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MHS Wide Final Report 2010

TRICARE Outpatient Satisfaction Survey

September 27, 2010



ALTARUM
INSTITUTE

SYSTEMS RESEARCH FOR BETTER HEALTH

MHS Wide Final Report 2010

TRICARE Outpatient Satisfaction Survey

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Preface

This document contains Altarum's Final Report for the TRICARE Outpatient Satisfaction Survey (TROSS). It was produced as part of Contract Number W81XWH-08-D-0023, Delivery Order/Call No. 0003, under the guidance of TRICARE Management Activity (TMA) Health Program Analysis and Evaluation (HPA&E) Office.

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1.0 Executive Summary and Key Findings

1.1 Executive Summary

The TRICARE Outpatient Satisfaction Survey (TROSS) reports on the experiences of outpatient adult and child beneficiaries receiving care from the Military Health System's direct care (DC) military treatment facilities (MTFs) and through its civilian network of providers, purchased care (PC). This report summarizes survey results from 105,761 TRICARE outpatients of whom 52,218 received care from an MTF and 53,543 received care from a civilian facility that is part of the Military Health System (MHS) network of providers. Of the 575,000 outpatients surveyed from May 2009 to April 2010, 105,761 responded to the survey, for an overall response rate of 19.2%.

The TROSS survey instrument includes MHS specific questions as well as questions from the Consumer Assessment of Healthcare Providers and Systems Clinician and Group (C&G CAHPS ®) questionnaire. There are three questions that are generally accepted as key indicators of satisfaction. These are 0 to 10 (worst to best) ratings of satisfaction with "your health care", "your provider", and "TRICARE Prime". Additionally there are questions that focus on:

- Access to care
- Doctor or provider communication and courtesy
- Effectiveness of the clerks/receptionists at the doctor's office
- Overall satisfaction with TRICARE

The TROSS survey results are compared to civilian healthcare benchmark data collected in a separate survey.

In addition to the C&G CAHPS based questions, the TROSS contains seven questions that make up two MHS specific composites for which there is no civilian benchmark. The MHS specific composites include 'perceptions of the MHS' and 'mental health care', which specifically measures satisfaction with aspects of the entire MHS system and satisfaction with access and quality of mental health care received. These were created in 2009 using existing questions on the survey.

Drivers of satisfaction are also calculated for the TROSS. The drivers of satisfaction are specific areas of service (such as 'doctors' communication') that have an effect on how respondents rate their satisfaction with healthcare, the health plan, and provider. Drivers are listed in order of their impact on the key measures of satisfaction, where the first driver listed has the greatest impact, and the last driver has the least impact.

1.1.1 Highlights of Results

Military Health System Overall: Table 1.1 presents the MHS Wide Results on key indicators of satisfaction and the composite scores. On the key indicator, 'satisfaction with healthcare', 69% of outpatient respondents rated their care 8, 9, or 10, compared with the civilian benchmark of 75%. 84% of MHS outpatient respondents rated their provider 8, 9, or 10, (civilian benchmark 84%). 71% rate their satisfaction with plan 8, 9, or 10. There was no improvement among the three key indicators of satisfaction since the beginning of the study period. MHS satisfaction was significantly higher than civilian benchmark for 'access to care' (69% compared to 67%), 'doctors' communication' (83% compared to 81%), and 'office staff' (82% compared to 78%). MHS outpatients indicated 55% satisfaction with perceptions of MHS and 66% satisfaction with mental health care.

Direct Care Results: Table 1.3 presents the DC Results on key indicators of satisfaction and the composite scores. On the key indicator 'satisfaction with healthcare', 56% of DC outpatient respondents

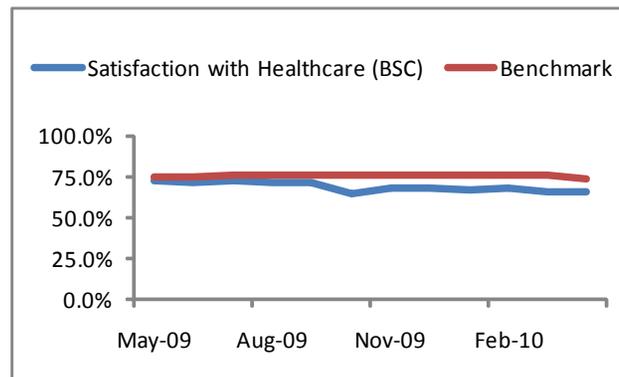
rated their satisfaction with care 8, 9, or 10, compared with the civilian benchmark of 68% of respondents. On 'satisfaction with provider', 78% of DC outpatient respondents rated their satisfaction 8, 9, or 10, compared with the civilian benchmark of 80%. 65% DC outpatient respondents rated their satisfaction with plan 8, 9, or 10. The key indicators 'satisfaction with care' and 'satisfaction with plan' significantly improved since the last reporting period. Among the Services (where "Service" refers to MTF Service affiliation), Army and Air Force were tied for most satisfied with care and Army was most satisfied with provider and with plan. ***Of all the MTFs observed during the study period, RW Bliss Army Health Center improved the most on 'satisfaction with care', and 374th Medical Group –Yokota AFB improved the most on 'satisfaction with provider', as well as 'satisfaction with plan'.***

Purchased Care Results: Table 1.2 presents the PC Results on key indicators of satisfaction and the composite scores. On the key indicator 'satisfaction with healthcare', 81% of PC outpatient respondents rated their satisfaction with care 8, 9, or 10, compared with the civilian benchmark of 81%. For 'satisfaction with provider', 89% of PC outpatient respondents rated their satisfaction with provider 8, 9, or 10, compared with the civilian benchmark of 87%. 79% of PC outpatient respondents rated their satisfaction with plan 8, 9, or 10. The key indicators 'satisfaction with care' and 'satisfaction with plan' significantly improved since the last reporting period. Among the Regions, TRICARE Region South was most satisfied with care provider, and plan. MTF Service Areas are the primary reporting units of Purchased Care; they are defined as all of the ZIP Codes within a 40 mile radius of an MTF. ***Of all the MTF Service Areas observed during the study period, 88th Medical Group Wright-Patterson AFB improved the most on 'satisfaction with care', Reynolds ACH improved the most on 'satisfaction with provider', and 366th Brooke AMC improved the most on 'satisfaction with plan'.***

1.2 Executive Summary Tables: Military Health System Wide, Direct Care, Purchased Care

Table 1.1 Military Health System Wide

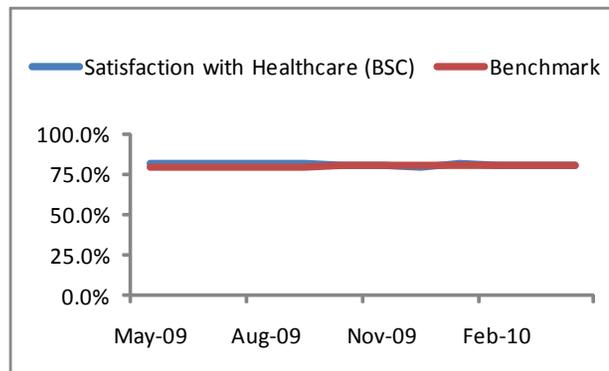
Military Health System Wide		Total ¹				Beneficiary Category ¹				Type of Care ¹	
105761 Encounters		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care
Overall Indicators											
Satisfaction with Healthcare ⁴	CAHPS	54	49 -	50	-1 ▼	27	39	55	75	50	48
Satisfaction with Plan ⁵		~	71 ~	71	0	59	67	79	94	71	70
Satisfaction with Provider ⁵		84	84	86	-1 ▼	76	79	87	93	83	86
Composites											
Access to Care ⁵		67	69 +	70	-2 ▼	57	63	71	79	68	70
Doctors Communicate ⁵		81	83 +	84	-1 ▼	78	79	86	89	83	84
Office Staff ⁵		78	82 +	83	-1 ▼	73	74	84	92	80	84
Perceptions of MHS ⁵		~	55 ~	55	0	44	47	59	69	55	55
Mental Health Care ⁵		~	66 ~	66	0	57	63	68	83	66	65
Balanced Score Card											
Satisfaction with Healthcare ⁵	BSC	75	69 -	70	-1 ▼	49	61	76	90	70	68
Ease making appt by phone ⁶		96	91 -	93	-1 ▼	84	86	94	98	90	92
Doctor knew your important medical hx ⁶		76	75	77	-2 ▼	64	68	79	86	74	77
Timely appt for routine care ⁶		76	77 +	79	-2 ▼	62	70	80	88	76	78
Get results on test or X-Ray ⁶		75	74 -	76	-2 ▼	60	65	77	85	73	75



¹ ~ indicates too small N or not available.
² +/- indicates 2010 % is significantly above/below the MHS Wide Civilian Benchmark at the 95% confidence level.
³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)
⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)
⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 1.2 Purchased Care

Purchased Care	CONUS ¹					Region ¹				Beneficiary Category ¹			
	Civilian Bench mark	% 2010 ²		% 2009	Change from 2009 ³	North	South	West	US FHP	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+
53543 Encounters													
Providers													
Satisfaction with Healthcare ⁴	CAHPS	60	63 +	60	2 ▲	61	64	62	75	34	47	57	75
Satisfaction with Plan ⁵		~	79 ~	79	1 ▲	77	81	79	86	63	70	80	95
Satisfaction with Provider ⁵		87	89 +	89	0	89	90	89	93	80	83	88	93
Composites													
Access to Care ⁵		70	77 +	76	0	77	77	77	79	70	73	76	80
Doctors Communicate ⁵		84	87 +	87	0	87	87	87	88	81	83	87	89
Office Staff ⁵		81	88 +	88	0	88	88	88	91	83	80	86	92
Perceptions of MHS ⁵		~	61 ~	59	1 ▲	58	62	61	78	47	48	58	68
Mental Health Care ⁵		~	73 ~	71	1 ▲	70	74	72	76	58	65	69	85
Balanced Score Card													
Satisfaction with Healthcare ⁵	BSC	81	81	79	2 ▲	80	82	80	91	56	68	78	90
Ease making appt by phone ⁶		96	96	97	-1 ▼	96	96	96	97	94	93	96	98
Doctor knew your important medical hx ⁶		80	82 +	82	0	82	83	81	82	71	75	81	86
Timely appt for routine care ⁶		79	86 +	86	0	86	88	85	87	78	82	86	89
Get results on test or X-Ray ⁶		78	83 +	83	0	83	83	81	83	77	75	82	86



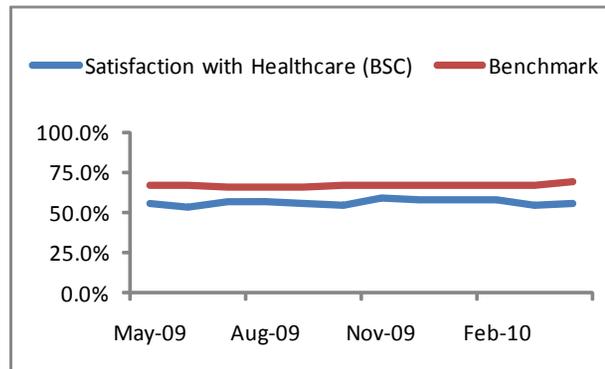
To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Access to Care
- 3 Doctors Communicate
- 4 Office Staff
- 5 Mental Health Care (Least impact)

¹ ~ indicates too small N or not available.
² +/- indicates 2010 % is significantly above/below the Purchased Care Civilian Benchmark at the 95% confidence level.
³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)
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Table 1.3 Direct Care

Direct Care		Total ¹				Service ¹			Beneficiary Category ¹			
52218 Encounters		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Army	Navy	Air Force	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+
Overall Indicators												
Satisfaction with Healthcare ⁴	CAHPS	46	34 -	33	1 ▲	34	34	34	26	32	49	71
Satisfaction with Plan ⁵		~	65 ~	63	2 ▲	66	64	64	58	65	77	90
Satisfaction with Provider ⁵		80	78 -	78	0	79	76	78	75	75	85	93
Composites												
Access to Care ⁵		63	55 -	55	0	56	54	54	54	51	58	69
Doctors Communicate ⁵		78	78	79	0	79	78	79	77	76	82	89
Office Staff ⁵		73	73	72	1 ▲	73	71	75	71	68	80	90
Perceptions of MHS ⁵		~	49 ~	48	1 ▲	49	49	48	43	45	62	76
Mental Health Care ⁵		~	60 ~	58	2 ▲	57	60	65	57	62	66	73
Balanced Score Card												
Satisfaction with Healthcare ⁵	BSC	68	56 -	54	2 ▲	56	55	56	48	55	72	87
Ease making appt by phone ⁶		96	83 -	83	0	84	83	83	83	80	88	92
Doctor knew your important medical hx ⁶		71	65 -	65	0	67	64	64	63	61	72	83
Timely appt for routine care ⁶		71	61 -	61	0	64	59	60	60	57	65	76
Get results on test or X-Ray ⁶		71	59 -	60	0	61	60	56	57	55	64	73



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Office Staff
- 3 Doctors Communicate
- 4 Access to Care
- 5 Mental Health Care (Least impact)

↓

¹ ~ indicates too small N or not available.

