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**Survey Analysis and Reporting for the 1996
Health Care Survey of DoD Beneficiaries**

Satisfaction with Health Care Working Paper

Michael Latta
Westat, Inc.

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SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

EXECUTIVE SUMMARY

Objective

This research on satisfaction with care was conducted to identify how Department of Defense (DoD) health care beneficiaries feel about the military health care system. Differences in satisfaction overall, with access to appointments, access to system resources, technical quality, interpersonal concern, choice and continuity, finances, dental care, and various aspects of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and the new TRICARE system were identified by geographic location, gender, beneficiary type, source of care, and health care region.

Procedure

In the spring and summer of 1996, the 1996 Health Care Survey of DoD Beneficiaries was mailed to a stratified sample of 156,838 active duty personnel, retirees, survivors and their adult family members. The questionnaire contained items concerned with the beneficiaries' satisfaction with the care they received in the past twelve months.

Findings

- Beneficiaries rate care at civilian facilities higher than military facilities.
- The level of overall satisfaction with military facilities is lower when the beneficiaries have experience with both military and civilian health care facilities.
- Higher satisfaction is reported for system resources compared to access to appointments regardless of the type of health care facility or beneficiary type. Access to appointments and system resources is greater for civilian facilities compared to military facilities.
- For the four beneficiary types, the lowest satisfaction rating for military facilities was for choice and continuity. Older retirees rated their satisfaction with choice and continuity higher than the other beneficiary types.
- About half of the beneficiaries did not use a military facility for most of their care in the past 12 months. Over one-fourth of beneficiaries believe civilian care is better than military care.
- Satisfaction with dental care at civilian facilities is higher than satisfaction at military facilities. Beneficiaries are most satisfied with CHAMPUS providers' willingness to submit claims and least satisfied with the deductible.

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SATISFACTION WITH HEALTH CARE WORKING PAPER : FINAL COPY

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SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

Introduction

This report provides a detailed look at how satisfied military beneficiaries are with their health care. The information in this report comes from the 1996 Health Care Survey of DoD Beneficiaries. The 89,701 respondents represent the views of the approximately 6.5 million adult beneficiaries of the Military Health Services System (MHSS). The report summarizes responses to questions about the beneficiaries' satisfaction with health care and their reasons for not using a military treatment facility for most of their care. The tables in this report show how satisfaction varies and provides detailed analysis by geographic location, beneficiary type, gender, and type of facility, military or civilian.

Report Organization

The report begins with a short overview of the questionnaire and the sample of beneficiaries for the 1996 survey. Next, the report describes the analysis of the data. Tables in this report present findings by beneficiary location, gender, beneficiary type (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; and retirees, survivors and their family members age 65 or over), and source of care.

The 1996 Questionnaire

The 1996 Health Care Survey of DoD Beneficiaries provides detailed information on health care delivery from the point of view of the beneficiary. This section briefly describes the questionnaire. The survey has nine major sections, including:

- "Your Health and Daily Activities"—This section contains the 12 questions that comprise the Health Institute's SF-12 Health Survey¹, a widely used and validated instrument that measures distinct aspects of personal health.
- "Preventive Health Care and Health Habits"—This section asks beneficiaries 17 questions about personal health habits and whether an individual received specified preventive exams.
- "Place of Medical Care and Health Insurance Coverage"—This section contains 10 questions about the beneficiaries' usual source of care and the type of health insurance coverage and who pays the premiums for private health insurance.
- "Medical Care at Military Facilities"—This section asks beneficiaries 12 questions about past use of military medical care, nights in a military hospital, ease of access to the military health care system ("process measures"), overall satisfaction with

¹The 1996 questionnaire includes the SF-12 Health Survey, item numbers 1 to 8, reproduced with permission of the Medical Outcomes Trust, copyright© 1994 The Health Institute; New England Medical Center.

military health care, and reasons for not using military medical facilities, along with 32 questions rating specific aspects of military health care.

- "Medical Care at Civilian Facilities"—This section asks beneficiaries 12 questions about past use of civilian medical care, nights in a civilian hospital, ease of access to the civilian health care system ("process measures"), overall satisfaction with civilian health care and satisfaction with CHAMPUS (TRICARE Standard) benefits, along with 32 questions rating specific aspects of civilian health care.
- "Dental Care"—Beneficiaries are asked three questions regarding their use of dentists or dental clinics in this section of the questionnaire.
- "TRICARE"—This section contains 18 questions that look at beneficiaries' level and source of knowledge about TRICARE, their opinions about TRICARE and their current and future TRICARE enrollment plans.
- "Facts About You"—This section asks for demographic information, such as length of time in residence, source of eligibility for military health care, marital status, education, ethnicity and race, and age as well as other factors contributing to an explanation of health-related behaviors and opinions.

Sampling and Response Rates

The sample of beneficiaries for the 1996 survey were selected at random in catchment areas in the United States and overseas and in noncatchment areas. For noncatchment areas, beneficiaries were sampled separately within each of 12 regions, Alaska and overseas. To be eligible for the survey, an individual's record in the Defense Enrollment Eligibility Reporting System (DEERS) had to indicate that the individual was:

- Eligible for military health care benefits as of October 28, 1995; and
- Age 18 or older.

Within each catchment area, the sample was stratified by six beneficiary groups: (1) active duty personnel; (2) active duty family members; (3) retirees under age 65; (4) family members under age 65 of retirees; (5) retirees age 65 and older; and (6) family members age 65 and older of retirees. Stratification means dividing the survey population into mutually exclusive subsets (strata) and then sampling individuals independently from each stratum. Stratification serves two main purposes:

- Stratification ensures that the sample is large enough at the catchment area level and within each beneficiary group to identify with specified precision differences in answers between catchment areas and beneficiary types.
- Stratification also permits a more nearly optimum allocation of sample within catchment areas, within beneficiary groups, and within the catchment areas of a region as a whole.

The number of beneficiaries sampled in each catchment area and beneficiary group depends on how confident we want to be that our findings reflect the true values and not chance. Meeting the precision requirements for this survey required approximately 90 to 100 respondents from each catchment area and beneficiary group combination. A response rate of 50 percent for active duty personnel and a 65 percent response rate for retirees and their families was assumed. The number of respondents required and the expected response rates determined the number of beneficiaries drawn from the sample. Table I and Table II show, for each segment of the population, the number of survey respondents (beneficiaries who returned their surveys) and the population (weighted N) of beneficiaries represented by the returned surveys and the response rate.

Table I

Number of survey respondents and weighted N's for population segments

Population Segment	Survey Respondents	Weighted N	Response Rate
All Beneficiaries	89,701	3,701,051	58.1
Males	44,357	1,973,787	57.9
Females	45,344	1,727,264	58.3
Active Duty Personnel	17,154	714,233	45.0
Active Duty Family Members	14,096	465,586	45.9
Retirees, Survivors and Their Family Members Under Age 65	31,785	1,638,294	62.3
Retirees, Survivors and Their Family Members Age 65 or Over	26,666	822,938	76.3
Beneficiaries in U.S. Catchment Areas	63,459	2,204,963	59.7
Beneficiaries in U.S. Noncatchment Areas	14,186	1,234,854	62.0
Beneficiaries in overseas Catchment Areas	11,499	196,069	48.3
Region 1: Northeast	9,428	787,602	62.0
Region 2: Mid-Atlantic	5,673	632,777	58.3
Region 3: Southeast	8,660	757,861	58.3
Region 4: Gulfsouth	7,503	433,308	60.8
Region 5: Heartland	3,884	468,373	59.4
Region 6: Southwest	10,128	727,040	58.1
Region 7: Desert States	5,896	300,288	62.4
Region 8: North Central	10,255	511,640	61.7
Region 9: Southern California	5,391	509,687	56.3
Region 10: Golden Gate	4,453	261,489	60.4
Region 11: Northwest	3,316	272,692	62.9
Region 12: Hawaii Pacific	1,286	104,399	62.4
Alaska	1,722	50,207	57.5

Table II

Number of survey respondents and weighted N's for each beneficiary group within each region

Health Care Region	Active Duty Personnel		Active Duty Family Members		Retirees, Survivors and Their Family Members Under Age 65		Retirees, Survivors and Their Family Members Age 65 or Over		Total	
	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N
Region 1	1,424	176,327	1,417	113,992	3,476	328,675	3,111	168,608	9,428	787,602
Region 2	817	225,670	835	134,725	2,114	203,941	1,907	68,412	5,673	632,777
Region 3	1,285	151,104	1,285	101,956	3,166	337,608	2,924	167,193	8,660	757,861
Region 4	1,062	82,184	1,148	58,904	2,794	208,552	2,499	83,668	7,503	433,308
Region 5	594	103,230	602	60,241	1,398	219,781	1,290	85,120	3,884	468,373
Region 6	1,595	161,148	1,489	100,252	3,736	325,671	3,308	139,969	10,128	727,040
Region 7	941	60,658	878	40,568	2,130	134,213	1,947	64,849	5,896	300,288
Region 8	1,766	124,231	1,636	79,289	3,704	222,279	3,149	85,842	10,255	511,640
Region 9	874	162,367	794	90,222	1,924	161,280	1,799	95,818	5,391	509,687
Region 10	707	46,491	669	33,820	1,574	109,433	1,503	71,744	4,453	261,489
Region 11	451	55,818	501	42,180	1,239	118,980	1,125	55,715	3,316	272,692
Region 12	234	47,371	159	27,163	478	20,608	415	9,258	1,286	104,399
Alaska	380	20,565	320	13,136	617	14,329	455	2,177	1,772	50,207

Analysis of Satisfaction

Objective

The objective of this analysis is to identify variation in satisfaction across location, beneficiary category and type of provider (military or civilian). The analysis will be based on multiple questions asking about beneficiary satisfaction with various aspects of the health care received in the past 12 months. These questions are a key part of the survey because MHSS

decisionmakers want to achieve highest possible consumer satisfaction consistent with the readiness mission and resource constraints.

For purposes of analysis, individual questions are combined into seven scales that measure distinct aspects of care: overall satisfaction, technical quality, choice and continuity, finances, access to appointments, interpersonal concern and access to system resources.

The satisfaction scale names, number of survey items defining the scale, each question number, and the corresponding variable names appear in Table III. Beneficiaries who had not used a military treatment facility for most of their care in the past 12 months were asked their reasons for not using the service. The nine questions asked about these reasons appear in Table IV. Beneficiaries also had the opportunity to provide answers to nine additional satisfaction items covering dental care and CHAMPUS benefits. These questions appear in Table V.

The rules for forming the seven satisfaction scales and checking their reliability and validity are presented in the *Technical Report*. Note that because the survey asks the beneficiaries to identify their satisfaction with military and civilian providers, there are two versions of each satisfaction scale.

Research Questions

This working paper addresses the following research questions:

- Are there health care regions that show significantly different satisfaction scale scores from each other and from a DoD total?
- Are there differences in satisfaction between men and women or the individuals in the four beneficiary groups?
- Do any differences in satisfaction among the four beneficiary types depend on the source of medical care (military, civilian, or both)?
- Within a health care region, does satisfaction vary among the four beneficiary types who receive their health care from different sources (military, civilian, both)?
- Why do some beneficiaries choose NOT to use military treatment facilities for their health care?

Table III
Satisfaction scale definitions

Scale Name	Number of Items	Question Numbers (Military/Civilian)	Variable Names (Military/Civilian)
Overall Satisfaction	2	46a, 46b / 59a, 59b	H9646A, H9646B / H9659A, H9659B
Technical Quality	8	47l, 47m, 47n, 47o, 47p, 47q, 47r, 47s / 60l, 60m, 60n, 60o, 60p, 60q, 60r, 60s	H9647L, H9647M, H9647N, H9647O, H9647P, H9647Q, H9647R, H9647S / H9660L, H9660M, H9660N, H9660O, H9660P, H9660Q, H9660R, H9660S
Choice and Continuity	2	47bb, 47cc / 60bb, 60cc	H9647BB, H9647CC / H9660BB, H9660CC
Finances	2	47ee, 47ff / 60ee, 60ff	H9647EE, H967FF / H9660EE, H9660FF
Access to Appointments	4	47g, 47h, 47i, 47j/ 60g, 60h, 60i, 60j	H9647G, H9647H, H9647I, H9647J / H9660G, H9660H, H9660I, H9660J
Interpersonal Concern	9	47t, 47u, 47v, 47w, 47x, 47y, 47z, 47aa, 47dd / 60t, 60u, 60v, 60w, 60x, 60y, 60z, 60aa, 60dd	H9647T, H9647U, H9647V, H9647W, H9647X, H9647Y, H9647Z, H9647AA, H9647DD / H9660T, H9660U, H9660V, H9660W, H9660X, H9660Y, H9660Z, H9660AA, H9660DD
Access to System Resources	7	47a, 47b, 47c, 47d, 47e, 47f, 47k / 60a, 60b, 60c, 60d, 60e, 60f, 60k	H9647A, H9647B, H9647C, H9647D, H9647E, H9647F, H9647K/ H9660A, H9660B, H9660C, H9660D, H9660E, H9660F, H9660K

Table IV

Reasons for Not Using a Military Treatment Facility for Most Care in the Past 12 Months

Reason	Question Numbers	Variable Names
Did not use a military facility for most care in past 12 months	48	H9648R
Too far away	49a	H9649A
Too difficult to get appointment	49b	H9649B
Military facility has been closed	49c	H9649C
Services needed are not available	49d	H9649D
Get better care from civilian providers	49e	H9649E
Not eligible for care	49f	H9649F
No appointment available for my type of beneficiary	49g	H9649G
Some other reason	49h	H9649H

Table V

Other satisfaction items

Topic	Question Numbers	Variable Names
Dental care at military sources	64	H9664
Dental care at civilian sources	65	H9665
<i>CHAMPUS or TRICARE Standard Benefits</i>		
Providers' willingness to submit claim	62a	H9662A
Claims processing procedures	62b	H9662B
Time to solve claim problem	62c	H9662C
Time waiting for payment	62d	H9662D
Amount of CHAMPUS deductible	62e	H9662E
Amount of CHAMPUS copayment	62f	H9662F
Coverage of services and procedures	62g	H9662G

Analytic Variables

To answer the research questions, several analytic variables were constructed to represent location, gender, beneficiary type and source of care. These variables are briefly described here; the *Technical Report* contains more detailed information.

Past Use of Care (XPASTUSE)

Beneficiaries were asked to rate their care at the type of facility they used in the past 12 months. A filter occurs at Question 38 to exclude all beneficiaries who did not receive any health care from a military facility or provider in the past 12 months. Another filter occurs at Question 51 to exclude all beneficiaries who did not receive any health care from a civilian facility or provider in the past 12 months. Thus, in calculating the average scale values, the denominator will include only those beneficiaries who have a legitimate scale score within a defined subgroup. The constructed variable, "past use of care," uses information from Questions 38 and 51 to identify whether an individual used military care, civilian or both types. Question 38 asks whether beneficiaries used any military health care in the past 12 months. Question 51 asks whether beneficiaries used any civilian health care in the past 12 months.

The past use variable has three levels (there will be a few who are unassigned):

- 1---Military only
- 2---Civilian only
- 3---Both military and civilian

Other Constructed Variables

The other constructed variables are used to identify individuals living inside U.S. catchment areas and display findings for this group by gender, beneficiary category, region, and source of care. Why were beneficiaries living inside U.S. catchment areas chosen for more detailed analysis? These individuals are of special interest for three reasons. First, they form the largest population group, accounting for approximately 75 percent of adult beneficiaries. Second, beneficiaries in this group typically have access to both military and civilian sources of health care. In contrast, beneficiaries living outside catchment areas do not have easy access to military care and beneficiaries living overseas do not have easy access to civilian care. Because beneficiaries living inside U.S. catchment areas typically have more choice for health care delivery, their views are of particular interest to us. Finally, the MHSS has more tools for managing the care of this population. For example, beneficiaries living inside U.S. catchment areas must obtain a nonavailability statement before seeking civilian care if CHAMPUS is the primary insurer.

