# TRICARE Consumer Watch

## CONUS MHS◆Quarter 3 CY 2003

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

**MHS: Sample size-45,000 Response rate-25.5%**

## Inside Consumer Watch

TRICARE Consumer Watch is a brief summary of what TRICARE Prime enrollees in CONUS MHS say about their healthcare. Data are taken from the Health Care Survey of DoD Beneficiaries (HCSDB). The HCSDB uses questions from the Consumer Assessment of Health Plans Survey (CAHPS), a survey designed to help consumers choose among health plans. Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months and the results are adjusted for age and health status and reported in this publication.

Scores are compared with averages taken from the 2002 National CAHPS Benchmarking Database (NCBD), which contains results from surveys given to beneficiaries by civilian health plans.

## Health Care

Prime enrollees were asked to rate their healthcare from 0 to 10, where 0 is worst and 10 is best.

**Figure 1: Health Care Rating**

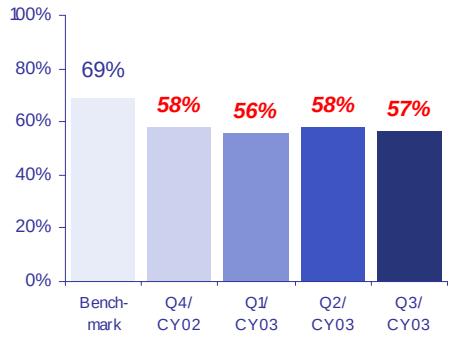
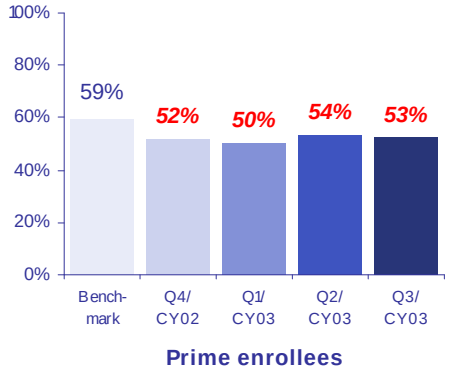



Figure 1 shows the percentage who rated their healthcare 8 or above in the survey fielded in the 3rd quarter of 2003, describing the period July 2002 to June 2003, and each of the 3 previous quarters. Numbers in red italics are significantly different from the benchmark (p<.05). Health care ratings depend on things like access to care, and how patients get along with the doctors, nurses, and other care providers who treat them.

## Health Plan

Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

**Figure 2: Health Plan Rating**



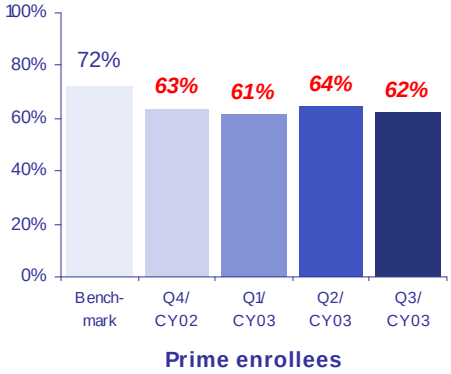

Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

## Personal Provider

Prime enrollees who have a personal provider were asked to rate their personal provider from 0 to 10, where 0 is worst and 10 is best.

Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.

**Figure 3: Personal Provider Rating**

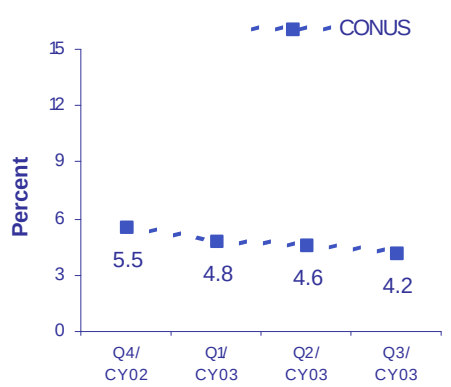



## Plans to Disenroll

Enrollees were asked whether they plan to disenroll from Prime. Figure 4 shows the percentage of retirees and family members of active duty or retirees who plan to disenroll. Regional values differing significantly from CONUS (p < .05) are shown by red italics.

