapy (cryotherapy, extraction, curettage, tretinoin 0.05% cream nightly) for 8 weeks prior to referral. Imiquimod is ineffective for molluscum.

7. Eczema or Atopic Dermatitis:
a. Mild eczema usually does not require a referral. Try treatment with an emollient and mid-potency topical steroid for at least 3 weeks. Consider topical fluocinolone 0.05% oil (Derma-Smoothe) after baths and pimecrolimus (Elidel) 1% cream for the face in patients 2 years and older
b. Moderate/severe eczema – Refer to dermatology

8. Inflammatory rashes: In an active-duty population, superficial fungal and mild eczematous reactions are common. We recognize that KOH prep is not available at all facilities to always distinguish the two. For a new onset inflammatory rash that could be fungal, please trial a topical antifungal (ex. Nystatin/ketoconazole cream) and hydrocortisone 1% cream. It is safe to mix the two for an empiric trial for two weeks. For tinea versicolor, patients should be counseled that the hypopigmentation may last for a few months after the infection is resolved. If the patient is prone to recurrence (as most patients are), they should use the ketoconazole 2% shampoo as a body wash once a week for prevention.

Referral Guidelines

9. Psoriasis:
a. Mild non-facial psoriasis: Must have a trial of potent topical steroids (clobetasol proprionate 0.05% or fluocinonide 0.05%) for 8 weeks
b. Moderate or severe psoriasis: Refer to dermatology

10. Pseudofolliculitis barbae (PFB):
a. Routine PFB management of active-duty patients: Referral not indicated. PFB shall be managed by the active-duty patient's PCM. All shaving waivers/grooming modification waivers will be managed by the patient's PCM and at the ultimate discretion of the individual's commanding officer.
b. Dermatology's primary role in the evaluation and management of PFB is laser hair removal. Assess the individual's level of interest in laser hair removal prior to referral. If they decline this treatment modality, recommend documentation of the discussion followed by grooming modification waiver continuation for 2 years (at CO's discretion).
c. In the event the patient has failed grooming modification and medical treatment, but does not desire to pursue laser hair removal, refer to NAVADMIN 064/22. If the patient does not desire laser hair removal, do NOT refer to dermatology.
d. Note, per NAVADMIN 064/22, Sailors diagnosed with PFB are no longer required to maintain a copy of a facial hair waiver on their person. The required source of documentation is the medical record.

11. Urticaria:
a. Acute (< 8 weeks): Try non-sedating antihistamine. Twice a day dosing is sometimes required.
b. Chronic (> 8 weeks): Refer to dermatology

12. Scars: Scar treatment is available. Available treatments include intralesional corticosteroid injections and laser therapy. Indications include severe acne scarring, pruritic scars, hyperemic or dysesthetic scars, hypertrophic scars, keloids, and scars resulting in functional limitations (contractures, for example).

13. Male pattern alopecia: The mainstay of treatment is topical minodixil 5% foam applied BID, with 6-9 months of use required to accurately assess efficacy. Any derived benefit will wane with discontinuation, as the patient's underlying hormones/genetics will result in reversion to male-pattern baldness phenotype. Patients are able to seek care via a civilian provider for the consideration of finasteride or other hormonal therapies that are not available through Tricare and should expect to pay for the associated expense(s) out-of-pocket.

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Endocrinology Clinic

General Information

DUTY PHONE (24/7)	619-379-2947
Clinic Desk:	Tel# 532-7375 FAX: 532-5472
POC:	**DIVO:** LCDR Elizabeth Bauer 619-532-7376
Clinic Hours:	0800-1600 M-F
Providers:	LCDR Elizabeth Bauer (physician) NP Malinda Fox (nurse practitioner)
MEPRS Code:	Endocrinology - BAFA_0029
Location:	BLDG 3 / 2ND FLOOR
Pt Relations Rep:	Through IM Department

Clinic Information

Beneficiary Access	Active Duty
Services Available	Evaluation and management of Endocrine disorders & Diabetes Mellitus; FNAB of thyroid nodules
Beneficiary Ages	Adults
Urgent Referrals	Requires Direct Physician-to-Physician Contact. Phone Endo Command Cell phone (619) 379-2947.
Schedule Release	As soon as there is availability.
Patient Instructions	Check in 15 minutes prior to appointment. And anything that were indicated by corpsman, nurse, or provider.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 1 year.
	2. Consults will be booked to a SPEC apt using MHS Genesis
	3. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.
	4. Bring any relevant clinic notes, lab / imaging results, etc. if previously managed by civilian or outside provider; or upload prior to scheduling.

Call Center Staff will book SPEC apt

Requesting Provider

Available Services:
- Endocrinology care management
- Diabetes Mellitus Care Management
- Fine Needle Aspiration Biopsy for thyroid nodules

PCM's instructions for consultations:
- Provider specific. Please ask specifically for guidance.

Prerequisites:
- Consult from primary care provider.

Notes:
- Endocrinology specialist may review referrals to determine need for additional studies.

Referral Management Center (RMC) Staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Transfer to appropriate location with MHS Genesis for specialty care review if meeting requirements
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Endocrinology Staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 25 JANUARY 2024

NMCSD Naval Medical Center San Diego

ENT-OTOLARYNGOLOGY

General Information	
DUTY PHONE (24/7)	619-453-6955
Clinic Desk:	Front Desk: 532-9600 Appts: 532-8099 Fax: 532-6088
POC:	**Clinic manager**: Jenny Malley RN, 532-9848
Clinic Hours:	**0800-1600, M-F**
Providers:	All staff physicians are board certified in Otolaryngology Head and Neck Surgery.
PA/NPs:	PA (2)
MEPRS Code:	BBFA
Location:	BLDG2 / 2nd Floor
Pt Relations Rep:	Jennifer Malley, RN and HM3 Luis Trejo

Requesting Provider
See ENT Matrix on next tab

Clinic Information	
Beneficiary Category	Everyone except non-active duty with
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Beneficiary Ages	Any age
Schedule Release	**New referrals:** about 4 weeks **Follow-up appts:** about 4-6 weeks **Ear wash:** 6-8 weeks
Patient Instructions	Bring any documents which may be relevant to patient's condition such as study results, images from outside of Naval Medical Center San Diego,
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years.
	2. Consults will be booked to a SPEC apt using Appointment Order Processing (AOP) in CHCS.
	3. Inquire with patients if other family members are seen in the clinic. If so, try and book family members together
	4. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Referral Management Center (RMC) Staff will perform:
1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care & appoint to MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Call Center Staff will book SPEC apt

ENT staff will book EST and PROC appointments

RETURN TO SD ENT

ENT MATRIX BLDG 2, 2ND FLOOR. PHONE # 619-532-9600
***24-Hour on-call* @ 619-453-6955**

Referrals from outside the MTF should have a copy or CD of radiology studies, labs, diagnosis, study findings, and a brief clinical description or reason for consult

NON-ROUTINE (URGENT, ASAP) & INPATIENT

ASAP/STAT
Requires Direct Physician-to-Physician Contact.

Clinic Phone 619-532-9600
Clinic Nurse 619-532-9848

24 HR on-call @ (619) 453-6955

HEARING LOSS

1. Must have formal audiogram within past 6mo documenting hearing loss.

2. If sudden loss (rapid over a 72hr period or less in one or both ears); CALL ENT Duty for ASAP (<2 weeks) evaluation. Consider PO Prednisone 60mg QD x7 days then taper.

3. For non-sudden hearing loss that is unilateral and sensorineural (>30dB difference between ears in 1 frequency or 15dB in 2 consecutive frequencies), obtain MRI IAC SCREENING. Pt should receive MRI prior to initial ENT appt.

4. For conductive hearing loss or patient with prior ear surery, refer to ENT/neurotologist.

TM Perforation

***Routine:** If due to barotrauma (water or elevation insult) or traumatic penetration, then consult if perforation is still present after 4 weeks. Requires audiogram prior to appt.

***Urgent:** Call ENT Duty if asociated with hearing loss (>40dB or significant perceptible loss), skull base fracture, CSF leak, facial nereve paralysis, or vestibular symptoms.

Vertigo

*__Vertigo with HA:__ Should receive neurology evaluation prior to ENT referral.

*__ALL__ require audiogram prior to ENT referral

*__Screen for__ benign positional vertigo with Dix Hallpike. If positive, treat with Epley. Refer if vertigo does not resolve, or recurrent BPPV

Otitis Media

1. Should clear after 3 months.

2. Hearing test if middle ear effusion >3 mo, or anytime that language delay, learning problems, or significant hearing loss is suspected in child with OME. Refer with audiogram.

- Children at risk for speech, language, or learning problems should be eval for hearing, speech, language, and need for intervention if OME on exam.
- Children not at increased risk may be observed for 3mo.

3. Often due to URI, can be allergy related. Can try decongestants (Afrin, Sudafed, Saline, Flonase).
4. Refer to ENT if persistent or affecting work.

Nasal Obstruction / Congestion

1. Must attempt 6wk topical nasal steroid spray prior to initiating consult.

2. Allergic sx: Needs either consult to allergy or trial of 6wk medical management (avoid triggers, antihistamine, topical nasal steroid spray).

3. Ok to book appt without above if cosmetic concern, recurrent nose bleed, suspicion of foreign body, or gross anatomic

Nasal Trauma

1. Nasal bone fx: Refer to ENT/OMFS to be seen <7-10 days if obviously deviated. Eval for septal hematoma.

2. Facial/Orbital/Mandibular trauma - CT Max/Face & call ENT/OMFS duty. Ophtho eval if involving eye or orbit.

3. Complex lacerations: Nose, lip, ear, RISK OF FACIAL NERVE INJURY, Call ENT/OMFS

Sinusitis

1. **Sinusitis=** Combination of:
- Purulent nasal discharge
- Nasal obstruction
- Decrease sense of smell
- Facial pain/pressure/fullness.

2. **Acute sinusitis** (symptoms lasting up to 4 weeks) should be treated by PCM (bacterial=abx, viral=sx relief) unless concern for complicated sinusitis (periorbital edema, inflammation, erythema; cranial nerve palsies; abn extraocular movement; proptosis; vision change; severe HA; AMS; meningeal signs) which should initiate STAT consult to ENT Duty Surgeon.

3**. Pts with sinus pain that is predictable with pressure change, recurrent** sinusitis (4+ episodes/year with relief of sx between) and chronic sinusitis (sx >12 weeks despite treatment) should have CT sinus w/o contrast, allergy testing and medical treatment including PO/topical nasal steroid +/- antibiotic prior to being referred to ENT.

Chronic Cough

Chronic cough >3mo that is dry ENT referral after:

1. Pulmonary evaluation

2. Ensure not asthma, ACEi or allergy.
3. Not improved with 6 weeks of BID proton pump inhibitor

Tonsillitis

Must meet 1 of the following criteria for ENT evaluation:
1. Tonsillar hypertrophy causing sleep disturbance or sleep apnea.
2. Suspected malignancy
3. Recurrent acute tonsillitis: Documented 5-7 infections in 1 year, 5 infections in 2 years, 3 infections in 3 years.
4. >2 weeks missed work/school in 1 calendar year.
5. Peritonsillar abscess
6. Chronic tonsillitis with persistent sore throat, halitosis, or cervical adenitis for >2mo.
7. Tonsil stones

*Urgent consultation for any acute tonsillitis with suspicion of airway

Obstructive Sleep Apnea

Symptoms include: poor sleep, excessive daytime sleepiness, snoring, morning HA.

1. Consult Sleep Medicine for symptoms related to sleep apnea and possible management with CPAP prior to ENT consult.

2. If diagnosed with OSA and not tolerating CPAP due to nasal obstruction:
- Implement 6 week trial of topical nasal steroid prior to referral - no need for referral to ENT with improvement of symptoms.

Hoarseness, Globus, Laryngitis, Dysphagia

1. If GERD history or symptoms: only refer if no improvement with 6 week trial of BID PPI.

2. If worsening, significant tobacco/EtOH history, hemoptysis, or associated with dysphagia, call ENT Duty Surgeon

3. If associated with significant dysphagia or regurgitation, consider barium esophagram prior to referral.

4. Acute laryngitis should not be referred unless symptoms persist >3 weeks after resolution of all

Adenotonsillar Hypertrophy Sleep Disordered Breathing

1. Refer to ENT for consideration of T&A if: Pediatric pt has h/o snoring and witnessed apneas along with:
- -3 to 4+ tonsils

AND / OR
- Significant nasal obstruction symptoms (daytime mouth breather, regular nasal congestion or rhinorrhea, allergy sx

2. If nasal obstruction w/o tonsillar hypertrophy: Consider 6wk trial of topical nasal steroid.
3. If normal size tonsils & no significant nasal obstruction sx: obtain lab-based PSG & refer to ENT if abnormal.

Ankyloglossia / Labial Frenulum

1. Lip frenulectomy is NOT performed in ENT clinic. These patients should be referred to dental.

2. Infant with difficulty feeding or inadequate weight gain with lingual (tongue) frenulum should receive referral.

3. Child or adult with speech difficulties and lingual or labial frenulum should have speech therapy evaluation prior to referral.

Sialadenitis / Salivary Stone

Refer to ENT for evaluation in pt with h/o swollen salivary glands, if:

1. Refractory to adequate period of conservative treatment (sialagogues, warm compress, antibiotics, hydration) severe disease and/or immunocompromised state.

2. Salivary stone seen on imaging. Acute sialadenitis should be managed by PCM unless imaging (CT or US) shows abscess or concern for airway compromise (change in voice, drooling, sensation of airway compression). Call ENT Duty Surgeon.

Thyroid Nodules

1. Nodules >4cm (or approaching 4cm) on ultrasound, routine referral. Consider FNA biopsy prior to appt.
2. Nodules >1cm (or approaching) with suspicious US findings, enlarging on serial exams, dysphagia, dysphonia, or compressive symptoms with thyroid enlargement (routine referral).
3. Thyroid nodules seen on other imaging (i.e. CT) should have formal US.
4. If focal uptake on PET scan and >1cm please call duty phone.
5. FNA biopsy should be performed on all euthyroid patients with nodules >1.5cm and not cystic.
Thyroid function tests should be performed on all patients with nodules prior to referral. If abnormal, consider endocrine

Head & Neck Mass / Infection

1. Head & Neck mass confirmed with imaging: Call ENT Duty Surgeon if there are questions about appropriate imaging modality.

2. Head & Neck infections that have not responded to appropriate antibiotic therapy should be referred to the ED for urgent evaluation/imaging AND call ENT Duty Surgeon

Lymphadenopathy

1. Lymph nodes that are enlarged (>1.5cm) or increasing in size (by 1cm on imaging studies) that have not resolved after 14 days of antibiotics.

2. Persistent supraclavicular adenopathy.

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

GASTROENTEROLOGY

General Information

DUTY PHONE	619-453-7537 (outpatient)

Clinic Desk:	532-8983 Fax: 532-9470
POC:	DH: CDR Scott Liu, Head Nurse: LT Marc Manucal
	App Clk: Liezl Ruelos 2-9159
Clinic Hours:	0800-1600 M-F
Providers:	CDR E. Lavery, Pam Jernigan
PA/NPs:	PA Walker
MEPRS Code:	BAGA
Location:	BLDG2 / 3rd Floor

Clinic Information

Beneficiary Category Access	Based upon weekly Health Services Access Report (HSAR) and Capability Report.
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	4 to 8 weeks in advance
Patient Instructions	Check in 15 minutes prior to appointment at the Internal Medicine Clinic Front Desk with records of prior GI procedure
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years.
	2. Consults will be booked to a SPEC apt using REVcycle in MHS Genesis.
	3. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.
	4. Patients referred from outside Camp Pendleton expect to be pre-op'd by the Surgical Service on the same day

Requesting Provider

See Gastroenterology Matrix on next tab review referral types

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access

Call Center staff will book SPEC appointments

Gastroenterology staff will book Wounded Warrior, EST and PROC appointments

RETURN TO POC ROSTER

Abdominal Pain / Elevated Liver Tests / Diarrhea / Constipation

Abdominal Pain >6 Months

Central
- ❑ H Pylori (Treat if Positive)
- ❑ PPI Trial x2 Months
- ❑ Consider Imaging (RUQ U/S, CT Scan)

RUQ
- ❑ 1. RUQ U/S – Refer abnormal results to MRCP or Call GI
- ❑ 2. H Pylori. (Treat if Positive)
- ❑ 3. PPI Trial
- ❑ Consider CT Scan

LUQ Pain
- ❑ 1. H Pylori (Treat if Positive)
- ❑ 2. PPI Trial
- ❑ 3. Consider CT scan

RLQ
- ❑ CT Scan
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

LLQ
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

- ❑ **AHLTA ORDER SET NMCSD GI abdominal pain / H. Pylori**

Elevated Liver Tests

- ❑ > 3 Months, No Alcohol, No Supplements. Check Coags and Repeat LFTs. If coags normal and LFTs still elevated order:

- ❑ Alpha -1 Antitrypsin Phenotype
- ❑ Antinuclear Antibody Screen
- ❑ Anti-Smooth/Anti Mitochondrial Ab Panel
- ❑ Celiac Panel
- ❑ Ceruloplasmin
- ❑ Hepatitis Chronic Panel
- ❑ Iron Profile Serum
- ❑ Chem 18
- ❑ Coag Panel
- ❑ RUQ U/S with Doppler (Chronic Elevation of liver tests. Please eval for etiology.)