Four variables were used to identify beneficiaries living inside U.S. catchment areas and to group them by region, gender, and beneficiary category:

- The variable XLEVELWP groups individuals into three categories: (1) beneficiaries living in U.S. catchment areas; (2) beneficiaries living outside of U.S. catchment areas; and (3) beneficiaries living overseas. Catchment area codes provided by Office of the Assistant Secretary of Defense Health Affairs (OASD(HA)) using the Defense Medical Information System (DMIS) were used to classify beneficiaries into these categories.
- The variable XREGION further groups individuals into specific regions. Catchment area codes provided by OASD(HA) were used to identify the appropriate region for each beneficiary.
- The variables XSEX indicates whether a beneficiary is either male or female and XBGC_S identifies an individual's beneficiary type (active duty personnel; family members of active duty personnel; retirees, survivors and their family members under age 65; and retirees, survivors and their family members age 65 and over.).

50-State Catchment Areas, 50-State Noncatchment Areas, Overseas (XLEVELWP)

These groups of beneficiaries were formed to ensure that beneficiaries living in catchment areas of the 50 states are selected for analysis. Here, catchment area codes provided by OASD(HA) using the Defense Medical Information System are used to classify beneficiaries. The key variable here is CACSMPL, a four digit number representing the catchment area status of each beneficiary when the DEERS file was frozen and the sample drawn. XLEVELWP takes on values as follows (there will be a few who are unassigned):

- 1---50-state catchment areas;
- 2---50-state noncatchment areas;
- 3---Overseas.

Only beneficiaries with a known value for this constructed variable were included in the denominators of tables.

50-State and Overseas Regions (XREGION)

These groups of beneficiaries will be formed to do analyses on beneficiaries living in the 50-state catchment areas for all working papers. In region-based research reports, beneficiaries in noncatchment areas will also be included in regional totals. Catchment area codes (CACSMPL) provided by OASD(HA) will be used to classify beneficiaries as located in a specific region as follows (there will be a few who are unassigned):

- 1---Northeast;
- 2---Mid-Atlantic;
- 3--- Southeast;

- 4---Gulfsouth;
- 5---Heartland;
- 6---Southwest;
- 7---Desert States;
- 8---North Central;
- 9---Southern California;
- 10---Golden Gate;
- 11---Northwest;
- 12---Hawaii Pacific;
- 13---Alaska;
- 14---Overseas.

This constructed variable allows the identification of the beneficiaries in a 50-state region or those who are overseas selected for a regional report. Only these fourteen categories of this constructed variable will be used in analyses.

Organization of Tables

The remainder of this report presents detailed information on beneficiaries' satisfaction with their military health care and reasons for not using the military health care system for most of their medical care in the past 12 months. For reporting purposes, information from the survey has been organized into a set of standardized tables separated by flow charts. The flow charts depict how the analytic groups were formed from subsets of the whole sample and indicate the unweighted sample size for these analytic groups. The flow chart boxes at the bottom of each chart represent the groups of beneficiaries used in calculating means or percentages for presentation in the following table.

The first analytic table reports findings for DoD as a whole; by geographic location (in U.S. catchment areas, out of U.S. catchment areas, and overseas); and by region for the population living inside U.S. catchment areas. The second table provides the same information for a select group of individuals: those who used both military and civilian care in the previous 12 months. The third table presents findings for individuals living in U.S. catchment areas by gender and beneficiary category. The fourth table provides the same information for those who used both military and civilian care in the previous 12 months. Two regional tables provide detailed data by beneficiary category for two groups of individuals; (1) all those who used a given type of facility; and (2) for those who used both types of facilities.

Approach to Analysis of Satisfaction Data

The analysis of satisfaction data presented below employs the following general rules:

- The discussion stresses broad patterns that emerge by comparing table columns and rows. Specific values from table entries are cited only to illustrate examples of a pattern or to give an idea of the magnitude of differences among subgroups.
- For related groups of tables, the discussion appears before that group of tables. There are three main sections to this paper: (1) Satisfaction with Health Care; (2) Reasons for Not Using a Military Treatment Facility; and a section on (3) Other Satisfaction items.
- The discussion of results for individual health care regions is by exception indicating how a region varies meaningfully from the overall findings and in what ways a particular region is different.
- Differences between columns or rows of a single table, or between two different tables are discussed when they are either numerically large, (e.g., greater than .5 or one half of a satisfaction scale point), or if these differences form a pattern in a row which is consistent across all columns of a table.
- The types of tables created are:
 - ♦ based upon all beneficiaries in U.S. catchment areas using either a military or civilian health care facility or both types of facilities in the past 12 months;
 - ♦ based only on beneficiaries in U.S. catchment areas who have used *both* a military and a civilian health care facility in the past 12 months;
 - ♦ concerned with geographic locations (total DoD, those in U.S. catchment areas, those in U.S. noncatchment areas, overseas, and U.S. catchment areas of specific health care regions and Alaska); and
 - ♦ beneficiaries in U.S. catchment areas who are either men or women; who are active duty members; family members of active duty personnel; retirees, survivors and their family members under age 65; or retirees, survivors and their family members age 65 or over.

Results of Analysis

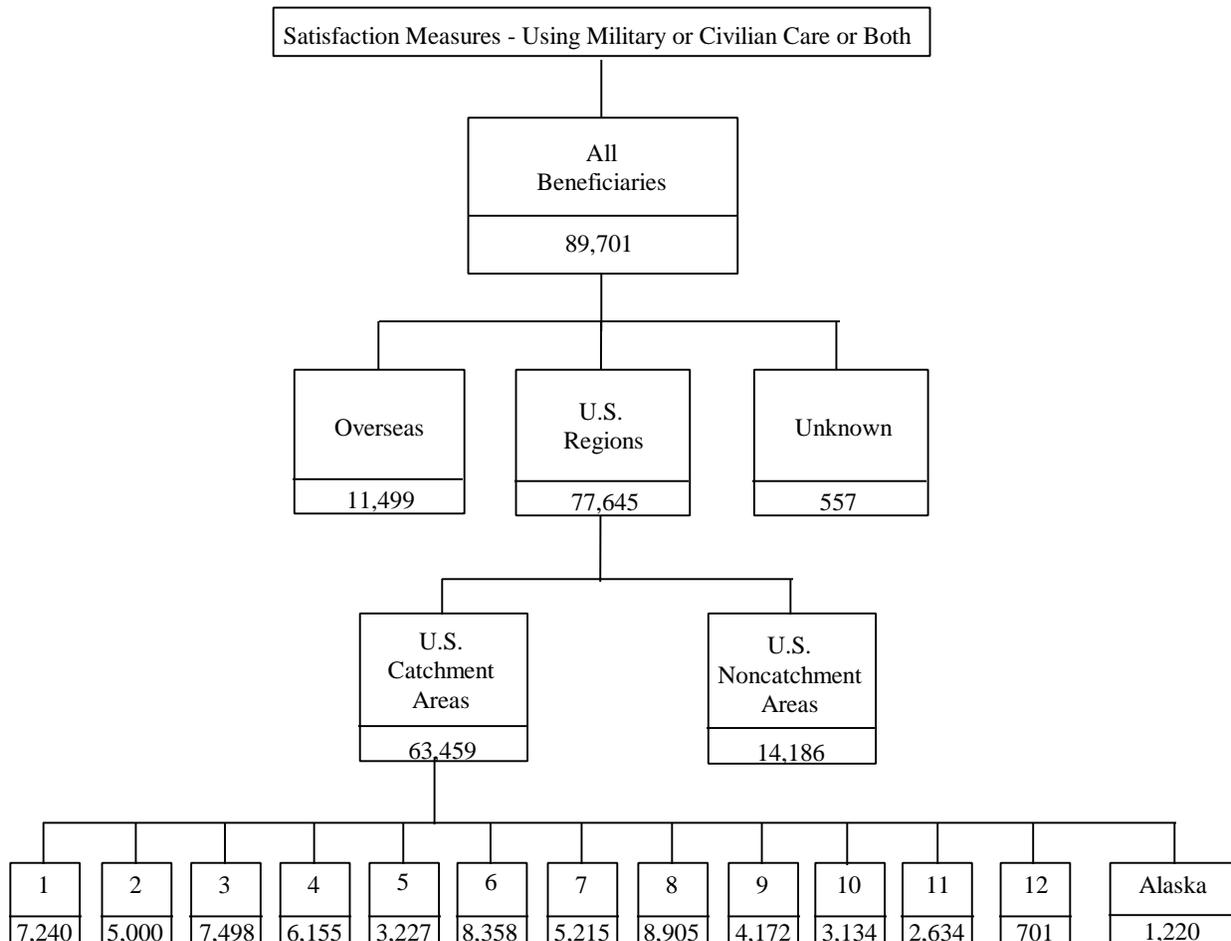


Figure 1. Satisfaction with health care - Beneficiaries using military or civilian care or both in past 12 months by location and type of facility

Beneficiaries' Satisfaction with Health Care Using Either Military or Civilian Care or Both in the Past 12 Months

Tables 1a through 4b concerning beneficiaries' satisfaction with their health care focus on four topics: 1) overall satisfaction; 2) access to appointments and system resources; 3) the aspects of satisfaction rated most highly for military facilities; and 4) the aspects of satisfaction rated lowest for military facilities. In addition to these four main topics a discussion of differences between those who used *both* military and civilian facilities and those who used *either* one type of facility *or both* is provided.

Overall Satisfaction. Table 1a presents the mean scale scores for satisfaction with health care among beneficiaries who used *either* military or civilian care *or both* types of health care

facility in the past 12 months. Mean scale scores for the seven different measures of satisfaction with health care are given for the geographic location subgroups.

With regard to overall satisfaction, a general finding is that beneficiaries who have experience using civilian facilities are more satisfied than beneficiaries who have experience using military facilities. This finding applies to all the geographic location subgroups. Both the level of overall satisfaction and the magnitude of the differences in overall satisfaction between military and civilian facilities is remarkably consistent across the geographic subgroups presented in Table 1a.

Table 2a presents data for overall satisfaction for only those beneficiaries who had experience with *both* a military and a civilian health care facility in the past 12 months. Thus, while 54,058 survey respondents used a military facility in the past 12 months (see Table 1b), only 28,426 of those who used a military facility also used a civilian facility in the past 12 months (see Table 2b). Similar to the earlier findings, beneficiaries who have used both military and civilian facilities in the past 12 months are more satisfied overall with civilian facilities than they are with military facilities. Both the level of and the difference in overall satisfaction between military and civilian health care facilities are similar to those reported above. This finding holds for all geographic location subgroups.

Access to Appointments and System Resources. A consistent pattern in satisfaction with access to appointments and system resources is also apparent in Table 1a. In general, satisfaction with access to system resources was higher than access to appointments for beneficiaries using military, civilian, or both types of facilities. However, this difference between the two kinds of access measures tended to be larger for satisfaction with access to military facilities than for satisfaction with access to civilian facilities. When comparing satisfaction with access to appointments for military and civilian facilities, it is apparent that beneficiaries are more satisfied with the appointment process at civilian facilities than they are with it at military facilities. As with overall satisfaction, this finding is consistent across the geographic location subgroups.

The same direction of difference in satisfaction with access to system resources is found when comparing military to civilian facilities, but the magnitude of the difference is generally smaller, suggesting military and civilian facilities are closer to parity in access to system resources than they are in access to appointments for beneficiaries who used either a military or civilian health care facility or both.

Similar to the findings above, satisfaction with access to system resources was higher than access to appointments for beneficiaries only using *both* types of facilities (Table 2a), and this difference tended to be larger for satisfaction with access to military facilities than for satisfaction with access to civilian facilities. As reported earlier, this pattern also held across all geographic subgroups.

Highest and Lowest Ratings for Military Facilities. For this determination, ratings for overall satisfaction and the two aspects of access already discussed were excluded from consideration. The aspects of satisfaction (other than overall or the two access measures) with health care having the highest ratings included both interpersonal concern and technical quality.

These two aspects of satisfaction with military health care were the highest across the geographic location subgroups presented in Table 1a. The level of satisfaction with technical quality and interpersonal concern at military facilities varied only slightly from geographic location to geographic location ranging from a low of 3.0 to a high of 3.3. In some cases, however, satisfaction with finances approached these two highest rated aspects of satisfaction.

A single aspect of satisfaction with military health care, choice and continuity, rated lowest for DoD beneficiaries. The level of satisfaction with choice and continuity of military health care was almost a full scale point lower than that for interpersonal concern, technical quality, and occasionally finances. When looking across geographic locations, satisfaction with choice and continuity of military health care varied ranging from a low of 2.1 (overseas and Region 2) to a high of 2.6 (Region 5).

Consistent with earlier findings, the aspects of satisfaction among beneficiaries who only used both types of health care facilities showing the highest ratings (Table 2a) included both interpersonal concern and technical quality (finances again was highly rated); and satisfaction with military health care choice and continuity rated lowest. Again, this pattern held across all geographic location subgroups.

Beneficiaries' Satisfaction with Health Care Using Military or Civilian Care or Both By Gender, Beneficiary Type and Type of Facility

Overall Satisfaction. Tables 3a and 4a present satisfaction data for military and civilian facilities used in the past 12 months by beneficiaries living in U.S. catchment areas who are either men or women, and are categorized into one of the four beneficiary types.

Among those who used either military or civilian facilities or both (Table 3a), the difference in overall satisfaction with military and civilian facilities was greatest for active duty family members at almost a full scale point, and was smallest for retirees, survivors, and their family members age 65 or over at two tenths of a scale point. This latter finding is due primarily to a much higher level of overall satisfaction with military facilities for the older retiree group.

Differences in overall satisfaction between military and civilian facilities were in the same direction for only users of *both* military and civilian facilities (Table 4a) as for users of *either or both* types of facilities. However, these differences were slightly larger and more in favor of civilian facilities for the four beneficiary types compared to men and women.

Access to Appointments and System Resources. Satisfaction with access to appointments and system resources for men and women, active duty personnel, active duty family members, and the two retiree groups is similar and shows satisfaction with access to system resources is higher than access to appointments for beneficiaries using *either or both* types of facilities (Table 3a). Again, this difference in the two measures of access tended to be larger for satisfaction with access to military facilities than for satisfaction with access to civilian facilities.

Table 4a presents access satisfaction data for beneficiaries living in U.S. catchment areas who are either men or women, are categorized into one of the four beneficiary types, and who

only used *both* a military and a civilian facility used in the past 12 months. Similar to the earlier results, satisfaction with access to civilian facilities is higher than for military facilities, and access to system resources is rated higher than access to appointments, especially for military facilities.

Highest and Lowest Ratings for Military Facilities. For men, women, and the four beneficiary groups who used *either* military or civilian *or both* types of facilities (Table 3a), the lowest satisfaction rating for military facilities was once again choice and continuity among those who used either or both types of facilities. (Overall satisfaction and the two measures of satisfaction with access are excluded.) Other than overall satisfaction and access to system resources, satisfaction with technical quality and interpersonal concern were once again the highest ratings for military facilities, with the older retiree group having the highest of the high ratings and finances also highly rated. Satisfaction was once again lowest for choice and continuity with the older retiree group rating their satisfaction with choice and continuity at military facilities higher than the other beneficiary groups.

For men, women, and the four beneficiary types who only used *both* types of facilities in the past 12 months, the lowest satisfaction rating for military facilities was once again for choice and continuity (Table 4a). As reported earlier, the older retiree group rated their satisfaction with choice and continuity higher than the other beneficiary groups. Other than overall satisfaction and access to system resources, satisfaction with technical quality and interpersonal concern were the highest ratings for military facilities, followed closely by finances.