These groups have the option to disenroll if they choose, so their planned disenrollment rate is an overall measure of satisfaction with Prime.

**Figure 4: Plans to Disenroll**

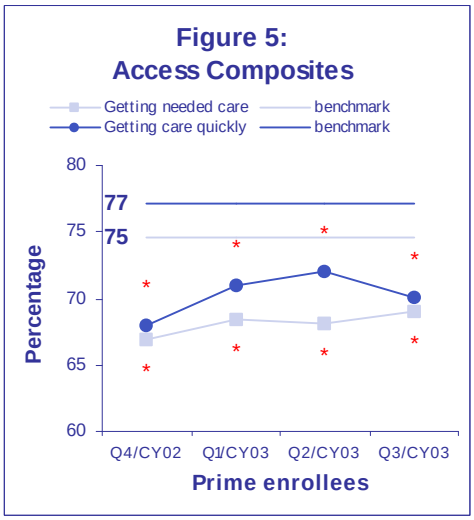


## Health Care Topics

Health Care Topics scores average together the results of related questions. Each score represents the percentage who "usually" or "always" got the treatment they wanted or had "no problem" getting the desired level of service for each reporting period. Asterisks indicate values that are significantly different from the NCBD benchmark ($p < .05$).

Figure 5 (Access Composites) includes the composites "Getting needed care" and "Getting care quickly."

Scores in "Getting needed care" are based on patients' problems getting referrals and approvals and finding a good doctor.



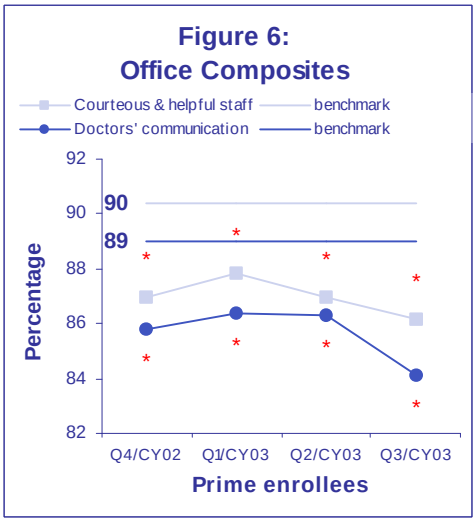

"Getting care quickly" scores concern how long patients wait for an appointment or wait in the doctor's office.

Figure 6 (Office Composites) includes the composites "Courteous and helpful office staff" and "How well doctors communicate."

Scores in "How well doctors communicate" are based on whether the doctor spends enough time with patients, treats them respectfully and answers their questions. "Courteous and helpful staff" scores measure both the courtesy and helpfulness of doctor's office staff.

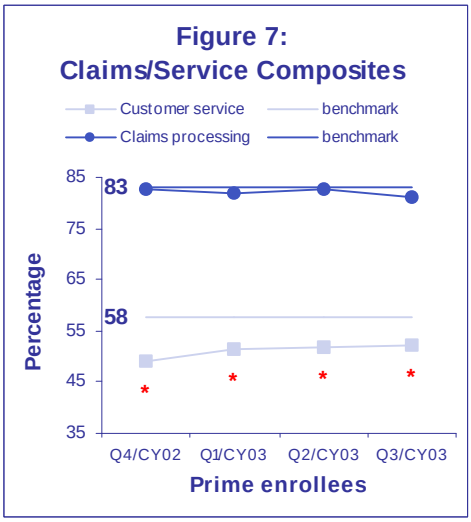
Figure 7 (Claims/Service Composites) includes composite scores for "Customer service" and "Claims processing."

Scores in the "Customer service" composite concern patients' ability to get information from phone lines and written materials, and the manageability of the health plan's paperwork. "Claims processing" scores are based on both the timeliness and correctness of plan's claims handling.




## Preventive Care

The preventive care table compares Prime enrollees' rates for several types of preventive care with goals from Health People 2010, a government initiative to improve Americans' health by preventing illness. The table shows the most recent four quarters of data for four measures of preventive care.