- ❑ **AHLTA ORDER SET NMCSD GI Elevated Liver Tests**

Diarrhea > 3 months

- ❑ C Diff PCR
- ❑ Fecal Leukocytes
- ❑ Stool Culture
- ❑ Celiac Panel
- ❑ Vit D
- ❑ CBC
- ❑ Chem 18
- ❑ TSH
- ❑ ESR
- ❑ CRP
- ❑ Metamucil or Citrucel if constipation also present.
- ❑ Imodium Trial
- ❑ Lomotil Trial
- ❑ Bentyl Trial for Crampy Pain.
- ❑ If still present after PCM Follow up, refer to GI

AHLTA ORDER SET NMCSD GI Chronic Diarrhea

Chronic Constipation

- ❑ >6 Months
- ❑ High Fiber Diet
- ❑ Good Fluid Intake
- ❑ Daily Aerobic Exercise
- ❑ Multiple small meals daily
- ❑ Daily attempt at a bowel movement
- ❑ Daily attempt in the morning after breakfast without straining
- ❑ Warm caffeinated beverages
- ❑ Miralax Trial. Start with 2 scoops and titrate down.
- ❑ Citrucel Trial. Start with 1 scoop and titrate up.

- ❑ If still present after PCM follow up, refer to GI.

- ❑ **AHLTA ORDER SET NMCSD GI Chronic Constipation**

Reflux / IBS / Colon Polyps and CRC Screening / Hematochezia

Reflux

- ❑ >3 Months
- ❑ Lifestyle Changes Handout Utilized
- ❑ PPI Taken Correctly
- ❑ PPI 20mg QD or BID Taken 30 minutes before a meal
- ❑ PPI 40mg QD or BID Taken 30 minutes before a meal

Red Flags:
- ❑ Dysphagia
- ❑ Odynophagia
- ❑ Weight Loss
- ❑ Hematemesis

GI referral

Hematochezia

- ❑ > 3 Months
- ❑ Reasonable Frequency (Multiple times per week)
- ❑ Miralax + Citrucel Trial

Consider Ulcerative Colitis/Crohns with Labs
- ❑ CBC
- ❑ Chem 18
- ❑ Coag
- ❑ ESR
- ❑ CRP
- ❑ Vit D
- ❑ Iron Panel

IBS

- ❑ >6 Months
- ❑ R/O Celiac (Celiac Panel) if positive: GI Referral
- ❑ R/O H Pylori, Treat if positive.
- ❑ Citrucel fiber supplementation. (over the counter)
- ❑ High fiber diet.
- ❑ Miralax supplementation for constipation. (PCM Order)
- ❑ Ginger root for abdominal pain (over the counter)
- ❑ Peppermint oil for cramping (over the counter)
- ❑ Try probiotics (over the counter)
- ❑ Try probiotic yogurts.
- ❑ Bentyl for anti-spasmodic features. (Provider order)
- ❑ Low FODMAP diet.
- ❑ IBS handout
- ❑ Start a food/sleep/stress/pain/bowel movement diary to identify triggers.
- ❑ Dairy and gluten can be sensitive foods for patients to avoid.
- ❑ Avoid narcotics, nsaids, and BZDs

Red Flags:
- ❑ Blood in Stool,
- ❑ Weight Loss,
- ❑ Elevated ESR, CRP,
- ❑ Iron Deficiency Anemia
- • Refer to GI

- ❑ **AHLTA ORDER SET NMCSD GI Irritable Bowel Syndrome**

History of Colon Polyps/Request for Repeat Colonoscopy

- ❑ Date of last colonoscopy (Care Point, clinical notes, Haims, Previous encounters, lab)
- ❑ Colonoscopy procedure report → HAIMS
- ❑ Pathology results → HAIMS
- ❑ F/U Recommendations from Physician

Colorectal Cancer Screening

- ❑ Due In Carepoint
- ❑ African American ≥ 45
- ❑ All Others ≥ 50
- ❑ No Obstructive Sleep Apnea
- ❑ BMI < 40
- ❑ No Blood Thinners
- ❑ No other concerning medical issues that could be problematic for conscious sedation.

- ❑ Refer to Gastroenterology (will not need an appt.)

AHLTA ORDER SET NMCSD GI Primary Colon Diarrhea

"XX year old patient without past medical history of severe sleep apnea (AHI >30), morbid obesity (BMI >40), anti-coagulation or other concerning medical condition needs CRC screening/surveillance based on Carepoint data or patient records."

- ❑ Family Hx. (Mother, Father, Brother, Sister, with CRC before age 60.) Start at age 40.
- ❑ OSA AHI > 30
- ❑ BMI >40
- ❑ Blood Thinners (Coumadin, Xarelto, Aggrenox, Heparin, Lovenox, Eliquis, Pradaxa)
- ❑ Other concerning medical conditions that could be problematic for conscious sedation.

- ❑ Refer to GI (will need an appointment)

Other Common GI Liver Issues

Hepatitis C

- ❑ HCV Ab + → Check HCV RNA (HCV RNA NAA Qualitative)
- ❑ HCV Ab + → Check HCV Genotype (LC Hep C Genotype)
- ❑ RNA + → Refer to GI

- ❑ **AHLTA ORDER SET NMCSD GI Hepatitis C**

Cirrhosis

- ❑ CBC
- ❑ Chem 18
- ❑ COAG
- ❑ AFP Tumor Marker
- ❑ Vitamin D
- ❑ RUQ U/S (Eval for HCC)
- ❑ Imaging Records → HAIMS
- ❑ Biopsy Records → HAIMS

- ❑ **AHLTA ORDER SET NMCSD GI Cirrhosis**

Autoimmune Hepatitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

Hepatitis B

Labs:
- ❑ HBV RT-PCR QN (LABCORP) (DNA)
- ❑ LFT
- ❑ COAG
- ❑ Hepatitis BE Ag
- ❑ Hepatitis BE Ab
- ❑ Hepatitis B Surface Ag
- ❑ Hepatitis B Surface Ab
- ❑ AFP, Tumor Marker

- ❑ African American: RUQ U/S now
- ❑ Asian Female >50 y/o: RUQ U/S
- ❑ Asian Male >40 y/o: RUQ U/S
- ❑ Family Hx of Liver Cancer: RUQ U/S now

- ❑ **AHLTA ORDER Set NMCSD GI Hepatitis B**

Hemochromatosis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Iron Profile Serum
- ❑ CBC
- ❑ If positive Genetics Test (Hemocrhomatosis DNA)) → Refer to GI

- ❑ **AHLTA ORDER SET NMCSD GI Hemochromatosis**

Primary Sclerosing Cholangitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

Wilson's Disease

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

Primary Biliary Cholangitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

H. Pylori / Hemorrhoids / Fissures / Diverticulitis / Gastroparesis

H. Pylori

- ❑ H. Pylori Ab+
- ❑ Treat with triple therapy/Quad Therapy (See UPTODATE)
- ❑ Evaluate for eradication with H. Pylori stool Ag or Urea breath test. (NOT H Pylori Ab. Once it is positive, it will always be positive.)
- ❑ Refer if Failed Triple + Quad Therapy
- ❑ **AHLTA ORDER SET NMCSD GI H. Pylori**

Hemorrhoids

- ❑ Refer to General Surgery

Anal Fissure

- ❑ Refer To General Surgery

Crohn's/UC

If diagnosed in outside facility, we need records:
- Admission
- Endoscopy
- Imaging
- Biopsy Results
- → HAIMS

- ❑ CBC W/ Auto Diff
- ❑ CHEM 18 W/ GFR
- ❑ COAG
- ❑ CRP
- ❑ ESR
- ❑ VIT A, D, E, K, B12
- ❑ Chronic Hepatitis
- ❑ TPMT Genetics
- ❑ Quantiferon Gold
- ❑ C Diff PCR
- ❑ Fecal Leukocytes
- ❑ Stool Culture
- ❑ Ova+Parasites

- ❑ **AHLTA ORDER SET Ulcerative Colitis / Crohn's Disease**

If requesting eval for UC/Crohns, Hematochezia, or Diarrhea >3 Months:
- ❑ CBC
- ❑ Chem 18
- ❑ COAG
- ❑ CRP
- ❑ ESR
- ❑ Vit D
- ❑ Iron Panel
- ❑ C Diff PCR
- ❑ Fecal Leukocytes
- ❑ Stool Culture
- ❑ Ova+Parasites.

- ❑ **AHLTA ORDER SET NMCSD GI Chronic Diarrhea**

Diverticulitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Colonoscopy >1 Year Ago will need a repeat colonoscopy

- ❑ Refer to GI

Gastroparesis

- ❑ Positive Gastric Emptying Study → Refer to GI
- ❑ Need records of diagnosis at outside facility. → HAIMS

Dyspepsia

Overview:
- Chronic, non-curable, very common (prevalence 25%) symptom complex
- At least 75% will have no organic cause identified (functional or nonulcer dyspepsia)
- Often confused with GERD but does not involve symptoms in the chest

Diagnosis and Initial Evaluation:
- *Rome 3* criteria include:
  - Post-prandial fullness
  - Early satiety
  - Epigastric pain or burning
- Other features include bloating, nausea and vomiting.

Treatment:
- Identify red flag symptoms and refer immediately for upper endoscopy if present
- Absent red flag symptoms, test and treat for H Pylori.
- If HP negative or treatment fails to resolve symptoms, complete a trial of empiric PPI (4-6 weeks)
- If trial of PPI fails, refer for upper endoscopy.
- After negative upper endoscopy, consider antidepressants (TCAs and SSRIs), behavioral therapy

When to refer to Gastroenterology:
- Warning symptoms
  - Age >55 with new onset dyspepsia
  - Family history of upper GI cancer
  - Unintended weight loss
  - GI bleeding
  - Dysphagia
  - Odynophagia
  - Iron Deficiency Anemia
  - Persistent vomiting
  - Palpable mass
  - Jaundice
- Failure to improve symptoms after therapeutic trials (Treatment of H. Pylori and treatment with PPI)

What to Expect From Gastroenterology Referral:
- History and physical
- Endoscopic evaluation or other testing as necessary to rule out organic etiology and establish diagnosis of funct dyspepsia
- Discussion with patient about dyspepsia
- Referral back to PCM for chronic management.

Additional Comments:
- Important to distinguish dyspepsia from biliary colic because cholecystectomy will not help dyspeptics. (RUQ u/
- Many dyspeptics will have delayed gastric emptying (Gastric Emptying Study)
- Functional dyspepsia is very common in the AD population

Links: *Talley NJ. American Gastroenterological Association medical position statement: evaluation of dyspepsia Gastroenterology 2005; 129:1753.*

https://www.breathtek.com/assets/web/pdf/aga_evaluation_dyspepsia_gastroent.pdf

Use the AHLTA template for lab, meds and radiology orders: NMCSD GI abdominal pain / H. pylori

Abdominal Pain >6 Months

Central
- ❑ H Pylori (Treat if Positive)
- ❑ PPI Trial x2 Months
- ❑ Consider Imaging (RUQ U/S, CT Scan)

RUQ
- ❑ 1. RUQ U/S – Refer abnormal results to MRCP or Call GI
- ❑ 2. H Pylori. (Treat if Positive)
- ❑ 3. PPI Trial
- ❑ Consider CT Scan

LUQ Pain
- ❑ 1. H Pylori (Treat if Positive)
- ❑ 2. PPI Trial
- ❑ 3. Consider CT scan

RLQ
- ❑ CT Scan
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

LLQ
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

H. Pylori

- ❑ H. Pylori Ab + or H. Pylori stool Ag +
- ❑ Treat with triple/Quad Therapy (See UPTODATE)
- ❑ Evaluate for eradication with H. Pylori stool Ag or Urea breath test. (NOT H Pylori Ab. Once it is positive, it will always be positive.)

Refer if Failed Triple + Quad Therapy

RETURN TO POC ROSTER

Abdominal Pain / Elevated Liver Tests / Diarrhea / Constipation

Abdominal Pain >6 Months

Central
- ❑ H Pylori (Treat if Positive)
- ❑ PPI Trial x2 Months
- ❑ Consider Imaging (RUQ U/S, CT Scan)

RUQ
- ❑ 1. RUQ U/S – Refer abnormal results to MRCP or Call GI
- ❑ 2. H Pylori. (Treat if Positive)
- ❑ 3. PPI Trial
- ❑ Consider CT Scan

LUQ Pain
- ❑ 1. H Pylori (Treat if Positive)
- ❑ 2. PPI Trial
- ❑ 3. Consider CT scan

RLQ
- ❑ CT Scan
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

LLQ
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

- ❑ **AHLTA ORDER SET NMCSD GI abdominal pain / H. Pylori**

Elevated Liver Tests

- ❑ > 3 Months, No Alcohol, No Supplements. Check Coags and Repeat LFTs. If coags normal and LFTs still elevated order:

- ❑ Alpha -1 Antitrypsin Phenotype
- ❑ Antinuclear Antibody Screen
- ❑ Anti-Smooth/Anti Mitochondrial Ab Panel
- ❑ Celiac Panel
- ❑ Ceruloplasmin
- ❑ Hepatitis Chronic Panel
- ❑ Iron Profile Serum
- ❑ Chem 18
- ❑ Coag Panel
- ❑ RUQ U/S with Doppler (Chronic Elevation of liver tests. Please eval for etiology.)

- ❑ **AHLTA ORDER SET NMCSD GI Elevated Liver Tests**

Diarrhea > 3 months

- ❑ C Diff PCR
- ❑ Fecal Leukocytes
- ❑ Stool Culture
- ❑ Celiac Panel
- ❑ Vit D
- ❑ CBC
- ❑ Chem 18
- ❑ TSH
- ❑ ESR
- ❑ CRP

AHLTA ORDER SET NMCSD GI Chronic Diarrhea

- ❑ Metamucil or Citrucel if constipation also present.
- ❑ Imodium Trial
- ❑ Lomotil Trial
- ❑ Bentyl Trial for Crampy Pain.
- ❑ If still present after PCM Follow up, refer to GI

Chronic Constipation

- ❑ >6 Months
- ❑ High Fiber Diet
- ❑ Good Fluid Intake
- ❑ Daily Aerobic Exercise
- ❑ Multiple small meals daily
- ❑ Daily attempt at a bowel movement
- ❑ Daily attempt in the morning after breakfast without straining
- ❑ Warm caffeinated beverages
- ❑ Miralax Trial. Start with 2 scoops and titrate down.
- ❑ Citrucel Trial. Start with 1 scoop and titrate up.

- ❑ If still present after PCM follow up, refer to GI.