Table 1a [Satisfaction with Health Care - Beneficiaries Using Military or Civilian Care or Both in Past 12 Months By Location and Type of Facility](#)

Table 1a (Page 2)

Table 1b [Satisfaction with Health Care - Beneficiaries Using Military or Civilian Care or Both in Past 12 Months - Unweighted and Effective Sample Sizes By Location and Type of Facility](#)

Table 1b (Page 2)

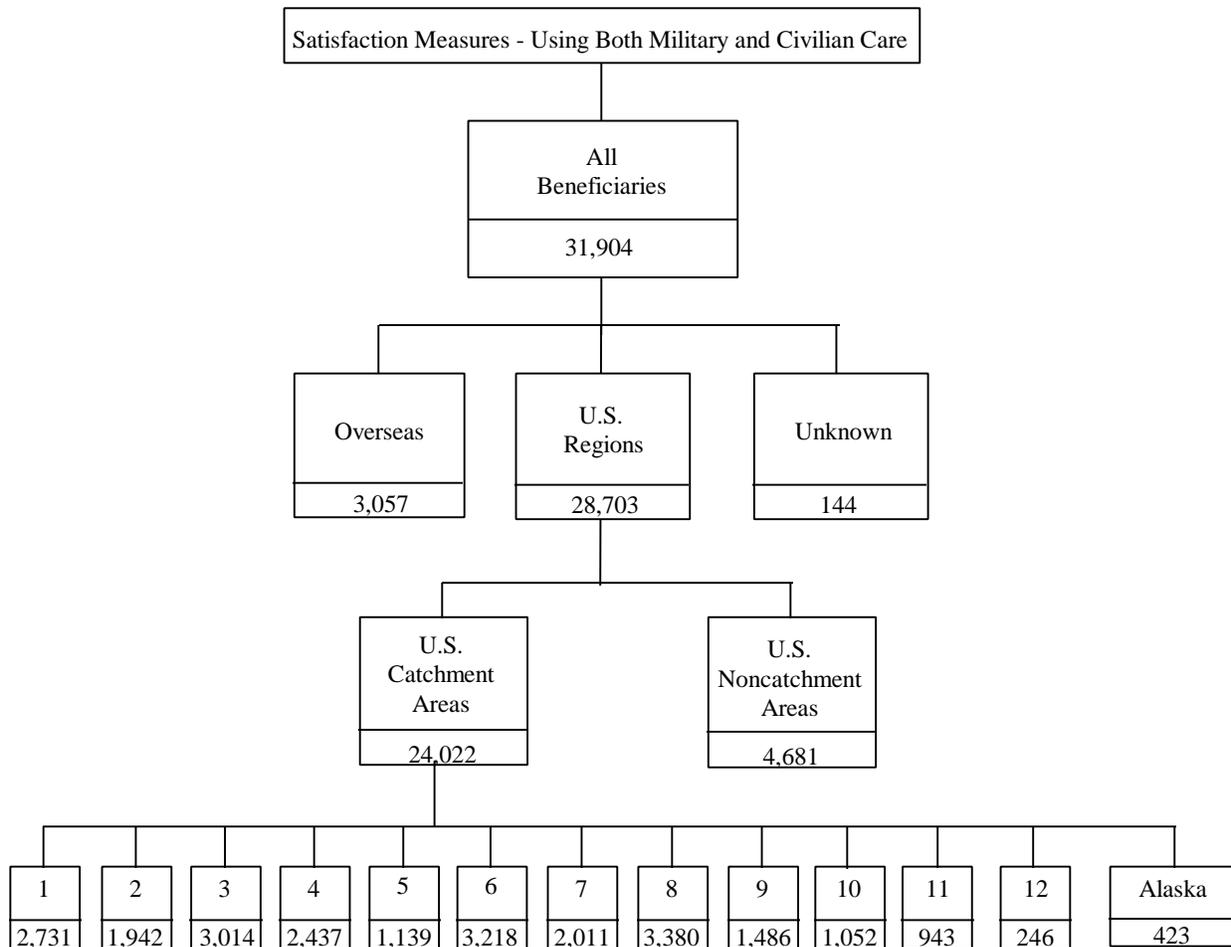


Figure 2. Satisfaction with health care - Beneficiaries using both military and civilian care in past 12 months by location and type of facility

Table 2a [Satisfaction with Health Care - Beneficiaries Using BOTH Military and Civilian Care in Past 12 Months By Location and Type of Facility](#)

Table 2a (Page 2)

Table 2b [Satisfaction with Health Care - Beneficiaries Using BOTH Military and Civilian Care in Past 12 Months - Unweighted and Effective Sample Sizes By Location and Type of Facility](#)

Table 2b (page 2)

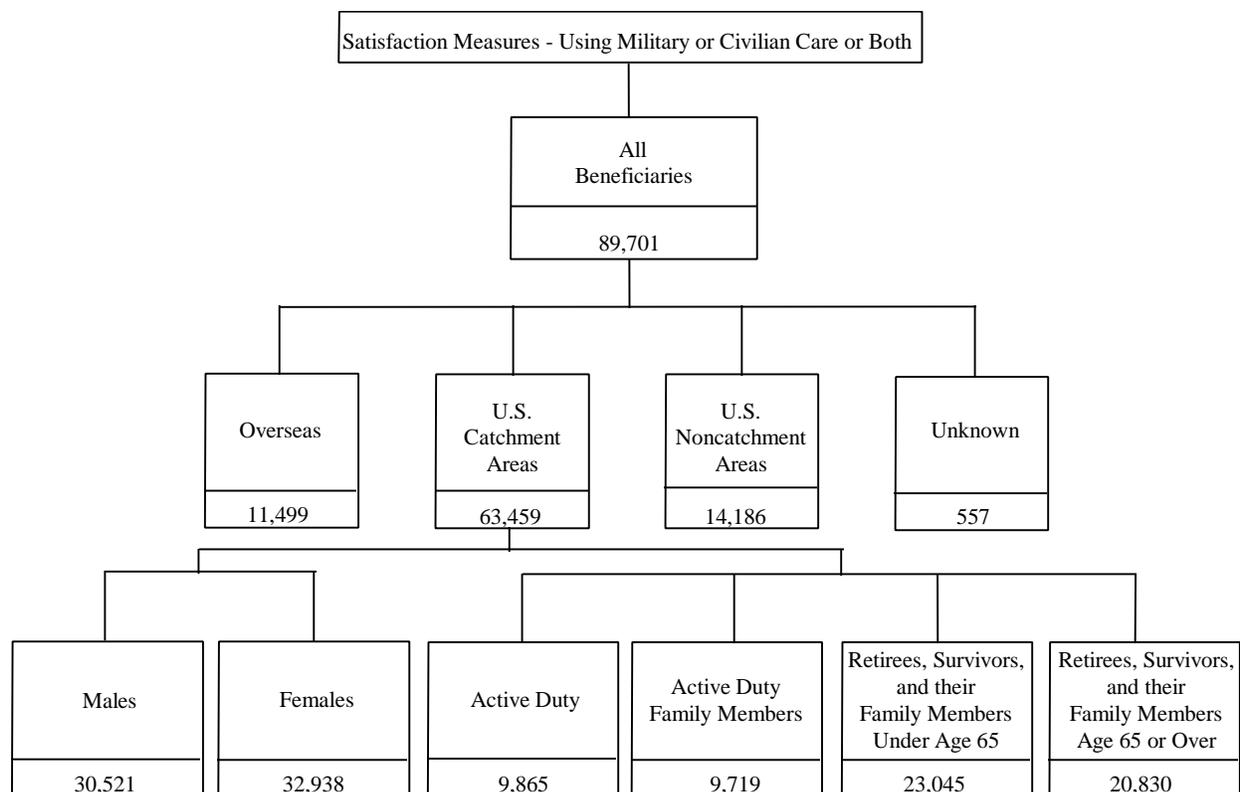


Figure 3. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months by gender, beneficiary type and type of facility

Table 3a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months By Gender, Beneficiary Type and Type of Facility](#)

Table 3b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months - Unweighted and Effective Sample Sizes By Gender, Beneficiary Type and Type of Facility](#)

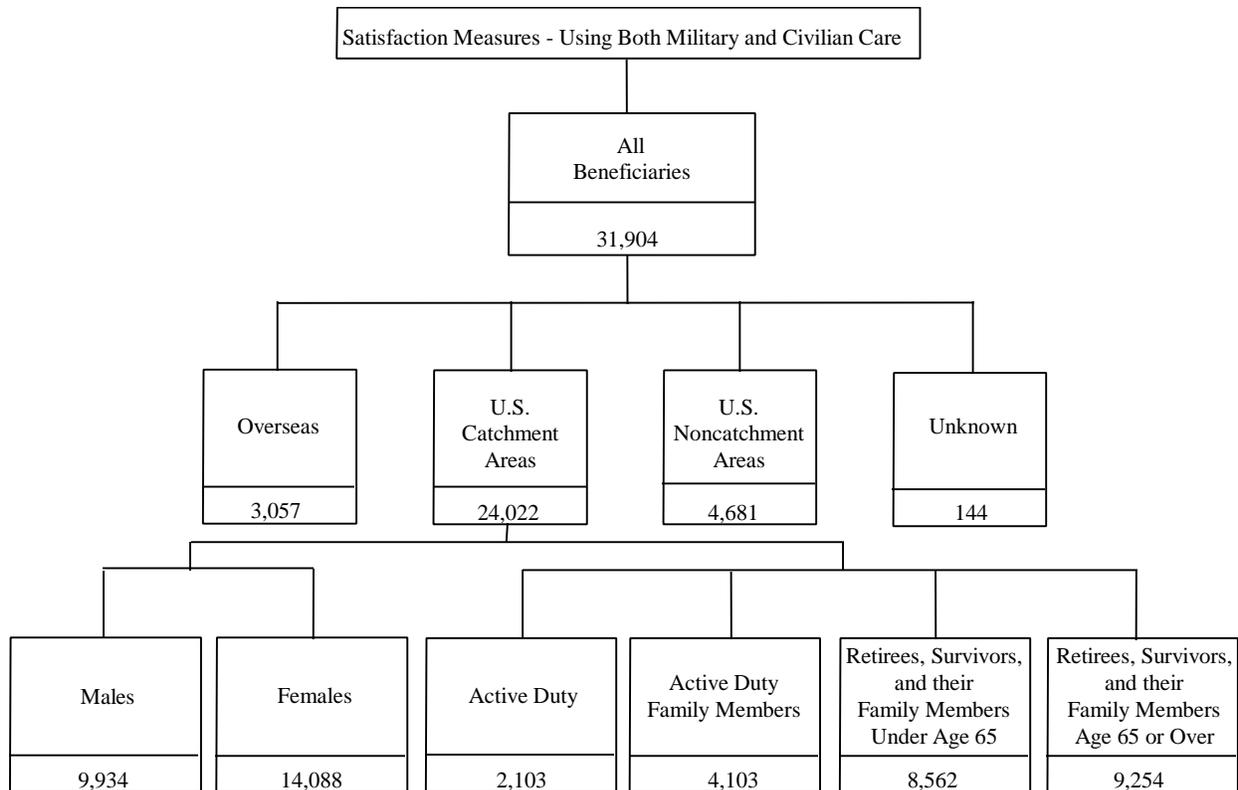


Figure 4. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months by gender, beneficiary type and type of facility

Table 4a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months By Gender, Beneficiary Type and Type of Facility](#)

Table 4b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months - Unweighted and Effective Sample Sizes By Gender, Beneficiary Type and Type of Facility](#)

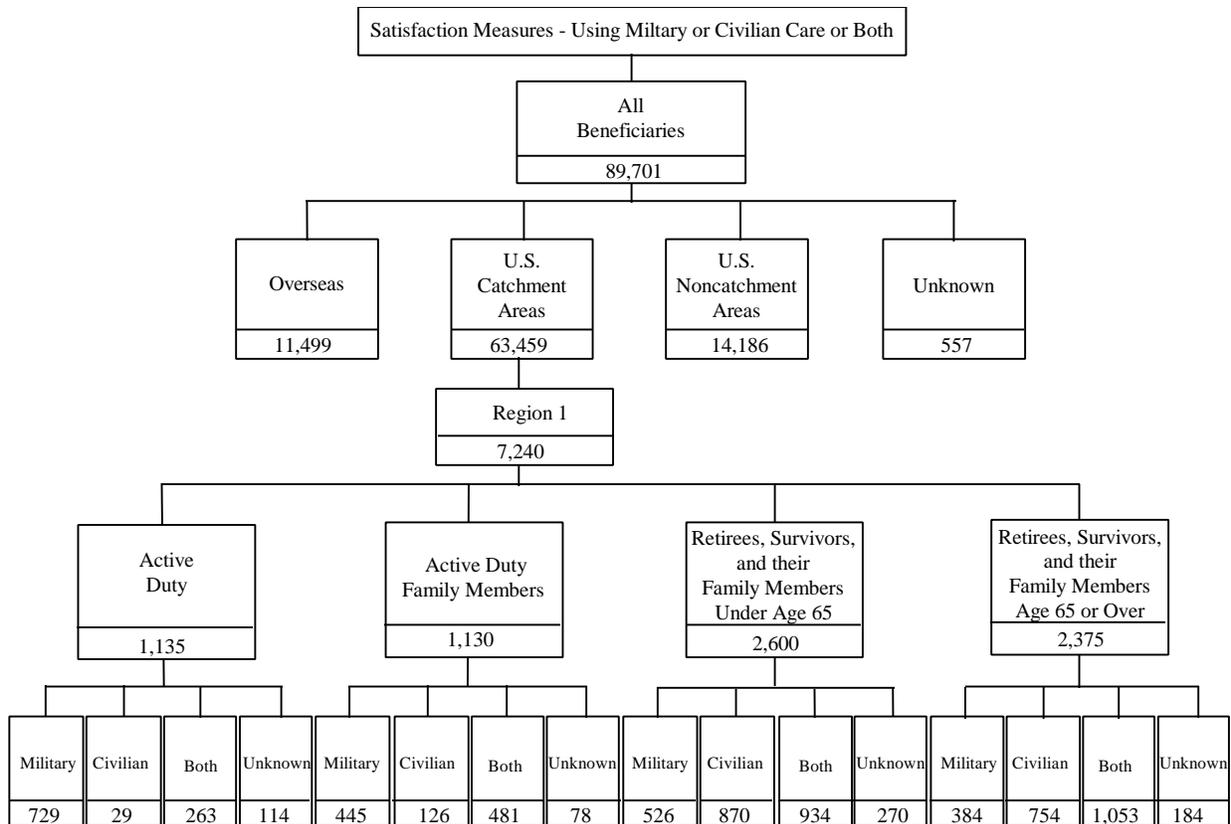


Figure 5. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 1, Northeast, by beneficiary type and type of facility

Beneficiaries' Satisfaction with Health Care by Regions

Tables 5a through 30a present satisfaction data for beneficiaries living in catchment areas of each of the 12 U.S. health care regions and Alaska one geographic location at a time. These tables contain mean satisfaction ratings for both military and civilian facilities given by the four beneficiary types. For each region, tables are presented for beneficiaries who used *either* a military or civilian facility *or both* in the past 12 months, and for beneficiaries who only used *both* types of facilities in the past 12 months. The discussion of regional results will be by exception. That is, if a regional table is similar to the beneficiary type results presented earlier, no discussion is presented. If a regional table is different from earlier results reported for beneficiary types, a discussion of how that particular region differs from the overall pattern is presented.

One caveat is in order for the regional analyses. Small unweighted sample sizes occur for active duty members in some of the small regions when they are restricted to those who live in catchment areas and used a civilian health care facility in the past 12 months. In the smallest regions there are more beneficiaries who are unclassified than there are beneficiaries meeting these criteria. Care should be taken in interpreting the results for active duty beneficiaries using civilian facilities in the regional analysis.

Overall Satisfaction. The pattern of mean overall satisfaction scale values which appear in the health care region specific tables is generally similar to the whole sample analysis:

- Civilian facilities rate higher than military facilities.
- The differences in overall satisfaction between military and civilian facilities is greatest for active duty family members, and smallest for the older retirees.
- The level of overall satisfaction with military facilities is lower when the beneficiaries have experience with both military and civilian health care facilities.

This pattern holds for both sets of beneficiaries: a) those who used *either* a military or civilian facility *or both* in the past 12 months; and b) only those who used *both* a military and a civilian health care facility in the past 12 months.

The exceptions to this pattern are:

- In Region 7 (Desert States) and Region 8 (North Central) the largest difference in overall satisfaction between military and civilian facilities was found for active duty members and active duty family members only when they used *both* a military and a civilian health care facility in the past 12 months.
- In Region 9 (South California) the largest difference in overall satisfaction between military and civilian facilities was found for active duty members regardless of the kind of facility experience in the past 12 months. In addition, older retirees rated military and civilian care the same.
- In Region 10 (Golden Gate) the largest difference in overall satisfaction between military and civilian facilities was found for active duty members who used *both* a military and a civilian health care facility in the past 12 months. Older retirees who used both types of facilities rated them the same.
- In Alaska, overall satisfaction with military facilities was actually higher than for civilian facilities among older retirees, but by only one tenth of a scale point.