² +/- indicates 2010 % is significantly above/below the Direct Care Civilian Benchmark at the 95% confidence level.

³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.

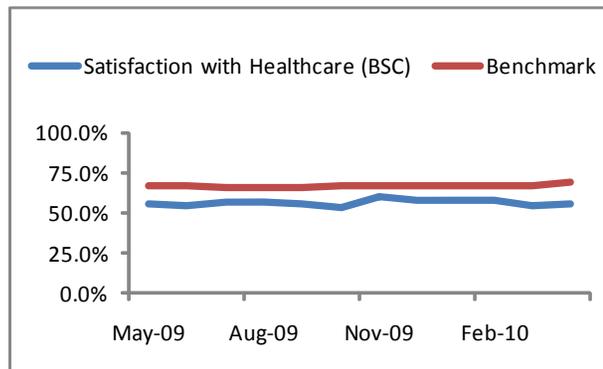
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Table 1.4 Direct Care CONUS

Direct Care CONUS		CONUS ¹				Service CONUS ¹			Beneficiary Category CONUS ¹			
47956 Encounters		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Army	Navy	Air Force	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+
Overall Indicators												
Satisfaction with Healthcare ⁴	CAHPS	46	34 -	33	1 ▲	35	34	34	26	33	49	71
Satisfaction with Plan ⁵		~	65 ~	63	1 ▲	66	63	64	58	65	78	92
Satisfaction with Provider ⁵		80	78 -	78	0	79	76	79	75	75	85	93
Composites												
Access to Care ⁵		63	55 -	54	0	56	54	54	54	50	58	69
Doctors Communicate ⁵		78	78	79	0	79	78	79	77	76	82	89
Office Staff ⁵		73	73	72	1 ▲	73	71	75	71	68	80	90
Perceptions of MHS ⁵		~	49 ~	48	1 ▲	49	48	49	43	45	62	76
Mental Health Care ⁵		~	59 ~	58	1 ▲	57	60	64	56	61	66	73
Balanced Score Card												
Satisfaction with Healthcare ⁵	BSC	68	56 -	55	2 ▲	56	55	57	48	56	72	87
Ease making appt by phone ⁶		96	83 -	83	0	84	83	83	83	80	88	92
Doctor knew your important medical hx ⁶		71	65 -	65	0	67	64	64	63	61	72	83
Timely appt for routine care ⁶		71	62 -	61	1 ▲	64	60	60	61	57	65	76
Get results on test or X-Ray ⁶		71	60 -	60	0	61	60	58	58	55	64	73



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Doctors Communicate
- 3 Office Staff
- 4 Access to Care
- 5 Mental Health Care (Least impact)

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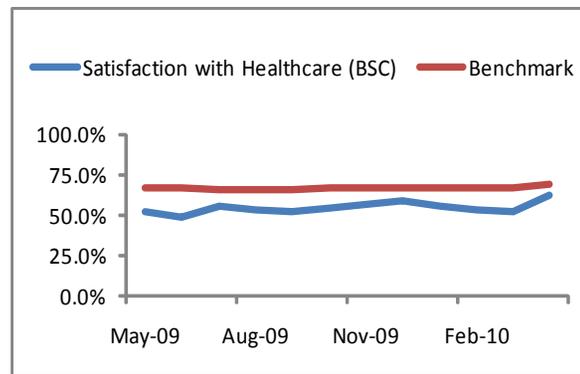
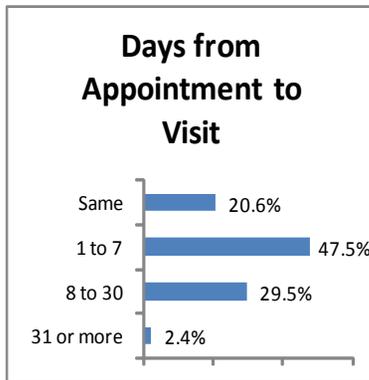
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Table 1.5 Direct Care OCONUS

Direct Care OCONUS		OCONUS ¹				Service OCONUS ¹			Beneficiary Category OCONUS ¹			
4262 Encounters		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Army	Navy	Air Force	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+
Overall Indicators												
Satisfaction with Healthcare ⁴	CAHPS	46	31 -	31	0	31	34	29	27	31	45	63
Satisfaction with Plan ⁵		~	65 ~	62	3 ▲	65	66	65	62	70	69	72
Satisfaction with Provider ⁵		80	78	77	1	79	79	76	76	78	86	92
Composites												
Access to Care ⁵		63	57 -	60	-3 ▼	61	55	53	54	59	59	73
Doctors Communicate ⁵		78	79	79	-1	79	80	77	77	78	85	90
Office Staff ⁵		73	73	72	1	73	70	75	72	69	79	93
Perceptions of MHS ⁵		~	48 ~	47	1	49	51	44	45	47	57	73
Mental Health Care ⁵		~	64 ~	57	7 ▲	62	66	69	65	63	60	74
Balanced Score Card												
Satisfaction with Healthcare ⁵	BSC	68	55 -	53	1	55	57	51	51	54	68	82
Ease making appt by phone ⁶		96	83 -	84	-1	82	83	84	82	83	86	89
Doctor knew your important medical hx ⁶		71	66 -	66	0	67	66	63	63	65	75	84
Timely appt for routine care ⁶		71	60 -	65	-5 ▼	62	57	59	57	61	66	81
Get results on test or X-Ray ⁶		71	54 -	60	-6 ▼	58	60	43	50	54	66	77



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Office Staff
- 3 Doctors Communicate
- 4 Access to Care
- 5 Mental Health Care (Least impact)

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¹ ~ indicates too small N or not available.
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³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)
⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)
⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

1.3 Overview of the Methodology

1.3.1 Background

The TRICARE Outpatient Satisfaction Survey (TROSS) reports on the experiences of beneficiaries who received outpatient care in the Military Healthcare System (MHS) military treatment facilities (MTFs), or through its civilian provider network. The objective of the TRICARE Outpatient Satisfaction Survey (TROSS) is to measure satisfaction with the services received.

The TROSS includes questions from the Consumer Assessment of Healthcare Providers and Systems Clinician and Group (C&G CAHPS ®) survey instrument where adults and sponsors of children are asked about either their or their child's recent experiences as an outpatient.

The survey focuses primarily on the following:

- Access to care
- Doctor or provider communication and courtesy
- Effectiveness of the clerks/receptionists at the doctor's office
- Overall satisfaction with TRICARE

Outpatient experiences are compared to civilian healthcare benchmarks collected in a separate survey. Monitoring satisfaction levels and making comparisons to civilian care enables informed decision making for quality improvement programs related to outpatient healthcare services.

1.3.2 How Data are Collected

Data collection procedures for TROSS follow the survey administration instructions from the CAHPS Quality Assurance Guidelines. TROSS data are collected each month by Direct Care or Purchased Care type. Direct Care refers to care received at MTFs worldwide, and Purchased Care refers to care received within the civilian provider network. The annual sample of Direct Care mail surveys is 360,000, with an average monthly sample of 30,000. The annual sample for Purchased Care mail surveys is 215,000, with an average monthly sample of 17,920. The TROSS has an average annual response rate of 16%. A shorter telephone survey is also conducted for Direct and Purchased Care adult and child encounters which allows for reporting of more immediate results.

Questionnaires are mailed to respondents, giving them the option to complete and return a self-administered paper survey or to complete an online version. A second questionnaire is mailed to the respondents 11 days later if the first questionnaire has not been returned. If after 21 days in field, a completed questionnaire is not received, or the questionnaire has come back undelivered, the respondent will be sent another survey packet. Only completed survey results that are returned before the end of the fielding period are included in the final results.

1.3.3 How Respondents are Selected

All outpatient encounter records from MTFs worldwide are pulled from the MHS Data Repository (MDR) on a monthly basis for the Direct Care sample frame. Similarly, all outpatient encounter records from care delivered by TRICARE's civilian provider network are pulled monthly from the MDR to create the Purchased Care sample frame. The following list of key exclusions are applied to the outpatient encounter records in order to create the final sample frame –

- Visits by minors to OB-GYN providers
- Visits by patients 11–17 years of age
- Individuals who have opted out of HPA&E surveys

- Deceased individuals
- Encounter records without valid mailing address information
- Encounter records without a valid 10 digit phone number (for the telephone survey)

Some additional exclusion criteria include the following –

- Mental and behavioral health outpatient encounters were excluded prior to the April 2010 outpatient encounters group.
- In cases where a single individual had multiple outpatient encounters, all but the most recent encounter were excluded.
- Encounters in the final sample frame for which provider information was incomplete were re-excluded.

After these exclusions are applied, the sample is drawn. The sample is pulled first for the Telephone survey, using a simple random sample of encounters drawn with respect to Service of MTF and beneficiary category for Direct Care samples and region and beneficiary category for Purchased Care samples.

Once the telephone sample is selected, the remaining patients are used to draw the Mail survey sample. The mail sample is selected using a simple random sample of encounters drawn with respect to Service, tiers, TROSS Parent DMIS ID, and beneficiary category for Direct Care. Samples for Purchased Care mail are drawn with respect to Region and beneficiary category.

1.3.4 Calculation of the Composite Scores

Composites are groups of questions that measure a domain of care. On the TROSS there are 3 composites that are based on the C & G CAHPS survey, which have a corresponding benchmark derived from a civilian benchmark survey.

These domains are defined as –

- **C & G CAHPS Composite 1: Getting appointments and health when needed**
 - Got an appointment for urgent care soon as they thought they needed.
 - Got an appointment for a check-up or routine care soon as they thought they needed.
 - Got an answer to their medical question that same day when they phoned the doctor's office during regular office hours.
 - Got an answer to their medical question as soon as they thought they needed when they phoned the doctor's office after regular office hours.
 - Saw their doctor within 15 minutes of their appointment time.
- **C & G CAHPS Composite 2: How well doctors communicate**
 - Explained things in a way that was easy for them to understand.
 - Listened carefully to them.
 - Gave easy-to-understand instructions about taking care of health problems or concerns.
 - Seemed to know the important information about their medical history.
 - Showed respect for what they had to say.
 - Spent enough time with them.
- **C & G CAHPS Composite 3: Courteous and helpful office staff**
 - Clerks and receptionists at the doctor's office service staff were as helpful as they thought they should be.

- Clerks and receptionists at the doctor's office service staff treated them with courtesy and respect.

In addition to the CAHPS C&G based Composites, there are 2 MHS specific composites that do not have corresponding civilian benchmarks.