- ❑ **AHLTA ORDER SET NMCSD GI Chronic Constipation**

Reflux / IBS / Colon Polyps and CRC Screening / Hematochezia

Reflux

- ❑ >3 Months
- ❑ Lifestyle Changes Handout Utilized
- ❑ PPI Taken Correctly
- ❑ PPI 20mg QD or BID Taken 30 minutes before a meal
- ❑ PPI 40mg QD or BID Taken 30 minutes before a meal

Red Flags:
- ❑ Dysphagia
- ❑ Odynophagia
- ❑ Weight Loss
- ❑ Hematemesis

GI referral

Hematochezia

- ❑ > 3 Months
- ❑ Reasonable Frequency (Multiple times per week)
- ❑ Miralax + Citrucel Trial

Consider Ulcerative Colitis/Crohns with Labs
- ❑ CBC
- ❑ Chem 18
- ❑ Coag
- ❑ ESR
- ❑ CRP
- ❑ Vit D
- ❑ Iron Panel

IBS

- ❑ >6 Months
- ❑ R/O Celiac (Celiac Panel) if positive: GI Referral
- ❑ R/O H Pylori, Treat if positive.
- ❑ Citrucel fiber supplementation. (over the counter)
- ❑ High fiber diet.
- ❑ Miralax supplementation for constipation. (PCM Order)
- ❑ Ginger root for abdominal pain (over the counter)
- ❑ Peppermint oil for cramping (over the counter)
- ❑ Try probiotics (over the counter)
- ❑ Try probiotic yogurts.
- ❑ Bentyl for anti-spasmodic features. (Provider order)
- ❑ Low FODMAP diet.
- ❑ IBS handout
- ❑ Start a food/sleep/stress/pain/bowel movement diary to identify triggers.
- ❑ Dairy and gluten can be sensitive foods for patients to avoid.
- ❑ Avoid narcotics, nsaids, and BZDs

Red Flags:
- ❑ Blood in Stool,
- ❑ Weight Loss,
- ❑ Elevated ESR, CRP,
- ❑ Iron Deficiency Anemia
- Refer to GI

- ❑ **AHLTA ORDER SET NMCSD GI Irritable Bowel Syndrome**

History of Colon Polyps/Request for Repeat Colonoscopy

- ❑ Date of last colonoscopy (Care Point, clinical notes, Haims, Previous encounters, lab)
- ❑ Colonoscopy procedure report → HAIMS
- ❑ Pathology results → HAIMS
- ❑ F/U Recommendations from Physician

Colorectal Cancer Screening

- ❑ Due In Carepoint
- ❑ African American ≥ 45
- ❑ All Others ≥ 50
- ❑ No Obstructive Sleep Apnea
- ❑ BMI < 40
- ❑ No Blood Thinners
- ❑ No other concerning medical issues that could be problematic for conscious sedation.

- ❑ Refer to Gastroenterology (will not need an appt.)

AHLTA ORDER SET NMCSD GI Primary Colon Diarrhea

"XX year old patient without past medical history of severe sleep apnea (AHI >30), morbid obesity (BMI >40), anti-coagulation or other concerning medical condition needs CRC screening/surveillance based on Carepoint data or patient records."

- ❑ Family Hx. (Mother, Father, Brother, Sister, with CRC before age 60.) Start at age 40.
- ❑ OSA AHI > 30
- ❑ BMI >40
- ❑ Blood Thinners (Coumadin, Xarelto, Aggrenox, Heparin, Lovenox, Eliquis, Pradaxa)
- ❑ Other concerning medical conditions that could be problematic for conscious sedation.

- ❑ Refer to GI (will need an appointment)

Other Common GI Liver Issues

Hepatitis C

- ❑ HCV Ab + → Check HCV RNA (HCV RNA NAA Qualitative)
- ❑ HCV Ab + → Check HCV Genotype (LC Hep C Genotype)
- ❑ RNA + → Refer to GI

- ❑ **AHLTA ORDER SET NMCSD GI Hepatitis C**

Cirrhosis

- ❑ CBC
- ❑ Chem 18
- ❑ COAG
- ❑ AFP Tumor Marker
- ❑ Vitamin D
- ❑ RUQ U/S (Eval for HCC)
- ❑ Imaging Records → HAIMS
- ❑ Biopsy Records → HAIMS

- ❑ **AHLTA ORDER SET NMCSD GI Cirrhosis**

Autoimmune Hepatitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

Hepatitis B

Labs:
- ❑ HBV RT-PCR QN (LABCORP) (DNA)
- ❑ LFT
- ❑ COAG
- ❑ Hepatitis BE Ag
- ❑ Hepatitis BE Ab
- ❑ Hepatitis B Surface Ag
- ❑ Hepatitis B Surface Ab
- ❑ AFP, Tumor Marker

- ❑ African American: RUQ U/S now
- ❑ Asian Female >50 y/o: RUQ U/S
- ❑ Asian Male >40 y/o: RUQ U/S
- ❑ Family Hx of Liver Cancer: RUQ U/S now

- ❑ **AHLTA ORDER Set NMCSD GI Hepatitis B**

Hemochromatosis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Iron Profile Serum
- ❑ CBC
- ❑ If positive Genetics Test (Hemocrhomatosis DNA)) → Refer to GI

- ❑ **AHLTA ORDER SET NMCSD GI Hemochromatosis**

Primary Sclerosing Cholangitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

Wilson's Disease

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

Primary Biliary Cholangitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Refer to GI

H. Pylori / Hemorrhoids / Fissures / Diverticulitis / Gastroparesis

H. Pylori

- ❑ H. Pylori Ab+
- ❑ Treat with triple therapy/Quad Therapy (See UPTODATE)
- ❑ Evaluate for eradication with H. Pylori stool Ag or Urea breath test. (NOT H Pylori Ab. Once it is positive, it will always be positive.)
- ❑ Refer if Failed Triple + Quad Therapy

- ❑ **AHLTA ORDER SET NMCSD GI H. Pylori**

Hemorrhoids

- ❑ Refer to General Surgery

Anal Fissure

- ❑ Refer To General Surgery

Crohn's/UC

If diagnosed in outside facility, we need records:
- Admission
- Endoscopy
- Imaging
- Biopsy Results
- → HAIMS

- ❑ CBC W/ Auto Diff
- ❑ CHEM 18 W/ GFR
- ❑ COAG
- ❑ CRP
- ❑ ESR
- ❑ VIT A, D, E, K, B12
- ❑ Chronic Hepatitis
- ❑ TPMT Genetics
- ❑ Quantiferon Gold
- ❑ C Diff PCR
- ❑ Fecal Leukocytes
- ❑ Stool Culture
- ❑ Ova+Parasites

- ❑ **AHLTA ORDER SET Ulcerative Colitis / Crohn's Disease**

If requesting eval for UC/Crohns, Hematochezia, or Diarrhea >3 Months:
- ❑ CBC
- ❑ Chem 18
- ❑ COAG
- ❑ CRP
- ❑ ESR
- ❑ Vit D
- ❑ Iron Panel
- ❑ C Diff PCR
- ❑ Fecal Leukocytes
- ❑ Stool Culture
- ❑ Ova+Parasites.

- ❑ **AHLTA ORDER SET NMCSD GI Chronic Diarrhea**

Diverticulitis

- ❑ Need records of diagnosis at outside facility. → HAIMS
- ❑ Colonoscopy >1 Year Ago will need a repeat colonoscopy

- ❑ Refer to GI

Gastroparesis

- ❑ Positive Gastric Emptying Study → Refer to GI
- ❑ Need records of diagnosis at outside facility. → HAIMS

Dyspepsia

Overview:
- Chronic, non-curable, very common (prevalence 25%) symptom complex
- At least 75% will have no organic cause identified (functional or nonulcer dyspepsia)
- Often confused with GERD but does not involve symptoms in the chest

Diagnosis and Initial Evaluation:
- *Rome 3* criteria include:
  - Post-prandial fullness
  - Early satiety
  - Epigastric pain or burning
- Other features include bloating, nausea and vomiting.

Treatment:
- Identify red flag symptoms and refer immediately for upper endoscopy if present
- Absent red flag symptoms, test and treat for H Pylori.
- If HP negative or treatment fails to resolve symptoms, complete a trial of empiric PPI (4-6 weeks)
- If trial of PPI fails, refer for upper endoscopy.
- After negative upper endoscopy, consider antidepressants (TCAs and SSRIs), behavioral therapy

When to refer to Gastroenterology:
- Warning symptoms
  - Age >55 with new onset dyspepsia
  - Family history of upper GI cancer
  - Unintended weight loss
  - GI bleeding
  - Dysphagia
  - Odynophagia
  - Iron Deficiency Anemia
  - Persistent vomiting
  - Palpable mass
  - Jaundice
- Failure to improve symptoms after therapeutic trials (Treatment of H. Pylori and treatment with PPI)

What to Expect From Gastroenterology Referral:
- History and physical
- Endoscopic evaluation or other testing as necessary to rule out organic etiology and establish diagnosis of functional dyspepsia
- Discussion with patient about dyspepsia
- Referral back to PCM for chronic management.

Additional Comments:
- Important to distinguish dyspepsia from biliary colic because cholecystectomy will not help dyspeptics. (RUQ u/s)
- Many dyspeptics will have delayed gastric emptying (Gastric Emptying Study)
- Functional dyspepsia is very common in the AD population

Links: *Talley NJ. American Gastroenterological Association medical position statement: evaluation of dyspepsia. Gastroenterology 2005; 129:1753.*

https://www.breathtek.com/assets/web/pdf/aga_evaluation_dyspepsia_gastroent.pdf

Use the AHLTA template for lab, meds and radiology orders: NMCSD GI abdominal pain / H. pylori

Abdominal Pain >6 Months

Central
- ❑ H Pylori (Treat if Positive)
- ❑ PPI Trial x2 Months
- ❑ Consider Imaging (RUQ U/S, CT Scan)

RUQ
- ❑ 1. RUQ U/S – Refer abnormal results to MRCP or Call GI
- ❑ 2. H Pylori. (Treat if Positive)
- ❑ 3. PPI Trial
- ❑ Consider CT Scan

LUQ Pain
- ❑ 1. H Pylori (Treat if Positive)
- ❑ 2. PPI Trial
- ❑ 3. Consider CT scan

RLQ
- ❑ CT Scan
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

LLQ
- ❑ Constipation – Miralax + Citrucel Trial
- ❑ Consider CT scan

H. Pylori

- ❑ H. Pylori Ab + or H. Pylori stool Ag +
- ❑ Treat with triple/Quad Therapy (See UPTODATE)
- ❑ Evaluate for eradication with H. Pylori stool Ag or Urea breath test. (NOT H Pylori Ab. Once it is positive, it will always be positive.)

Refer if Failed Triple + Quad Therapy

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD
Naval Medical Center San Diego

GENERAL SURGERY

General Information

DUTY PHONE 619-453-7013

Clinic Desk:	619-532-7575
POC:	Department Head: CDR Jonathan Liebig // 619-532-7577 DivO: RN Yong, Daniel // 619-532-7743 Department FAX // 619-532-7673 Vascular Surgery: CDR Thompson // Clinic: 619-532-7580 Pediatric Surgery: CDR Pamela Choi // Clinic: 619-532-5953
Clinic Hours:	0730 - 1600 M-F
MEPRS Code:	General Surgery BBAA | Vascular Surgery BBKA
Location:	BLDG3 / 4th Floor

Clinic Information

Beneficiary Category Access	Based upon weekly Health Services Access Report (HSAR) and Capability Report.
Beneficiary Ages	Adult 18 years and older
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	6 to 8 weeks in advance
Patient Instructions	Patient instructions: Check in 15 mins early, bring all medical records.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years.
	2. Consults will be booked to a SPEC appt using Revenue Cycle
	3. Contact clinic POC if there is a shortage of SPEC appt. Clinic may modify other appt slots or add new SPEC appt.
	4. Patients referred from outside the immediate area expect to be pre-op'd by the Surgical Service on the same day; avoid SPEC appt time after 1330.

Requesting Provider

Requirements:
Referrals from outside the MTF should have copy of or CD of radiology studies, labs, diagnosis, study findings, and brief clinical description or reason for consult

Services not available: ***SEE EXCLUSIONS AT GUIDELINES LINK BELOW***

See GenSurg Matrix on next tab for referral guidelines

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

General Surgery books all other appt types (FTR, PROC, GRP)

SPEC appointments:
Department review, Call Center (CAMO) booking

RETURN TO SD GENERAL SURGERY CLINIC SPREADSHEET

GENERAL SURGERY MATRIX BLDG 3, 4TH FLOOR. PHONE # (619) 532-7575

24-Hour on-call surgeon @ (619) 453-7013 "Bomb Phone"

***Exclusions from consult to* SD GENERAL SURGERY**

BARIATRIC SURGERY:	See prerequisites below, and	refer to SD GENERAL SURGERY BARIATRIC
BREAST HEALTH CENTER:	Breast disease or gynecomastia:	refer to SD BREAST HLTH CTR
GASTROENTEROLOGY:	IBS, diarrhea, constipation, black tarry stools, asymptomatic anemia, hematemesis, GERD	refer to SD GASTROENTEROLOGY CLN
ORTHOPAEDICS:	ganglion cysts/ cysts of wrist	refer to SD ORTHO ...
PEDIATRIC SURGERY:	Non-active duty patients <18 years old; 619-532-5953	refer to SD PEDIATRIC SURGERY
PLASTIC SURGERY:	rectus diastasis	refer to SD PLASTIC SURGERY
UROLOGY:	if concern for renal disease (e.g. cancer)	refer to SD UROLOGY
VASCULAR SURGERY:	Cerebrovascular, Thoracic and Abdominal Aortic, Visceral and Lower Extremity Disease 619-532-7580	refer to SD VASCULAR SURGERY

Referrals from outside the MTF should have a copy or CD of radiology studies, labs, diagnosis, study findings, and a brief clinical description or reason for consult

NON-ROUTINE (URGENT, ASAP) & INPATIENT

ASAP/STAT

Requires Direct Physician-to-Physician Contact.

24 HR on-call surgeon @ (619) 453-7013

Direction will be given to direct patient to walk-in (8AM-12PM) to clinic if warranted.

Abdominal Wall Hernia

CRITERIA --> MRI
within one (1) year for - sports hernia, athletic pubalgia, groin strain

No MRI: ventral, incisional or bilateral inguinal hernia

No MRI: unilateral inguinal, umbilical or epigastric

Cholelithiasis/ RUQ Pain

Includes:

RUQ or epigastric pain, symptomatic Cholelithiasis, biliary colic, biliary dyskinesia, U/S w/ gallstones

Colon/ Anal/ Rectal Disease

Includes:

inflammatory bowel disease (ulcerative colitis/ Chron's), complex anorectal dx- anal fissure, chronic fistula, incontinence, rectal prolapse, condyloma, anal dysplasia, HIV screening for anal cancer, any anal/rectal/colon

Note: SPEC w/ Blue Team (colorectal surgeons)

Colon/ Anal/ Rectal Disease

Includes:

diverticulosis, diverticulitis, hemorrhoids, rectal or anal bleeding, anal skin tags, pruritis ani, pilonidal disease, anal abscess or fistula

GERD

Includes:

GERD uncontrolled w/ meds, peptic ulcer disease, esophagitis, upper abd pain, dysphagia,
motility disorder
surgery for GERD
- fundoplication
- LINX implant

achalasia, and hiatal hernia

CANCER -
Gastric/esophageal
Note: SPEC w/ Blue Team (SURG ONC).
Priority 1 (P1) , get SPEC appt w/in seven (7) days

Endocrine Disorders

Includes:

thyroid disorders: thyroid nodule, thyroid cancer, multinodular thyroid or multinodular goiter, Graves' disease
parathyroid disorders: hyperparathyroidism, parathyroid adenoma, parathyroid cancer
Adrenal disorders: pheochromocytoma, Cushing's disease aldosteronoma, adrenal cortical carcinoma, adrenal nodule or mass

Note: Symptomatic disorders get SPEC appt w/in seven (7) days

concern for cancer

Note: SPEC w/ Blue Team (SURG ONC). SPEC appt w/in seven (7) days

Bariatric Surgery

CONSULT TO -
SD GENERAL SURGERY BARIATRIC

State ht/wt w/in last 6 mos
age 18-65
BMI >/=40 or >/=35
w/ weight related comorbidity (DMII, HTEN, HLP, GERD, OSA, PCOS, OA, DJD)
previous bariatric surgery; and/or weight recidivism.