Access to Appointments and System Resources. Differences in satisfaction with access to appointments and access to system resources within specific health care regions were similar to those reported earlier for the whole sample and include:

- Higher satisfaction is reported for system resources compared to access to appointments regardless of the type of health care facility or beneficiary type.
- Access to appointments and system resources is greater for civilian facilities compared to military facilities.
- The difference in satisfaction with access to appointments and access to system resources is greatest for military facilities for all beneficiary types primarily due to low satisfaction with access to appointments at military facilities.

- This pattern holds for both sets of beneficiaries: a) those who used *either* a military or civilian facility *or both* in the past 12 months; and b) *only* those who used *both* a military and a civilian health care facility in the past 12 months.

The exceptions to this pattern occurred for active duty members' satisfaction with access to appointments and system resources at civilian facilities and include:

- Equal satisfaction with the two types of access to civilian facilities was found among active duty personnel who used *both* military and civilian facilities in Region 2 (Mid-Atlantic) and Region 5 (Heartland); and among active duty personnel who used *either* type of facility *or both* in Region 12 (Hawaii Pacific).
- Slightly higher satisfaction with access to appointments compared to access to system resources was found among active duty personnel who used *both* military and civilian facilities in Region 9 (Southern California) and Region 12 (Hawaii Pacific); and among active duty personnel who used *either* type of facility *or both* in Region 9 (Southern California).

Highest and Lowest Ratings for Military Facilities. Differences in highest and lowest ratings for military facilities were similar to the whole sample for the four beneficiary types in the health care regions:

- For the four beneficiary types, the lowest satisfaction rating for military facilities was for choice and continuity.
- As reported earlier, the older retirees rated their satisfaction with choice and continuity higher than the other beneficiary types.
- Other than overall satisfaction and satisfaction with access, technical quality and interpersonal concern showed the highest ratings for military facilities, with satisfaction with finances also highly rated (occasionally higher than technical quality and interpersonal concern).
- Satisfaction with technical quality and interpersonal concern was very high in the two retiree groups.

The exceptions to this pattern are:

- In Alaska, among the older retirees, the lowest rating for military facilities was for access to appointments rather than choice and continuity among those who used *both* military and civilian facilities in the past 12 months. The difference, however, was small.
- The same kind of exception was found for the older retiree group in Region 6 (Southwest) and Region 8 (North Central) among those using *either* military or civilian *or both* types of facilities in the past 12 months.

Table 5a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 1, Northeast](#)

Table 5b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 1, Northeast - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

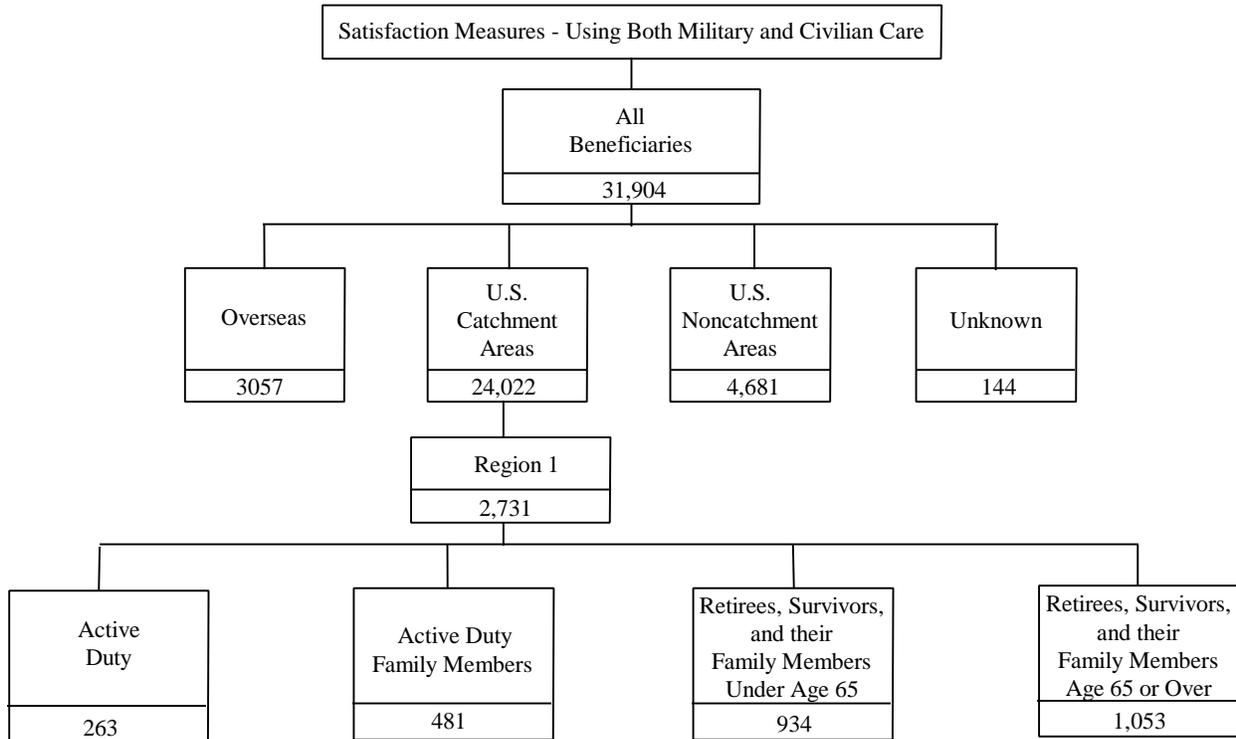


Figure 6. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 1, Northeast, by beneficiary type and type of facility

Table 6a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 1, Northeast](#)

Table 6b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 1, Northeast - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

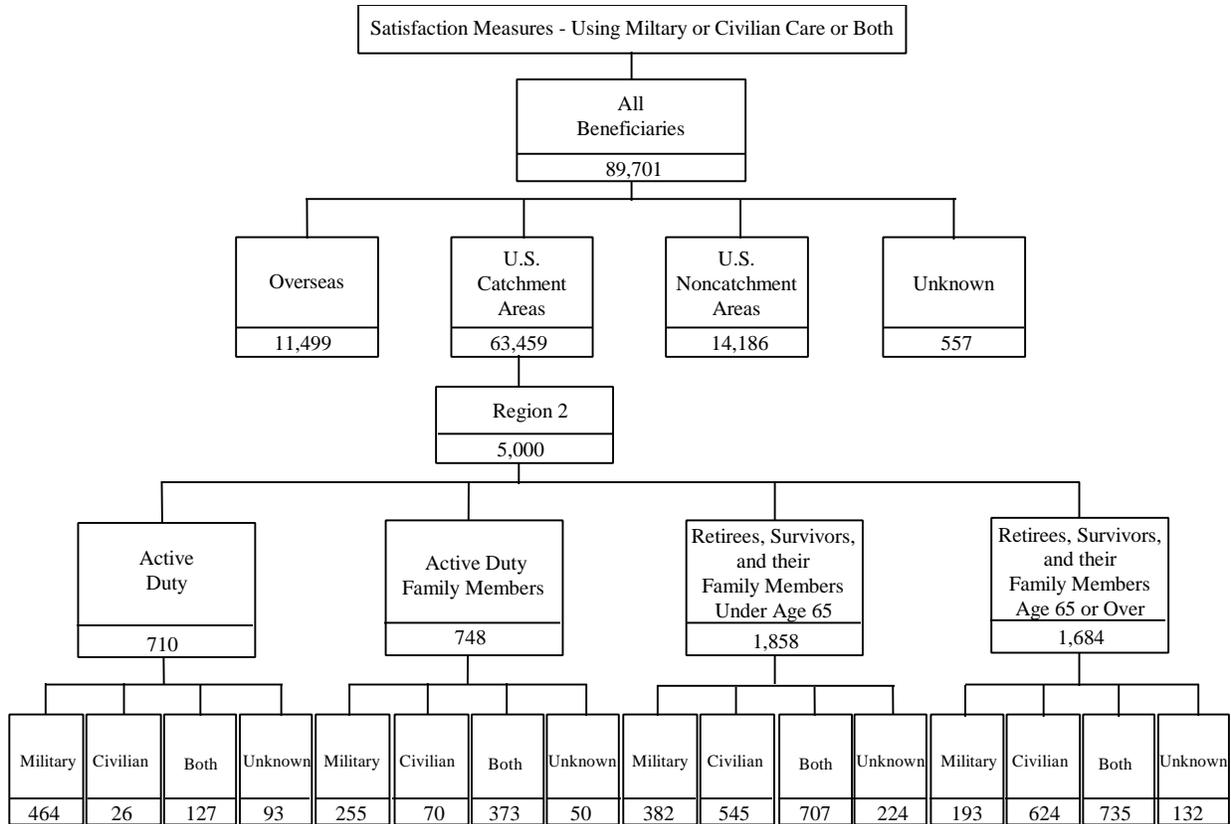


Figure 7. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 2, Mid-Atlantic, by beneficiary type and type of facility

Table 7a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 2, Mid-Atlantic](#)

Table 7b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

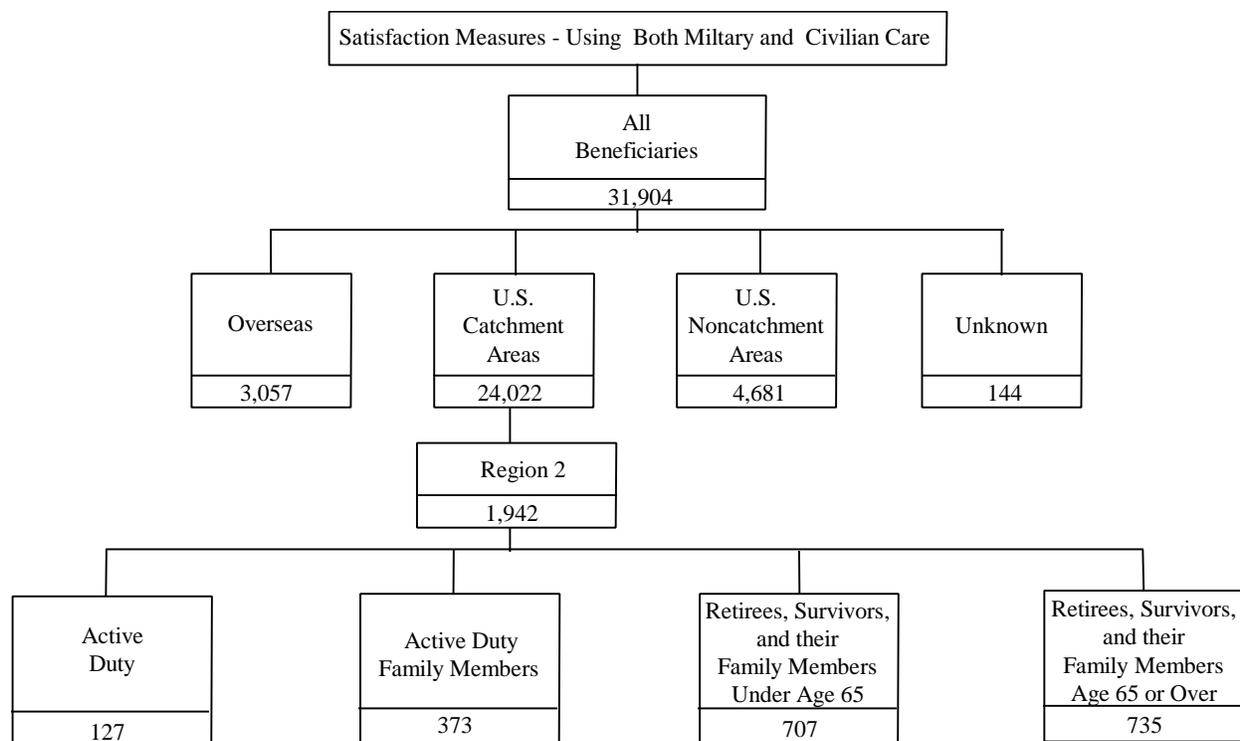


Figure 8. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 2, Mid-Atlantic, by beneficiary type and type of facility

Table 8a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 2, Mid-Atlantic](#)

Table 8b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

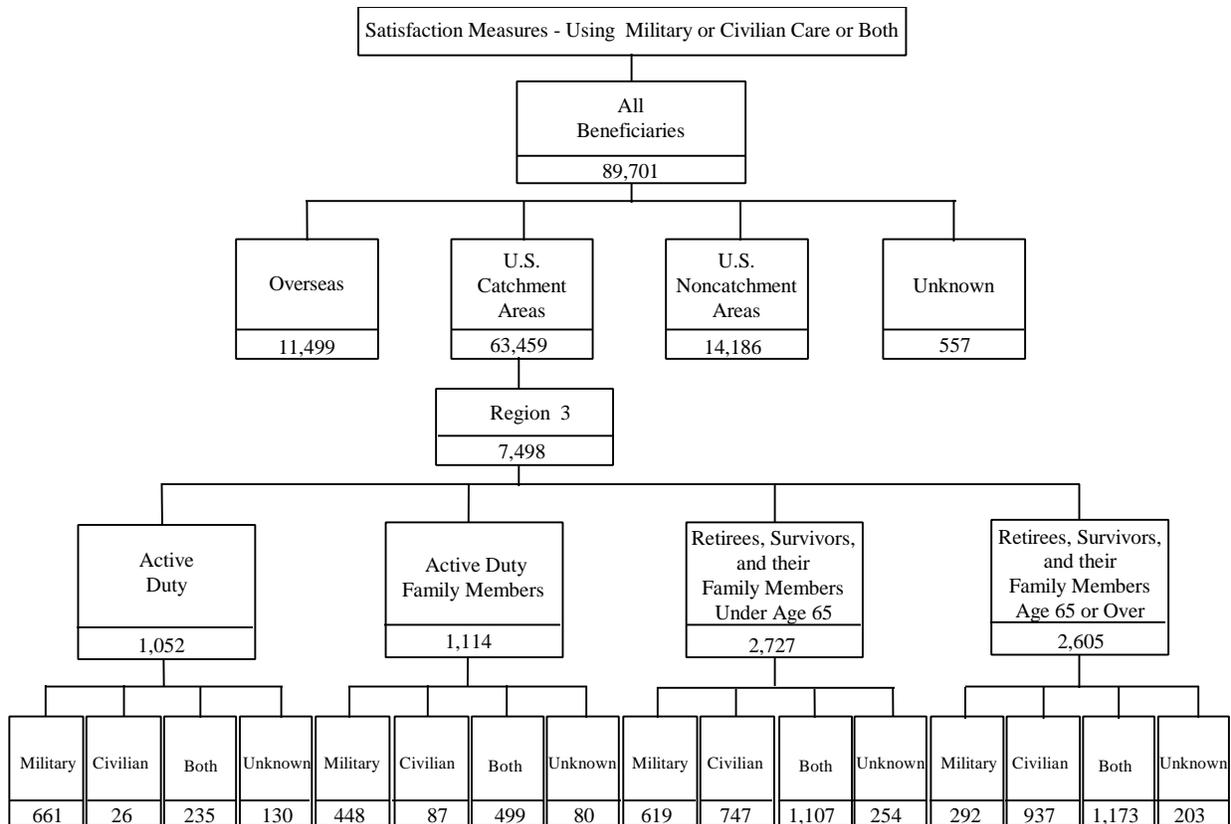


Figure 9. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 3, Southeast, by beneficiary type and type of facility

Table 9a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 3, Southeast](#)

Table 9b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 3, Southeast - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