They are defined as –

- **MHS Composite 1: Perceptions of the MHS**
 - I am a partner with my health care team
 - The Military Health System was designed just for me
- **MHS Composite 2: Mental Health Care**
 - How much of a problem was it to get treatment or counseling
 - Rating of treatment or counseling

Scores from the individual questions are used in the calculation of the final composite score. Composites scores are created by first calculating the proportion of patient responses in a favorable response category (i.e., 8, 9, 10 for questions asking respondents to rate aspect of care on a scale of 0-10) for each item in a composite. The proportions of all individual questions in a composite are then combined to create the final composite score. Specific details of composite calculations can be found in Appendix A – Methodology of this report.

1.3.5 The Benchmark Study and How It Is Fielded

In order to make meaningful comparisons between TRICARE and civilian outpatient care experiences a benchmark study is fielded. The TROSS Benchmark Study provides current relevant data about civilian outpatients to make these comparisons.

The sample for the TROSS Benchmark Study is drawn from a civilian global opinion panel, which consists of roughly 1 million households and is designed to be representative of the general population of the United States in key respects.

The benchmark study sample is selected to match target demographic characteristics that mirrors that of the U.S. population or parts of the U.S. population. The sample is balanced to the previous year's census data targeting the 5 factors that provide the most common demographics: region, income, household size, age, and population density. It excludes any opinion panel member who was sampled for a previous wave of the TROSS benchmark study in the last 12 months.

Each quarter, members of the opinion panel receive an e-mail invitation asking for the person in the household who has had the most recent healthcare visit in the last 12 months to complete the survey. If the person with the most recent healthcare visit was a child age 10 years or younger, the adult who accompanied the child on the visit is asked to complete the survey. The questionnaire is an on-line version of the TROSS survey which is slightly modified to address civilian healthcare.

1.3.5.1 Benchmark Calculations

There are three important ways in which civilian healthcare recipients differ from MHS beneficiaries: age, gender, and type of health care received (emergency care, pediatric care, primary care, or specialty care). Direct Care respondents and Purchased Care respondent populations have different distributions within these subpopulations, resulting in the need to adjust benchmark scores to both the Direct and Purchased care populations individually. To ensure comparability, three sets of benchmark scores are calculated: benchmarks for Direct Care, for Purchased Care, and for MHS Wide (Direct Care and Purchased Care combined).

Adjustments to the benchmark scores are done by grouping benchmark respondents into 17 subgroups that represent different combinations of age, gender, and type of health care received. A cumulative score is created for each of these subgroups. In order to calculate the benchmark for a Direct Care, we combine the scores given by benchmark respondents in the 17 categories with the percentages of TROSS respondents who fall in the 17 categories.

By calculating benchmark scores in this manner, it levels the playing field with respect to age, gender, and type of care. The benchmark score answers the question, “How would the general civilian healthcare system score on the TROSS *if* its patient population resembled the TROSS respondent population in terms of age, gender, and type of care?” By adjusting for these differences, a fair benchmark can be derived for TROSS scores.

1.3.6 Drivers of Satisfaction

We have assessed the relative impact of the components in driving satisfaction with healthcare, provider and plan. In this report we present the drivers of healthcare. Using a logistic regression model, odds ratios are generated for each of the potential drivers modelled on satisfaction with care, provider, and plan. The effect size of the odds ratios are combined with satisfaction level on each driver and rank ordered to give an overall picture of the size of impact a potential driver has on the overall measures of satisfaction. Drivers are separated into two potential groups, Improvement Drivers are those which have not achieved a 90% satisfaction rate and thus can be improved, and Maintenance Drivers which are already at 90% or better and must be maintained to achieve further improvement on healthcare.

1.3.7 How the Most Improved Parent MTF was Selected

We looked only at the percent satisfied with healthcare. We subtracted the 2009 percent from the 2010 percent. The Parent MTF with the largest change from last year was selected.

1.3.8 Definitions

Purchased Care Definitions

Provider Regions and MTF Service Areas are determined by the location of the provider, where the health care service was received. Only CONUS Service Areas are included. Provider Region reflects the TRICARE Region of the Provider Catchment Area, as defined by the TMA DMIS ID Table. Provider MTF Service Area represents the area assigned to each provider. If a provider is within 40 miles of an MTF, then the Provider MTF Service Area is used, subject to the overlap rules, barriers and other override policies. The West Region includes Alaska and Hawaii. U.S. Family Health Plan enrollees are not included in the regions.

Direct Care Definitions

CONUS results include Alaska and Hawaii. Service represents the Service that operates the MTF. Marine Corps is included in Navy.

1.4 How to Read the Final Report

1.4.1 Organization of Reports

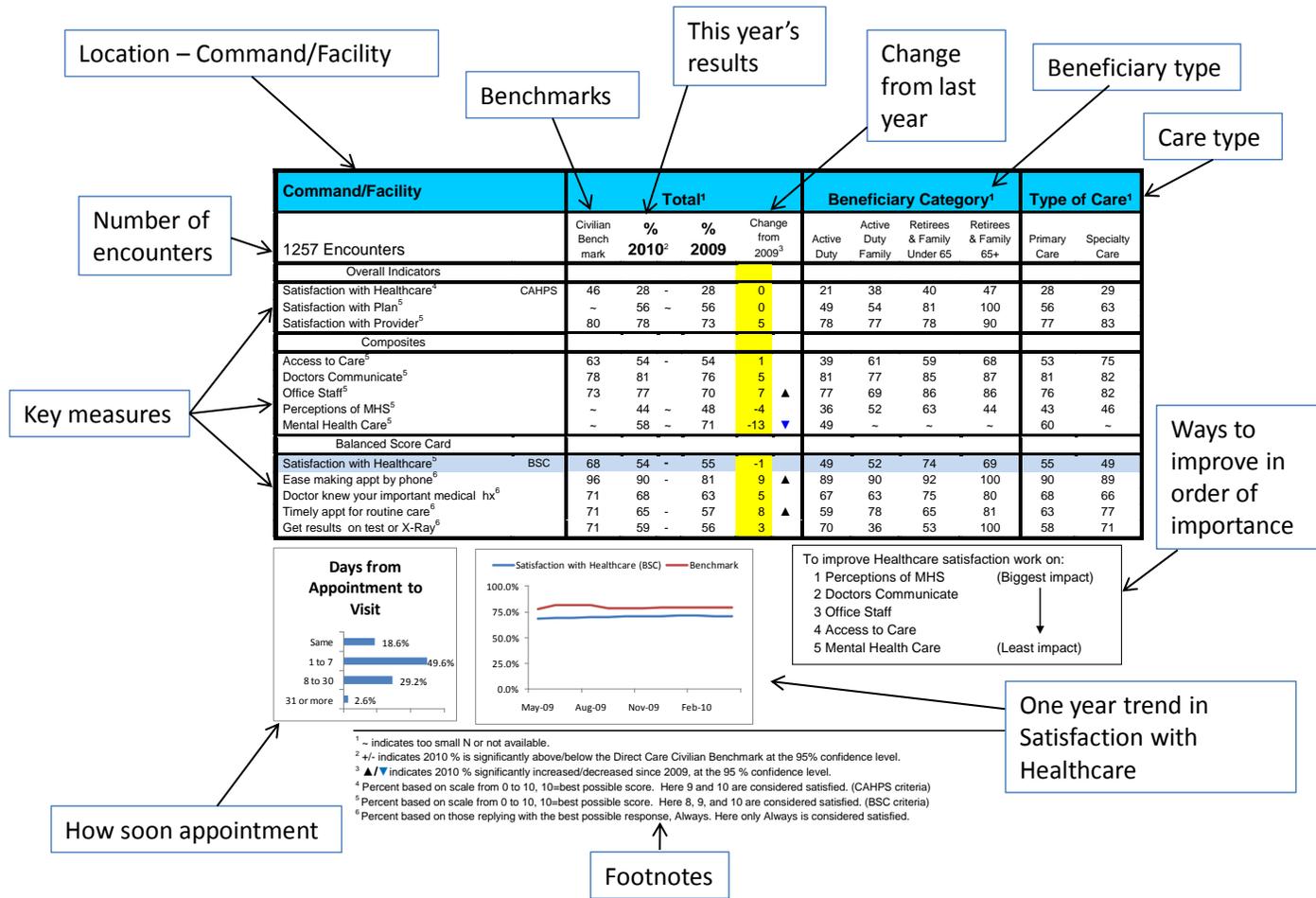
Report	MHS-Wide	Direct Care	Purchased Care
Executive Summary Section Includes	MHS-Wide Purchased Care CONUS Direct Care Total Direct Care CONUS Direct Care OCONUS	MHS-Wide Purchased Care CONUS Direct Care Total Direct Care CONUS Direct Care OCONUS	MHS-Wide Purchased Care CONUS Direct Care Total Direct Care CONUS Direct Care OCONUS
Summary Tables Included	Army Navy Air Force TRICARE North TRICARE South TRICARE West USFHP	Army Navy Air Force	TRICARE North TRICARE South TRICARE West USFHP
Command Tables		Separate table for each Command	
Facility/Service Area Tables		Separate table for each Parent-MTF within each Command	Separate table for each MTF-Service Area within each Region

1.4.2 Key Features of Command, Facility and Service Area Tables

Each table is a one page summary of Command, Facility, or MTF Service Area. It includes all key measures divided into three groupings: Overall Indicators, Composites, and Balanced Score Card. Overall Indicators includes ‘Satisfaction with Healthcare’, ‘Plan’, and ‘Provider’. Composites includes both CAHPS composites and composites specific to the MHS. The CAHPS composites are ‘Access to Care’, ‘Doctors Communicate’, and ‘Office Staff’. The MHS composites are ‘Perceptions of MHS’ and ‘Mental Health Care’. The Balanced Score Card group includes the TROSS measures included in the Balance Score Card – ‘Satisfaction with Healthcare’, ‘Ease making appt by phone’, and ‘Get results on test or X-ray’.

The information on the page is based on twelve months of encounters. The results are reported for total, beneficiary categories, and primary/specialty care. They include comparisons to Civilian Benchmarks and to Previous Year. Statistically significant differences between TROSS results and 2010 Civilian Benchmark score are indicated by “+/-“. Statistically significant increases or decreases from Previous Year are indicated by “▲/▼”. A “~” indicates the information was not available; in some instances the question was not asked, more commonly it indicates fewer than 10 cases (for a composite) or fewer than the 30 cases needed to calculate a significance test.

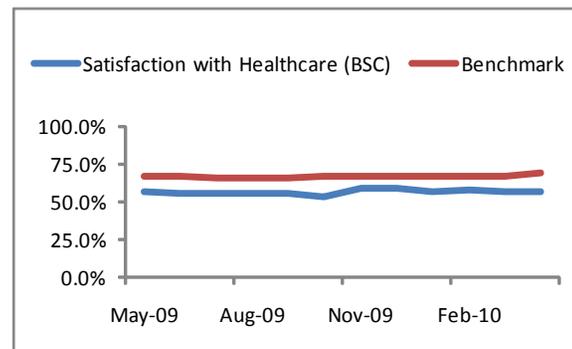
Below the table are graphs showing Days from Appointment to Visit and the One Year Trend in ‘Satisfaction with Healthcare’.



2.0 Summary Tables

Table 2.1 Army

Army	Total ¹					Beneficiary Category ¹				Type of Care ¹		CONUS/ OCONUS ¹	
	Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³		Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care	CON US	OCON US
22069 Encounters													
Overall Indicators													
Satisfaction with Healthcare ⁴	CAHPS	46	34 -	34	0	26	33	49	73	34	34	35	31
Satisfaction with Plan ⁵		~	66 ~	64	1 ▲	59	67	78	91	66	64	66	65
Satisfaction with Provider ⁵		80	79 -	79	0	76	76	86	94	76	82	79	79
Composites													
Access to Care ⁵		63	56 -	55	1	55	53	59	72	53	60	56	61
Doctors Communicate ⁵		78	79	79	-1	77	77	83	91	77	82	79	79
Office Staff ⁵		73	73	72	1 ▲	71	68	81	91	71	76	73	73
Perceptions of MHS ⁵		~	49 ~	48	0	42	46	62	77	48	49	49	49
Mental Health Care ⁵		~	57 ~	57	1	54	60	64	70	56	59	57	62
Balanced Score Card													
Satisfaction with Healthcare ⁵	BSC	68	56 -	55	2 ▲	48	56	72	87	57	56	56	55
Ease making appt by phone ⁶		96	84 -	84	0	82	81	89	92	83	85	84	82
Doctor knew your important medical hx ⁶		71	67 -	67	0	64	63	74	84	64	70	67	67
Timely appt for routine care ⁶		71	64 -	61	2 ▲	62	60	68	79	61	68	64	62
Get results on test or X-Ray ⁶		71	61 -	62	-1 ▼	59	56	66	77	58	64	61	58



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Office Staff
- 3 Doctors Communicate
- 4 Access to Care
- 5 Mental Health Care (Least impact)

↓

¹ ~ indicates too small N or not available.