Note: Appt to GRP (Info Session)

Patient will receive questionnaire to complete and

Superficial Soft Tissue Masses

Includes:

lipoma, epidermal inclusion cyst, pilonidal cyst, lump

Excludes:
ganglion cysts/ cysts of wrist
Breast disease or gynecomastia

Melanoma/ Sarcoma

Note: SPEC w/ Blue Team (SURG ONC).
Priority 1 (P1) , get SPEC appt w/in seven (7) days

Solid Organ *spleen, liver,pancreas*

Includes:

Includes:

Disease of Liver or Pancreas

concern for cancer

Note: SPEC w/ Blue Team (SURG ONC).
Priority 1 (P1) , get SPEC appt w/in seven (7) days

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD
Naval Medical Center San Diego

GYNECOLOGY

General Information

DUTY PHONE	619-453-6879
Clinic Desk:	532-7082
POC:	DH: CDR Angela DiCarlo-Meacham 532-7002 // DO: LT Viktoryia Mironenka 532-7002 // Secy: Vacant 532-7004
Clinic Hours:	0730-1600, M-F
Providers:	physicians and certified nurse midwives
PA/NPs:	1 WHNP
MEPRS Code:	BCBA
Location:	BLDG3 / 1st Floor

Clinic Information

Beneficiary Category Access	See weekly Health Services Access Report (HSAR) and NHCP Capability Report.
Beneficiary Ages	Adult 18 years and older
Schedule Release	2-4 weeks in advance
Patient Instructions	
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 1 year.
	2. Consults will be booked to a SPEC appt using Revenue Cycle in MHS Genesis.

Requesting Provider

Services Not Available:

No Specific information requested by GYN specialist

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Appoint referral to MTF in MHS Genesis
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Call Center staff and GYN staff will book SPEC appointments

GYN staff will book EST appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD
Naval Medical Center San Diego

Health & Wellness Department

General Information	
Clinic Desk:	Tel: 532-7764/6846 FAX: 532-6292
POC:	**DH:** Ms. Melissa Palacios 532-5456 **LCPO**: HMC Justin Andrew 532-5246 **LPO**: HM1 Travis Stephens 532-5789
Clinic Hours:	**0730-1600 M-F**
Providers:	No LIP on staff Licensed professional staff: RN, RD, PT Other professional staff: Exercise Phys. Health Educator
MEPRS Code:	FBBP
Location:	BLDG 26 / 1ST FLOOR
Pt Relations Rep:	Ms. Betty Michalewicz-Kragh & HM3 Binion

Clinic Information	
Beneficiary Access	ALL
Services Available	Offers a variety of Lifestyle interventions tailored to preventing or significantly delaying onset of disease and injury by: reinforcing healthy behaviors and reducing risky behaviors. Optimal health is a balance of physical, emotional, social, spiritual, and mental wellness.
Beneficiary Ages	All Eligible Beneficiaries (18 years and older)
Urgent Referrals	No Urgent referrals, call clinic to discuss exceptions
Schedule Release	45 days in advance (MHS Requirement)
Patient Instructions	Check in 15 minutes prior to appointment. And anything that were indicated by corpsman or provider.
Additional Information	1. Consult preferred via MHS Genesis Referral Request 2.0 under preventive medicine but not required. Patient may self-refer to all
	2. Consults and self referrals will be booked to a SPEC appt with a RN for assessment prior to assignment to a program/service.
	3. Contact clinic POC if there is a shortage of SPEC appt. Clinic may modify other appt slots or add new SPEC appt.

Referral Management Center (RMC) Staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Transfer referral to location of specialty care & confirm ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Requesting Provider

The Health and Wellness Department has a variety of resources available to promote healthy lifestyle behaviors. Nearly all resources are group classes that are conducted virtually, and are open to active duty, retirees, and beneficiaries. Referrals to the HWD department may be directed to the following programs:

Weight Management:

MOVE! Weight Management Program: 16-session virtual class that is designed to help patients change behaviors and manage their weight loss through proper nutrition and exercise with active discussion, reflection, and the support of others. Classes provided by RN, RD, Exercise Physiologist, PT or Health Educator

EAT RIGHT FOR LIFE: 4-session virtual class led by a Registered Dietitian that promotes healthy nutrition and healthy habits for weight management and overall health.

WARRIOR READINESS TRAINING PROGRAM/GROUP LIFESTYLE BALANCE (WRTP/GLB): Open to active duty only, requires minimum 12-week commitment. 3-in person workout training sessions per week led by a physical therapist and exercise physiologist, and weekly virtual behavioral-change education classes.

REBOOT: Available to active duty working to improve their fitness following an injury or chronic pain. Program consists of 3 in-person workout training sessions per week led by a physical therapist and exercise physiologist, and virtual nutrition education classes.

SHIPSHAPE: The Navy's official weight management program is presented in a 6-session virtual format. Offered quarterly.

Health Education Classes

OPERATION HEALTHY LIVING: 90-minute virtual class that reviews the impact of healthy lifestyle on chronic disease prevention (metabolic syndrome, diabetes, hypertension, hyperlipidemia, and more). Offered monthly.

GET TO SLEEP: 2- session virtual class that emphasizes the importance of sleep on health and promotes healthy sleeping habits. Offered weekly.

DIABETES SELF-MANAGEMENT EDUCATION: 4-session virtual education series led by Certified Diabetes Care and Education Specialists designed to help participants self-manage their diabetes.

TOBACCO CESSATION: Virtual group classes and one to one counseling available with a Registered Nurse to help patients reduce/quit tobacco use.

Mind Body Medicine

STRESS MANAGEMENT/COPING: 2-session virtual class focused on strategies to manage stress and empower participants with healthy coping tools. Offered bi-monthly.

MEDITATION: Virtual introduction to mindfulness and meditation. Offered weekly.

Prerequisites:

•Consult from primary or specialty care provider encouraged but not necessary. Choose "Preventive Medicine" in Referral Request 2.0

Health & Wellness Front Desk Staff will book WELL and GRP appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

Naval Medical Center San Diego

Adult Infectious Diseases Clinic

General Information

DUTY PHONE (24/7)	Outpatient: 619-218-7630 Inpatient: 619-218-7585
Clinic Desk:	Central Tel# 532-7475 Fax# 532-7478
POC:	Front Desk Manager: Position Vacant. 532-7475
	Division Head: CDR Kristi StoneGarza 532-7476 Clinical Nurse: RN Juana Carrethers. 532-7452 LPO: HM2 Shanice Hamiltonwilliams. 532-7475
Clinic Hours:	**0730-1600 M-F**
Core Providers:	Infectious Diseases Staff and Fellows
Ancillary providers:	None
MEPRS Code:	BAQA
Location:	BLDG1, 2West

Clinic Information

Schedule Release	90-180 days in advance
Patient Instructions	Please check in 15 minutes prior to your appointment
Additional Information	All visits are by appointment only. Patients will require a "New Consult" if they have not been seen within 1 year.
	Consults for Travel, PEP, or PrEP will be booked to a 30SPEC. PrEP will also be booked concurrently with the civilian PMT. All others will be booked to a 60SPEC. Contact clinic POC if there is a shortage of SPEC. Virtual phone or video appointments may also be an option.
	Referrals from the network must have records (including imms/rads/labs) sent ahead of the scheduled appointment.
	Travelers must provide a detailed travel itinerary when booking (with specific in-country locations and dates); and bring any non-EMR immunization records.

ID Front Desk will book all FTR, PROC, 30SPEC, and 60SPEC

Requesting Provider

*__Inpatient Consults__ require a call to the on-call Inpatient ID physician. 619-218-7585
*__Clinical questions__ can be addressed to the Outpatient ID duty physician during clinic hours. 619-218-7630

*__PrEP (pre-exposure prophylaxis for HIV)__. Referral required. Will see only complicated patients (e.g. renal impairment) *or* uncomplicated new starts for a x1 visit, but an initiation visit is not required with ID to start PrEP. After first visit, uncomplicated new patients will be sent back to PCM for ongoing management. Local patients will be scheduled for lab work with the clinic PMT a week before their initial physician appointment.

__*PEP (Post-Exposure Prophylaxis for blood borne-pathogens).__ Referral accepted only for patients who were started on HIV PEP. All post-exposure patients should also follow up with occupational health (if oPEP) or PCM.

__*STI (Sexual transmitted infections)__. Management, treatment or follow up care for routine STI should be managed by PCM. ID Clinic is not a STI clinic. Referral accepted only for treatment complications requiring alternatives to standard of care, concern of drug resistant STI or complex history or if outpatient ID duty physician recommends referral. If referring provider wanted referral for PrEP due to risk factors (recent STI), referring provider will need to re-enter referral and indicate PrEP.

__*Hepatitis C.__ Referrals accepted if confirmed Hepatitis C infection with RNA PCR test result. If Hepatitis C antibody screening positive, referring provider needs to confirm active infection with RNA PCR testing before referral will be accepted.

__*Latent Tuberculosis__. Referrals accepted only for complicated cases (e.g. immunocompromise, underlying liver disease), evaluation for active tuberculosis, and INH/Rifapentine directly observed therapy. All others should be managed by Primary Care.

__*Immunizations.__ To be done at the Central Immunizations Clinic, located in Bldg 2, 1st if not available at the medical home where the patient is enrolled.

__*Travel Clinic__: Referral required and will only if needing special vaccines (e.g. yellow fever) and/or malaria prophylaxis. Open to Active Duty patients on orders for less than 30 days or leave. Dependents can be seen with their Active Duty spouse if traveling together on leave. Since pre-travel consultation is not a Tricare-covered benefit, other patients (emergency travel or GS on orders) will be seen on a space-available basis and need to be discussed with the Outpatient ID duty physician. Appointments need to be scheduled between 2 to 4 weeks in advance. Appointments are 30+ min with a clinician for pre-travel counseling, immunizations, and travel-related medications. For pre-deployment or PCS orders, Deployment Health is the appropriate avenue for care, as Travel Clinic appointments

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert EMR referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Internal Medicine

General Information

DUTY PHONE	Consult: 619-218-8046
Clinic Desk:	Front Desk: 619-532-6827 // Appts. 619-532-8225
POC:	LCDR Jamie Stull, Division Head 619-532-5288 RN Rowena Casiano, Patient Care Coordinator 619-532-7130
Clinic Hours:	**0800-1730, M-F.**
Providers:	Internal Medicine Staff Physicians, Residents, and Interns
MEPRS Code:	BAZB (Blue Team)/BAZC (Gold Team) BGZ3 (Pharm/IBHC)
Location:	BLDG3 / 3rd Floor (SE Corner of Bldg 3)
Pt Relations Rep:	RN Rowena Casiano, Michael Maguire

Requesting Provider

Internal medicine services include **specialty evaluation and consultative care for complicated patients**, as well as p**atient-centered primary care via the Medical Home Port for eligible beneficiaries**.

Services include: Preventive Healthcare, Case Management, Social Work, Clinical pharmacist, Integrated Behavioral Health Consultation, and Patient Education (Diabetes Management, Medication Adherence, Anticoagulation, Injection administration, and Tobacco Cessation).

To Have a Patient Seen in the Internal Medicine Clinic:
-- For Specialty Consults: Submit "Referral 2.0 -> Internal Medicine" consult in MHS Genesis. Provide clinical background and clinical question. Consults expire after 6 months.
--To establish Primary Care within internal medicine clinic, patients must discuss eligibility with a Health Benefits Advisor at NMCSD 619-532-8328, or call Tricare West at 1-844-866-9378.
--Ward follow up: For patients who have no primary care manager, one-time ward appointments may be made with the Internal Medicine provider who cared for patients during their inpatient stay. Patient care for the purposes of ward follow-up does not constitute primary care enrollment to the Internal Medicine Clinic.

Clinic Information

Beneficiary Category	All eligible. Deferrals only for continuity of care.
Beneficiary Ages	18+
Urgent Referrals	Requires Direct Physician-to-Physician Contact
Schedule Release	90-180 days in advance
Patient Instructions	Please arrive 15 minutes prior to your appointment If new to the clinic, please bring your prior medical records
Additional Information	1. SPEC Consults expire after 6 months. New Consult must be entered if patient has not been seen in the clinic within 6 months
	2. Consults will be booked to a SPEC appt by lead MSA
	3. Consults are preferentially booked with resident physicians
Services Not Available	Geriatric psychiatry, infusions

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS Genesis referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access

6. Monitor clear and legible reports for beneficiaries obtaining network care

Lead MSA will book SPEC apt

Internal Medicine staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: APRIL 2024

NMCSD
Naval Medical Center San Diego

Mental Health Clinic

General Information	
Clinic Desk:	556-2463 Fax#532-8353
POC:	Dept Head: LCDR David Loomis 532-5517 LCPO Outpatient Services: HMC Luis Garcia - 532-6062 DIVO: LCDR Heather Mak - 556-7016 LPO: HM1 Brett Gipson, 532-6487
Clinic Hours:	MON - FRI 0730 -1630 (NO WEEKENDS NO HOLIDAYS)
Providers:	
PA/NPs:	NA
MEPRS Code:	BFDA
Location:	BLDG 268 / Naval Base San Diego

Clinic Information	
Beneficiary Category Access	Active Duty
Beneficiary Ages	N/A
Urgent Referrals	Consult Liaison-Emergency Psychiatry Service availability all day
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Check in at front desk. Requests patients to cancel or reschedule 72 hrs. ahead of appointment if necessary
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 1 year or at provider's discretion 2. Consults will be booked in SPEC appt using MHS

Requesting Provider

Services Available:
Comprehensive; including individual and group psychotherapy, psychotropic medication evaluations and management, biofeedback, Health psychology and Womens Health.

Requested information:
No additional studies or tests needed. Brief background/HPI, and a specific referral question (therapy, medication, eval for possible depression/PTSD/anxiety). Please specifiy if patient would like an evaluation for psychiatric medication or not."

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility

2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access

6. Monitor clear and legible reports for beneficiaries obtaining network care

Mental Health staff will book, SPEC, FTR and PROC appointments

CLINICAL DECISION-MAKING:

SERVICE:	INDIVIDUAL THERAPY, PSYCHIATRY, IOP, PHP, Residential Care	MILITARY ONE SOURCE	FLEET AND FAMILY
INDICATION:	Best when there is concern that the patient may have a **diagnosable mental health disorder** or dangerous thoughts requiring evidence-based treatment. Note: When access to MTF services is > 28 days, patients may be deferred to network to prevent delay in care.	Best when a patient needs **emotional support** or someone to talk to for counseling during difficult times. Military One Source is a good choice when there is no need for medications, when there are no fitness for duty concerns, and when there is **no** ongoing suicidal/homicidal ideation.	Best when a patient needs **emotional support**, **marital/family counseling,** or someone to talk to for counseling during difficult times. Fleet and Family may have better access than the Network or MTF, and is a good choice when the patient has either a V-code or adjustment disorder, there is no need for medications, and when there are no fitness for duty concerns.
PROCESS:	1. Provider places Mental Health Referral in MHS Genesis. Referral triaged by Mental Health Central Referrals. *FOR NETWORK REFERRALS:* 2. Pt should contact HealthNet (**844-866-9378**) in 3-5 business to follow-up on approval status and name of assigned mental health provider. 3. If desired, patient may find a therapist/psychiatrist ahead of time using **Tricare.mil** or **PsychologyToday.com** (search for providers who accept Tricare). If an available provider is identified, patient may call HealthNet and request authorization with that provider. 4. To ensure completeness of the medical record, patient should have their Network mental health notes faxed to the Clear and Legible Report/CLR fax line (**619-696-9259**) at NMRTC San Diego so records can be uploaded to HAIMS. 5. Network referrals cover 12 visits. If the patient requires more treatment, another referral must be placed by referring provider to continue care in the network. *FOR IOP, PHP, OR RESIDENTIAL REFERRALS:* 2. Provider must demonstrate need for elevated level of care in referral (eg. Treatment failures, medication trials, significant safety risk). 3. Provider must identify specific treatment programs for patient in referral.	1. No referral needed. 2. Patient can call **1-800-342-9647** to schedule a screening.	1. No referral needed. 2. Patient can call **619-556-7404** to check for availability and schedule an intake. Fleet and Family Services is open Monday – Friday from 0730 to 1630. Service is free for all active-duty service members.
ADDITIONAL INFO:	If the pt has trouble with accessing Network care, patient can contact Healthnet or the NMCSD Referral Management for troubleshooting (**619-532-8225x1**). For additional inquiries, patient may call Mental Health Central Referrals at **619-556-2463.**	Clinicians do **not** document in the service member's medical record. PRO: An operator is available 24/7, and the service is free for all active duty service members. CON: MilOne does not have a single physical address.	Clinicians do **not** document in the service member's medical record. PRO: Has physical addresses on NBSD, NBC, NBPL and within Military Housing (Village of Serra Mesa, Gateway Village, and Bayview Hills). CON: Does not have a 24/7 call line.