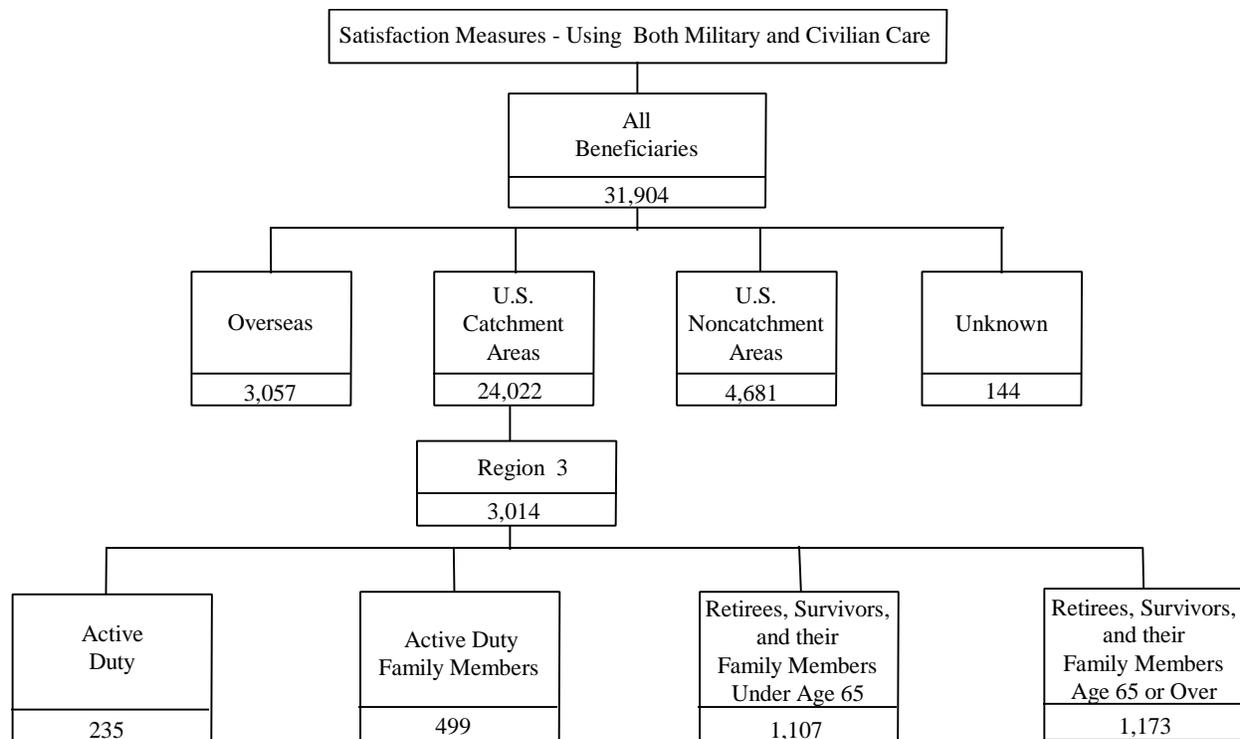


Figure 10. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 3, Southeast, by beneficiary type and type of facility

Table 10a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 3, Southeast](#)

Table 10b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 3, Southeast - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

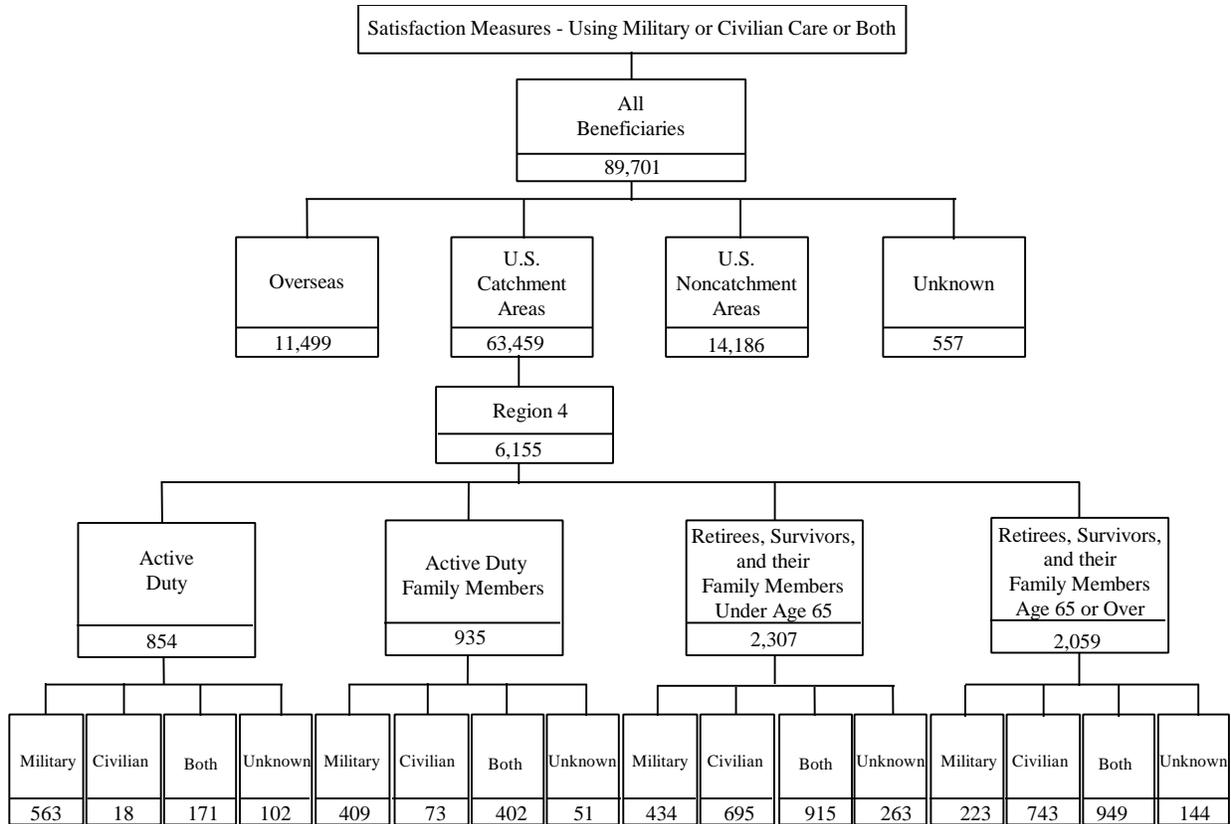


Figure 11. Satisfaction with health care - beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 4, Gulfsouth, by beneficiary type and type of facility

Table 11a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 4, Gulfsouth](#)

Table 11b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 4, Gulfsouth - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

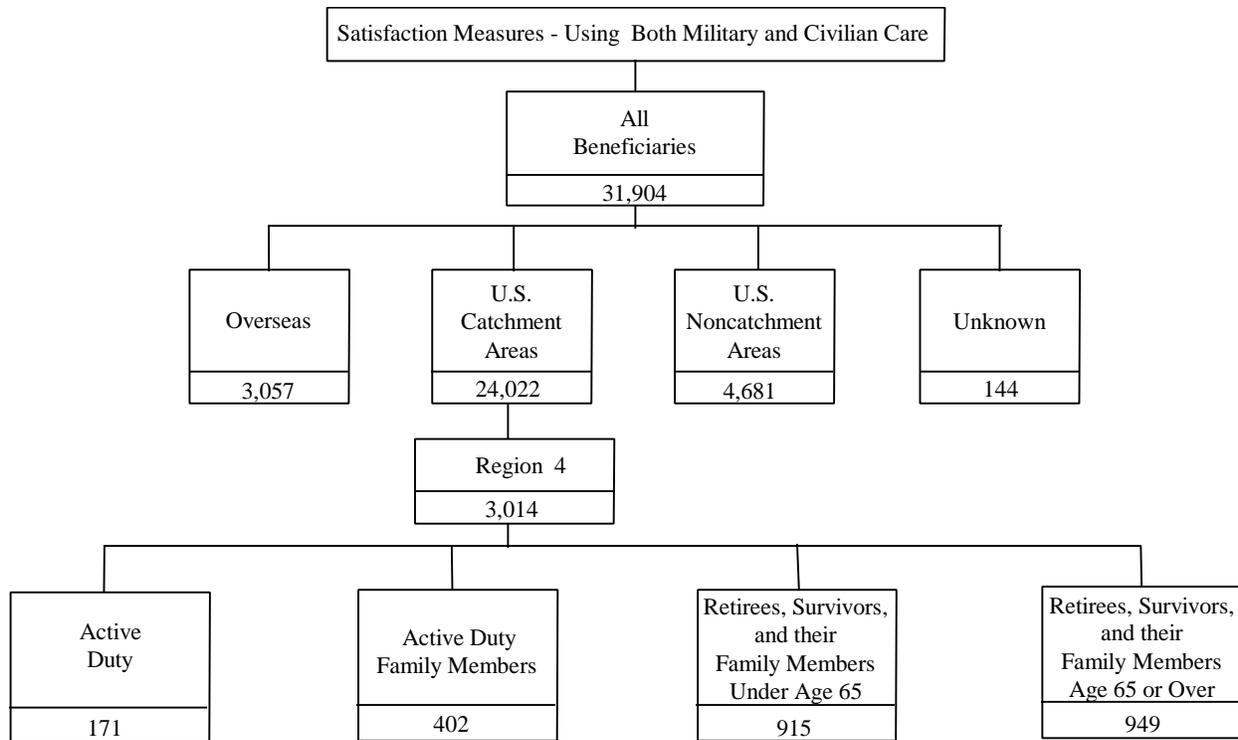


Figure 12. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 4, Gulfsouth, by beneficiary type and type of facility

Table 12a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 4, Gulfsouth](#)

Table 12b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 4, Gulfsouth - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

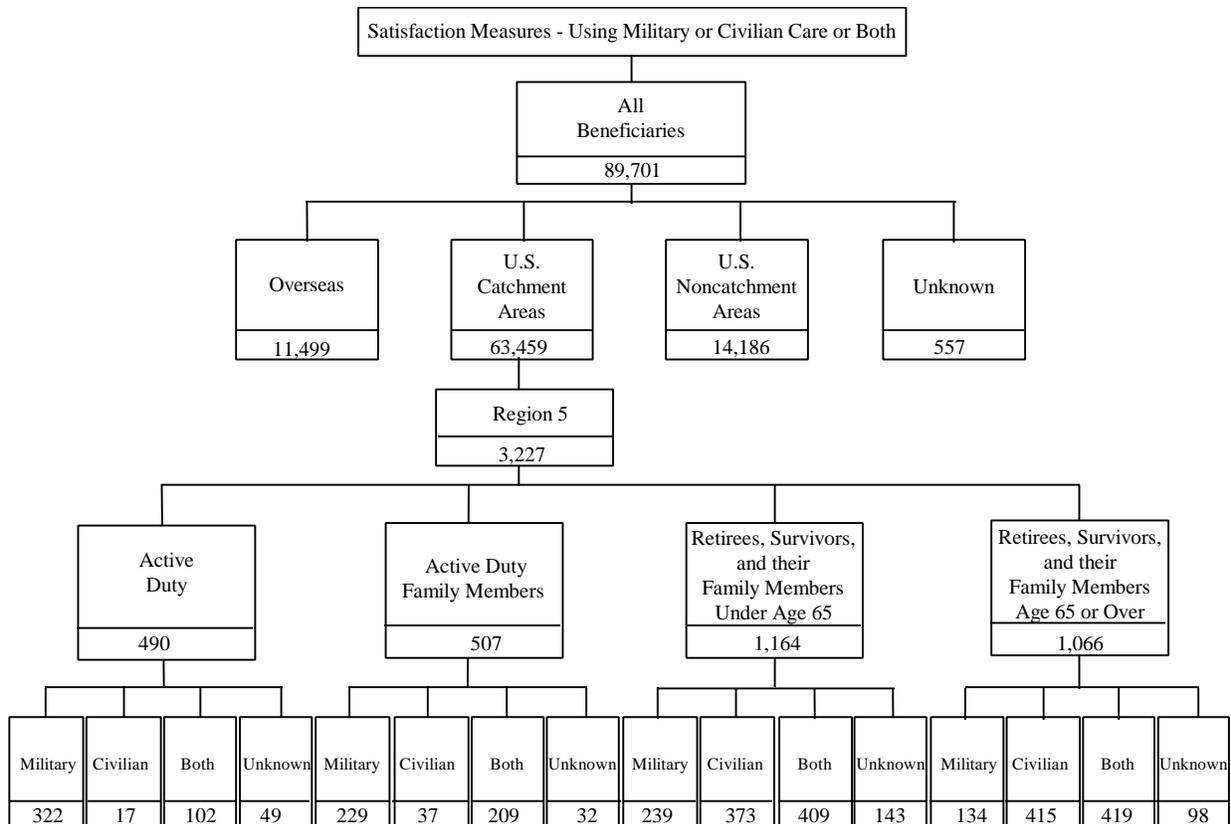


Figure 13. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 5, Heartland, by beneficiary type and type of facility

Table 13a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 5, Heartland](#)

Table 13b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 5, Heartland - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

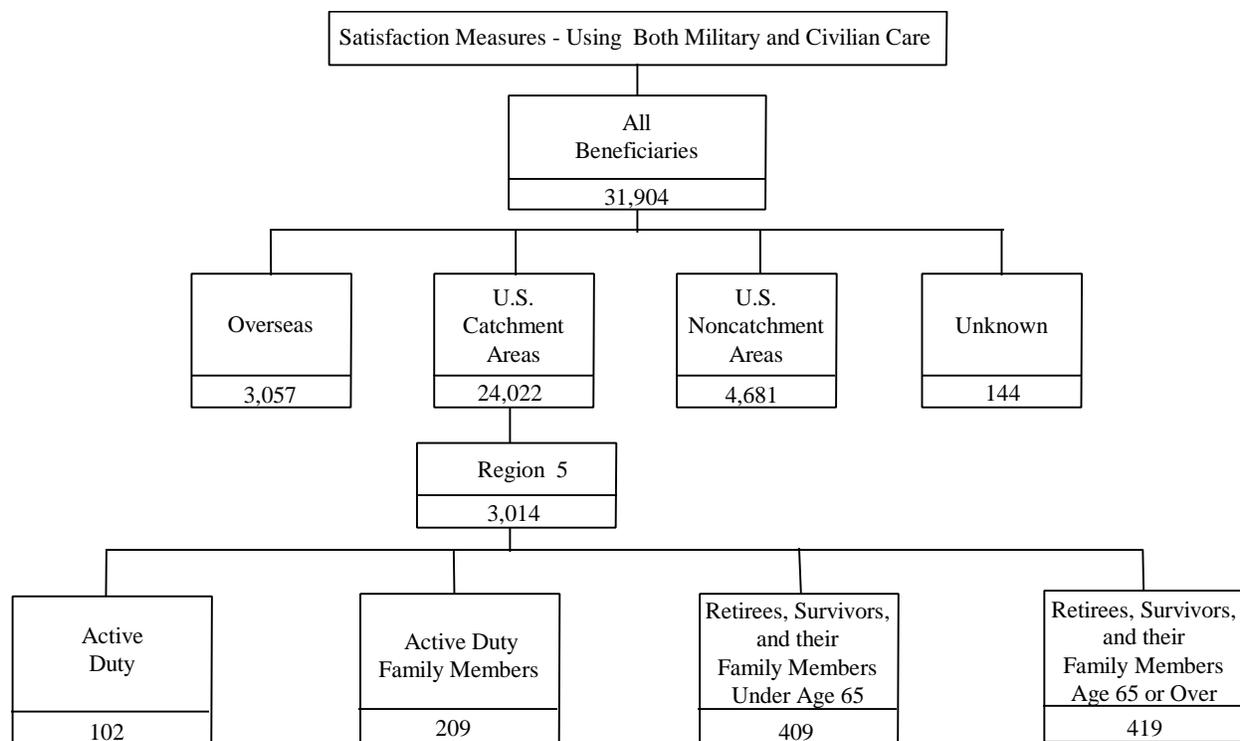


Figure 14. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 5, Heartland, by beneficiary type and type of facility

Table 14a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 5, Heartland](#)

Table 14b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 5, Heartland - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