Mammography is the proportion of women over age 40 who received a mammogram in the past two years. Pap smear is the proportion of women over 18 who received a pap smear for cervical cancer screening in the past three years. Hypertension indicates the proportion of all beneficiaries whose blood pressure was checked in the past two years and who know whether their blood pressure is too high. Prenatal care shows the proportion of women pregnant in the past 12 months who received prenatal care in the first trimester. Cholesterol screen is the proportion of all adults whose cholesterol was tested in the previous 5 years.

Rates that are significantly different ($p < .05$) from the Healthy People 2010 goal are shown by red italics.

**Preventive Care**

| Type of Care | Qtr 4 CY 2002 | Qtr 1 CY 2003 | Qtr 2 CY 2003 | Qtr 3 CY 2003 | Healthy People 2010 Goal |
|---|---|---|---|---|---|
| Mammography (women ≥ 40) | *86* | *84* | *84* | *81* (1274) | 70 |
| Pap Smear (women ≥ 18) | *94* | *95* | *93* | *93* (2868) | 90 |
| Hypertension Screen (adults) | *89* | *90* | *90* | *90* (5538) | 95 |
| Prenatal Care (in 1st trimester) | 89 | 87 | 88 | 88 (372) | 90 |
| Cholesterol Screen (adults) | *76* | *74* | *75* | *78* (5490) | 90 |

# Issue Brief: Prescription Drug Benefits

***Each quarter, we publish a brief discussion, or issue brief, of a health policy issue relevant to users of TRICARE, based on data from the Health Care Survey of DoD Beneficiaries. This quarter, the issue brief concerns TRICARE's prescription drug benefits.***

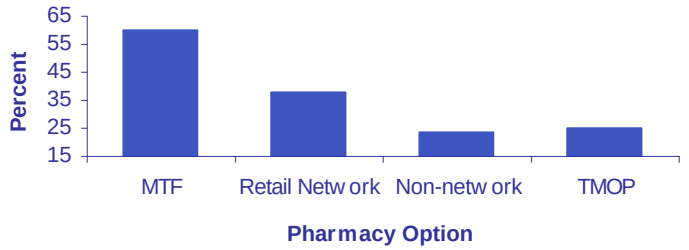
Spending on prescription drugs makes up the fastest growing share of health care costs. The share of prescription drugs has grown from 5 percent of US health spending in 1980 to 10 percent in 2001. Rapid drug spending growth is projected to continue for the foreseeable future[1]. To hold down premiums, civilian health plans increasingly offer three (or more) tiers of pharmacy copayments, charging beneficiaries least for generic drugs, more for preferred brand drugs, and most for non-preferred brand drugs. Sixty-three percent of beneficiaries with employer-sponsored coverage now have three-tier plans[2]. Mail-order pharmacies also reduce the cost of drug benefits. In a recently surveyed national sample, 22 percent with coverage had filled at least one prescription through the mail in the previous 6 months[3].

The military health system (MHS) offers its beneficiaries several options that completely or partly cover the cost of drugs. Beneficiaries may fill prescriptions from the MHS formulary at military treatment facility (MTF) pharmacies for no charge. They may pay $3 for generic drugs and $9 for non-generics at TRICARE retail network pharmacies, or the same copayments for 90-day supplies of drugs from the TRICARE Mail-Order Pharmacy (TMOP). If not Prime enrollees, beneficiaries may pay the greater of $9 or 20 percent coinsurance at non-network pharmacies. Prime enrollees must pay 50 percent of the retail cost to use non–network pharmacies.

The MHS prescription drug benefits are richer than the benefits available to most civilians. Though 99 percent of US beneficiaries with employer-sponsored health coverage have drug benefits, they pay an average coinsurance of 20 percent for generic drugs and 29 percent for drugs that are not on the formulary list[2]. Medicare beneficiaries generally have more limited coverage, if they have coverage at all.

As shown in Figure 1, MHS beneficiaries use MTF pharmacies more than any other of their choices. Sixty percent of beneficiaries that filled prescriptions in the past 3 months filled one or more of them at a MTF pharmacy. The next most frequently used option was the network pharmacy, where 38 percent filled prescriptions. Twenty-four percent used non-network pharmacies and 25 percent used the mail order pharmacy.