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Neurology

General Information	
DUTY PHONE	619-886-7741
Clinic Desk:	Front Desk: 532-5582 // Fax: 532-5118 Provider Message line: 532-5648 Pt Care Coordinator: 532-7472
POC:	Dept Head CDR Douglas Cragin 532-5582 Admin Asst: Vice Pt Care Coordinator: Marcus Tate RN, BSN LPO: HM2 Deloera 532-9590 Appts: 532-7275
Clinic Hours:	**0800-1600 M-F**
Providers:	Staff Neurologists
PA/NPs:	NA
MEPRS Code:	BAKA
Location:	BLDG3 / 2nd Floor
Pt Relations Rep:	HM2 Deloera 532-9590 and Marcus Tate 532-7472

Clinic Information	
Beneficiary Category	See Clinical Access Report-Active Duty and Dependents
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Beneficiary Ages	Adult only no one under 18.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Check in 15 minutes prior to appointment
	1. New Consult must be entered if patient has not been seen in the clinic within 2 years.
	2. Consults will be booked to a SPEC appt via Revenue Cycle

Requesting Provider

Services Not Available:
- Implant or manage baclofen pumps,
- Vagal nerve stimulators occipital nerve stimulators
- Dep brain stimulators
- No repetitive stimulation or single fiber EMG or EMG guided botulinum chemo denervation,
- Radiofrequency nerve ablation,
- Management of intercrainial shunts,
- Somatosensory evoked potentials or visual evoked potential

Required information:
Patient info not from areas, outside MTF, who had brain or spine imaging done at outside facility non-military will need CD copy of imaging beforehand or of day of appointment

For ALL CHRONIC MIGRAINE and Tension Type Headache referrals: prior to acceptance of referral for treatment of chronic migraine/chronic daily, must show treatments and medications tried and failed

Referral Management Center (RMC) Staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards

Call Center Staff will book SPEC apt

Neurology staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Nephrology Clinic

General Information	
DUTY PHONE:	619-804-4983
Clinic Desk:	Front: (619) 532-8840 // Fax: (619) 532-7178
POC:	LCDR Nora Maddy
Clinic Hours:	0730-1530 Mon-Fri
Providers:	**Dr. Chopra, CDR Lee, CAPT Miller**
	Duty Nephrologist - (619) 804-4983
PA/NPs:	NA
MEPRS Code:	BAJA
Location:	BLDG 1 / 3rd Floor

Clinic Information	
Beneficiary Category Access	ALL
Beneficiary Ages	Adult 18 years and older (<18 refer to Network Peds Nephrology)
Urgent Referrals	**STAT/ASAP consults require direct Physician-to-Physician contact** (call duty nephrologist).
Schedule Release	180 days in advance (MHS requirement)
Patient Instructions	Bring all medications and/or list to appointment.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within the past 3 years.
	2. Consults will be booked to a SPEC appt
	3. Contact clinic POC if there is a shortage of SPEC appt. Clinic may modify other appt slots or add new SPEC appt.

Nephrology Administrator will book all SPEC and PROC appointments

Appointment Type	Reason For Consult
SPEC	All Routine Consults
PROC	Epogen therapy, Hemodialysis, Plasmapheresis

Requesting Provider

Services not available:

Outpatient Peritoneal Dialysis, Chronic Hemodialysis, Ambulatory Blood Pressure Monitoring

Additional Information:

- PCM to provide brief clinical history and goal(s) for consultation.
'- Request referring provider to order: CHEM18, CBC, urinalysis, urine microscopy, ACR or P/Cr panel (proteinuria), intact PTH, total 25-OH, and renal ultrasound for initial evaluation.

All referrals reviewed by Specialty Provider.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS Genesis referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Nephrology Administrator will book EST

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD Naval Medical Center San Diego

Neurosurgery Clinic

General Information

DUTY PHONE	619-379-2604
Clinic Desk:	Central Phone Tel# 532-6053 Fax# 532- 6937; Dep Secretary 619.532.5505 Appt and Message Line: 532- 7250
POC:	DH: CAPT Shawn a Belverud // Asst DH: LCDR Jason Milton Clinic Mgr/DIVO: Fausto Munuz #2-5460 LCPO: LPO: HM1 M Yakub #2-7244
Clinic Hours:	**0730-1600 M-F**
Providers:	CAPT Shawn Belverud, CDR Vijay Ravindra, CDR Paul Porensky, LCDR Jason Milton, LCDR Michael Lawless, LCDR Ki Chang, LCDR Erin Graves
PA/NPs:	Patrick Kearney, PA-C
MEPRS Code:	BBCA
Location:	BLDG3 / 2nd Floor

Requesting Provider

All services available

1. All referrals should have recent imaging - within 9-months if symptoms static; if changed, then updated subsequent to onset of the driving complaint - MRI and Xray (static and dynamic) with results avialable at the time of the consult.

2. **Order SD Bone scan if the consult is being placed for neck or back pain** (comments should state "SPECT CT using flash protocol for the C/L spine in attempt to define targetable pain generators). Results to be available at the time of the assessment.

3. EMG is ONLY necessary in situations when the neural element compression does not correlate the patient's symptoms and with peripheral nerve entrapments.

4. Patient's harboring radicular sypmtoms should be started on membrane stabilizers (Neurontin 300 mg TID vs Lyrica), with consideration for a 7-10 day dexamethasone taper.

5. Patients harboring a pituiary adenoma should see endocrinology prior to neurosurgery assessment.

6. Additional labs, studies upon review of Neurosurgery clinic review, will be ordered. Patient is to have the labs completed before the day of the appointment in order to recieve the results from the requested labs pertaining to the appointment.

Attempts will be made to recapture patients whenever possible - DO NOT communicate an expectation of disengagement.

Clinic Information

Beneficiary Category	All
Beneficiary Ages	All
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	180 days in advance (DHA requirement)
Patient Instructions	Please arrive 15-20 minutes prior to your initial appointment
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 2 years.
	2. Consults will be booked to a 60min. Virtual or in-person SPEC appt once germane imaging/studies is/are available.
	3. Clinic will modify appt slots or add new SPEC appt(s) if necessary
	4. Clinic disengagement will be assessed in context of the individual case; it is relative to staff/institutional capabilities and is subject to department approval.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD - consider NMCSD fully capable re neurosurgery pateints unless indicated otherwis
3. Verify specialty clinic access within access to care standards
4. Insert referral notation identifying location of specialty care and ability to appoint at NMCSD
5. Ensure imaging requisites are met **PRIOR** to appointment and schedule with designated provider.

6. **DO NOT DISENGAGE** to network unless directed by department head.

OT staff will book EST, and PROC appointments

Call Center staff will book SPEC apt

RETURN TO POC ROSTER

Last Updates Received From Clinic: 22 JANUARY 2024

NMCSD
Naval Medical Center San Diego

Nutrition Clinic

General Information	
Clinic Desk:	Tel# 532-7636 / Fax# 532-6899 POC: Jim Adams / Elizabeth Chaney
POC:	Clinic Manager: Christina Griffin, MS, RD 532-8530
Clinic Hours:	0730-1600 M-F
Providers:	Dietitians
PA/NPs:	NA
MEPRS Code:	BALA
Location:	BLDG1 / 3rd Floor
Patient Relations:	Elizabeth Chaney, DTR #531-1423

Clinic Information	
Beneficiary Category Access	Based upon weekly Health Services Access Report (HSAR) and Capability Report.
Beneficiary Ages	Infant to geriatrics
Urgent Referrals	Requires Direct Contact with Clinic
Schedule Release	Up to 180 days in advance
Patient Instructions	Call the Nutrition clinic to cancel or reschedule an appointment
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 2 years.
	2. Consults will be booked to a SPEC appt.
	3. Inquire with patients if other family members are seen in the clinic. If so, try and book family members together.
	4. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC appt.

Requesting Provider

Services not available: Nutrition therapy for Inborn Errors of Metabolism (IEM); body fat measurements, bioelectrical impedance or granting COMRATS.

Additional Information:

- PCM to provide brief clinical history and goal(s) for consultation.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF

Call Center staff will book SPEC apt

Nutrition staff may occasionally book SPEC and routinely books FTR appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD
Naval Medical Center San Diego

Obstetrics Clinic

General Information	
Clinic Desk/Location:	**NMCSD:** 619-532-7082; Fax: 532-8886 (Bldg 3 / 1st Floor) **NTC:** 619-524-6191; Fax: 619-524-6191 **MIRAMAR:** 858-577-6740; Fax: 858-577-6722
POC:	**DH:** CDR Angela DiCarlo-Meacham (619-532-7002) **DO**: LT Viktoryia Mironenka (619-532-7007) **Secy:** Vacant (619-532-7004) **Team NTC** (619-524-6120) // **Team MCAS** (858-577-9941)
Clinic Hours:	**NMCSD:** 0800-1600 M-F **NTC:** 0730-1530 M-F **MIRAMAR:** 0715-1545 M-F
MEPRS Code:	BFDA

Clinic Information	
Beneficiary Category Access	See weekly HSAR and Capability Report.
Beneficiary Ages	Adult and adolescent
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Cancel/reschedule within 72 hrs of appointment if necessary
Additional Information	1. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.
	2. Consults will be booked to a SPEC apt using Revenue Cycle in MHS Genesis.

Requesting Provider

Services Not Available: Contact Obstetrics Clinic for unavailability

Patient types: Confirmed Pregnancy, LMP, EDC, etc.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Appoint referral to the MTF in MHS Genesis
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Call Center staff will book SPEC apt

Obstetrics staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD
Naval Medical Center San Diego

Occupational Therapy (OT)

General Information	
Clinic Desk:	Main Scheduling: Tel#532-7100 Fax# 532-5032 **Providers only: 532-7135**
POC:	DH: CAPT Fred Schmitz; DIVO: LT Megan Balkenbush
Clinic Hours:	**0700 - 1600 M-F** *(0700-1530 M-F BMC's)*
Providers:	Occupational Therapist and Occupational Therapy Assistants
PA/NPs:	NA
MEPRS Code:	BLBA
Location:	BLDG3 / 1st Floor

Requesting Provider

Services not available:
Pediatric Occupational Therapy

Additional Services offered:
Traumatic Brain Injury Rehabilitation; Complex splint fabrication for Upper Extremity; Complex Hand Therapy

Clinic Information	
Beneficiary Category Access	Based upon weekly Health Services Access Report (HSAR) and Capability Report.
Beneficiary Ages	Adult 18 years and older , Adolescents with basic ortho injury
Urgent Referrals	Call or stop in the clinic to speak with DH or DIVO
Schedule Release	NLT 45 days, and typically 2 months in advance
Patient Instructions	Please arrive 10- 15 minutes prior to your initial appointment to fill out required paperwork. Please also dress in or bring appropriate PT attire to enable thorough therapy assessment
Additional Information	1. Consults will be booked to a SPEC appt.
	2. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility

2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care.

Call Center staff will book SPEC apt

OT staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: MARCH 2024

NMCSD
Naval Medical Center San Diego

Ophthalmology Clinic

General Information

DUTY PHONE:	619-453-6302
Clinic Desk/Location:	**Appt Desk**: 532-6700 #1 (**Fax#** 532-7272) **Appt Line** - 0700-1600 Monday-Friday **Front Desk** (Staff Line): 532-6514 **Patient Line**: 532-6700 (Tel-Con, Refill)
POC:	DH: CDR James Zimmerman 532-6719 Surgical appt: Marithess Dalida 532-9771 Business Manager: Ms. Kerry McLeary 532-9846 LCPO: HMC Melvinjorge Zabala 532-9185 LPO: HM1 Kaleb Sherwood 532- 7489
Clinic Hours:	**NMCSD:** 0700-1600 M-F **NTC:** 0730-1600 M-F
MEPRS Code:	BBDA,BBDS
Location:	BLDG2 / 2nd Floor (NMCSD)
Patient Relations:	Mr. Miller, Ed (Primary) and Ms. Quiko, Erin (Secondary)

Clinic Information

Beneficiary Access	All
Beneficiary Ages	ALL Ages
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	Schedules open 45+ days out for each Provider.
Patient Instructions	Patient may be dilated and therefore sensitive to light and have blurry vision for several hours after the appointment Recommend they have a driver present Please bring available eye records Please bring current glasses & written glasses prescription, if available

Requesting Provider

Refractive surgery consults require optometry evaluation first.
Adult patients must have previously been seen by an Optometrist

Information required: Diagnosis(visual problem or visual disturbance is not a diagnosis) and reason for referral with exam documentation so that determination can be made if problem requires Ophthalmologist or Optometry visual Acuity should be included.

PCM's Instructions for consultations:
- For Routine adult eye exam, other than Diabetic screening, patient should be consulted to Optometry.
- For routine diabetic screening, please specify “Diabetic Screening” in consult and include date of last diabetic screening. Review follow-up recommendation on last diabetic screening note as may be 24 months.
- For children < 6 year old, please specify “Pediatric Ophthalmology” in consult.
- For urgent or ASAP consult, please place consult in computer with current patient contact number AND contact Ophthalmology duty phone at 619-453-6302

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NHCP and NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Ophthalmology staff will book SPEC, EST, and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Optometry Clinic

General Information	
Clinic Desk:	Appt & Front Desk: 532-5840/48 Fax: 532-9889
POC:	DH: LT Brian Walton: 532-9374 Business Manager: Terry Fonville: 532-5527
Clinic Hours:	0630-1600, M-F
Providers:	Optometrists
PA/NPs:	NA
MEPRS Code:	BHCA
Location:	BLDG2 / 2nd Floor

Clinic Information	
Beneficiary Category Access	Currently only seeing AD personnel.
Beneficiary Ages	Currently AD only
Urgent Referrals	Walk ins are triaged and seen same day as needed
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Patients currently wearing correction should bring their glasses with them to their exam and bring their contact lens information (present on contact lens boxes and/or blister packs)
Additional Information	1. Consults will be booked to a SPEC appt
	2. Contact clinic POC if there is a shortage of SPEC apt. Clinic **may** modify other appt slots or add new SPEC appt.

Requesting Provider

Services Available:
Examinations for glasses. Contact lens examinations are based on medical indication and mission essential (Mission essential personnel must provide authorization and approval from chain of command) : diagnose and treat ocular diseases, triage and treat ocular emergencies; fabricate glasses for AD and Retirees

Services not available: None

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Optometry Support Staff will book appointments

Optometry staff will book all appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 08 MAR 2024

NMCSD
Naval Medical Center San Diego

ORAL SURGERY

General Information

DUTY PHONE	619-379-5625
Clinic Desk:	619 532-8600 option 3 Fax: 619-532-5942
POC:	**DH:** CAPT Eghtedari, Masoud // 619-532-7397 **ADH:** CAPT Flynn, Kevin // 619-532-8622 **DIVO:** LCDR Grau, Michael // 619-532-6867 **Program Director:** CDR Mooney, Michael // 619-532- 6867 **Business Manger :** Mr. Jose Rocha // 619-532-8797
Clinic Hours:	0700-1530 M-F
Providers:	CDR Eric Bischoff, CDR Daniel Hammer, CDR Patrick Morrell, LCDR David Cho, LCDR Travis Scholer
PA/NPs:	none
MEPRS Code:	CAAA
Location:	BLDG 1 / 2ND Floor

Clinic Information

Beneficiary Category Access	All Eligible patients
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	16 weeks in advance
Patient Instructions	Check in 15 minutes prior to appointment at the Dental Clinic
Additional Information	**Availability of Services:** Open to active duty staff and referred personnel.
	Care for dependents and retirees is available and selected on a case by case basis.

Oral Surgery Staff will book FPR, PROC and SPEC appointments

Requesting Provider

Oral & Maxillofacial Surgery Services:

Oral and Maxillofacial Surgeons are specialists who treat conditions, defects, injuries, and esthetic aspects of the head, face and neck including the mouth, teeth, and jaws.

Conditions Treated:

- Benign & Malignant tumors/cysts of the jaws
- Cleft & Craniofacial deformities
- Misaligned jaws
- Traumatic facial injuries
- Facial Pain & Temporomandibular Joint Disorders
- Bony & Soft tissue reconstructive surgery
- Dental implant surgery
- Functional & Esthetic maxillofacial conditions
- Dental extractions including wisom teeth & preparation for dentures

Mission:

To provide excellent patient care in support of the Armed Forces, maintain medical and dental readiness fleet wide, contribute to basic and clinical research, and train the future surgical leaders of the Oral and Maxillofacial Surgery profession.

