

TRICARE Consumer Watch

North ♦ Quarter 3 CY 2005

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

North: Sample size-13,250 Response rate-28.7%

MHS: Sample size-50,000 Response rate-27.4%

Inside Consumer Watch

TRICARE Consumer Watch is a brief summary of what TRICARE Prime enrollees in your region say about their healthcare. Data are taken from the Health Care Survey of DoD Beneficiaries (HCSDB). The HCSDB includes questions from the Consumer Assessment of Health Plans Survey (CAHPS) version 3.0H, 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 2004 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.

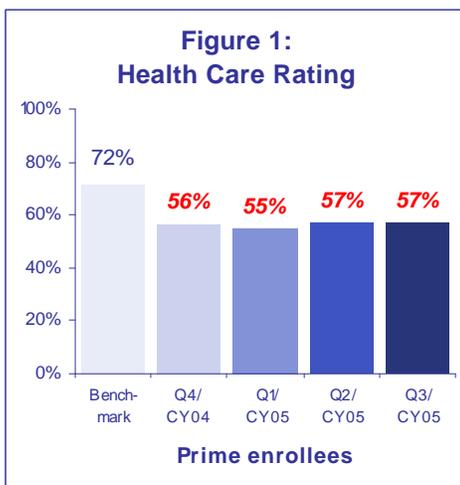
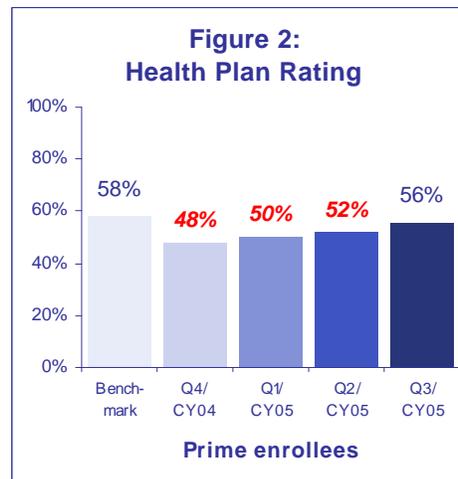


Figure 1 shows the percentage who rated their healthcare 8 or above in the survey fielded in the 3rd quarter of 2005, describing the period July 2004

to June 2005, 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.

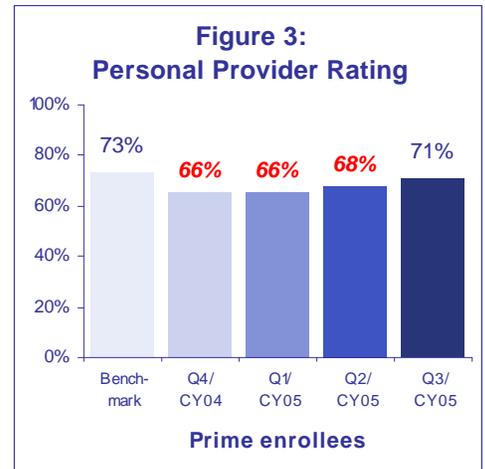


Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

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.

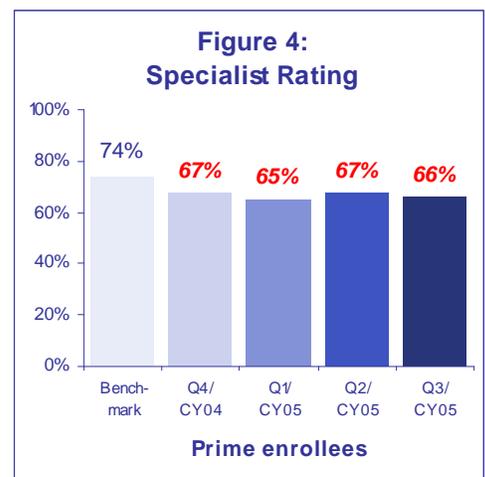
Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.



Specialist

Enrollees who have consulted specialist physicians were asked to rate from 0 to 10 the specialist they had seen most in the previous 12 months.

Figure 4 shows the proportion of enrollees who rated their specialist 8 or above for each reporting period. Specialist ratings depend on beneficiaries' access to doctors with the special skills they need.



Health Care Topics

Health Care Topics scores average together results for related questions. Each score is the percentage who “usually” or “always” got treatment they wanted or had “no problem” getting a desired service. Asterisks show values significantly different from the NCBDB benchmark ($p < .05$).