**Figure 1: Percent of MHS Beneficiaries Filling Prescriptions By Pharmacy Option**




Of all beneficiary types, Active Duty and Prime enrollees were most likely to use MTF pharmacies. Table 1 shows where MHS beneficiaries with different coverage types fill their prescriptions. Eighty-three percent of active duty and 78 percent of non-active duty enrollees who filled prescriptions in the past 90 days used an MTF pharmacy at least once. Beneficiaries who got their care from the VA or were enrolled in TRICARE Plus also used MTF pharmacies frequently – 70 percent and 69 percent, respectively. The retail network was the most used option of beneficiaries who rely on Standard/Extra (63 percent) or Medicare (56 percent), while non-network pharmacies were the usual choice of beneficiaries covered by other civilian health insurance (61 percent).

**Table 1. Pharmacy Options by Enrollment Group**

| Coverage Type | Percent Using Pharmacy Option | | | |
|---|---|---|---|---|
| | MTF[1] | TRN[2] | NNC[3] | TMOP[4] |
| Active Duty | 83.4 | 24.1 | 9.5 | 12.1 |
| Non-Active Duty Prime | 77.7 | 37.0 | 8.3 | 16.9 |
| Standard Extra | 34.7 | 62.8 | 20.3 | 28.3 |
| Medicare | 47.6 | 55.9 | 23.9 | 42.0 |
| Other Civilian Insurance | 37.5 | 22.4 | 61.4 | 21.5 |
| VA | 70.1 | 21.8 | 22.2 | 35.3 |
| TRICARE Plus | 68.8 | 33.1 | 25.3 | 30.1 |

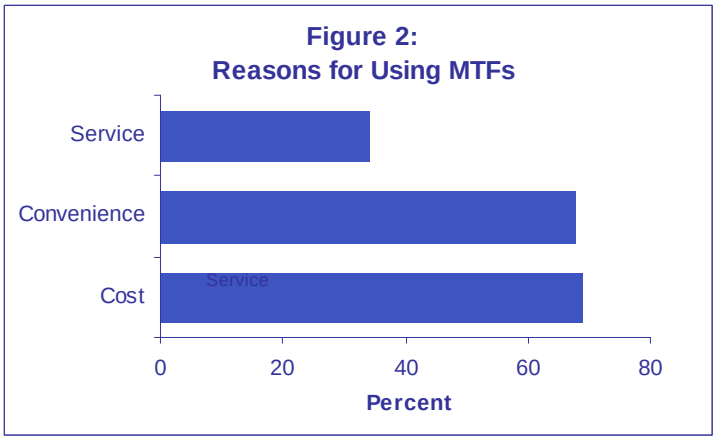
[1]MTF = Military treatment facility
[2]TRN = TRICARE network pharmacy
[3]NNC = Non-network pharmacy
[4]TMOP = TRICARE mail-order pharmacy

MTF pharmacies were the first or second choice of beneficiaries with all coverage types, including 38 percent of beneficiaries with other civilian insurance and nearly half of Medicare beneficiaries. Though non-network pharmacies were the least-used option of most enrollment groups, in all groups except Active Duty and Prime enrollees, at least 20 percent had filled prescriptions out-of-network. In spite of the high cost of non-network pharmacies to Prime enrollees, nearly 10 percent of these enrollees filled at least one prescription in a non-network pharmacy. Forty-five percent of Prime enrollees who used non-network pharmacies said they did so because they were unaware that the pharmacy was outside the network (not shown).

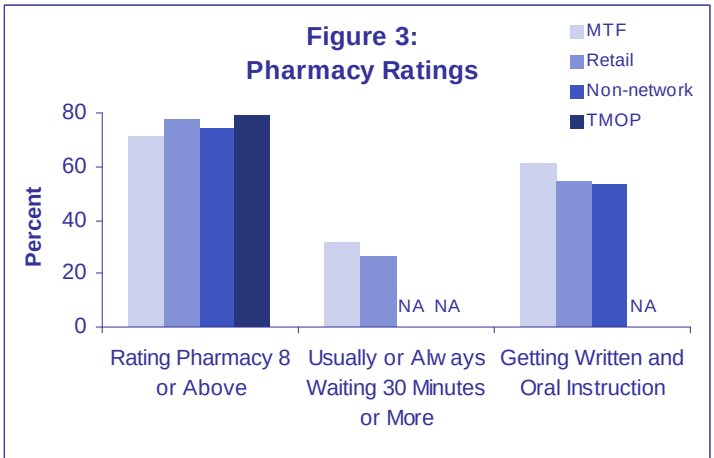
Beneficiaries of all types used the mail order pharmacy but use was greatest among those with Medicare. Forty-two percent of Medicare enrollees used the mail order pharmacy at least once. For most enrollment groups,

TMOP was the third choice, behind MTF and network pharmacies.