The patients we treat typically arrive to us by referral from other dentists, oral and maxillofacial surgeons, and physicians. Residents are closely involved in patient management, under the direct supervision and guidance of board certified faculty surgeons. This relationship allows for resident education while maintaining the highest standard of patient care. With specialized knowledge in pain control and advanced training in anesthesia, the oral and maxillofacial surgeon is able to provide quality care with maximum patient comfort and safety in the office setting.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF

RETURN TO POC ROSTER

Last Updates Received From Clinic: 17 August 2020

NMCSD
Naval Medical Center San Diego

PODIATRY

General Information	
Clinic Desk:	NTC Ortho Clinc 619-524-0146
POC:	A DIVO: LT Jesse Tukuafu 619-524-0932
	Podiatry Desk: 619-524-1707
Clinic Hours:	**Monday - Thursday:** 0630-1530 **Friday:** 0630-1500
Providers:	Podiatrist
MEPRS Code:	BEFA
Location:	NTC ORTHO CLINIC
Pt Relations Rep:	Rotating Call: 619-524-0146

Clinic Information	
Beneficiary Category	See Clinical Access Report-Active Duty and Dependents
Beneficiary Ages	18+
Schedule Release	90 days in advance (MHS requirement)
Patient Instructions	Check in 15 minutes prior to appointment
Additional Information	1. For Adults New Consult must be entered if patient has not been seen in the clinic within 1 year.
	2. Consults will be booked to a SPEC appt by Orthopedics / Podiatry Front Desk Staff.
	3. Contact clinic POC if there is a shortage of SPEC appt. Clinic may modify other apt slots or add new SPEC apt.

Call Center Staff will book SPEC appointments
Orthopaedics staff will book FTR/Follow-up appointments

Requesting Provider	
Podiatry Will See:	Foot pathology (bunion, hammertoe, etc). Forward ankle pathology to Foot/Ankle. **Refer Plantar warts and nail fungus forward to derm.**
X-ray Requirment:	Bilateral weight bearing 3 views of feet within 6 mos (ap/lat/oblique) wt bearing not avail @ TOCs & NASNI (pusher to order)
Orthotics:	Orthotic shoe inserts only for Active Duty.
D/E	All toenail issues besides ingrown toenails unless patient is diabetic foot care ulcerations

****Patients must bring running shoes for all dx****

Referral Management Center (RMC) Staff Will Perform
1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards

RETURN TO POC ROSTER

Last Updates Received From Clinic: 09 MAY 2024

NMCSD
Naval Medical Center San Diego

Pain Management Clinic

General Information

DUTY PHONE:	619-677-7415
Clinic Desk:	Tel# 532-8937 / 532-5522 Fax# 532-5751
POC:	Chairman Head: CDR Andrew Parsons 532-8943
Clinic Hours:	0700-1530 M-F (NO WALK-INS)
Providers:	Pain Medicine Physicians, Psychiatrists, Psychologists, Physical Therapists, Clinical Pharmacists, Acupuncturists
PA/NPs:	NA
MEPRS Code:	BBLA
Location:	BLDG1 / 4th Floor / North Ward

Clinic Information

Beneficiary Category	Active Duty only (no dependent or retiree beneficiaries)
Beneficiary Ages	N/A
Urgent Referrals	No Urgent referrals, call clinic to discuss exceptions
Schedule Release	180 Days
Patient Instructions	Arrive no later than your scheduled appointment time. For all SPEC appointments, patients must complete PASTOR assessment online in order to be seen. For all procedure appointments, patient must (1) have a driver, (2) stop all NSAIDs 10 day prior, (3) be NPO for 8 hours prior (2 hours for clear liquids)
Additional Information	1. Requests patients to cancel or reschedule 72 hrs. of appointment if necessary
	2. New Consult must be entered if patient has not been seen in the clinic within 1 year.
	3. Referral should include patients' current duty disposition status (light duty, limited duty, FFD) 4. Consults will be booked to a SPEC appt

Pain Staff will book SPEC appt

Requesting Provider

REQUIRED:
All referrals must have MRI and X-rays of area of pain that patient is being referred for within 6 months of referral date

Basic Criteria Considerations:
- All referrals should have pain that exceeds the usual course of healing
- The patient is unfit for a definitive procedure.
- The patient does not want surgery.
- Before being referred to Pain Management pt should have continous engagement in PT/Behavioral Health/Conservative management (weight loss & smoking sessation should also be emphasized when applicable)

Services Available:
a. Interventional Procedures for diagnosis and/or therapy.
b. Functional Rehabilitation and Training
c. Medication Management Recommendations
d. Palliative Care (cancer)

Services **NOT** available: Addiction Medicine, substance use disorders, or Palliative Care (excluding cancer)

DO NOT send patients for:
• **Opiate management**, opiate withdrawal, treatment of **addiction-related disorders** including Opioid Use Disorder.
•**LIMDU**- primary care & specialists treating referring condition should determine duty dispositions. Pain Medicine ready to engage on treatment regimen regardless of duty status.
•**MEB/PEB**- Command Clinics, and operational medical units with delegated CA should proceed with their own MEB and request an addendum from Pain Medicine through the PEBLO Office for PEB submission.
•**Inflammatory conditions**, such as suspected connective tissue disorders, polyarthropathies or ankylosing spondylitis or fibromyalgia (consider referral to Rheumatology).
•**Headache disorders** may be more appropriate for initial assessment in Neurology.
•Pain problems where treatable **pathology has not been adequately assessed** and excluded (e.g. abdominal or pelvic pain) - consider referral to appropriate specialist
•Pain Medicine Service is **unable to authorize or "clear" patients** to engage in services or programs that are outside our scope and privileges, i.e., clearance for H&W, Recreational Programs, etc.; Such clearance comes from PCM.

*** Acupuncturist referrals are from Pain Management Providers only. There is however an Acupuncturist embebbed at the NTC Primary Care clinic able to accept referrals from a licensed independent practitioner. ***

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NHCP and NMCSD
3. Verify clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and inability to appoint to MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Pain staff will book FTR and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 09 MAY 2024

NMCSD
Naval Medical Center San Diego

PEDIATRIC SURGERY

General Information

24-HR SURGEON	619-452-7013
Clinic Desk:	619-532-5953; Fax: 619-532-8598
POC:	Pediatric Surgery Head: CDR Pamela Choi
Clinic Hours:	0800 - 1600 M-F
MEPRS Code:	Pediatric Surgery BBAA
Location:	Bldg. 1, 2-North

Clinic Information

Beneficiary Category Access	Based upon weekly Health Services Access Report (HSAR) and Capability Report.
Beneficiary Ages	**Less than 18 years old**
Urgent Referrals	Requires Direct Physician-to-Physician Contact **24 HR on-call surgeon @ (619) 453-7013**
Schedule Release	6 to 8 weeks in advance
Patient Instructions	Patient instructions: Check in 15 mins early, bring all medical records. Call clinic to cancel or arriving late. Must present with valid DOD ID Card.

Additional Information: Pediatric Surgery provides -

- a broad range of surgical care for infants and children including complex tertiary care of congenital and acquired head and neck, thoracic and abdominal conditions.

- surgical expertise in the care of the infant with congenital gastrointestinal and respiratory tract diseases as well as the child with thoracic and abdominal tumors (including neuroblastoma, Wilms tumor and ovarian masses)
- minimally invasive surgery pioneered here in the early 1990's, provides thoracoscopic and laparoscopic interventions for pyloric stenosis, appendicitis, undescended testicle, Hirschsprungs's disease, gastroesophageal reflux, splenic disease, pectus excavatum and empyema.

-neonatal problems we commonly teat include intestinal atresias, omphalocele, gastroschisis, imperforate anus and congenital diaphragmatic hernia.

Requesting Provider

Requirements: Referrals from outside the MTF should have copy of or CD of radiology studies, labs, diagnosis, study findings, and brief clinical description or reason for consult

Exclusions from consult to SD PEDIATRIC SURGERY

GENERAL SURGERY: All Active Duty - All Ages .....refer to SD GENERAL SURGERY
ENT: Tonsillitis, adenoiditis; skin tags of the ear ...refer to SD OTOLARYNGOLOGY
NEUROSURGERY: Midlumbar lesions, rule out CNS issue .....refer to SD NEUROSURG
ORTHOPAEDICS: Ganglion cysts/ cysts of wrist .....refer to SD ORTHO
PLASTICS: Cleft lip, cleft palate .....refer to SD PLASTIC SURGERY
UROLOGY: Circumcision .....refer to SD UROLOGY PEDS

Hemorrhoids - Medical Management Only, No Surgery

- o 4-6week of miralax 1 cap daily
- o 4-6 week of increased fluid and fiber intake

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

SPEC appointments:
Department review, Call Center (CAMO) booking

Pediatric Surgery books all other appt types (FTR, PROC, GRP)

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Pediatric Clinics

General Information

Clinic Desks:	**Peds Subspecialty #619-532-6896 Fax # 619-532-9184** **See next tab.**
POC'S:	**Chairman: CAPT John Arnold // 619-532-6854** **Division Officer: CDR Sarah Villarroel// 619-532-6896** **Senior Nurse: Kevin Haws// 619-532-5081** **Charge Nurse: Ms. Edna Reyes// 619-532-8703**
Clinic Hours:	**0800-1600, M-F**
All Providers:	***See POC's list above***
MEPRS Code:	BDAB
Locations:	**See directory on next tab**

Requesting Provider

See Pediatric Subspecialty Directory on next tab

Clinic Information

Beneficiary Age	0-23 yrs.
Services Not Available	Contact sub-specialty clinic for unavailability
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Contact sub-specialty clinic
Additional Information	1. Consults will be booked to a SPEC appt 3. Inquire with patients if other family members are seen in the clinic. If so, try and book family members together. 4. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Referral Management Center (RMC) Staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NHCP and NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability only. Access related issues will be referred to the clinic.
6. Monitor clear and legible reports for beneficiaries obtaining network care

Call Center starr will book SPEC appt

Pediatric staff will book EST and PROC appointments

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

PEDIATRICS (2)

Pediatric Subspecialty Directory

Peds Subspecialty #619-532-6896 Fax # 619-532-9184
- Bldg 2 / Deck 1

Peds Cardiology #619-532-5953 Fax# 619-532-8598
- Bldg 1 / Deck 2
- LCDR Kendall / LCDR Blevins

Peds Dermatology #619-532-6996
- Bldg 2 / Deck 3
- Dr. Niel Gibbs

Peds Develop #619-532-6879 Fax# 619-532-6908
- Bldg 1 / Deck 2
- Dr. Jerry White, CAPT John King

Peds Endocrine #619-532-6896 Fax# 619-532-9184
- Bldg 2 / Deck 1
- CDR Catherine Yates, LCDR Stacey Rustico, Dr. Paulina Rubio-Ortiz

Peds Gastro #619-532-5953 Fax# 619-532-8598
- Bldg 1 / Deck 2
- Dr. Charles Yang, LCDR Danielle Barnes

Peds Genetics & Dysmorphology #619-532-6896 Fax# 619-532-9184
- Bldg 2/ Deck 1
- Dr. Mary Willis

Peds Hem/Onc #619-532-5953 Fax# 619-532-8598
- Bldg 1 / Deck 2
- LCDR Shelton Viola, LCDR Erin Blevins

Peds Infectious Disease / Travel #619-532-5953 Fax# 619-532-8598
- Bldg 1 / Deck 2
- CAPT John Arnold, CDR Edmund Milder

Pediatric Subspecialty Directory

Peds Nephrology #619-532-6896 Fax# 619-532-9184
- Bldg 2 / Deck 1
- Dr. Elizabeth Ferrara

Peds Neurology: #619-532-6896 Fax# 619-532-9184
- Bldg 2 / Deck 1
- Dr. Jacqueline Serena, Dr. Ari Zeldin

Peds Pulmonary #619-532-6896 Fax# 619-532-9184
- Bldg 2 / Deck 1
- Dr. Henry Wojtczak, CDR Michael Smiley

Peds Speech Therapy #619-532-9647
- Bldg 2/ Deck 2
- Dr. Carole Roth

Peds Surgery #619-532-5953 Fax# 619-532-6497
- Bldg 1/Deck 2
- CAPT Romeo Ignacio // 619-453-6926

PEDS CRANIOFACIAL-(SEE PLASTIC SURGERY CLINIC)
PEDS ENT-(SEE OTOLARYNGOLOGY CLINIC)
PEDS NEUROSURGERY(SEE NEUROSURGERY CLINIC)
PEDS OPHTHAL-(SEE OPHTHALMOLOGY CLINIC)
PEDS OCCUPATIONAL THERAPY-(SEE PHYSICAL THERAPY)
PEDS PHYSICAL THERAPY-(SEE PHYSICAL CLINIC)
PEDS UROLOGY-(SEE UROLOGY THERAPY)

RETURN TO POC ROSTER

Last Updates Received From Clinic: 22 JANUARY 2024

NMCSD
Naval Medical Center San Diego

SD Pharmacy & Anticoagulation Clinic

General Information

DUTY PHONE	619-384-7286
Clinic Desk:	Tel# 532-9495 FAX: 532-5531
POC:	**DH:** CAPT Linh Quach 619-531-1491 **Assist DH:** LCDR Theodore Awa 619-532-7579 **DIVO** (Outpatient): LT Andre Burnett 619-532-7824 **DIVO** (Inpatient): LT Ivy Ton 619-532-8595 **AMCARE**: Dr. Catherine Lee 619-532-5132
Clinic Hours:	**0700-1530 M-F, Closed from 1200-1300**
Providers:	Pharmacists & Pharmacist Technicians
MEPRS Code:	BACB
Location:	BLDG 3 / 3RD FLOOR

Clinic Information

Beneficiary Access	ALL
Services Available	Anticoagulation Management
Beneficiary Ages	Adults
Urgent Referrals	Anticoagulation Clinic Duty Pager 619-384-7286 M-F: 0700-1530 M-F & 1530-1800 / 0700-1800 Weekends and Holidays
Schedule Release	As soon as there is availability.
Patient Instructions	Check in 15 minutes prior to appointments.
Additional Information	1. New Consult for anticoagulation patients must be entered using the Interdisciplinary Collaborative Anticoagulation Pathway or the patient has not been seen by the clinic for more than 12 months.
	2. Consults will be booked to a SPEC appt
	3. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Requesting Provider

Available Services:

•Anticoagulation Management

Prerequisites:

•Consult from primary care provider.

•Completion of the Interdisciplinary Collaborate Coumadin/Anticoagulant Pathway

Staff will book SPEC apt

RETURN TO POC ROSTER

Last Updates Received From Clinic: APRIL 2024

NMCSD
Naval Medical Center San Diego

PT – MCAS / NASNI / NAVSTA / NMCSD / NTC / MCRD / NAB

General Information

MCAS	
Clinic Desk:	Appt Desk: 858-577-7961
POC:	DH: CAPT Fred Schmitz; DIVO: LT Ashley Gripe
Clinic Hours:	0700-1630 M-F; Some clinicians available 0600-1600
Location:	MCAS-Miramar; 2525 Bauer Rd.
Providers:	Dr. Charles (Allen) White

NASNI	
Clinic Desk:	619-545-0462
POC:	DH: CAPT Fred Schmitz; DIVO: LT Marjorie Lloyd
	CIVSup: Rob Worms
Clinic Hours:	0700-1530 M-F
Location:	NASNI - BMC; 1st Floor
Providers:	Physical Therapists and Physical Therapy Assistants

NAVSTA	
Clinic Desk:	619-556-8096
POC:	DH: CAPT Fred Schmitz
	ADH/DIVO: LCDR Shawn Weber
Clinic Hours:	0600-1600 M-F
Location:	NBHC NBSD; Medical Clinic
Providers:	NBSD Medical Clinic; First Floor

NMCSD	
Clinic Desk:	619-532-7100 x1
POC:	DH: CAPT Fred Schmitz; CIVSup: Jodie Rock
Clinic Hours:	0700-1530 M-F
Providers	Physical Therapists and PTAs
Location:	1st Floor

NTC	
Clinic Desk:	Main Scheduling: 619-524-0093
POC:	Civilian Sup: Christy Boland; DIVO: LT Ashley Gripe; DH: CAPT Schmitz
Clinic Hours:	**0700 - 1530 M-F**
Providers	Physical Therapist and Physical Therapy Assistants
Location:	1st Floor

MCRD	
Clinic Desk:	Appt Desk: 619-524-6071
POC:	DH: CAPT Fred Schmitz; DIVO: LT Ashley Gripe
Clinic Hours:	0700-1530 M-F (varying hours/days based on demand)
Location:	Branch Health Clinic MCRD, Main level
Providers:	Physical Therapist and Physical Therapy Assistants

NAB	
Clinic Desk:	Front Desk: 619-437-3450
POC:	DH: CAPT Fred Schmitz; DIVO: CDR Jacquline Vanmoerkerque
Clinic Hours:	0600-1600 M-F
Location:	1st Floor
Providers:	Physical Therapist and Physical Therapy Assistants

Other

MEPRS Code:	BLAA
PA/NPs	none

Requesting Provider

Services not available:

- Prosthetic management
- Neurological Care
- Hand Therapy

Instructions for requesting provider:

- Please include current patient contact number, reason for referral, and location requested for physical therapy.