² +/- indicates 2010 % is significantly above/below the Direct Care Civilian Benchmark at the 95% confidence level.

³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.

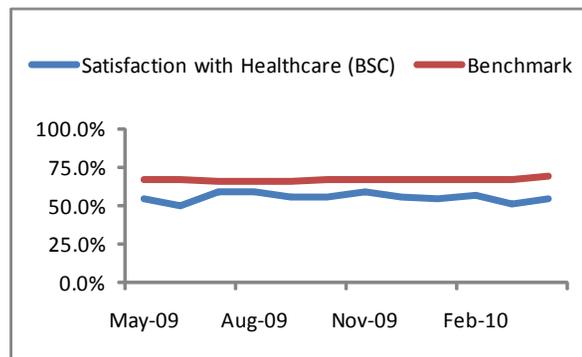
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)

⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)

⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 2.2 Navy

Navy	Total ¹					Beneficiary Category ¹				Type of Care ¹		CONUS/ OCONUS ¹	
	Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³		Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care	CON US	OCON US
14491 Encounters													
Overall Indicators													
Satisfaction with Healthcare ⁴	CAHPS	46	34 -	32	1 ▲	27	32	51	70	34	33	34	34
Satisfaction with Plan ⁵		~	64 ~	62	2 ▲	58	64	79	90	64	64	63	66
Satisfaction with Provider ⁵		80	76 -	77	-1 ▼	74	73	83	93	74	79	76	79
Composites													
Access to Care ⁵		63	54 -	55	-1 ▼	55	47	61	72	52	58	54	55
Doctors Communicate ⁵		78	78 -	79	-1 ▼	77	74	83	90	76	81	78	80
Office Staff ⁵		73	71 -	70	1 ▲	69	67	80	90	68	76	71	70
Perceptions of MHS ⁵		~	49 ~	48	1 ▲	44	46	63	75	48	49	48	51
Mental Health Care ⁵		~	60 ~	57	3 ▲	58	62	69	72	63	58	60	66
Balanced Score Card													
Satisfaction with Healthcare ⁵	BSC	68	55 -	55	1 ▲	48	56	74	88	56	54	55	57
Ease making appt by phone ⁶		96	83 -	83	0	83	79	89	94	82	85	83	83
Doctor knew your important medical hx ⁶		71	64 -	65	0	63	59	72	85	61	69	64	66
Timely appt for routine care ⁶		71	59 -	61	-2 ▼	59	54	65	76	57	63	60	57
Get results on test or X-Ray ⁶		71	60 -	59	1 ▲	60	54	65	72	56	66	60	60



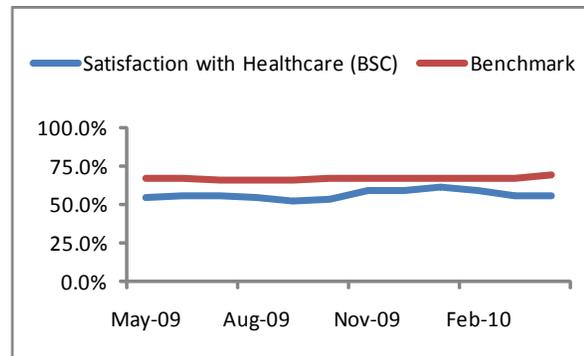
To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Office Staff
- 3 Doctors Communicate
- 4 Access to Care
- 5 Mental Health Care (Least impact)

¹ ~ indicates too small N or not available.
² +/- indicates 2010 % is significantly above/below the Direct Care Civilian Benchmark at the 95% confidence level.
³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)
⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)
⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 2.3 Air Force

Air Force	Total ¹					Beneficiary Category ¹				Type of Care ¹		CONUS/ OCONUS ¹	
	Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³		Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care	CON US	OCON US
15658 Encounters													
Overall Indicators													
Satisfaction with Healthcare ⁴	CAHPS	46	34 -	31	2 ▲	27	32	46	67	34	33	34	29
Satisfaction with Plan ⁵		~	64 ~	62	2 ▲	59	64	75	89	65	63	64	65
Satisfaction with Provider ⁵		80	78 -	78	1	76	77	84	90	76	84	79	76
Composites													
Access to Care ⁵		63	54 -	54	0	53	53	54	62	51	60	54	53
Doctors Communicate ⁵		78	79	79	0	78	77	81	86	76	84	79	77
Office Staff ⁵		73	75 +	73	2 ▲	75	70	78	88	73	78	75	75
Perceptions of MHS ⁵		~	48 ~	46	2 ▲	44	44	60	75	47	50	49	44
Mental Health Care ⁵		~	65 ~	62	2 ▲	64	63	66	82	65	64	64	69
Balanced Score Card													
Satisfaction with Healthcare ⁵	BSC	68	56 -	54	2 ▲	50	54	70	86	57	55	57	51
Ease making appt by phone ⁶		96	83 -	83	0	83	80	86	90	82	87	83	84
Doctor knew your important medical hx ⁶		71	64 -	64	0	62	61	68	80	60	72	64	63
Timely appt for routine care ⁶		71	60 -	61	-1	59	58	61	72	57	67	60	59
Get results on test or X-Ray ⁶		71	56 -	57	-1	53	55	61	65	54	62	58	43



To improve Healthcare satisfaction work on:

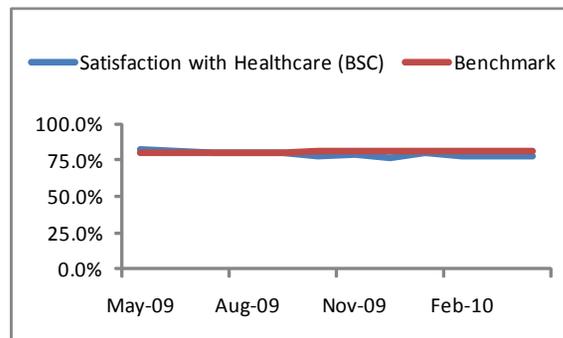
- 1 Perceptions of MHS (Biggest impact)
- 2 Doctors Communicate
- 3 Office Staff
- 4 Access to Care
- 5 Mental Health Care (Least impact)

↓

¹ ~ indicates too small N or not available.
² +/- indicates 2010 % is significantly above/below the Direct Care Civilian Benchmark at the 95% confidence level.
³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)
⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)
⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 2.4 TRICARE North

TRICARE North		Total ¹				Beneficiary Category ¹				Type of Care ¹	
16649 Encounters		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care
Overall Indicators											
Satisfaction with Healthcare ⁴	CAHPS	60	61	59	2 ▲	33	46	55	75	65	56
Satisfaction with Plan ⁵		~	77	~ 76	1	61	67	77	96	79	73
Satisfaction with Provider ⁵		87	89	+ 89	0	80	83	88	94	89	89
Composites											
Access to Care ⁵		70	77	+ 78	-1 ▼	72	74	75	80	78	75
Doctors Communicate ⁵		84	87	+ 88	0	81	84	87	90	88	86
Office Staff ⁵		81	88	+ 88	0	83	80	87	92	88	88
Perceptions of MHS ⁵		~	58	~ 57	1	46	46	55	67	59	56
Mental Health Care ⁵		~	70	~ 72	-1 ▼	56	63	68	82	72	69
Balanced Score Card											
Satisfaction with Healthcare ⁵	BSC	81	80	- 79	1 ▲	56	67	77	90	82	76
Ease making appt by phone ⁶		96	96	97	0	94	93	96	98	96	96
Doctor knew your important medical hx ⁶		80	82	+ 83	0	71	75	82	87	83	81
Timely appt for routine care ⁶		79	86	+ 87	-1	78	82	85	89	87	84
Get results on test or X-Ray ⁶		78	83	+ 82	0	77	77	81	86	84	81



To improve Healthcare satisfaction work on:

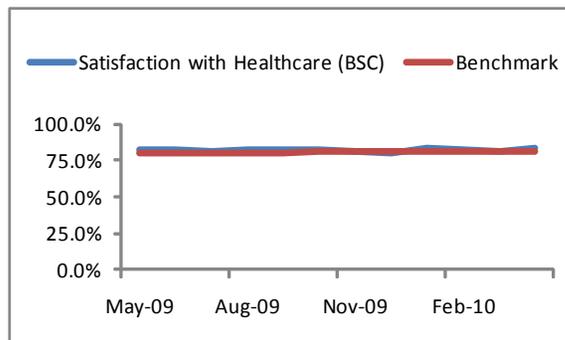
- 1 Perceptions of MHS (Biggest impact)
- 2 Access to Care
- 3 Doctors Communicate
- 4 Office Staff
- 5 Mental Health Care (Least impact)

↓

¹ ~ indicates too small N or not available.
² +/- indicates 2010 % is significantly above/below the Purchased Care Civilian Benchmark at the 95% confidence level.
³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)
⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)
⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 2.5 TRICARE South

TRICARE South	Total ¹				Beneficiary Category ¹				Type of Care ¹		
	Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care	
21239 Encounters											
Overall Indicators											
Satisfaction with Healthcare ⁴	CAHPS	60	64 +	61	3 ▲	35	47	58	76	68	60
Satisfaction with Plan ⁵		~	81 ~	79	2 ▲	64	72	82	95	83	79
Satisfaction with Provider ⁵		87	90 +	89	0	79	83	88	93	90	89
Composites											
Access to Care ⁵		70	77 +	75	1 ▲	66	72	76	80	77	75
Doctors Communicate ⁵		84	87 +	87	0	81	83	87	89	88	86
Office Staff ⁵		81	88 +	88	0	82	80	86	92	87	89
Perceptions of MHS ⁵		~	62 ~	60	2 ▲	49	50	60	68	63	61
Mental Health Care ⁵		~	74 ~	70	4 ▲	58	67	71	86	76	73
Balanced Score Card											
Satisfaction with Healthcare ⁵	BSC	81	82 +	80	2 ▲	57	69	79	90	84	79
Ease making appt by phone ⁶		96	96	97	0 ▼	93	94	96	98	96	96
Doctor knew your important medical hx ⁶		80	83 +	82	0	71	75	82	86	84	81
Timely appt for routine care ⁶		79	88 +	87	1 ▲	77	83	87	90	89	87
Get results on test or X-Ray ⁶		78	83 +	83	0	75	75	82	87	84	83



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Access to Care
- 3 Doctors Communicate
- 4 Office Staff
- 5 Mental Health Care (Least impact)

↓

¹ ~ indicates too small N or not available.

² +/- indicates 2010 % is significantly above/below the Purchased Care Civilian Benchmark at the 95% confidence level.

³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.