Figure 2 shows that beneficiaries choose MTFs for both cost and convenience. Sixty-nine percent of MTF pharmacy users said that they chose their pharmacy because of its low cost, and a similar number, 68 percent, because of its convenience. Thirty-four percent said that the quality of service was a factor.

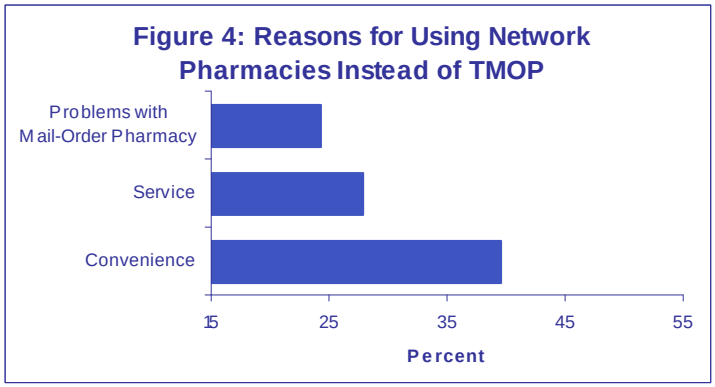



MTF users were more likely than users of other pharmacy options to have experienced long waits for prescription drugs. As shown by Figure 3, 31 percent of those who used MTFs reported they usually or always waited 30 minutes or more at the pharmacy for prescriptions to be filled compared to 26 percent of those who used the retail network. However, MTF pharmacy users were most likely to report they received both oral and written instruction about their drugs. Sixty-one percent of MTF users got information in both forms, compared to 55 percent of retail network and 53 percent of non-network pharmacy users.




The highest rated pharmacy option was the mail order pharmacy, rated at least 8 out of 10 by 79 percent of those who used it. By contrast, the proportion giving other pharmacy options ratings of 8 or above ranged from 71 percent of MTF pharmacy users to 78 percent of retail network pharmacy users.

Prescriptions filled by mail cost the MHS less than prescriptions filled at civilian pharmacies and beneficiaries are encouraged to use the TMOP[4]. Most who use mail-order are satisfied, but many who might use it use network pharmacies instead. Figure 4 shows the reasons given by beneficiaries filling long-term prescriptions at network pharmacies instead of TMOP. Forty percent chose the network pharmacy for convenience, while 28 percent chose it for its service quality. In all, 24 percent listed problems with the mail order pharmacy as a reason for their choice: not trusting mail-order pharmacies, not understanding the mail-order benefit, or being unable to get a drug through the mail because it is not on the formulary.




Most beneficiaries rate their pharmacies highly, more than 70 percent rating each pharmacy option 8 or more. Some who use network or non-network pharmacies, particularly Standard/Extra users or non-active duty Prime enrollees, might switch to MTF pharmacies or the TMOP if encouraged. Changes in policy or procedure that shorten waits at MTF pharmacies might encourage more beneficiaries to fill prescriptions there. More beneficiaries might use the mail-order option if they are better informed on how to use it and, by using it, gain favorable experience.

## Notes

[1] Centers for Medicare and Medicaid Services, National Health Expenditures Tables http://www.cms.gov/statistics/nhe/

[2] Kaiser Family Foundation and Health Research and Educational Trust. Employer Health Benefits, 2003 Annual Survey. 2003. Menlo Park, CA and Chicago, IL.

[3] Stergachis A, Maine LL, Brown L. The 2001 National Pharmacy Consumer Survey. J Am Pharm Assoc. 2002 Jul-Aug;42(4):568-76.

[4] "New TRICARE Mail-Order Pharmacy to Open March 1, 2003", http://www.defenselink.mil/news/Dec2002/n12132002_20 0212134.html