Clinic Information

Clinic will see	See Clinical Access Report-Active Duty
Beneficiary Ages	Adult 18-65 and adolescents age 13+ with basic ortho injuries
Urgent Referrals	Call or stop in the clinic to speak with Civilian Supervisor
Schedule Release	NLT 45 days, and typically 2 months in advance
Patient Instructions	Please arrive 10-15 minutes prior to your initial appointment to fill out required paperwork. Active duty please wear PT uniform and civilians please wear comfortable clothing with closed toe shoes.
	1. Consults will be booked into SPEC appt. 2. Contact clinic POC if there is a shortae of SPEC appt. Clinic may modify other appt slots or add new SPEC appt.

Physical Therapy staff will book SPEC, EST, and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: Feb 2017

NMCSD
Naval Medical Center San Diego

Physical Therapy - TOC's

General Information - Chula Vista		
Clinic Desk:	Scheduleing: 619-532-7100 x1 #: 619-744-5329	Provider
POC:	DH: CAPT Fred Schmitz; Civilian Sup: Glenn Aquino	
Clinic Hours:	**0700 - 1530 M-F**	
Providers:	Physical Therapist and Physical Therapy Assistants	
PA/NPs:	NA	
MEPRS Code:	BLAA	
Location:	NBHC Chula Vista	

General Information - East Lake		
Clinic Desk:	Scheduling: 619-532-7100 x1 #: 619-216-5453	Provider
POC:	DH: CAPT Fred Schmitz; Civilian Sup: Glenn Aquino	
Clinic Hours:	**0700 - 1530 M-F**	
Providers:	Physical Therapist and Physical Therapy Assistants	
PA/NPs:	NA	
MEPRS Code:	BLAA	
Location:	1st Floor	

Kearny Mesa - CLOSED (AS OF 5/2024)	
Clinic Desk:	Scheduling: 858-673-2359 (New Consults); 619-645-0145
POC:	Civilian Sup: Christy Boland; DIVO: LT Ashley Gripe; DH: CAPT Schmitz
Clinic Hours:	**0700 - 1530 M-F**
Providers:	Physical Therapist and Physical Therapy Assistants
PA/NPs:	NA
MEPRS Code:	BLAA
Location:	1st Floor

Requesting Provider

Services not available: Pelvic floor physical therapy, prosthetic management, neurological care, pediatric physical therapy, hand therapy

Instructions for requesting provider: Please include current patient contact number, reason for referral, and location requested for physical therapy.

Clinic Information

Beneficiary Category Access	Tricare Prime Benficiaries
Beneficiary Ages	Adult 18 - 65 and adolescents age 13+ with basic ortho injuries
Urgent Referrals	Call or stop in the clinic to speak with Civilian Supervisor
Schedule Release	NLT 45 days, and typically 2 months in advance
Patient Instructions	Please arrive 10- 15 minutes prior to your initial appointment to fill out required paperwork. Active duty please wear PT uniform and civilians please wear comfortable clothing with closed toe shoes.
Additional Information	1. Consults will be booked in a SPEC 2. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Physical Therapy staff will book SPEC, EST, and PROC appointments.

RETURN TO POC ROSTER

Last Updates Received From Clinic: 09 MAY 2024

Plastic Surgery Clinic

General Information	
Clinic Desk:	Central Phone Tel# 532-6950, x 1 Fax# 532- 5501 Appt and Message Line: 532- 6950, x 1 (Mon - Fri: 0730-1600 (closed holidays and weekends)
POC:	DH: CDR Yan Ortiz-Pomales, #2-6950 Clinic Mgr/DIVO: RN Marie Manuel, #2-7880 LPO: HM2 Trepashko, William #2-9657
Clinic Hours:	**0730-1600 M-F**
Providers:	CAPT Eamon O'Reilly, CDR Yan Ortiz-Pomales, Dr. Andrew Bauder (CIV)
PA/NPs:	PA-C Laura Duffy, NP Mary May, NP Dawn Delacruz (Wound Care)
MEPRS Code:	BBGA
Location:	BLDG 1 / 2nd Floor

Requesting Provider

Services not available: Contact clinic for current unavailability
Compression Stocking clinic no longer a service; Providers need to submit DME request

1. Prerequisite for all Plastic Surgery consults: require minimal information of pt. ht/wt/tobacco use
2. Wound Care consults: Any ASAP/STAT consults need to be communicated directly with the Wound NP **3. Burn referrals:** 2nd and 3rd degree burns need to be referred to UCSD Burn Center
4. Tobacco users (i.e. cigarettes, e-cig, vape, dip): will not be accepted until there is documented tobacco cessation for 8 weeks. If consult approved, pt will have urine nicotine test on day of consultation
5. Transgender: pt must be approved for evaluation by the Command Transgender Committee; must specifiy type of surgeries requested.

Clinic Information	
Beneficiary Category	Based upon weekly HSAR and Capability Report.
Beneficiary Ages	in utero to geriatric
Urgent Referrals	Requires Direct Provider-to-Proivider Contact.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	1. Please arrive 10- 15 minutes prior to your initial appointment 2. Cosmetic fees may apply
Additional Information	1. Consults will be booked to a SPEC appt
	2. Contact clinic manager if there is a shortage of SPEC apt. Clinic may modify other appt slots or add new SPEC apt.
	3. Not all consults entered as ASAP/STAT are medically deemed as such. Please read clinic annotation in MHS Genesis if consult appropriately entered as ASAP/STAT. If not, Call Center will book SPEC appt.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS Genesis referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care
7. Make at least 3 call attempts before sending the consult back to the provider and will administratively close consult.

Call Center staff will book SPEC appt

OT staff will book EST, and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD
Naval Medical Center San Diego

Pulmonary Clinic

General Information

DUTY PHONE (24/7)	619-886-7517
Clinic Desk:	Tel# 532-5990 FAX: 532-7625
POC:	**DH:** CDR Gilbert Seda 532-7610 **Asst DH:** CDR Gregory Matwiyoff 532-7601 **DO:** LT Nicole Cuthbertson 532-7630
Clinic Hours:	**0800-1600 M-F**
Providers:	Attending: CDR Gilbert Seda, CAPT Tony Han, CAPT John Parrish, CDR Gregory Matwiyoff, CDR Konrad Davis, CDR Michael Tripp Fellow: LT Alexandra Perry, Capt Justin Reis, LT Justin Stocks, LT Michael Powers PA: David Mohler (PA)
MEPRS Code:	BANA
Location:	BLDG 3 / 3RD FLOOR
Pt Relations Rep:	LT Nicole Cuthbertson & HM1 Justin Speight

Clinic Information

Beneficiary Access	ALL
Services Available	PFT's Sleep Studies, treatment of respiratory disease, evaluation of lung nodules
Beneficiary Ages	Adults (unless special circumstance for Peds)
Urgent Referrals	Requires Direct Physician-to-Physician Contact. Phone GI Command Cell phone (760) 458-2684
Schedule Release	As soon as there is availability.
Patient Instructions	Check in 15 minutes prior to appointment. And anything that were indicated by corpsman, nurse, or provider.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years.
	2. Consults will be booked to a SPEC appt
	3. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.
	Patients referred from outside Camp Pendleton expect to be pre-op's by the Surgical Service on the same day

Requesting Provider

Available Services:
- Pulmonary care management
- Pulmonary Function Clinic
- Bronchoscopy Suite
- Pulmonary Sleep Lab/Study

PCM's instructions for consultations:
- Provider specific. Please ask specifically for guidance.

Prerequisites:
- Consult from primary care provider.

Possible notes:
- PTF's before initial asthma evaluation.
- Radiology studies on CD if done by outside provider.
- Copy of sleep study if performed at civilian institution(for sleep apnea follow up).
- Also all CPAP follow up patients must bring cards from machines.
- Pulmonary specialist will review referrals to determine need for additional studies.

Referral Management Center (RMC) Staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Call Center Staff will book SPEC apt

Pulmonary Staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 22 JANUARY 2024

NMCSD
Naval Medical Center San Diego

INTERVENTIONAL RADIOLOGY

General Information

Clinic Desk:	619-532-8752 (Please leave VM for clinic nurse if no answer)
POC:	DH: CDR Bryce Lokey, Division Head: CAPT Benjamin Drinkwine
Clinic Hours:	0800-1600 M-F
Providers:	CAPT Benjamin Drinkwine, CDR Bryce Lokey, Dr. Keith Edwards, CDR Daniel Stulack
PA/NPs:	NA
MEPRS Code:	BBMA
Location:	BLDG1 / 2nd Floor

Clinic Information

Beneficiary Category	All
Beneficiary Ages	Adult 18 years and older. Pediatric referrals require direct physician-to-physician contact
Urgent Referrals	Requires Direct physician-to-physician Contact.
Schedule Release	6 to 8 weeks in advance
Patient Instructions	Check in at least 15 minutes prior to appointment.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years.

Requesting Provider

Services Offered

Angioplasty & Stent Placement
Central Venous Access
Gastrostomy Tubes (Feeding Tube)
Image Guided Biopsy (CT and US)
Image Guided Drainage
Nephrostomy Tube Placement
Oncologic Interventions (RFA, Cyro, Chemoembo)
Pelvic Congestion Syndrome Treatment
Percutaneous Biliary Interventions
Spinal Injections
TIPS
Uterine Artery Embolization (UAE)
Varicocele Vein Treatment
Vascular Malformation Treatment
Vertebroplasty & Kyphopasty

For more Information regarding services offered by Interventional Radiologists, try the following links:
https://www.sirweb.org/patient-center/
https://enwikipedia.org/wiki/interventional_radiology

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert MHS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access

RETURN TO POC ROSTER

Last Updates Received From Clinic: 2024

NMCSD
Naval Medical Center San Diego

Radiation Oncology/Radiation Therapy

General Information	
DUTY PHONE	
Clinic Desk:	532-7274 Fax# 532-8178
POC:	**DH:** CDR Daniel Hawley **DO:** LCDR David Greene 532 7274 **LPO:** HM2 Nick Vasquez 532 7274
Clinic Hours:	**0800-1600 M-F (CONSULT REQUIRED)**
Providers:	LCDR David Greene; LCDR Jason Kehrer; CAPT Harvey Wilds
MEPRS Code:	BASA
Location:	**BLDG 1 / Ground Floor**
Pt Relations Rep:	HM2 Vasquez

Requesting Provider
https://nmcsd-as-spfe05/sites/ec/ecoms/mdpg/Pages/Referral%20Guideline.aspx

Clinic Information	
Beneficiary Category	See weekly (HSAR) and Capability Report.
Beneficiary Ages	All
Urgent Referrals	Requires Physician-to-Physician Contact.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Rad Onc will book appointment after review of consult
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years. 2. Consults will be booked to a SPEC appt. 3. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Referral Management Center (RMC) staff will perform:
1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Rad Onc Staff will book SPEC, FTR, EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 30 APRIL 2024

NMCSD Naval Medical Center San Diego

Adult Rheumatology Clinic

General Information	
Clinic Desk:	Tel# 532-7301 FAX: 532-5472
POC:	DIVO: CDR Jason Weiner 619-532-7316
Clinic Hours:	**0800-1600 M-F**
Core Providers:	CDR Jason Weiner (physician)
MEPRS Code:	BAOA
Pt Relations Rep:	Through IM Department
Location:	BLDG 3, second floor

Requesting Provider

Available Services: Diagnosis and management of rheumatologic diseases

Testing prior to referral:

- If an ANA screen was ordered and was positive, but the patient has no specific symptoms or exam findings concerning for rheumatologic disease, please order an ANA IFA. If the ANA IFA is negative, the positive ANA screen was likely a false positive result and no further workup is necessary.
- If placing a referral for chronic joint pain, please get x-rays of the affected joint.
- The Duty Rheumatologist will review referrals to determine appropriateness and need for additional studies

Fibromyalgia: Specialty referral in the setting of fibromyalgia is indicated when diagnostic uncertainty for an underlying autoimmune or systemic connective tissue disease exists. Referrals for the sole purpose of a fibromyalgia diagnosis, reaffirmation of a prior diagnosis of fibromyalgia or treatment recommendations for primary fibromyalgia are not indicated. Fibromyalgia is an affirmative diagnosis made clinically and does not require a rheumatologist. Further information and resources for fibromyalgia diagnosis and treatment include the VA/DoD Clinical Practice Guideline for the Management of Chronic Multi-System Illness, Fibromyalgia - A Clinical Review - JAMA, National Fibromyalgia Association, Fibromyalgia Network, and the AAPT Diagnostic Criteria for Fibromyalgia.

MEB: Active Duty Service Members unable to perform their duties in the US Military due to fibromyalgia should be considered for a medical evaluation board (MEB). As per SECNAV M-1850.1 and DoDI 6130.03-V2, rheumatology consultation or a rheumatologist submission is not required. Moreover, a MEB can be submitted by any military credentialed medical provider. Further information can be obtained through the above cited references, along with discussion with an individual's health services department or the NMCSD Medical Boards Office.

Clinic Information	
Beneficiary Category	as of 1Jan2018, restricted to Active Duty. Check CAR for current status
Beneficiary Ages	18+
Urgent Referrals	Requires Physician-to-Physician Contact. Duty Rheumatologist is listed on NMCSD home page -> Quick Launch -> Provider on-call
Schedule Release	90-180 days in advance
Patient Instructions	Check in 15 minutes prior to appointment.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 1 year.
	2. Consults will be booked to a SPEC appt using MHS Genesis.
	3. Contact clinic POC if there is a shortage of SPEC apt. Clinic may be able to modify other apt slots or add new SPEC apt
	4. Patient to bring any relevant clinic notes, lab / imaging results, etc. if previously managed by civilian or outside provider

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Direct referral to rheumatology location with MHS Genesis for specialty review.
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

Call Center Staff will book SPEC appointments

Rheumatology Staff will book EST and PROC appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: 09 MAY 2024

NMCSD
Naval Medical Center San Diego

Speech Pathology Clinic

General Information

Clinic Desk:	Tel# 532-9600 Fax# 532- 6088
POC:	Dr. Diana Petroi-Bock: 532-9643
Clinic Hours:	0730-1600, M-F
Providers:	DH: CAPT Marco Ayala 532-5724, DivH: Dr. Petroi-Bock 532-9643
PA/NPs:	NA
MEPRS Code:	BHEA
Location:	BLDG2 / 2nd Floor

Clinic Information

Beneficiary Category	Based upon weekly HSAR and Capability Report.
Beneficiary Ages	Adults. Peds consults on case-by-base basis for dysphagia only & craniofacial/cleft lip/palate.
Urgent Referrals	Requires Direct Provider-To-Provider Contact.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Please arrive 10- 15 minutes prior to your initial appointment
	1. New Consult must be entered if patient has not been seen in the clinic within 6 months.
	2. Dysphagia: Two orders placed for appts to be booked same day and back to back: (1) Referral to Speech Path (for SPEC clinical swallowing eval) and (2) Modified barium swallow study with Speech Path (for PROC). Note: RF Swallow with Speech Path is an inpt order.
Additional Information	3. Refer to Mental Health rather than Speech Pathology for cognitive-communicative evaluation in the absence of a head injury, neurologic, or similar etiology as anxiety/depression/sleep depravation could attribute.
	4. It is appropriate to refer pts with suspected functional neurologic speech disorder.
	5. Inquire with patients if they or other family members are seen in the ENT, Audiology, or Speech clinic. If so try to coordinate apts.
	6. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Call Center staff will book SPEC and SPEC+PROC appts

Requesting Provider

Services not available:

Pediarics with needs other than for dysphagia and craniofacial cleft lip/palate.