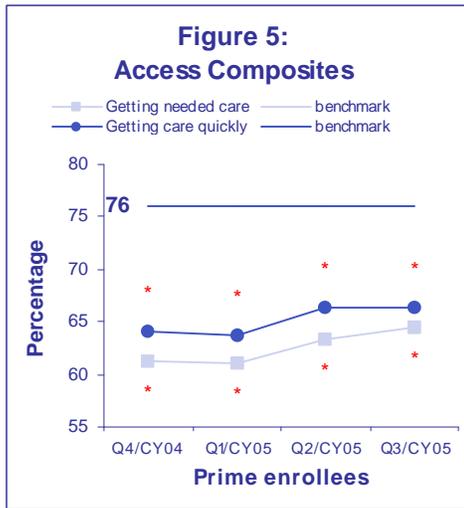
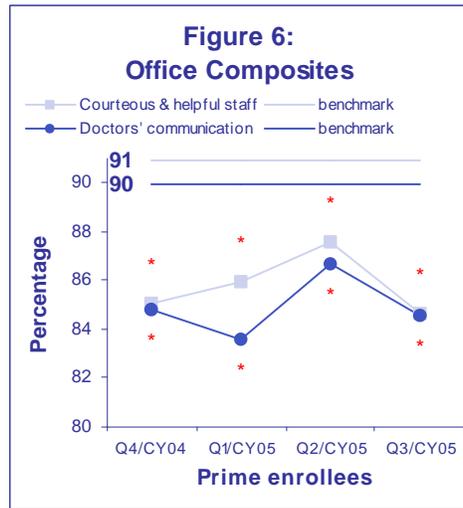


Figure 5 (Access Composites) includes the composites “Getting needed care” and “Getting care quickly.” Scores in “Getting needed care” are based on patients’ problems getting referrals and approvals and finding a good doctor. “Getting care quickly” scores concern how long patients wait for an appointment 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 about their

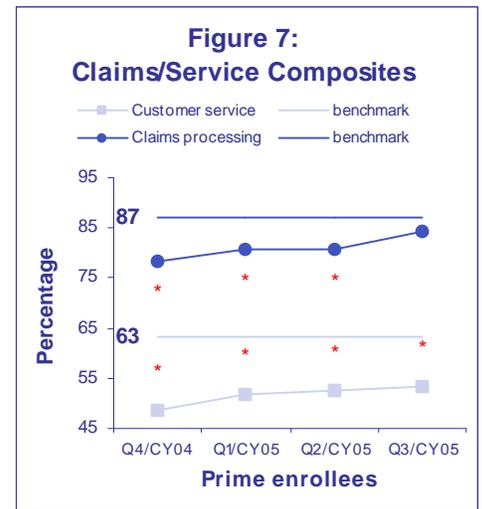
health plan and manage its paperwork. “Claims processing” scores are based on both the timeliness and correctness of plan’s claims handling.



Preventive Care

The preventive care table compares Prime enrollees’ rates for diagnostic screening tests and smoking cessation with goals from Healthy People 2010, a government initiative to improve Americans’ health by preventing illness.

The mammography rate shown is the proportion of women 40 or above with a mammogram in the past two years. Pap smear is the proportion of adult women screened for cervical cancer in the past three years.



Hypertension is the proportion of adults whose blood pressure was checked in the past two years and who know whether their pressure is too high. Prenatal care is the proportion of women pregnant now or in the past 12 months who received prenatal care in their first trimester. Percent not obese is the proportion with a body mass index below 30. The non-smoking rate is the proportion of adults who have not smoked in over a year. Counseled to quit is the number of smokers whose doctor told them to quit, over the number of smokers with an office visit in the past 12 months.

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 2004	Qtr 1 CY 2005	Qtr 2 CY 2005	Qtr 3 CY 2005	Healthy People 2010 Goal
Mammography (women ≥ 40)	<i>85</i>	<i>82</i>	<i>80</i>	<i>86</i> (366)	70
Pap Smear (women ≥ 18)	<i>94</i>	<i>95</i>	<i>94</i>	<i>93</i> (836)	90
Hypertension Screen (adults)	<i>91</i>	<i>90</i>	<i>91</i>	<i>91</i> (1903)	95
Prenatal Care (in 1st trimester)	88	87	86	83 (106)	90
Percent Not Obese (adults)	<i>79</i>	<i>81</i>	<i>80</i>	<i>82</i> (1868)	85
Non-Smokers (adults)	<i>78</i>	<i>79</i>	<i>79</i>	<i>80</i> (1866)	88
Counseled to Quit (adults)	74	72	67	73 (293)	-

Issue Brief: TRICARE Pharmacy Options

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

The military health system (MHS) offers its beneficiaries several options that completely or partly cover the cost of drugs. Options include military treatment facility (MTF) pharmacies, pharmacies in TRICARE's retail network, TRICARE's mail-order pharmacy (TMOP), and non-network pharmacies. In fiscal year (FY) 2002, the Department of Defense (DoD) spent an estimated \$3 billion on outpatient pharmacy (excluding physician administered drugs)¹ and costs for 2005 exceed \$5 billion.² Costs to DoD differ depending on the pharmacy option beneficiaries choose; the cost of drugs dispensed through MTF pharmacies and the TMOP is typically lower.³

Until recently, military retirees and their family members age 65 and over could obtain TRICARE prescription benefits only by filling prescriptions at MTFs. In 2001, Congress expanded coverage to these beneficiaries to match coverage available to beneficiaries under age 65. Under the TRICARE Senior Pharmacy program (TSRx), retired seniors can now fill their prescriptions at MTF pharmacies, retail pharmacies, the TMOP, or non-network retail pharmacies like other TRICARE beneficiaries.