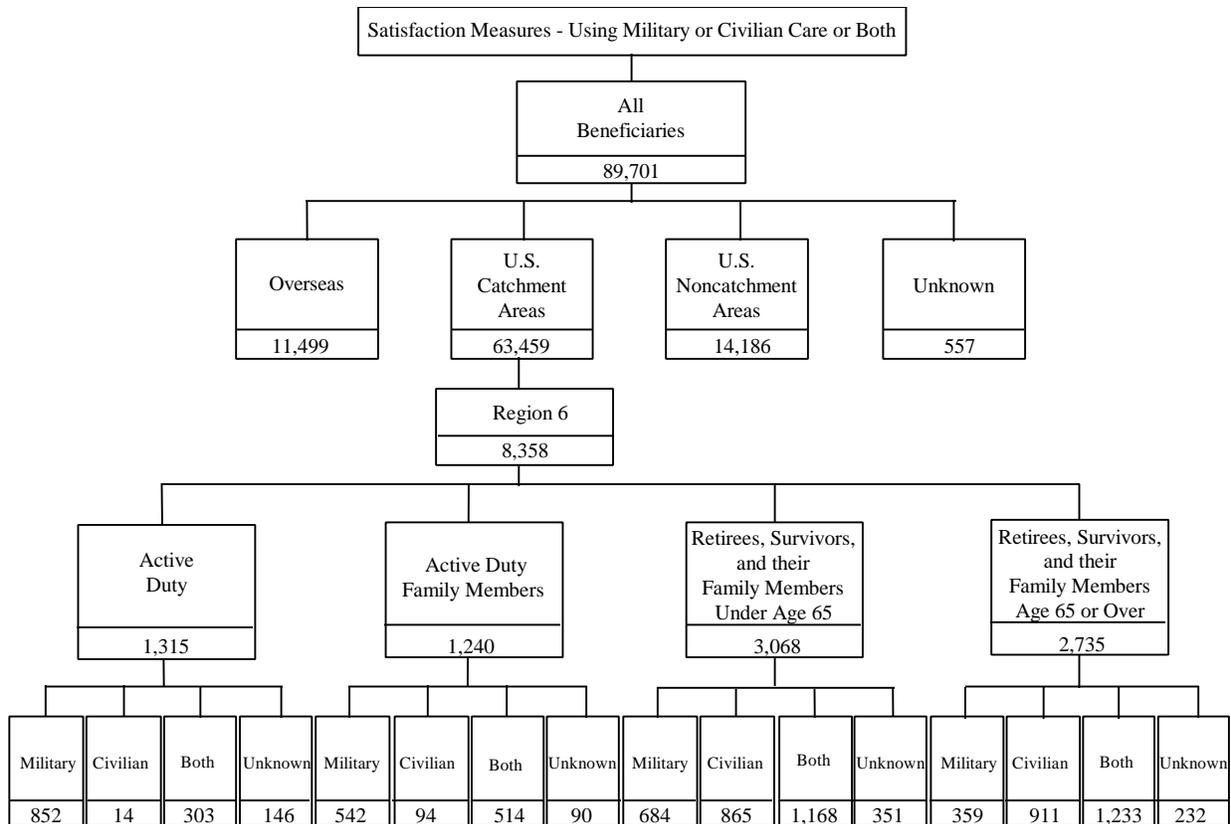


Figure 15. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 6, Southwest, by beneficiary type and type of facility

Table 15a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 6, Southwest](#)

Table 15b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 6, Southwest - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

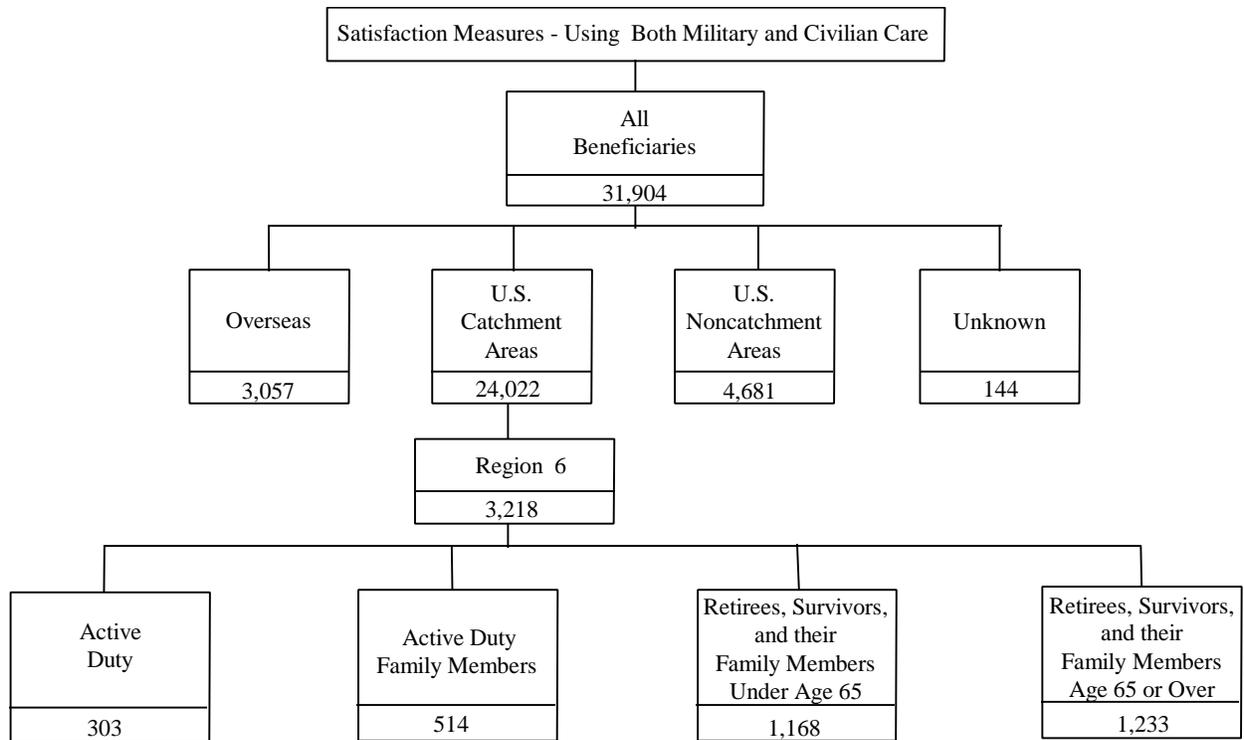


Figure 16. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 6, Southwest, by beneficiary type and type of facility

Table 16a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 6, Southwest](#)

Table 16b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 6, Southwest - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

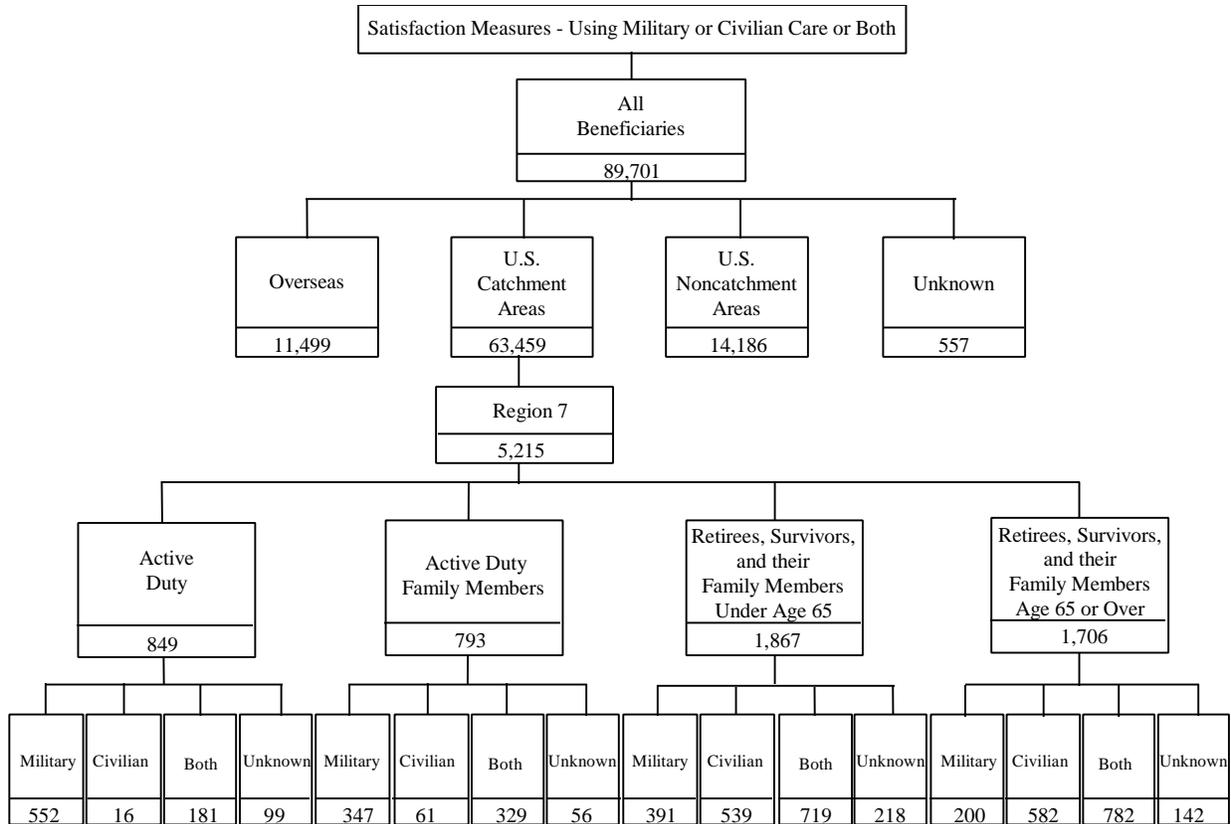


Figure 17. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 7, Desert States, by beneficiary type and type of facility

Table 17a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 7, Desert States](#)

Table 17b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 7, Desert States - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

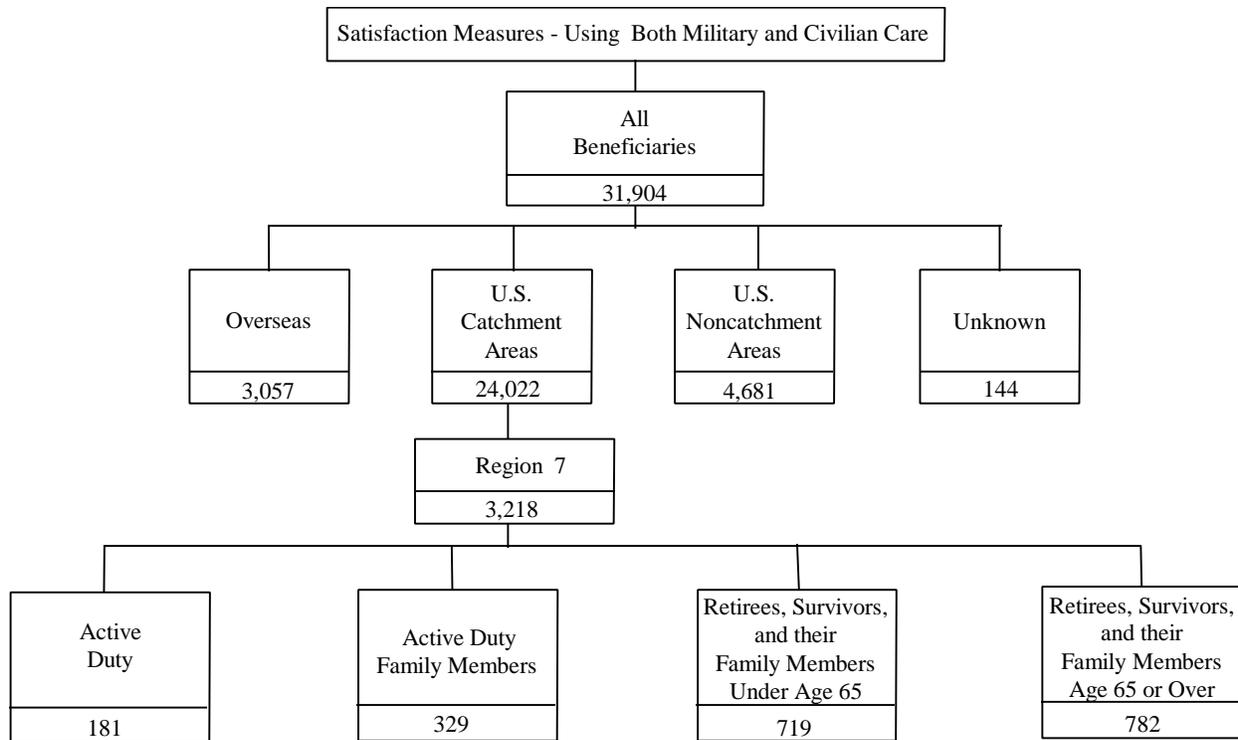


Figure 18. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 7, Desert States, by beneficiary type and type of facility

Table 18a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 7, Desert States](#)

Table 18b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 7, Desert States - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

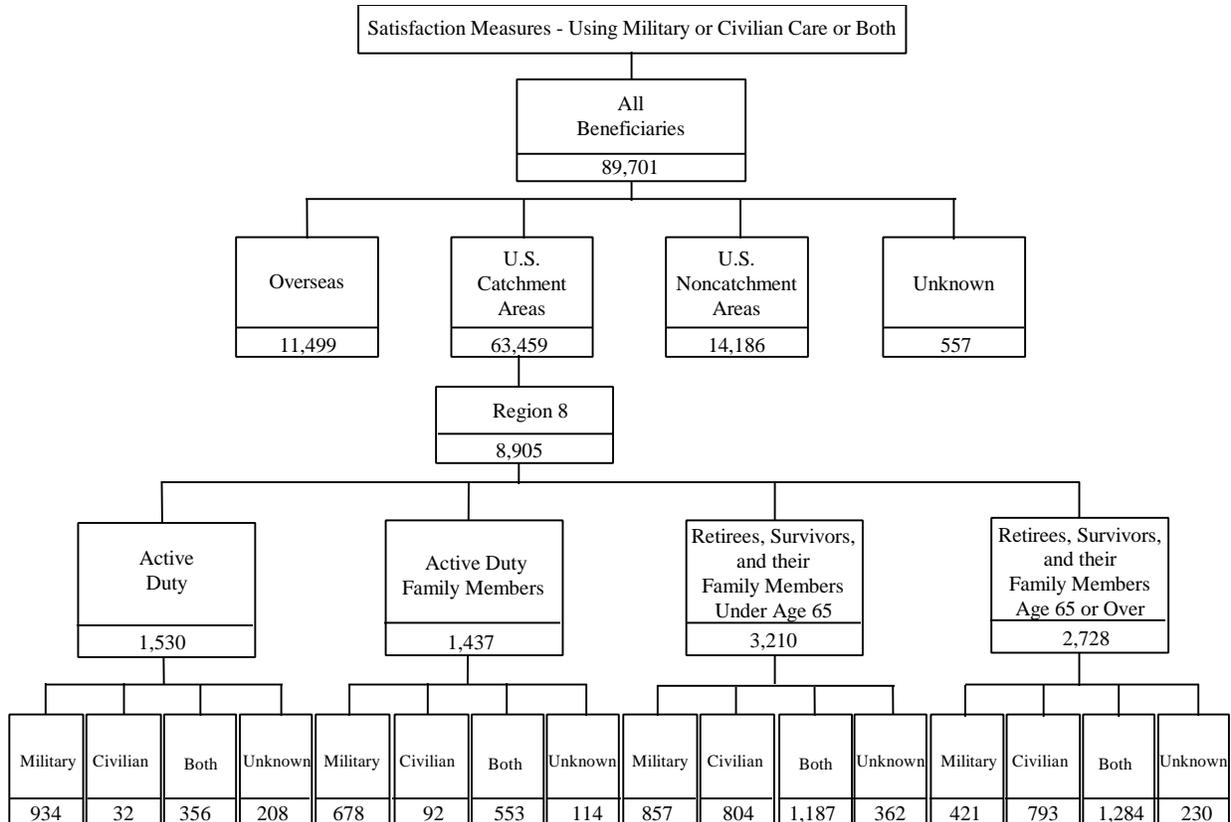


Figure 19. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 8, North Central, by beneficiary type and type of facility

Table 19a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 8, North Central](#)

Table 19b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 8, North Central - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