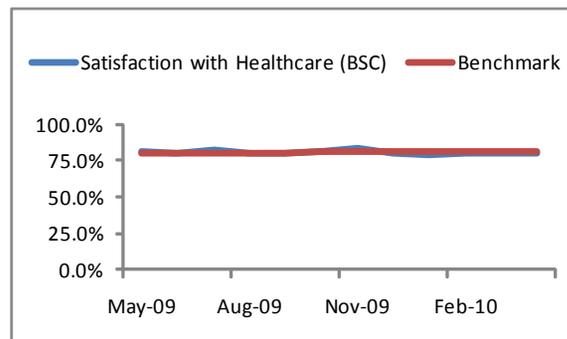
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)

⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)

⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 2.6 TRICARE West

TRICARE West		Total ¹				Beneficiary Category ¹				Type of Care ¹	
14944 Encounters		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care
Overall Indicators											
Satisfaction with Healthcare ⁴	CAHPS	60	62 +	59	2 ▲	34	47	57	75	65	59
Satisfaction with Plan ⁵		~	79 ~	79	0	65	71	80	95	81	78
Satisfaction with Provider ⁵		87	89 +	89	0	82	82	88	93	89	89
Composites											
Access to Care ⁵		70	77 +	76	0	71	74	76	79	76	77
Doctors Communicate ⁵		84	87 +	87	0	82	83	88	89	88	86
Office Staff ⁵		81	88 +	88	0	84	81	86	91	87	88
Perceptions of MHS ⁵		~	61 ~	59	2 ▲	47	48	59	69	61	60
Mental Health Care ⁵		~	72 ~	72	0	61	64	69	84	73	71
Balanced Score Card											
Satisfaction with Healthcare ⁵	BSC	81	80	79	1 ▲	56	68	78	91	83	78
Ease making appt by phone ⁶		96	96	97	-1 ▼	95	93	95	98	96	96
Doctor knew your important medical hx ⁶		80	81	81	0	71	74	81	85	82	80
Timely appt for routine care ⁶		79	85 +	85	0	79	81	84	88	86	84
Get results on test or X-Ray ⁶		78	81 +	82	0	78	73	83	84	83	79



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Access to Care
- 3 Doctors Communicate
- 4 Office Staff
- 5 Mental Health Care (Least impact)

↓

¹ ~ indicates too small N or not available.

² +/- indicates 2010 % is significantly above/below the Purchased Care Civilian Benchmark at the 95% confidence level.

³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95 % confidence level.

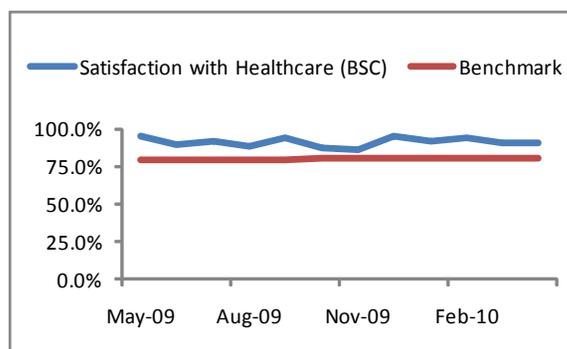
⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)

⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)

⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Table 2.7 US Family Health Plan

US Family Health Plan		Total ¹				Beneficiary Category ¹				Type of Care ¹	
		Civilian Bench mark	% 2010 ²	% 2009	Change from 2009 ³	Active Duty	Active Duty Family	Retirees & Family Under 65	Retirees & Family 65+	Primary Care	Specialty Care
711 Encounters											
Overall Indicators											
Satisfaction with Healthcare ⁴	CAHPS	60	75 +	72	3	~	58	70	81	75	76
Satisfaction with Plan ⁵		~	86 ~	86	1	~	77	81	93	84	91
Satisfaction with Provider ⁵		87	93 +	92	1	~	88	92	95	94	93
Composites											
Access to Care ⁵		70	79 +	78	1	~	69	78	81	78	79
Doctors Communicate ⁵		84	88 +	88	0	~	88	86	90	88	89
Office Staff ⁵		81	91 +	89	1	~	84	87	94	90	91
Perceptions of MHS ⁵		~	78 ~	76	1	~	60	72	85	77	79
Mental Health Care ⁵		~	76 ~	73	4	~	54	59	92	73	82
Balanced Score Card											
Satisfaction with Healthcare ⁵	BSC	81	91 +	87	4 ▲	~	82	88	95	90	93
Ease making appt by phone ⁶		96	97	97	0	~	94	97	98	97	99
Doctor knew your important medical hx ⁶		80	82	85	-2	~	78	78	86	82	84
Timely appt for routine care ⁶		79	87 +	90	-2	~	81	83	91	86	90
Get results on test or X-Ray ⁶		78	83 +	86	-3	~	74	80	86	83	83



To improve Healthcare satisfaction work on:

- 1 Perceptions of MHS (Biggest impact)
- 2 Access to Care
- 3 Doctors Communicate
- 4 Mental Health Care (Least impact)

You must also maintain:

- 1 Office Staff

¹ ~ indicates too small N or not available.

² +/- indicates 2010 % is significantly above/below the Purchased Care Civilian Benchmark at the 95% confidence level.

³ ▲/▼ indicates 2010 % significantly increased/decreased since 2009, at the 95% confidence level.

⁴ Percent based on scale from 0 to 10, 10=best possible score. Here 9 and 10 are considered satisfied. (CAHPS criteria)

⁵ Percent based on scale from 0 to 10, 10=best possible score. Here 8, 9, and 10 are considered satisfied. (BSC criteria)

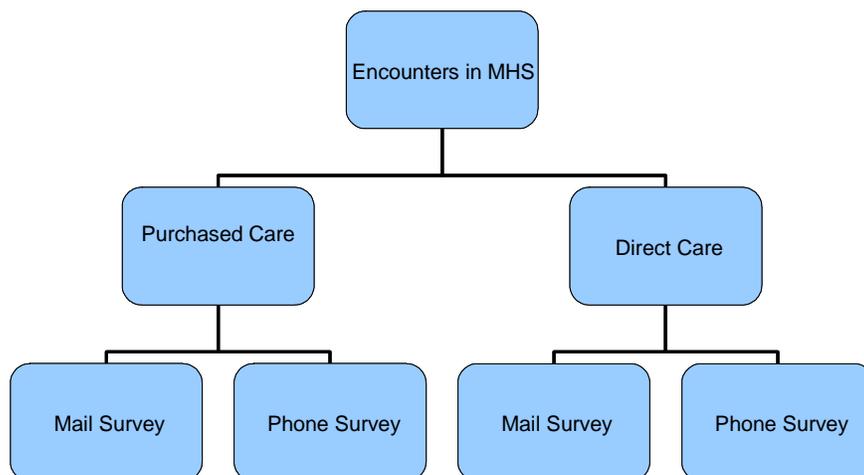
⁶ Percent based on those replying with the best possible response, Always. Here only Always is considered satisfied.

Appendix A: Methodology

A.1 Overview

The TROSS survey program is divided into two primary components: The Direct Care survey and the Purchased Care Survey. The total annual sample for the mail is 575,000 with 275,000 sampled for Direct Care and 300,000 sampled for Purchased Care. Annual sample size for the phone survey is 15,000, with a split of 7,500 between Direct and Purchased Care. The survey program for TROSS can be summarized by the following, where adult and child versions of the questionnaire are available for both the mail and phone surveys –

- Direct Care Mail Survey with Internet Option – Monthly Fielding
- Purchased Care Mail Survey with Internet Option – Monthly Fielding
- Direct Care Phone Survey with IVR Option – Monthly Fielding
- Purchased Care Phone Survey with IVR Option – Monthly Fielding



Direct and Purchased Care Mail Survey with Internet Option

The Direct Care Mail Survey is a monthly outpatient satisfaction survey. Designated respondents include all individuals who have received care in an MTF worldwide, with the exception of patients who seek outpatient services for mental health or substance abuse, minors who receive outpatient OB-GYN services, and minors between the ages of 11-17. To reduce the burden and confusion of being sampled and asked about more than one visit to the same or different providers in a short period of time, individuals are sampled no more than once every 6 months. Respondents are given the option to complete and return a self-administered mail survey or to complete an online version of the questionnaire. Sample is delivered monthly and surveys are mailed within 14 days after the sample is processed. If after 21 days in field, a completed questionnaire has not been received, or the questionnaire has not come back undelivered, the respondent will be sent another survey packet.

Direct and Purchased Care Telephone Survey with IVR Option

Prior to the telephone contact, respondents will receive a notification letter announcing that they have been selected for the survey. An option is provided to the respondent in the notification letter to complete the survey through an interactive voice response (IVR) survey system. The respondent can call, at their

convenience, a toll-free telephone number where they will be asked for the ID number provided in their notification letter. An automated interview using the same exact survey script as in a live interview is administered. The survey is administered in exactly the same tone and inflection to each respondent, and once completed, the respondent is removed from the call queue and will not be contacted.

A. 2 Sampling and Weighting

Sample Frame

The sample frame is constructed using encounter records for Purchased Care and Direct Care. The raw Standard Ambulatory Data Records (SADR) are used to provide a listing of all relevant encounters in Military Treatment Facilities (MTFs) both in the United States and outside the United States. The data represent all encounters at MTFs as defined by parent Defense Medical Information System (DMIS) identifiers. This file serves as the sample frame for Direct Care outpatient encounters. Approximately 8 weeks after the end of each calendar month, a list of all relevant Purchased Care outpatient visits made in that month is compiled based on claims submitted by providers. The Purchased Care data is primarily extracted from the raw form of the TRICARE Encounter Record (TED) Non-Institutional dataset; encounters within the United States Family Health Plan (USFHP) system are extracted from the MHS Data Repository (MDR) public file directories. These files serve as the sample frame for the monthly Purchased Care survey. Exclusions are applied to the initial sample frame constructed from these resources in order to generate the final sampling frame.

Sample Design and Selection

The TROSS uses a stratified sampling design to ensure the following-

- Smaller facilities are represented well enough within the survey to ensure that the number of returned surveys is enough to provide reasonable and reliable results for reporting
- Groups with differential response rates have enough representation within the sample that the number of returned surveys is enough to provide reasonable and reliable results for reporting

Allocation of the sample within the stratified design is dynamic within the first level of stratification. Specifically, given different volumes of MTFs or MTF Service Areas across months, relatively more MHS outpatients of small MTFs or MTF Service Areas in a particular month are selected, such that the number of returns would be at least 30 cases per MTF or MTF Service Area in order to produce sufficient returns to produce reasonable results. Within each strata from the first level of stratification, Active Duty Service Members and their Dependents are oversampled relative to Retirees 65 and over in order to ensure that the number of returned surveys matches the population distribution. The samples are generated using the SAS SURVEYSELECT procedure to generate the disproportional stratified samples across strata. Table A.1 depicts the stratification variables used in the sampling process.

Table A.1 Stratification Variables Used in the TROSS Sampling Process

	Direct Care Mail	Direct Care Phone	Purchased Care Mail	Purchased Care Phone
Variables Used in Sampling	Service Tiers	Service of MTFs	Region	Region
	TROSS parent DMIS ID			
	Beneficiary Category	Beneficiary Category	Beneficiary Category	Beneficiary Category

A.2.1 Estimation

Estimation in the TROSS option year consists of estimates of means, proportions and their standard errors.

Means and their Standard Errors

Under the sampling plan, estimation is very simple for national, regional or Prime/Non-Prime area estimates. The estimator for the stratified sample mean is

$$\bar{x} = \frac{\sum_{i=1}^n w_i x_i}{\sum_{i=1}^n w_i},$$

Where

\bar{x} is mean of a particular survey variable

x_i is a particular sample element observation

w_i is the sampling weight for a particular respondent

and the weights are as described below in the weighting section. The variance estimator is that for the stratified sample mean,

$$\text{var}(\bar{x}) = \sum_{h=1}^H \left(\frac{N_h}{N} \right)^2 (1 - f_h) \frac{s_h^2}{n_h},$$

where

$\text{var}(\bar{x})$ is the variance estimator of the mean of a survey variable

H is the number of strata

h denotes the stratum

N_h is the population size of a particular stratum

N is the entire population size

f_h is the sampling fraction of a stratum, the ratio of the sample size to the size of the stratum

s_h^2 is the standard deviation within each stratum
 n_h is the sample size of a particular stratum

Proportions and their Standard Errors

The estimator for proportions such as proportion Excellent and Very Good is handled by defining the response variable X_i as a dichotomous variable where $X_i = 1$, if excellent or very good, or $X_i = 0$ if good, fair or poor. The estimator for the stratified proportion is the same as before, where

$$\bar{x} = \frac{\sum_{i=1}^n w_i x_i}{\sum_{i=1}^n w_i}$$

Where

\bar{x} is mean of a particular survey variable

x_i is a particular sample element observation

w_i is the sampling weight for a particular respondent

and the variance estimator is still

$$\text{var}(\bar{x}) = \sum_{h=1}^H \left(\frac{N_h}{N} \right)^2 (1 - f_h) \frac{s_h^2}{n_h}$$

where

$\text{var}(\bar{x})$ is the variance estimator of the mean of a survey variable

H is the number of strata

h denotes the stratum

N_h is the population size of a particular stratum

N is the entire population size

f_h is the sampling fraction of a stratum, the ratio of the sample size to the size of the stratum

s_h^2 is the standard deviation within each stratum

n_h is the sample size of a particular stratum

For potential future analysis of the survey data, variance estimation of regression coefficient can be estimated by using either Taylor series method or replication method, such as balance repeated replication or jackknife repeated replication. These estimation methods can be conducted by SUDAAN or other statistical software that can account for complex sample survey design.