Pharmacy Choices

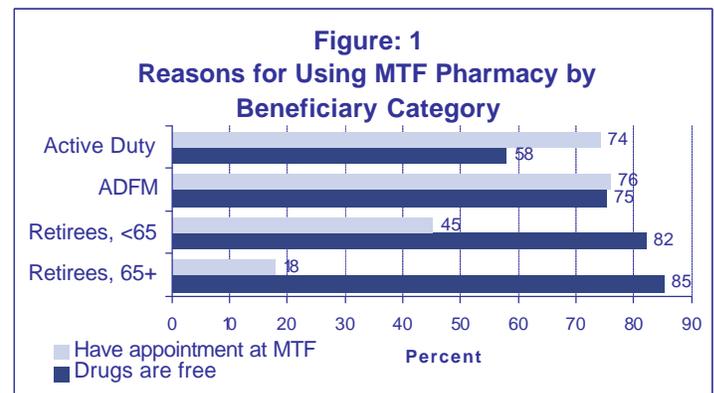
Results from the HCSDB fielded in July, 2005 show that active duty and their families use MTFs more than other pharmacy options, but retirees and their families use the retail network more. The HCSDB asked beneficiaries if they had filled prescriptions in the past 3 months and the type of pharmacy at which they were filled. As shown in Table 1, 77 percent of active duty beneficiaries who filled a prescription reported that they filled one or more at MTF pharmacies, as did 64 percent of active duty family members. In both groups, fewer than half used the retail network.

Beneficiary Category	Percent Using Pharmacy Type		
	MTF	Retail Network	TRICARE Mail Order Pharmacy
Active Duty	77	26*	6*
Active Duty Family Members	64	43*	7*
Retirees and Family, <65	49	53*	18*
Retirees and Family, 65 and over	36	56*	34*

*Differs from percentage using MTF, p<0.05

Among retirees and their dependents, retail network use exceeded MTF use. Fifty-three percent of retirees and their dependents under age 65 and 56 percent age 65 or above reported that they filled prescriptions at a retail network pharmacy, while fewer than half from either retiree group used MTF pharmacies.

The lower cost option of filling prescriptions by mail was not often used by any beneficiary group. Thirty-four percent of retirees and their dependents age 65 or over who filled a prescription and 18 percent of those under 65 used mail order. Only 6 percent of active duty beneficiaries and 7 percent of their family members with prescriptions used the mail-order option.



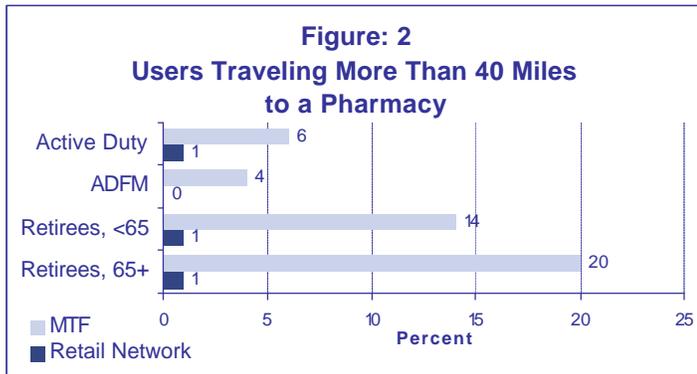
Reasons for Pharmacy Choices

Active duty and their families are more likely to use MTFs than are retirees and their families due to their greater convenience to active duty families and active duty use of MTFs for their health care. As shown by Figure 1, active duty (74 percent) and active duty family member (76 percent) MTF pharmacy users are most likely to report that they used that pharmacy because they had a simultaneous MTF appointment. By contrast, 45 percent of retirees and family members under age 65 who used an MTF pharmacy and only 18 percent age 65 or above were combining an appointment with a pharmacy visit. However, a large majority of MTF users in all beneficiary categories mentioned that they used MTF pharmacies because prescriptions could be filled there at no cost.