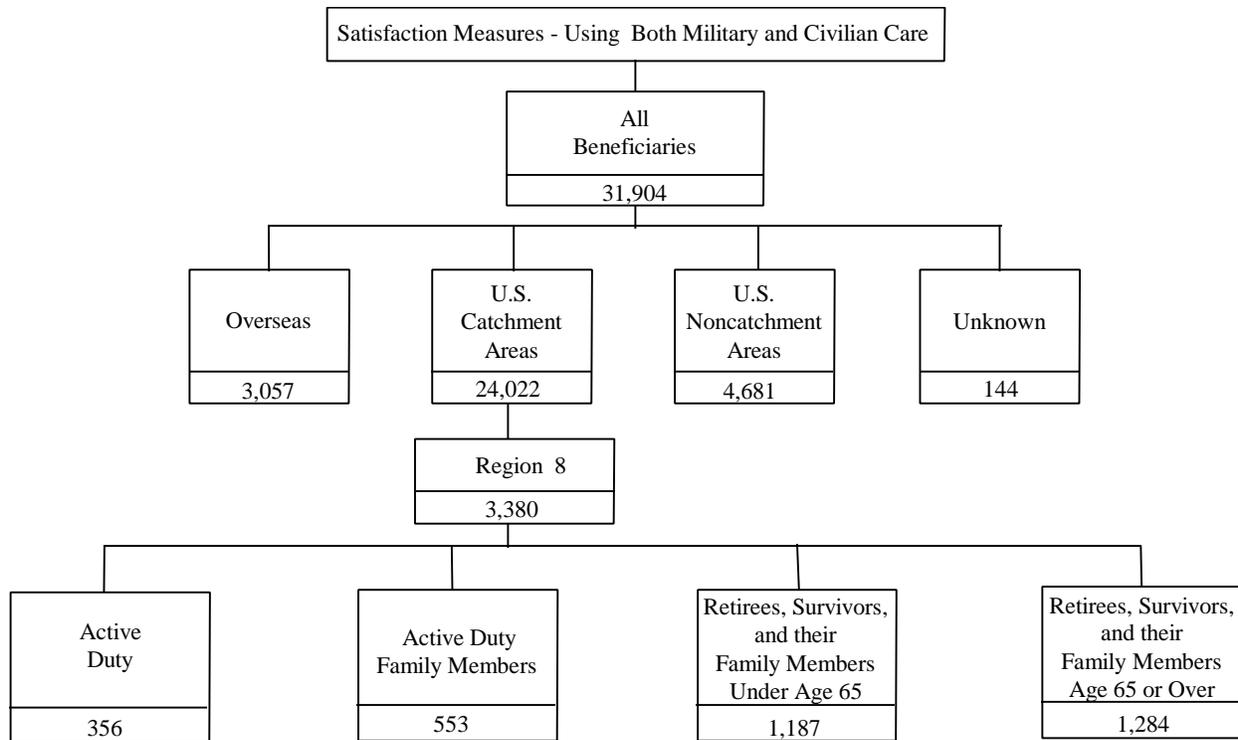


Figure 20. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 8, North Central, by beneficiary type and type of facility

Table 20a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 8, North Central](#)

Table 20b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 8, North Central - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

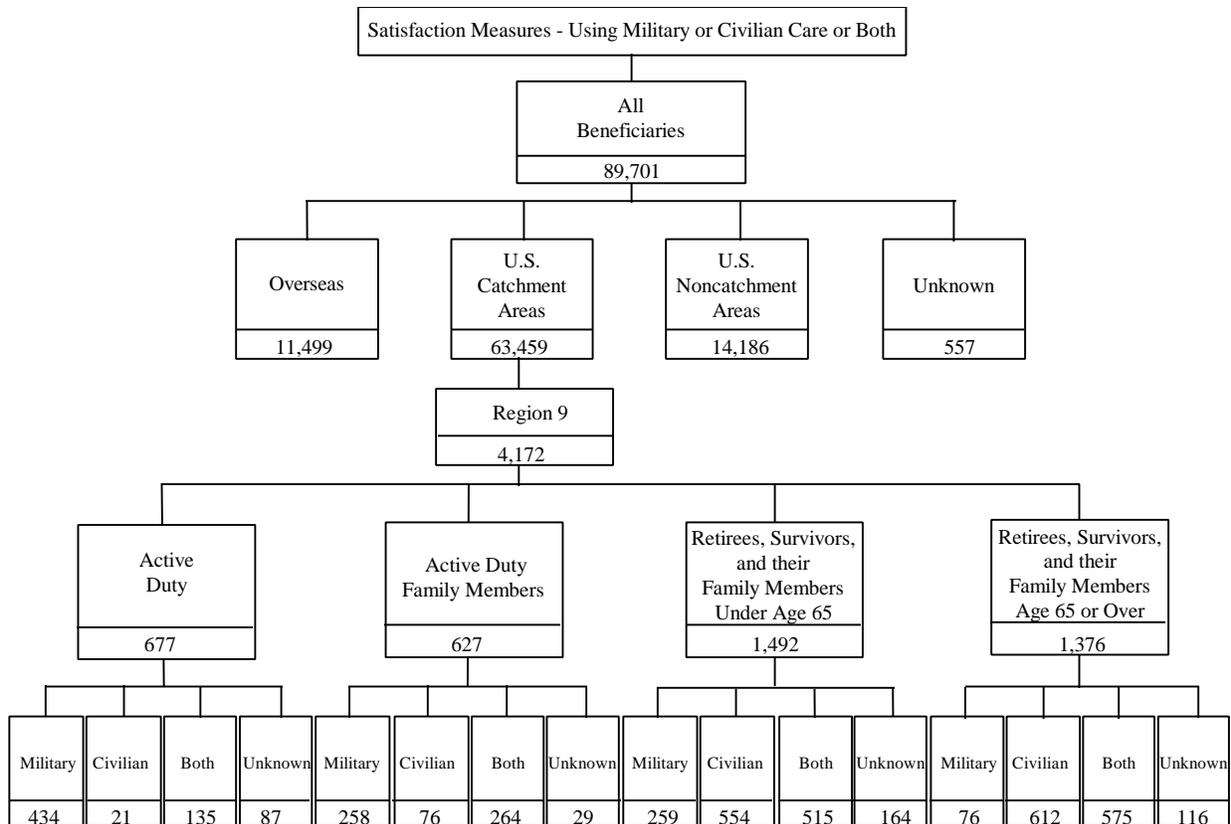


Figure 21. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 9, Southern California, by beneficiary type and type of facility

Table 21a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 9, Southern California](#)

Table 21b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 9, Southern California - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

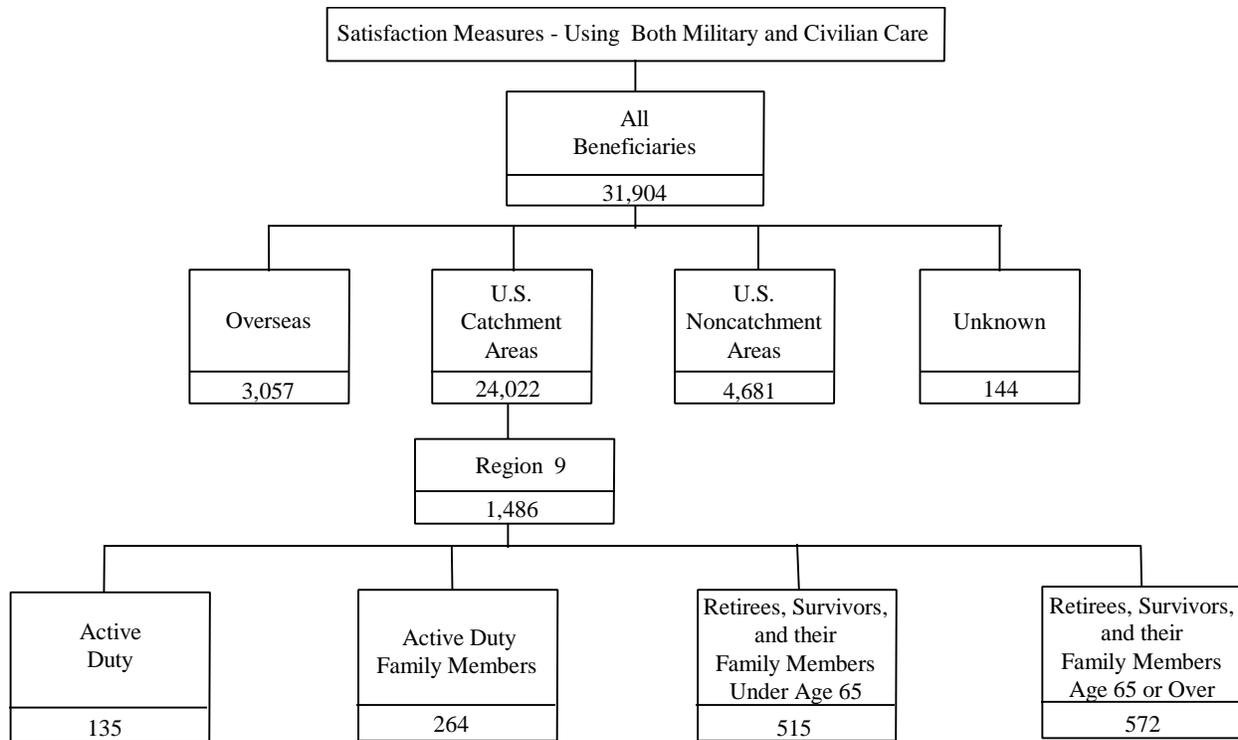


Figure 22. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 9, Southern California, by beneficiary type and type of facility

Table 22a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 9, Southern California](#)

Table 22b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 9, Southern California - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

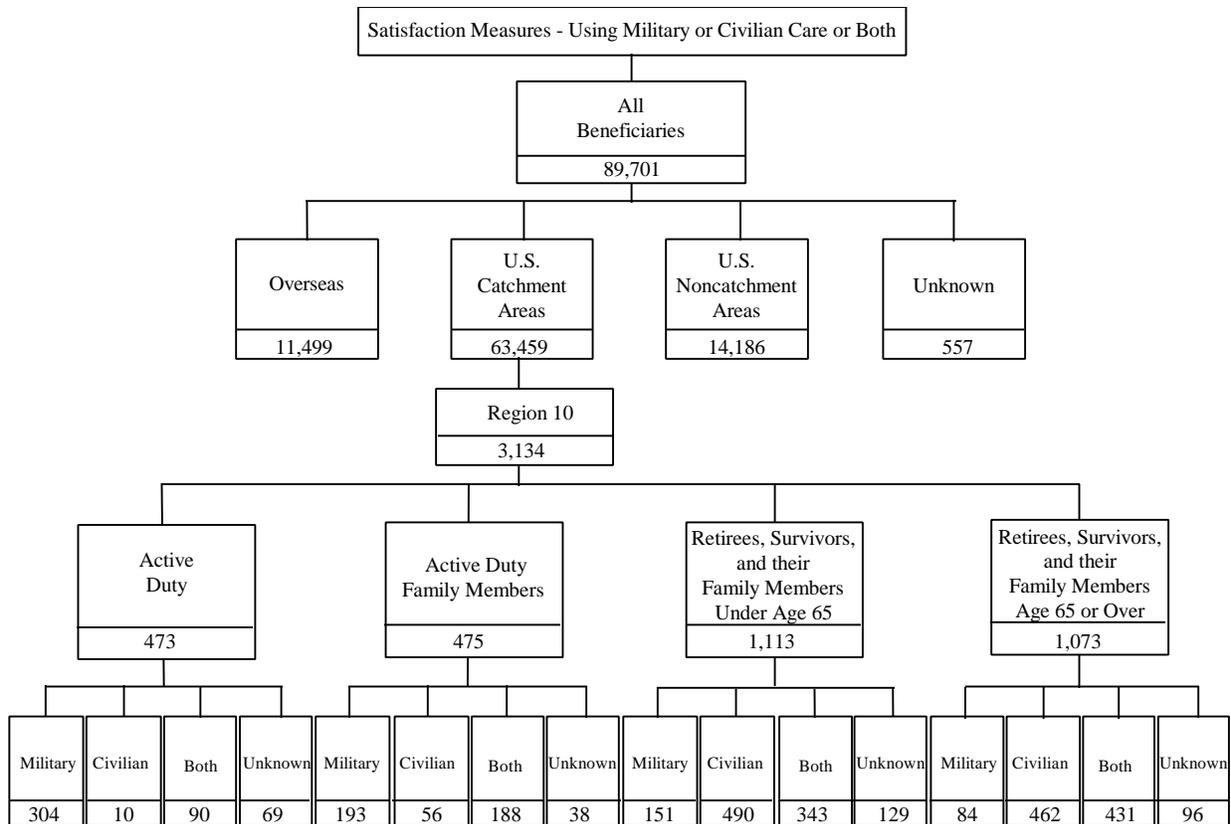


Figure 23. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 10, Golden Gate, by beneficiary type and type of facility

Table 23a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 10, Golden Gate](#)

Table 23b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 10, Golden Gate - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

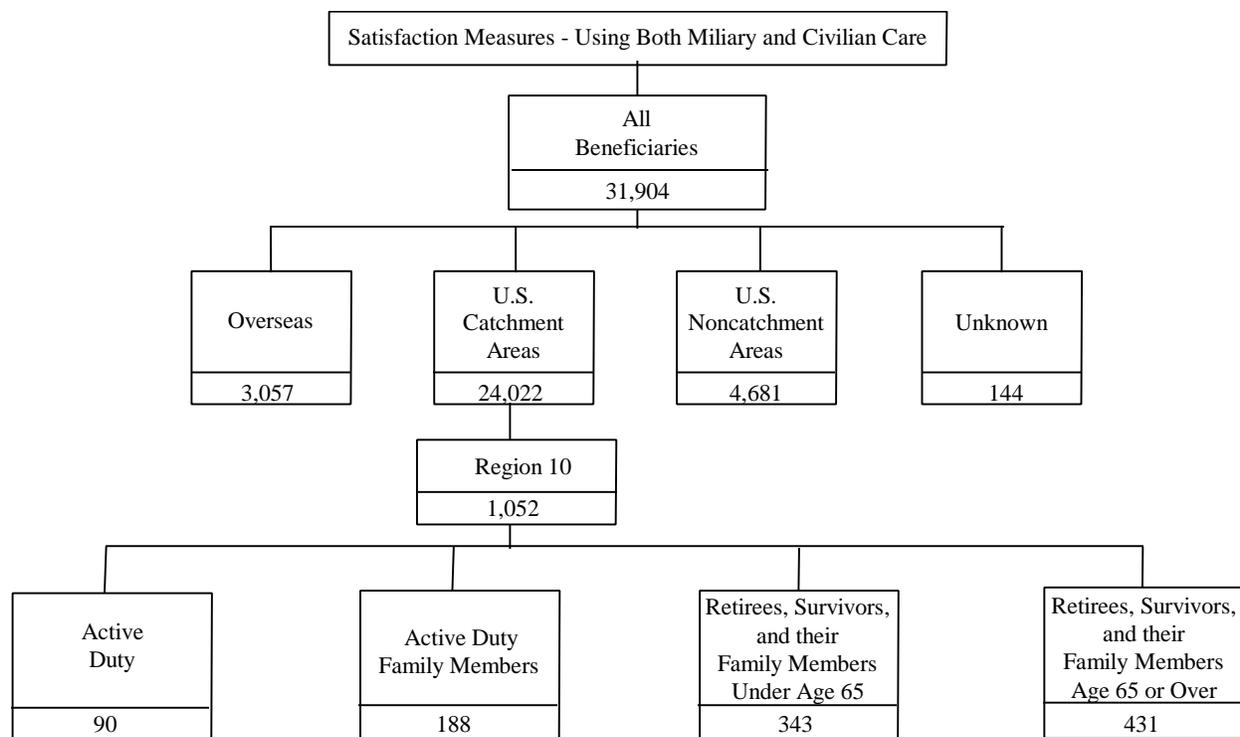


Figure 24. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 10, Golden Gate, by beneficiary type and type of facility

Table 24a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 10, Golden Gate](#)

Table 24b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 10, Golden Gate - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