Instructions for provider:

1. Please include current pt contact number, reason for referral, and suspected underlying diagnosis corresponding with reason for referral (e.g., head injury, head/neck cancer, stroke, PD, COPD, etc).
2. For swallowing related referrals, note that "dysphagia" is a symptom, not an etiology. Indicate reason suspect dysphagia when placing referral.

Contact clinic for unavailability. Capacity also hinders being able to provide multiple recurring appts per week.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access

6. Monitor clear and legible reports for beneficiaries obtaining network care

OT staff will book EST appointments

RETURN TO POC ROSTER

Last Updates Received From Clinic: APRIL 2024

NMCSD
Naval Medical Center San Diego

Sports Medicine - MCRD & NAVSTA

MCRD	
Clinic Desk:	Front Desk: 619-524-8313
POC:	DH: CAPT Fred Schmitz; DIVO: CDR Bill Schalk
Clinic Hours:	**0700 - 1530 M-F**
Providers:	Sports Medicine Physicians, Orthopedic PA, Certified Athletic Trainers
PA/NPs:	NA
MEPRS Code:	BARA
Location:	MCRD San Diego; Walker Hall

NAVSTA	
Clinic Desk:	Front Desk: 619-556-5936
POC:	DH: CAPT Fred Schmitz Civilian Sup: Dr. Kelly Skanchy DIVO: LCDR Shawn Weber
Clinic Hours:	0700-1530 M-F
Providers:	Sports Medicine Physician and Certified Athletic Trainers (ATC)
PA/NPs:	NA
MEPRS Code:	BARA
Location:	NBHC NBSD; Medical Clinic

Requesting Provider

Services not available: Pelvic floor physical therapy, prosthetic management, neurological care, pediatric physical therapy, hand therapy

Instructions for requesting provider: Please include current patient contact number, reason for referral, and location requested for physical therapy.

Clinic Information

Beneficiary Category Access	Active Duty Only
Beneficiary Ages	Adult 18-65
Urgent Referrals	Call or stop in the clinic to speak with Provider
Schedule Release	NLT 45 days, and typically 2 months in advance
Patient Instructions	Please arrive 10- 15 minutes prior to your initial appointment to fill out required paperwork. Active duty please wear PT uniform and civilians please wear comfortable clothing with closed toe shoes.
Additional Information	1. Consults will be booked to a SPEC appt 2. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Physical Therapy staff will book SPEC, EST, and PROC appointments.

RETURN TO POC ROSTER

Last Updates Received From Clinic: 22 JANUARY 2024

NMCSD Naval Medical Center San Diego

Urology Clinic

General Information

DUTY PHONE:	619-453-6722
Clinic Desk:	Central Phone# 532-7200 Appt and Message Line: 532- 7200 Fax# 532-7234
POC:	DH: CDR Nork #2-7201 DIVO: CDR Michael Marshall #2-7212 LCPO: HMC Harold Weinrich #2-7044 LPO: HM1 Munzil Yakub #2-7227
Clinic Hours:	**0730-1600 M-F**
Providers:	Urologists Residents and Urology Technicians
PA/NPs:	PA
MEPRS Code:	BBIA
Location:	BLDG3 / 2nd Floor
Pt Representative	HM2 Zachary Morales

Clinic Information

Beneficiary Category	Based upon weekly HSAR and Capability Report.
Beneficiary Ages	N/A
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	45 days in advance (MHS requirement)
Patient Instructions	Please arrive 10- 15 minutes prior to your initial appointment
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 18 months.
	2. Consults will be booked to a SPEC appt.
	3. If active duty patient declines available appointments within 30 days, referral will be cancelled and new referral will need to be submitted.
	4. Contact clinic POC if there is a shortage of SPEC apt. Clinic may modify other apt slots or add new SPEC apt.

Call Center staff will book SPEC apt

Requesting Provider

Services not available: Contact clinic for current unavailability

Please provide an accurate phone number in body of referral. If patient is unable to be reached due to inaccurate contact information, the referral will be cancelled and need to be resubmitted.

All referrals should have recently completed urinalysis test with results.

See Urology Matrix on next tabs for further referral guidance.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF
5. Defer referrals due to capability or access
6. Monitor clear and legible reports for beneficiaries obtaining network care

***CLICK HERE* FOR FULL REFERRAL GUIDELINES AND PROVIDER RECOMMENDATIONS**

OT staff will book EST, and PROC appointments

NMRTC SAN DIEGO UROLOGIC SURGERY REFERRAL GUIDELINES

For ASAP/STAT consults, must discuss with duty Urologist. Instruct provider to call on-call provider. 619-453-6722

Below are the requirements for referrals to NMRTC San Diego Urology. The following must be completed **PRIOR** to a consult being placed. Otherwise, the referral may be delayed or refused.

Bedwetting

- UA
- Treat constipation if present
- Behavioral modification is highly encouraged prior to referral to urology (i.e. bed alarm)

Bladder Mass

- UA / Micro ***AND*** Urine culture
- CMP
- CT hematuria

BPH

- UA / Micro ***AND*** Urine culture
- Consider PSA if of appropriate screening age (*only if **no** infection present*)
- **Trial** FLOMAX or UROXATRAL with follow up prior to referral
- Address excessive PO intake, diuretics, PM EtOH intake

Chronic UTI / Pelvic Pain

- UA / Micro ***AND*** Urine culture
- GC / Chlamydia
- *Consider Ureaplasma urealyticum, Mycoplasma hominis, Mycoplasma genitalium*
- Consider referral to **PELVIC FLOOR PHYSICAL THERAPY** if not meeting criteria for chronic UTI

Circumcision

- Place referral routine
- Newborn circumcisions no longer being offered due to lack of pediatric urologist availability.
  *** Should be available again summer of 2024. ****

Erectile Dysfunction

- Evaluate CV disease risk factors
- Check TESTOSTERONE (prior to 1000)

Patient must fail full dose (100 mg) trial of VIAGRA prior to referral or referral will be denied

Hematuria

- UA with microscopy (to **confirm** hematuria if only noted on dipstick)
- Urine culture - *if infection present, treat and recheck UA/micro prior to consult*
- GC / Chlamydia (*<35 or with risk factors*)
- BMP or CMP
- Imaging prior to urology referral (*if no e/o infection on UA*)
  - CT Urolithiasis (<60 years of age)
  - CT hematuria (60 years and older **or gross hematuria**)

Hypogonadism/Testosterone

- Must have **two (2) TOTAL TESTOSTERONES <300 ng/dL** (drawn prior to 1000) **AND** be symptomatic
- **Do not order free testosterone for screening purposes as this is not applicable in management**

**** Referral will be DENIED for any testosterone >300 ng/dL. FYI: DHA will not approve PA for TRT for T >300 ng/mL****

Incontinence / Voiding Complaints

- UA / Mirco ***AND*** Urine culture
- GC / Chlamydia
- *Consider Ureaplasma urealyticum, Mycoplasma hominis, Mycoplasma genitalium*
- *Consider having patient complete a log of all voids (including time of day) for a 24-48 hour period.*

Infertility

- Must have **two (2) semen analyses (SA)** completed (4 weeks apart) and be **abnormal per WHO criteria**
- If SA abnormal, obtain a morning **total testosterone** (prior to 1000) and an **FSH**
- **Scrotal US**

Renal Mass

- Renal CT with contrast or MRI with contrast
- CBC and CMP
- UA with microscopy
- Routine consult *however will be seen in a timely manner*

** Bosniak I and II renal **CYSTS** are benign. No further work up or consult is indicated. No surgery will be offered unless >5 cm **AND** symptomatic. **

Testicular Mass

- **STAT Ultrasound**
- **STAT urology consult** - *duty Urologist must be contacted*

Testicular Pain

- **PCM/GMO - See attached detailed referral algorithm and exam guide for details on requirements**
- If there is concern for **testicular torsion** or pain is in setting of acute **trauma**, obtain **STAT US** evaluation, preferably through the **ED**

Urolithiasis (stones)

- CT scan, non-contrast (within 1 month)
- UA ***AND*** urine culture - at least ordered prior to referral
- CMP
- For ureteral stones, consider starting the patient on **FLOMAX**

Vasectomy/ Reversal

- Place referral
- **Active Duty** ONLY

Urologic issues in **VIOLET** are appropriate for **VIRTUAL SPEC APPOINTMENTS**

TESTICULAR/SCROTAL PAIN REFERRAL ALGORITHM

PCM **MUST** (1) **perform/complete AND obtain** the following and (2) comment on **ALL FINDINGS** in the **CONSULT NOTE** in order to process the referral [1]

1. Physical exam documenting (1) location of reproducible pain and (2) any other abnormalities using the attached diagram (*all sites to be evaluated AND commented on*)
2. Urine labs to evaluate for infection – UA, Urine microscopy, Urine culture, Gonorrhea, Chlamydia, Ureaplasma urealyticum, Mycoplasma hominis, Mycoplasma genitalium
3. Scrotal ultrasound (US)

Lab abnormalities noted

⇩

- **Treat appropriately**
  - *Recommend using Doxycycline 100 mg twice daily for 10 days vs single dose of Azithromycin for any (1) chlamydia, (2) ureaplasma, or (3) mycoplasma*
  - *Treat gonorrhea with ceftriaxone 500 mg IM*
- Repeat evaluation **PRIOR to submitting referral** if symptoms persist; consider test of cure (TOC)

Reproducible pain **ISOLATED** to the testis or spermatic cord **ONLY, with corresponding US findings**
(i.e. right epididymal tenderness at site of right sided spermatocele seen on US)

⇩

- Refer to **UROLOGY**

Reproducible pain involving areas OTHER THAN the testis or spermatic cord OR BILATERAL testicular pain [2]

⇩

- Refer to **PELVIC FLOOR PHYSICAL THERAPY**
- Consider referral to **SPORTS MEDICINE**
- Consider MRI PELVIS (no contrast) to assess for sports hernia

NORMAL Ultrasound [3]

⇩

- Refer to **PELVIC FLOOR PHYSICAL THERAPY**
- Consider referral to **SPORTS MEDICINE**
- Consider **MRI PELVIS** (no contrast) to assess for sports hernia
- ***There are no urologic interventions available first line for normal GU anatomy***

US abnormalities noted [3]

⇩

- Refer to **UROLOGY** for further evaluation

Inguinal hernia noted

⇩

- Refer to **GENERAL SURGERY**

1. A majority of testis pain is referred from musculoskeletal (MSK) sources and is non-operative in nature. Most patients will benefit from a referral to PELVIC FLOOR Physical Therapy in order to address their symptoms. Those who do not, may benefit from blocks, nerve ablations, or other non-operative interventions. Only patients with a varicocele or spermatocele typically receive any relief with surgical intervention (hydroceles do not cause pain but may be secondary to infection which should be treated by PCM). In fact, surgical intervention in most case actually causes increased or additional pain symptoms.

2. It is extremely unlikely to have an intrinsic genitourinary condition bilaterally to explain the patients reported pain. This is typically suggestive of a pelvic floor or MSK etiology causing a referred pain.

3. Findings on US should correlate with exam findings. If they do not, it is very unlikely any benefit will be received from surgical intervention (i.e. right sided pain, left sided varicocele).

RETURN TO POC ROSTER

Last Updates Received From Clinic: 28 September 2017

NMCSD
Naval Medical Center San Diego

VASCULAR SURGERY

General Information

Clinic Desk:	619-532-7580
POC:	Division Head: LCDR Nelles Clinic 619-532-7580 DivO: RN Lynn Campbell 619-532-7177 Department FAX# 619-532-7582
Clinic Hours:	0730 - 1600 M-F
MEPRS Code:	Vascular Surgery BBKA
Location:	BLDG3 / 4th Floor

Requesting Provider

Requirements:
Referrals from outside the MTF should have copy of or CD of radiology studies, labs, diagnosis, study findings, and brief clinical description or reason for consult

Services not available: ***SEE EXCLUSIONS AT MATRIX TAB***

Clinic Information

Beneficiary Category Access	Based upon weekly Health Services Access Report (HSAR) and Capability Report.
Beneficiary Ages	Adult 18 years and older
Urgent Referrals	Requires Direct Physician-to-Physician Contact.
Schedule Release	6 to 8 weeks in advance
Patient Instructions	Patient instructions: Check in 15 mins early, bring all medical records. Call clinic to cancel or arriving late. Must present with valid DOD ID Card.
Additional Information	1. New Consult must be entered if patient has not been seen in the clinic within 3 years.
	2. Consults will be booked to a SPEC appt using Revenue Cycle.
	3. Contact clinic POC if there is a shortage of SPEC appt. Clinic may modify other appt slots or add new SPEC appt.
	4. Patients referred from outside the immediate area expect to be pre-op'd by the Surgical Service on the same day; avoid SPEC appt time after 1330.

Referral Management Center (RMC) staff will perform:

1. Benefits determination and eligibility
2. Review Capability Report for NMCSD
3. Verify specialty clinic access within access to care standards
4. Insert CHCS referral notation identifying location of specialty care and ability to appoint to the MTF

SPEC appointments:
Department review, Call Center (CAMO) booking

General Surgery books all other appt types (FTR, PROC, GRP)

RETURN TO SD VASCULAR SURGERY CLINIC SPREADSHEET

VASCULAR SURGERY MATRIX BLDG 3, 4TH FLOOR. PHONE # 619-532-7580
24-Hour on-call surgeon @ 619-453-7013 "Bomb Phone"

***Exclusions from consult to* SD VASCULAR SURGERY**

CARDIOLOGY:	Dizziness, rule out cardiac etiology by Cardiology	refer to SD CARDIOLOGY
CARDIOTHORACIC SURGERY:	Ascending Aortic Aneurysm	refer to SD CARDIOTHORACIC SURGERY
LYMPHEDEMA:	With previous diagnosis of lymphedema, and history of breast cancer	refer to SD BREAST HLTH CTR
LYMPHEDEMA:	With previous diagnosis of lymphedema, but *no* history of breast cancer	refer to SD SD C5 PHYSICAL THERAPY (attn: Carly Nagel)

Referrals from outside the MTF should have a copy or CD of radiology studies, labs, diagnosis, study findings, and a brief clinical description or reason for consult
Study Aging: Ultrasound w/in six (6) months | GFR Labs w/in 30 days | Carotid Doppler Sonography (CDS) w/in 12 months

NON-ROUTINE (URGENT, ASAP) & INPATIENT

ASAP/STAT
Requires Direct Physician-to-Physician Contact.

Clinic Phone 619-532-7580
Clinic Nurse 619-532-7177

24 HR on-call surgeon @ (619) 453-7013

DIZZINESS

Criteria:

- Cardiology has ruled out cardiac etiology

- Study: Carotid Doppler Sonography (CDS) within 12 months showing vertebral artery abnormality

- State in consult that dizziness is related to vertebral artery disease

ABDOMINAL AORTIC ANEURYSM

Specify in Consult:

- Greater / equal to 4.5 cm

- Less than 4.5 cm

- Descending Aortic Aneurysm

Note:
ascending aortic aneurysm refer to SD CARDIOTHORACIC SURGERY

LOWER EXTREMITY EDEMA

Includes -

- Unilateral-negative Deep Vein Thrombosis (DVT)

- Bilateral - Systemic; rule out Central etiology (e.g. CHF, renal disease)

- Seeking lymphedema dx
Note: see "Exclusions from Consult ..." above for ***previously diagnosed*** *with*

NEUROGENIC THORACIC OUTLET SYNDROME (NTOS)

Criteria:

- Neurology has seen patient

- Study: Chest xray within six (6) months

LOWER EXTREMITY PAIN

Includes -
- Pain in foot at rest when elevated: Call Vascular Clinic
- Pain with ambulation

Criteria:
- documented no pulse on pulse exam
- Study: decreased ankle brachial index (ABI)

VARICOSE VEINS

Criteria:

- Must be symptomatic
- Must have documented use for three (3) months of compression socks, @ 20-30 mmHg graduated compression

INABILITY TO FEEL PULSES

Criteria:

- Patient must be symptomatic
- Study: documented ankle brachial index (ABI)

CAROTID ARTERY STENOSIS

Criteria:

- Study:
Carotid Doppler Sonography (CDS) within 12 months showing greater than 60% stenosis