Retirees who use MTFs to fill their prescriptions are more likely than active duty users to travel long distances. As indicated by Figure 2, 20 percent of retirees age 65 or over who used MTF pharmacies, traveled more than 40 miles to do so, as did 14 percent of retirees under age 65. However, only 6 percent of active duty and 4 percent of active duty

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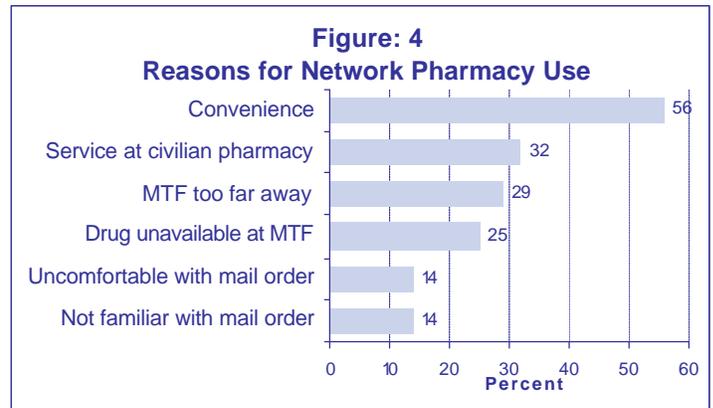
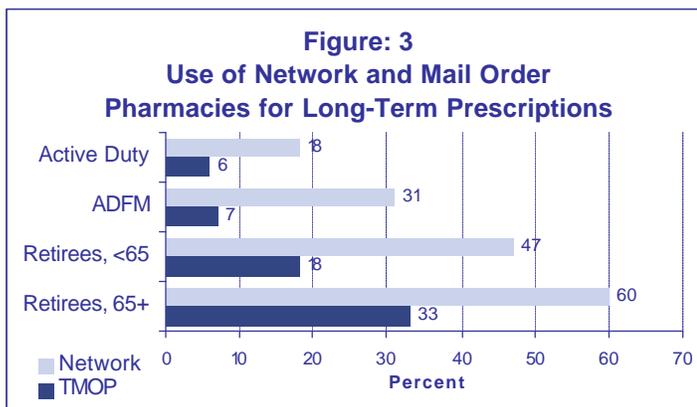
family members traveled such a long distance. The distance traveled to fill prescriptions at MTFs is much greater than the distance traveled to use a network pharmacy. Only 1 percent of beneficiaries of any type said that they traveled more than 40 miles to use a network pharmacy. The small number who traveled such a long distance indicates that network pharmacies are located where they are easily accessible to retirees, though MTFs frequently are not.



TMOP or Retail Pharmacy

As shown in Figure 3, even when beneficiaries are filling a prescription for drugs they are using for more than 90 days, they are much more likely to use a civilian pharmacy than mail order. Forty-seven percent of retirees and family members under age 65 and 60 percent over age 65 report that, in the past 3 months, they have filled a prescription at a civilian network pharmacy for a drug that they are taking for at least 90 days. Only 18 percent of retirees under 65 and 33 percent who are 65 or over have used mail order.

The principal reason for filling these prescriptions at network pharmacies is convenience, mentioned by over half of those who have filled a long-term prescription at a network pharmacy. Most beneficiaries appear not to consider the mail-order option. Figure 4 shows the six most often cited reasons for using civilian network



pharmacies. While 29 percent mention distance from an MTF and 25 percent cite unavailability of medications at MTFs, only 14 percent mention discomfort with mail order or unfamiliarity with mail order.

Conclusion

Though costs to DoD are lowest when beneficiaries use MTF pharmacies or TMOP, these options are now the second and third choices of retirees, behind network pharmacies. With additional base closures upcoming and a substantial proportion of retirees already traveling long distances to use MTF pharmacies, it is likely that use of MTFs relative to other options will decrease. MHS policy makers may save money if they can divert retirees to TMOP or MTFs, by increasing the cost to beneficiaries of using civilian pharmacies, by making more drugs available through TMOP or MTF pharmacies, by reducing TMOP cost-sharing, or by finding new ways of advertising to their retired beneficiaries the advantages of using mail order.

Sources

¹ Malkin, JD, Joyce, G, Pace, J, Croghan, T. Determinants of Dispensing Location in the TRICARE Senior Pharmacy Program. National Defense Research Institute and Rand Health. 2005. Santa Monica, CA.

² Basu, Sandra “DoD Looks Closely at Its Formulary in the Face of Rising Drug Costs,” U.S. Medicine, June 2005.

³ General Accounting Office. “Mail Order Pharmacies: DOD’s Use of VA’s Mail Pharmacy Could Produce Savings and Other Benefits.” Washington, DC: General Accounting Office. GAO-05-555. June 2005.

Health Care Survey of DoD Beneficiaries, fielded July, 2005. N= 2,471 active duty, 1,835 family member, 3,062 retired and family members under 65, 2,025 retired and family member age 65 and over, pharmacy users.