Expected Precision

Given the variance estimation formula above, we need estimates of variance stratum by stratum to calculate the expected precision. These estimates can be derived from TROSS base year historical variance when the study is underway.

A.2.2 Effective Sample Size

Effective sample size for a statistic is the simple random sample (SRS) sample size that would yield the same sampling variance as achieved by the actual design.

$$\text{Effective sample size } n_{eff} = \frac{n}{deff}, \text{ where } deff = \frac{var(\bar{x})}{var_{srs}(\bar{x})}$$

The *deff* is referred to as the design effect. It is a widely used tool in survey sampling in summarizing the effect of stratification and/or cluster design features. It is defined to be the ratio of the sampling variance for a statistic computed under the actual sample design (in our case, (\bar{x})) divided by the sampling variance that would have been obtained from an SRS (simple random sampling) of exactly the same size ($var_{srs}(\bar{x})$). The stratified sampling design is efficient compared to a simple random sampling design, because the design effect might be smaller than 1 depending on the homogeneity within each stratum in terms of a particular survey variable.

A.2.3 Weighting Plan

1) Base Weights

The inverse of selection probability of each respondent is calculated as the base weight for each respondent, which is the inverse of (stratum sample size / stratum population size)

2) Nonresponse weighting

Altarum uses SUDAAN's WTADJUST procedure which regresses response participation variable (1 for response, 0 for nonresponse) on all variables existing for both respondents and nonrespondents to find the significant response predictors. Then a response propensity model is constructed. The nonresponse adjustment for each respondent is the predicted response probabilities computed from the model.

3) Post-stratification

The raking scheme of SUDAAN's WTADJUST procedure is used to correct the potential undercoverage of the sampling frame. The process uses an iterative adjustment algorithm called iterative proportional fitting. The algorithm adjusts the sample weights such that the sample distribution matches the MHS region population distribution, it then adjusts weights to match the gender and age population distribution, and finally it adjusts the weights to match the beneficiary category population distribution. Since the last adjustment to weights may have caused the gender or age distribution to no longer match the population distribution, the process is repeated until there is negligible change in the weights. It has been shown that using this algorithm converges to the joint distribution of MHS region by age by sex by beneficiary category. This process is repeated each month. The algorithm uses the actual percentage of users for MHS region, the beneficiary categories, age categories, gender, etc. for the month of sampling.

Table A.2 Summary of Variables Used in Post-stratification

	Direct Care Mail	Direct Care Phone	Purchased Care Mail	Purchased Care Phone
Variables in Post-stratification	Age	Age	Age	Age
	Gender	Gender	Gender	Gender
	Beneficiary Category	Beneficiary Category	Beneficiary Category	Beneficiary Category
	MHS Region	MHS Region	MHS Region	MHS Region

The aggregated weights for each respondent is Base weight * Nonresponse weight * Post-stratification weight.

4) Additional weights for regional or state level estimation

To produce unbiased year-to-date estimates, we adjust the weights by multiplying the weight w_i by the total patient encounters during the reporting period. The weight is now

$$w_j = M_T w_i,$$

where M_T is the total patient encounters during the reporting period. This weight produces unbiased results for the reporting period, roll ups at all levels of reporting – MTFs, posts, TRICARE regions, Service regions, Services and MHS.

5) Final weights

For purpose of correct calculation weights are rescaled so that the sum of weights is equal to the sample size.

A.3 Composites and Composite Score Calculation

A composite is an overall score or rating, created by combining scores from subset questions that measure particular areas of the overall domain. There are currently five composites that measure different domains of satisfaction on the TROSS, where three have civilian benchmarks (mail survey only). The three C & G CAHPS based composites have corresponding civilian benchmarks and focus on specific areas of service. These are standard measures created by CAHPS to ensure comparability of satisfaction assessments. The three composites include:

- **Access to Care** – This composite focuses on questions relating to getting appointments and health care when needed. This composite is composed of five questions (Q8, 10, 13, 15, and 16): received appointment as soon needed for care you needed right away; received appointment as soon as needed for routine care; get an answer to your medical question during business hours on the same day you called; receive answer as soon as needed after regular hours; and see provider within 15 minutes of your appointment time.
- **Doctors Communications** – This composite focuses on questions relating to how well doctors communicate. This composite is composed of five questions (Q17, 18, 20, 21, and 23): explain things in an easy to understand way; listen carefully to you; give easy to understand instructions about your health care; know the important information about your medical history; and spend enough time with you.
- **Office Staff** – This composite focuses on questions relating to the courtesy and helpfulness of office staff. This is composed of two questions (Q28 and 29): helpfulness and thoughtfulness of office staff and courtesy & respect shown by office staff.

In addition to these three CAHPS based composites, two additional MHS specific composites were created specifically for the TROSS to cover areas not included in the CAHPS Composites. These composites do not have a civilian based benchmark. The two composites include-

- **Perceptions of MHS** – This composite focuses on attitudes and satisfaction with the MHS system and plans. It is composed of 2 questions (Q30 and Q31): partner with health team and MHS designed just for the user.
- **Mental Health** – This composite focuses on questions related to treatment and counseling services. It is composed of 2 questions (Q37c and Q37d): ease of getting treatment/counseling services and overall rating of treatment/counseling services. A minimum of 10 responses were required to calculate the Mental Health Composite.

Composites are calculated using the responses from all of the questions contained in the composite. The proportion of favorable responses corresponding to CAHPS criteria ‘Top 2 Box’ (9, 10 rating) or Balanced Scorecard criteria (8, 9, and 10) is calculated. For questions without numerical ratings the proportion of respondents answering “almost always” or “always” are calculated.

The formal method of calculating the proportions is as follows –

$X_i = 100$, if respondent answered “almost always” or “always”

= 0, if respondent answered “never”, “almost never”, “sometimes”, or “usually”.

$I_i = 1$, if response is not missing for level of reporting

= 0, if response is missing for level of reporting

w_i = Sampling weight

$$\frac{\sum_{i=1}^n w_i X_i I_i}{\sum_{i=1}^n w_i I_i}$$

The estimator for P1 is

Proportions are then combined from the individual questions to form the composite using the following equation:

C = Composite proportion = (Proportion 1 + Proportion 2 +)/ (number of questions in the composite)

This means that each question is equally important to the composite.

A.4 Caveats to Final Report

A.4.1 General Definitions

1. Active Duty includes Active Duty and Medically Eligible Guard/Reserve.
2. Active Duty Family Members includes Dependents of Active Duty and Dependents of Medically Eligible Guard/Reserve.
3. Retirees under 65 includes Retirees, Dependents of Retirees, and Dependent Survivors.
4. Retirees 65 and over includes Retirees, Dependents of Retirees, and Dependent Survivors.

A.4.2 Purchased Care Definitions

1. Provider Regions and MTF Service Areas are determined by the location of the provider, where the health care service was received.
 - a. Provider Region reflects the TRICARE Region of the Provider Catchment Area, as defined by the TMA DMIS ID Table.
 - b. Provider MTF Service Area represents the area assigned to each provider. If a provider is within 40 miles of an MTF, then the Provider MTF Service Area is used, subject to the overlap rules, barriers and other override policies.
 - c. The West Region includes Alaska and Hawaii.
2. In some instances locations had too few interviews to be included in the final report. Some purchased care interviews did not have specific locations identified. Both those types of

interviews are included in the Region tables and the overall Purchase Care and MHS-Wide tables but not in specific location tables.

A.4.3 Direct Care Definitions

1. CONUS results include Alaska and Hawaii
2. Service represents the Service that operates the MTF. Marine Corps is included in Navy.

A.4.4 Drivers of Satisfaction Model and Applications to Drivers Analysis

Overall satisfaction with health care, health plan, and provider are associated with the degree of satisfaction in lower level composites. Satisfaction with one composite, may affect overall satisfaction more directly than satisfaction in another composite. Drivers analysis allows TROSS users to see the magnitude of the relationship between individual composite satisfaction levels and global satisfaction.

The drivers of satisfaction for the TROSS are created using a logistic regression model that uses the overall indicators of satisfaction as the dependent variable and composite measures as the main independent variables. The resulting odds ratios represent the impact of making a one unit change in the corresponding independent variable, or composite score, on the outcome odds of satisfaction with the global indicator. The TROSS Drivers models are estimated using micro level data with each observation representing a specific individual survey response. These responses are aggregated at various levels of detail to generate overall ratings of satisfaction for MTFs, Service Branch, Commands, Regions, and other levels of detail. Lower level results are weighted by the odds ratios of the original drivers analysis model in order to create the drill down drivers analysis results.

Appendix B: Civilian Benchmarks

The civilian benchmark study is fielded quarterly using a sample pulled from the Synovate Consumer Opinion Panel of 1.5 million civilian households recruited from websites, portals, and purchased lists. Extensive demographic information is collected on the panel members. Frequent address updates and an annual review of demographics and contact/response rates are performed on the panel data. The sample is pulled from the civilian panel, and designed to be nationally representative by matching census data distributions on region, age, income, household size, and urban versus rural residence.

Respondents to the Civilian Benchmark survey are screened to determine whether they have had a recent outpatient experience. Participants prior to the second two quarters of 2008 were required to have had and outpatient experience in the preceding 12 months. However, subsequent fieldings required participants to have had an outpatient visit in the last 3 months. The current sample size for the benchmark survey is 7,500 panel members, with an average of 25% quarterly response rate.

Panel members who are selected for the survey receive an email invitation to complete the survey online. The online survey resembles the Internet version of the TROSS, with identical question ordering. Survey participants complete an instrument containing questions as similar as possible to the TROSS while at the same time being appropriate for a general civilian population. Adult and child questionnaires are both fielded for the civilian benchmark survey. Questions related to the MHS Composite and Mental Health Composite are not included in the survey, and therefore no civilian benchmark is available for comparison on these composites. The fielding period is two weeks long. After the first week, those who have not yet responded are sent a second email invitation to complete the survey. Data collection ends a week after this survey is fielded.

Benchmarks are weighted estimates reflecting the responses of civilian participants. Separate sets of benchmark scores are calculated for the Direct Care, Purchased Care, and MHS Overall populations based on their demographic distributions. The benchmark score is calculated by weighting over 17 cells, which are defined as unique combinations of three variables that may influence patient satisfaction including - Type of Care, Age, and Gender. Type of Care has the following categories: ER, Pediatric Care, Primary Care, and Specialty Care. For each Type of Care, separate estimates are calculated for age and gender. Several cells are combined due to their relatively low frequency in the population such as ER care or Specialty Care for younger beneficiaries. Experience has shown these categorical groups can have very different scores between these groupings. Blending these scores using recent percentages of occurrence for the direct-care or the purchased-care populations produces benchmark scores that are comparable to the TROSS populations.

A benchmark estimate uses the following formula:

$$E = \frac{\sum_{j=1}^{17} P_j S_j}{\sum_{j=1}^{17} P_j}$$

E is the benchmark composite for the score S . S_j is the score for cell j calculated using the Benchmark Study data. P_j is the estimated proportion of the TROSS population in cell j . These proportions are estimated from the TROSS study.

