# Prime Enrollees Consumer Watch

## NBHC NAS North Island◆FY 2009

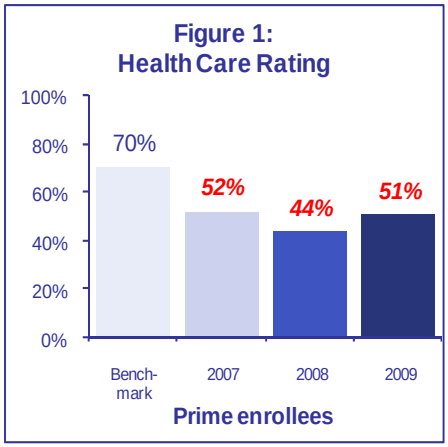
HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

**NBHC NAS North Island: Sample size-1,182 Response rate-26.6%** **Source: Health Care Survey of DoD Beneficiaries**

## Inside Consumer Watch

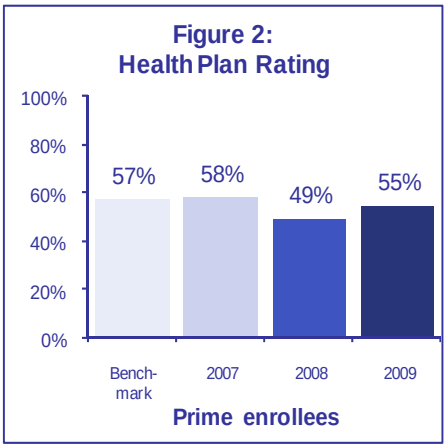
TRICARE Consumer Watch shows what TRICARE Prime enrollees at your MTF say about their healthcare in the Health Care Survey of DoD Beneficiaries (HCSDB). Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months and the results are adjusted for age and health status and reported in this publication.

The HCSDB includes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a survey designed to help consumers choose among health plans. Scores are compared with averages taken from the 2008 National CAHPS Benchmarking Database (NCBD) of CAHPS surveys given to beneficiaries by civilian health plans. In 2009, questions from a new version of CAHPS were used. The graphs here show adjusted values for comparable questions from 2007 and 2008, where they could be found.




## 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 for each of the following time periods: 2007, 2008, and 2009. Labels refer to the year a survey was fielded. 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

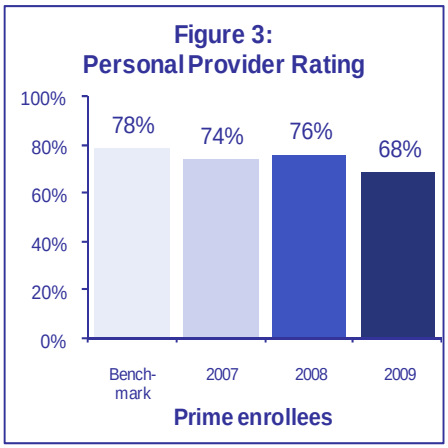
Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

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.

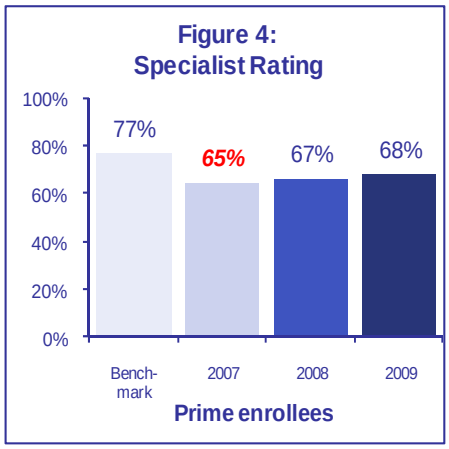
Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.




## 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 NCBD benchmark (p < .05).

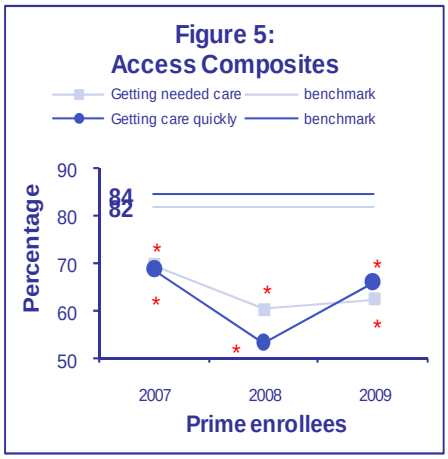
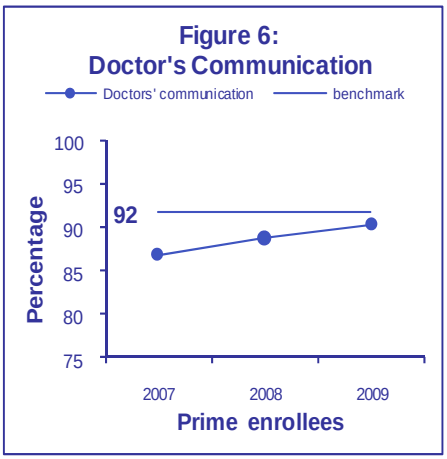
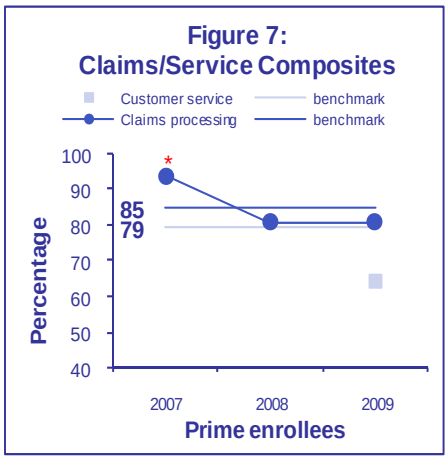



Figure 5 (Access Composites) includes the composites "Getting needed care" and "Getting care quickly." Scores in "Getting needed care" are based on getting referral to a specialist and getting needed treatments. "Getting care quickly" scores concern how long patients wait for an appointment or urgent care.

Figure 6 (Doctor's Communication) includes the composite for "How well doctors communicate." Scores in "How well doctors communicate" are based on whether the personal doctor spends enough time with patients, treats them respectfully and answers their questions.

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 courteous service and information about their health plan. Questions from 2007 and 2008 are not comparable, so only 2009 is shown. "Claims processing" scores are based on both timeliness and correctness.




## 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 currently do not smoke. 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 | 2007 | 2008 | 2009 | Healthy People 2010 Goal |
|---|---|---|---|---|
| Mammography (women ≥ 40) | . | . | . . | 70 |
| Pap Smear (women ≥ 18) | 92 | *96* | *99* (86) | 90 |
| Hypertension Screen (adults) | 92 | 90 | *90* (272) | 95 |
| Prenatal Care (in 1st trimester) | . | . | . . | 90 |
| Percent Not Obese (adults) | 82 | 85 | 85 (267) | 85 |
| Non-Smokers (adults) | 85 | 83 | 85 (265) | 88 |
| Counseled to Quit (adults) | . | . | 77 (40) | - |