Comparisons between the civilian benchmark and TROSS results are made using t-tests. When the base size is less than 30 observations, a statistical test is not performed. Similarly, when the base size is less than 10, then the score is not reported.

Appendix C: Survey Questionnaires



According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

PRIVACY STATEMENT

Providing information in this survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond.

However, maximum participation is encouraged so that the data will be complete and representative. Your survey response will be treated as confidential, identifying information will be used only by person engaged in, and for the purposes of, the survey research.

However, if during this survey you indicate a direct threat to harm yourself or others, we are required to forward information about that threat to appropriate authorities for action, which will likely include their contacting you.

YOUR HEALTH PROVIDER

1. Our records show that you got care from the provider or at the location named below on (POP IN VISIT DATE).
(POP IN PROVIDER OR MTF)

Is that right?

Yes No → **Go to #30**

A health provider is a doctor, nurse or anyone else you would see for health care. The questions in this survey booklet will refer to the provider you saw on (POP IN VISIT DATE) as "this provider." Please think of that provider as you answer the survey. Even if you only saw this provider once this year, please fill out this survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

Yes No

3. How long have you been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

3a. How much do you agree with the following statement?
In general, I am able to see my provider when needed.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

3b. How many days did you have to wait between making the appointment and actually seeing a provider?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 8 to 30 days |
| <input type="checkbox"/> 1 to 7 days | <input type="checkbox"/> 31 days or more |

3c. Overall, how satisfied are you with the health care you received?

- Completely Dissatisfied
- Somewhat Dissatisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Satisfied
- Completely Satisfied

YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include any times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

- None → **Go to #30**
- 1 time 4
- 2 5 to 9
- 3 10 or more times

5. In the last 12 months, did you make an appointment with this provider's office by phone?

Yes No → **Go to #7**

6. In the last 12 months, when you made an appointment through the phone how would you rate the ease of making this appointment?

- Excellent Fair
- Very good Poor
- Good

7. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that needed care right away?

Yes No → **Go to #9**

8. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
9. In the last 12 months, did you make any appointments for a check-up or routine care with this provider?
- Yes No → **Go to #11**
10. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you thought you needed?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
11. What was the biggest problem you had, if any, in scheduling appointments? *Please mark only one.*
- N/A - I did not need an appointment
 I did not have any problems in scheduling appointments
 No appointment was available
 I could not get an appointment that worked with my schedule
 No consult or referral was in the system
 Phone was busy and I couldn't get through
 No one would answer the phone
 I was on hold too long
 Process to schedule an appointment was too long
 Other (Please specify):

12. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?
- Yes No → **Go to #14**
13. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
14. In the last 12 months, did you phone this provider's office with a medical question after regular office hours?
- Yes No → **Go to #16**
15. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
16. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
17. In the last 12 months, how often did this provider explain things in a way that was easy to understand?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
18. In the last 12 months, how often did this provider listen carefully to you?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
19. In the last 12 months, did you talk with this provider about any health problems or concerns?
- Yes No → **Go to #21**
20. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these health problems or concerns?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
21. In the last 12 months, how often did this provider seem to know the important information about your medical history?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
22. In the last 12 months, how often did this provider show respect for what you had to say?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
23. In the last 12 months, how often did this provider spend enough time with you?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
- 24a. In the last 12 months, did you take any prescription medicine?
- Yes No → **Go to #25**
24. In the last 12 months, how often did this provider talk with you about all the different prescription medicines you are using, including medicines prescribed by other providers?
- Never Usually
 Almost Never Almost Always
 Sometimes Always

- 37a. In general, how would you rate your overall mental or emotional health now?
- Excellent Fair
 Very good Poor
 Good
- 37b. In the last 12 months, did you need any treatment or counseling for a personal or family problem?
- Yes No → **Go to #38**
- 37c. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?
- A big problem
 A small problem
 Not a problem
- 37d. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 12 months?
- 0 1 2 3 4 5 6 7 8 9 10

Worst treatment or counseling possible Best treatment or counseling possible

ABOUT YOU

38. In general, how would you rate your overall health?
- Excellent Fair
 Very good Poor
 Good
39. A health provider is a doctor, nurse or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
- Yes No → **Go to #41**
40. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
- Yes No
41. Do you need to take medicine prescribed by a provider? Do not include birth control.
- Yes No → **Go to #43**
42. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
- Yes No
43. What is your age?
- 18 to 24 55 to 64
 25 to 34 65 to 74
 35 to 44 75 or older
 45 to 54

44. Are you male or female?
- Male Female
45. What is the highest grade or level of school that you have completed?
- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree
46. Are you of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 No, not Hispanic or Latino
47. What is your race? *Please mark one or more.*
- White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native
48. Did someone help you complete this survey?
- Yes → **Go to #49**
 No → **THANK YOU. PLEASE RETURN THE COMPLETED SURVEY IN THE POSTAGE-PAID ENVELOPE**
49. How did that person help you? *Mark all that apply.*
- Read the questions to me
 Wrote down the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped in some other way (Please print)
- _____
- _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY! Your generous contribution will greatly aid efforts to improve the health of our military community.

Return your survey in the postage-paid envelope. If the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (HA)
TMA/HPAE
c/o Synovate
PO Box 5030
Chicago, IL 60680-4135



According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

PRIVACY STATEMENT

Providing information in this survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond.

However, maximum participation is encouraged so that the data will be complete and representative. Your survey response will be treated as confidential, identifying information will be used only by person engaged in, and for the purposes of, the survey research.

However, if during this survey you indicate a direct threat to harm yourself or others, we are required to forward information about that threat to appropriate authorities for action, which will likely include their contacting you.

YOUR CHILD'S HEALTH PROVIDER

Please answer the questions for (POP IN SAMPLE NAME).
Please do not answer for any other children.

1. Our records show that your child got care from the provider or at the location named below on (POP IN VISIT DATE).
(POP IN PROVIDER NAME or MTF)

Is that right?

Yes No → **Go to #30**

A health provider is a doctor, nurse or anyone else your child would see for health care. The questions in this survey booklet will refer to the provider your child saw on (POP IN VISIT DATE) as "this provider." Please think of that provider as you answer the survey. Even if your child only saw this provider once this year, please fill out the survey.

2. Is this the provider you usually see if your child needs a check-up or gets sick or hurt?

Yes No

3. How long has your child been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

3a. How much do you agree with the following statement?

In general, my child is able to see his or her provider when needed.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

3b. How many days did you have to wait between making your child's appointment and actually seeing a provider?

- Same day 8 to 30 days
- 1 to 7 days 31 days or more

3c. Overall, how satisfied are you with the health care your child received?

- Completely Dissatisfied
- Somewhat Dissatisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Satisfied
- Completely Satisfied

YOUR CHILD'S CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. In the last 12 months, how many times did your child visit this provider to get care?

- None → **Go to #30**
- 1 time 4
- 2 5 to 9
- 3 10 or more times

5. In the last 12 months, did you make an appointment for your child with this provider's office by phone?

Yes No → **Go to #7**

6. In the last 12 months, when you made an appointment for your child by phone how would you rate the ease of making this appointment?

- Excellent Fair
- Very good Poor
- Good

7. In the last 12 months, did you phone this provider's office to get an appointment for your child for an illness, injury, or condition that needed care right away?

Yes No → **Go to #9**

8. In the last 12 months, when you phoned this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as you thought your child needed?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
9. In the last 12 months, did you make any appointments for a check-up or routine care for your child with this provider?
- Yes No → **Go to #11**
10. In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as you thought your child needed?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
11. What was the biggest problem you had, if any, in scheduling appointments? *Please mark only one.*
- N/A – My child did not need an appointment
 I did not have any problems in scheduling appointments
 No appointment was available
 I could not get an appointment that worked with my schedule
 No consult or referral was in the system
 Phone was busy and I couldn't get through
 No one would answer the phone
 I was on hold too long
 Process to schedule an appointment was too long
 Other (Please specify):

12. In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?
- Yes No → **Go to #14**
13. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
14. In the last 12 months, did you phone this provider's office with a medical question about your child after regular office hours?
- Yes No → **Go to #16**
15. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
16. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider within 15 minutes of his or her appointment time?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
17. In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
18. In the last 12 months, how often did this provider listen carefully to you?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
19. In the last 12 months, did you talk with this provider about any problems or concerns you had about your child's health?
- Yes No → **Go to #21**
20. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these health problems or concerns?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
21. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
22. In the last 12 months, how often did this provider show respect for what you had to say?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
23. In the last 12 months, how often did this provider spend enough time with your child?
- Never Usually
 Almost Never Almost Always
 Sometimes Always
- 24a. In the last 12 months, did your child take any prescription medicine?
- Yes No → **Go to #25**
24. In the last 12 months, how often did this provider talk with you about all of the different prescription medicines your child is using, including medicines prescribed by other providers?
- Never Usually
 Almost Never Almost Always
 Sometimes Always

25. In the last 12 months, did this provider order a blood test, x-ray or other test for your child?
 Yes No → **Go to #27**

26. In the last 12 months, when this provider ordered a blood test, x-ray or other test for your child, how often did someone from this provider's office follow up to give you those results?
 Never Usually
 Almost Never Almost Always
 Sometimes Always

27. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
0 1 2 3 4 5 6 7 8 9 10

Worst provider possible Best provider possible

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

28. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
 Never Usually
 Almost Never Almost Always
 Sometimes Always

29. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
 Never Usually
 Almost Never Almost Always
 Sometimes Always

YOUR CHILD'S HEALTH CARE

For the next two questions, thinking about the Military Health System, how much would you agree with the following statements:

30. I am a partner with my health care team. They know and care about improving my child's health.
 No Opinion
 Strongly Disagree
 Somewhat Disagree
 Neither Agree nor Disagree
 Somewhat Agree
 Strongly Agree

31. It feels like the Military Health System was designed just for my child.
 No Opinion
 Strongly Disagree
 Somewhat Disagree
 Neither Agree nor Disagree
 Somewhat Agree
 Strongly Agree

32. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your child's health care?

0 1 2 3 4 5 6 7 8 9 10

Worst health care possible Best health care possible

33. Is your child enrolled in TRICARE Prime?
 Yes, enrolled
 No, not enrolled → **Go to #35**
 Not sure if enrolled → **Go to #35**

34. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate TRICARE Prime?

0 1 2 3 4 5 6 7 8 9 10

Worst health plan possible Best health plan possible

35. Has your child used TRICARE Standard, Extra, or TRICARE for Life benefits?
 Yes, have used benefits
 No, have not used benefits → **Go to #37**
 Not sure if used TRICARE Standard, Extra or TRICARE for Life benefits → **Go to #37**

36. Using any number from 0 to 10, where 0 is the worst benefits possible and 10 is the best benefits possible, what number would you use to rate TRICARE Standard, Extra or TRICARE for Life benefits?

0 1 2 3 4 5 6 7 8 9 10

Worst benefits possible Best benefits possible

37. The time(s) that you used a non-military treatment facility (non MTF), which of the following explain(s) why your child did NOT receive care at a military treatment facility (MTF)? *Please mark all that apply.*

- N/A - Have only used an MTF
- Too difficult to get appointment at an MTF
- I cannot see the same provider each time
- Referred to a non-MTF provider
- I get better care from civilian providers
- The services I need are not available
- Used non-TRICARE insurance
- The MTF I use has been closed
- Needed care because of an emergency
- Prefer to see a regular non-MTF physician
- I never get care at an MTF
- MTF is too far away
- Difficulty in getting to an MTF
- Not eligible for care at an MTF
- Other (Please specify):

TROSS ADULT BENCHMARK SURVEY

Thank you for visiting the Synovate Patient Satisfaction Survey Website. This survey will allow us to compare the quality of health care throughout the country. Your feedback is very important. We would like you to think about your recent visit or your child age 10 or younger's recent visit to the doctor. You could have seen a nurse practitioner, a physician assistant, an optometrist, a gynecologist, a specialist, or your regular family doctor. Today, I have a few short questions to ask you.

SCREENER

1A. Have you or your child age 10 or younger had a recent visit with a health care provider?

- Yes, I have had a recent visit with a health care provider → **(Go to #1B)**
- Yes, my child age 10 or younger has had a recent visit with a health care provider → **(Go to CHILD SURVEY)**
- No, neither I nor my child has had a recent visit with a health care provider → **(Go to CLOSING)**

1B. When was your most recent visit to a health care provider? Was it

- In the past 3 months → **(Go to #A2)**
- Between 3 to 6 months ago → **(Go to CLOSING)**
- Between 6 to 9 months ago → **(Go to CLOSING)**
- Between 9 to 12 months ago → **(Go to CLOSING)**
- 12 months or more → **(Go to CLOSING)**
- Don't know → **(Go to CLOSING)**

YOUR HEALTH PROVIDER

A2. Was this visit a well visit or physical, sick visit, or an emergency?

- Well visit or physical
- Sick visit
- Emergency

A3. Did you go to their office, a clinic, a hospital or have a house call?

- Office
- Clinic
- Hospital
- House call

A4. Did you see your family doctor, pediatrician, gynecologist, a specialist, or some other medical provider?

- Family doctor → **(Go to #A7)**
- Pediatrician → **(Go to #A7)**
- Gynecologist → **(Go to #A7)**
- Specialist → **(Go to #A5)**
- Other medical provider → **(Go to #A6)**

A5. Was the specialist a psychiatrist, mental health therapist, or some other specialist?

- Psychiatrist → **(Go to #A7)**
- Mental health therapist → **(Go to #A7)**
- Other specialist → **(Go to #A7)**

A6. Was the other medical provider a nurse or nurse practitioner, optometrist, physical therapist, chiropractor, or some other provider?

- Nurse or nurse practitioner
- Optometrist
- Physical therapist
- Chiropractor
- Other provider

A7. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No

A8. How long have you been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

A8a. How much do you agree with the following statement?

In general, I am able to see my provider when needed.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

A8b. How many days did you have to wait between making the appointment and actually seeing a provider?

- Same day
- 1 to 7 days
- 8 to 30 days
- 31 days or more

A8c. Overall, how satisfied are you with the health care you received?

- Completely Dissatisfied
- Somewhat Dissatisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Satisfied
- Completely Satisfied

YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include any times you went for dental care visits.

A9. In the last 12 months, how many times did you visit this provider to get care for yourself?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 to 9 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 or more times |

A10. In the last 12 months, did you make an appointment with this provider's office by phone?

- Yes No → (Go to #A12)

A11. In the last 12 months, when you made an appointment through the phone how would you rate the ease of making this appointment?

- Excellent Fair
 Very good Poor
 Good

A12. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that needed care right away?

- Yes No → (Go to #A14)

A13. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

A14. In the last 12 months, did you make any appointments for a check-up or routine care with this provider?

- Yes No → (Go to #A16)

A15. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you thought you needed?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

A16. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

- Yes No → (Go to #A18)

A17. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

A18. In the last 12 months, did you phone this provider's office with a medical question after regular office hours?

- Yes No → (Go to #A20)

A19. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

A20. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A21. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A22. In the last 12 months, how often did this provider listen carefully to you?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A23. In the last 12 months, did you talk with this provider about any health problems or concerns?

- | | | |
|------------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | → (Go to #A25) |
|------------------------------|-----------------------------|-----------------------|

A24. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these health problems or concerns?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A25. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A26. In the last 12 months, how often did this provider show respect for what you had to say?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A27. In the last 12 months, how often did this provider spend enough time with you?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

A27a. In the last 12 months, did you take any prescription medicine?

- | | | |
|------------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | → (Go to #A29) |
|------------------------------|-----------------------------|-----------------------|

A28. In the last 12 months, how often did this provider talk with you about all the different prescription medicines you are using, including medicines prescribed by other providers?

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
|--------------------------------|----------------------------------|

- Almost Never Almost Always
- Sometimes Always

A29. In the last 12 months, did this provider order a blood test, x-ray or other test for you?

- Yes No → (Go to #A31)

A30. In the last 12 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never Usually
- Almost Never Almost Always
- Sometimes Always

A31. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |
| Worst provider possible | | | | | Best provider possible | | | | | |

**CLERKS AND RECEPTIONISTS
AT THIS PROVIDER'S OFFICE**

A32. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never Usually
- Almost Never Almost Always
- Sometimes Always

A33. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never Usually
- Almost Never Almost Always
- Sometimes Always

YOUR HEALTH CARE

A34. Do you currently have health care coverage or insurance?

- Yes
- No → (Go to #A38)

A35. Is your current health insurance plan an HMO where you have to go to physicians that are part of the plan?

- Yes → (Go to #A38)
- No
- Don't know

A36. Is your current health insurance plan a preferred provider organization, a PPO, where you can go to any physician you want, but you need to see certain physicians to receive the lowest medical costs?

- Yes → (Go to #A38)
- No

- Yes No

A39c. Do you need to take medicine prescribed by a provider? Do not include birth control.

- Yes No → (Go to #A40)

A39d. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes No

A40. What is your age?

- 18 to 24 55 to 64
 25 to 34 65 to 74
 35 to 44 75 or older
 45 to 54

A41. Are you male or female?

- Male Female

A42. What is the highest grade or level of school that you have completed?

- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

A43. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
 No, not Hispanic or Latino

A44. What is your race? Please mark one or more.

- White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native

Those are all the questions we have. We consider your responses an important part of the consumer research project you just completed. Your cooperation is greatly appreciated. Thank you for your help!

**TROSS
CHILD BENCHMARK SURVEY**

YOUR CHILD'S HEALTH PROVIDER

If you have more than one child age 10 or younger, please choose the child who has had the most recent birthday. Please answer the remaining questions about that child.

CS1. When was your child's most recent visit to a health care provider? Was it

- In the past 3 months → (Go to #C1)
- Between 3 to 6 months ago → (Go to CLOSING)
- Between 6 to 9 months ago → (Go to CLOSING)
- Between 9 to 12 months ago → (Go to CLOSING)
- 12 months or more → (Go to CLOSING)
- Don't know → (Go to CLOSING)

C1. How old is your child? If your child is less than 1 year old, please choose 0.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

C2. Was this visit a well visit or physical, sick visit, or an emergency?

- Well-visit or physical
- Sick visit
- Emergency

C3. Did your child go to their office, a clinic, a hospital, or have a house call?

- Office
- Clinic
- Hospital
- House call

C4. Did your child see your family doctor, pediatrician, gynecologist, a specialist, or some other medical provider?

- Family doctor → (Go to #C7)
- Pediatrician → (Go to #C7)
- Gynecologist → (Go to #C7)
- Specialist → (Go to #C5)
- Other Medical Provider → (Go to #C6)

C5. Was the specialist a psychiatrist, mental health therapist, or some other specialist?

- Psychiatrist → (Go to #C7)
- Mental health therapist → (Go to #C7)
- Other specialist → (Go to #C7)

C6. Was the other medical provider a nurse or nurse practitioner, optometrist, physical therapist, chiropractor or some other provider?

- Nurse or nurse practitioner
- Optometrist
- Physical therapist
- Chiropractor
- Other provider

C7. Is this the provider you usually see if your child needs a check up or gets sick or hurt?

- Yes
- No

C8. How long has your child been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

C8a. How much do you agree with the following statement?

In general, my child is able to see his or her provider when needed.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

C8b. How many days did you have to wait between making your child's appointment and actually seeing a provider?

- Same day
- 1 to 7 days
- 8 to 30 days
- 31 days or more

C8c. Overall, how satisfied are you with the health care your child received?

- Completely Dissatisfied
- Somewhat Dissatisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Satisfied
- Completely Satisfied

YOUR CHILD'S CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include any times your child went for dental care visits.

C9. In the last 12 months, how many times did your child visit this provider to get care?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 to 9 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 or more times |

C10. In the last 12 months, did you make an appointment for your child with this provider's office by phone?

- Yes No → (Go to #C12)

C11. In the last 12 months, when you made an appointment for your child through the phone, how would you rate the ease of making this appointment?

- Excellent Fair
 Very good Poor
 Good

C12. In the last 12 months, did you phone this provider's office to get an appointment for your child for an illness, injury, or condition that needed care right away?

- Yes No → (Go to #C14)

C13. In the last 12 months, when you phoned this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as you thought your child needed?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

C14. In the last 12 months, did you make any appointments for a check-up or routine care for your child with this provider?

- Yes No → (Go to #C16)

C15. In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as you thought your child needed?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

C16. In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?

- Yes No → (Go to #C18)

C17. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

C18. In the last 12 months, did you phone this provider's office with a medical question about your child after regular office hours?

- Yes No → (Go to #20)

C19. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never Usually
 Almost Never Almost Always
 Sometimes Always

C20. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider within 15 minutes of his or her appointment time?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C21. In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C22. In the last 12 months, how often did this provider listen carefully to you?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C23. In the last 12 months, did you talk with this provider about any health problems or concerns you had about your child's health?

- Yes No → (Go to #C25)

C24. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these health problems or concerns?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C25. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C26. In the last 12 months, how often did this provider show respect for what you had to say?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C27. In the last 12 months, how often did this provider spend enough time with your child?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C27a. In the last 12 months, did your child take any prescription medicine?

- Yes No → (Go to #C29)

C28. In the last 12 months, how often did this provider talk with you about all the different prescription medicines your child is using, including medicines prescribed by other providers?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C29. In the last 12 months, did this provider order a blood test, x-ray or other test for your child?

- Yes No → (Go to #C31)

C30. In the last 12 months, when this provider ordered a blood test, x-ray or other test for your child, how often did someone from this provider's office follow up to give you those results?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C31. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> |
| Worst provider possible | | | | | Best provider possible | | | | | |

**CLERKS AND RECEPTIONISTS
AT THIS PROVIDER'S OFFICE**

C32. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

C33. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

YOUR CHILD'S HEALTH CARE

C34. Does your child currently have health care coverage or insurance?

- Yes
 No → (Go to #C38)

C35. Is your child's current health insurance plan an HMO where you have to go to physicians that are part of the plan?

- Yes → (Go to #C38)
 No
 Don't know

C36. Is your child's current health insurance plan a preferred provider organization, a PPO, where you can go to any physician you want, but you need to see certain physicians to receive the lowest medical costs?

- Yes → (Go to #C38)
- No
- Don't know

C37. Does your child's current health insurance plan allow you to go to any physician you want and then the insurance later pays a certain percentage of the costs?

- Yes
- No
- Don't know

C38. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your child's health care?

- | | | | | | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worst health care possible | | | | | Best health care possible | | | | | |

ABOUT YOUR CHILD AND YOU

C38a. In general, how would you rate your child's overall mental or emotional health now?

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

C38b. In the last 12 months, did your child need any treatment or counseling for a personal or family problem?

- Yes No → (Go to #C39)

C38c. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling your child needed through your health plan?

- A big problem
- A small problem
- Not a problem

C38d. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your child's treatment or counseling in the last 12 months?

- | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worst treatment or counseling possible | | | | | Best treatment or counseling possible | | | | | |

C39. In general, how would you rate your child's overall health?

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | |

C40. Is your child male or female?

- Male Female

C41. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
 No, not Hispanic or Latino

C42. What is your child's race? Please mark one or more.

- White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native

C43. What is your age?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 55 to 64 |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 65 to 74 |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 75 or older |
| <input type="checkbox"/> 45 to 54 | |

C44. Are you male or female?

- Male Female

C45. What is the highest grade or level of school that you have completed?

- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

C46. How are you related to the child?

- Mother or father
 Grandparent
 Aunt or Uncle
 Older brother or sister
 Other relative
 Legal guardian
 Someone else: _____

Those are all the questions we have. We consider your responses an important part of the consumer research project you just completed. Your cooperation is greatly appreciated. Thank you for your help!