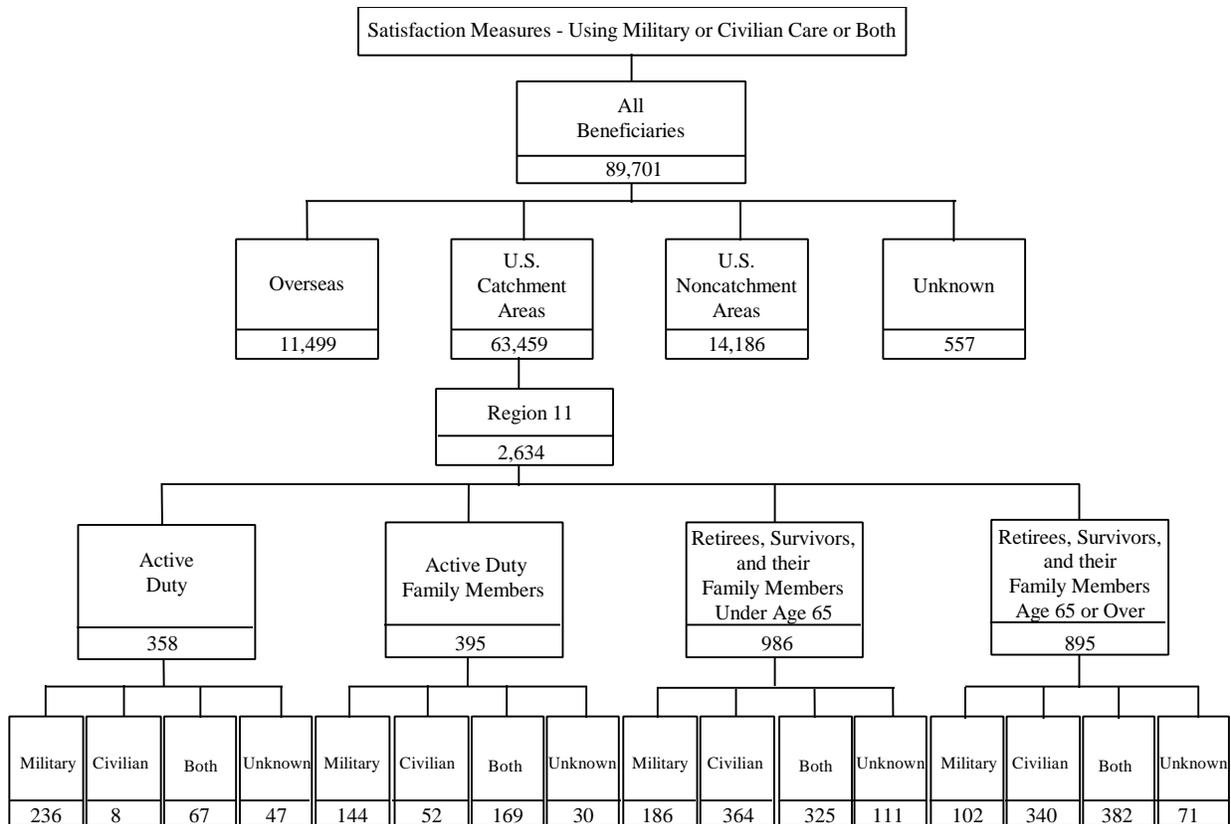


Figure 25. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 11, Northwest, by beneficiary type and type of facility

Table 25a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 11, Northwest](#)

Table 25b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 11, Northwest - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

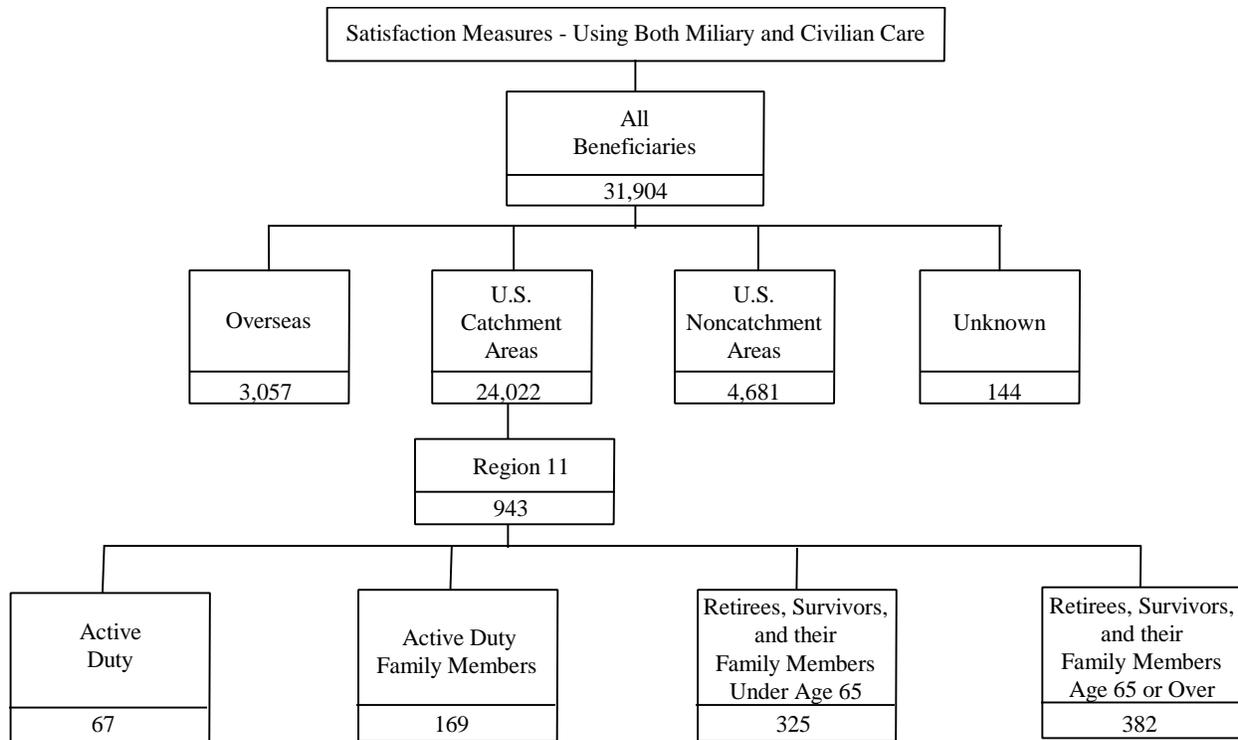


Figure 26. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 11, Northwest, by beneficiary type and type of facility

Table 26a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 11, Northwest](#)

Table 26b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 11, Northwest - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

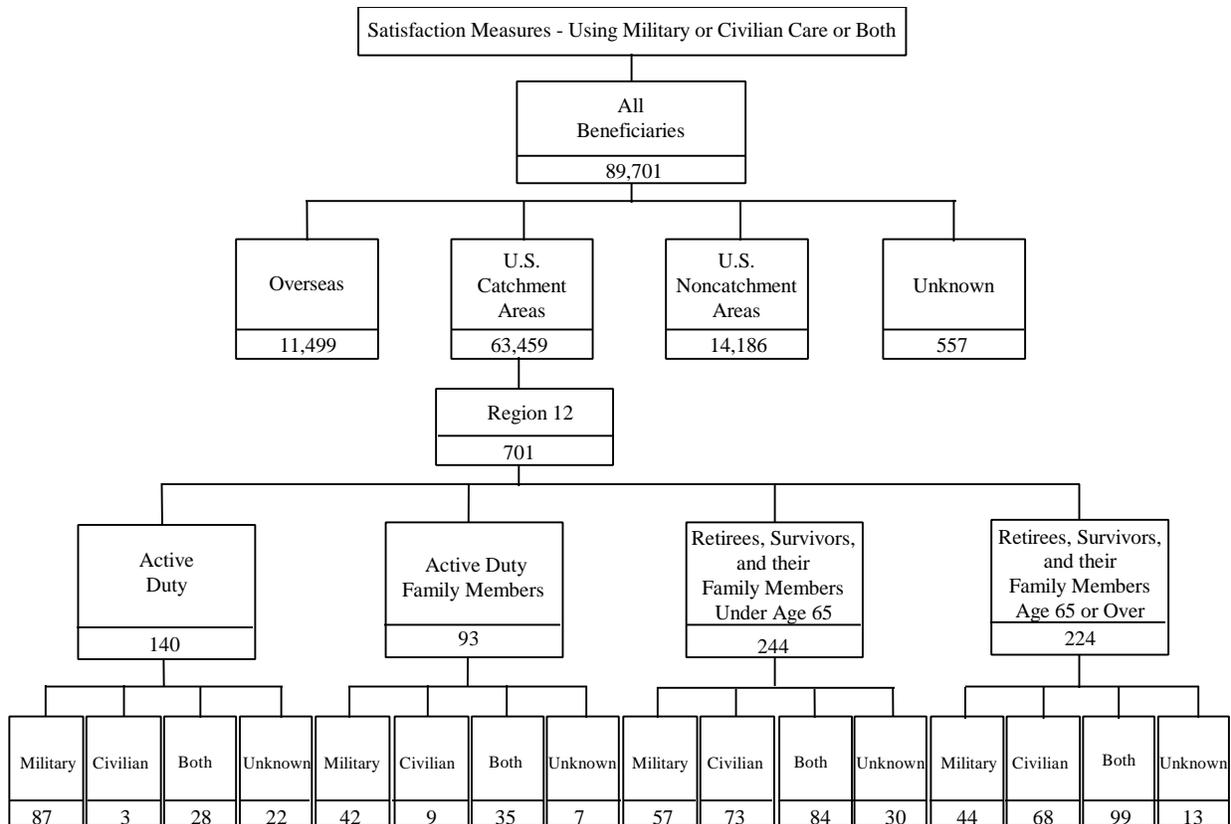


Figure 27. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Region 12, Hawaii Pacific, by beneficiary type and type of facility

Table 27a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 12, Hawaii Pacific](#)

Table 27b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

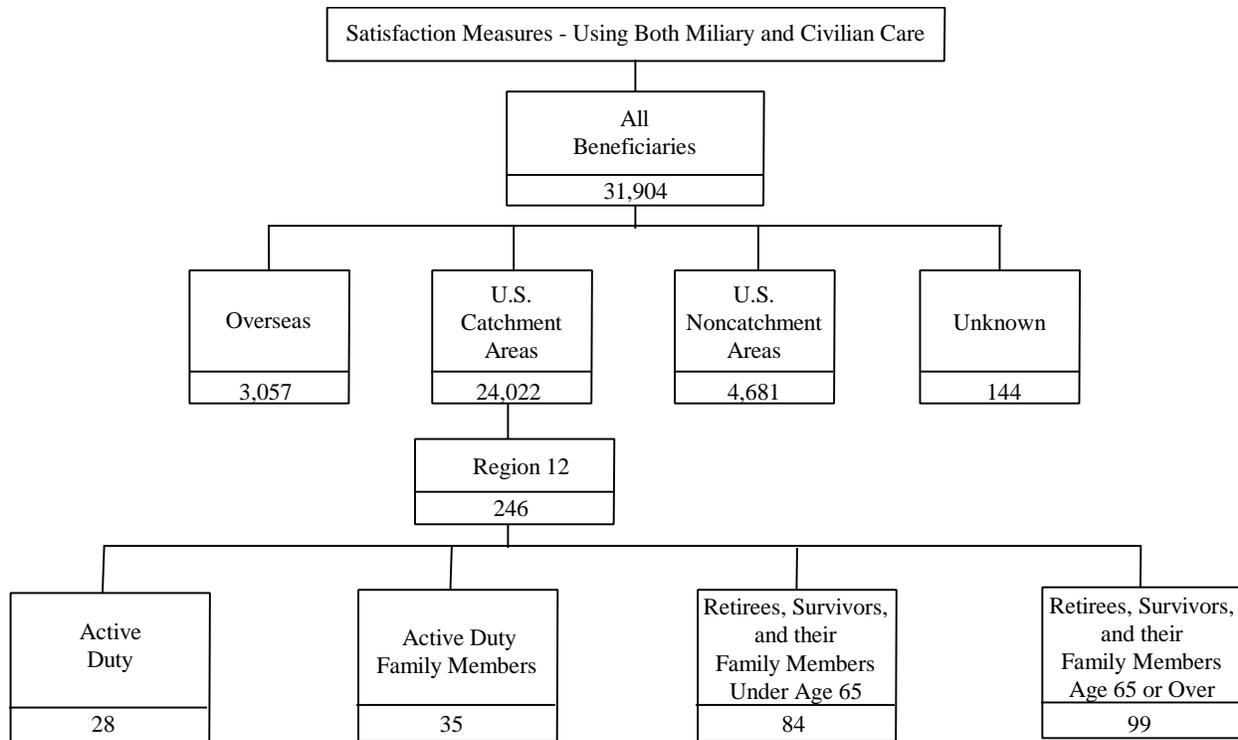


Figure 28. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Region 12, Hawaii Pacific, by beneficiary type and type of facility

Table 28a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 12, Hawaii Pacific](#)

Table 28b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

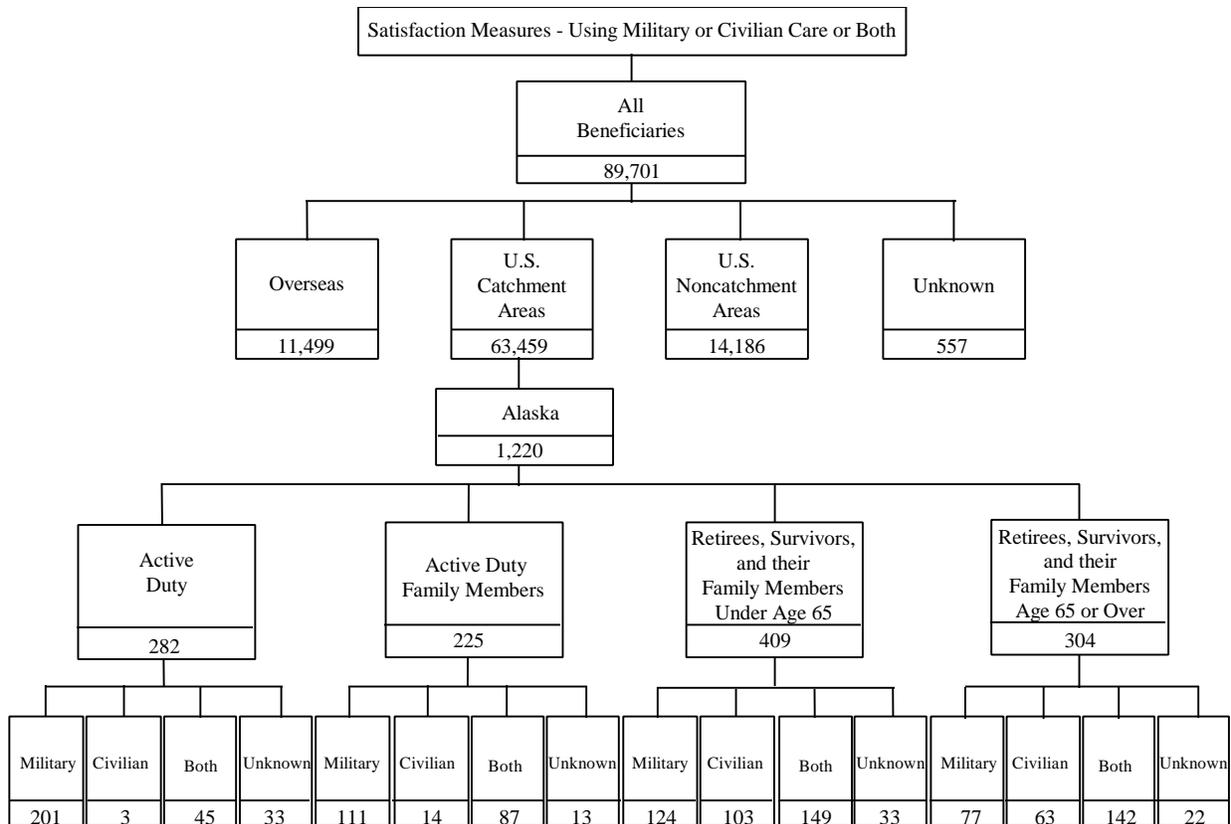


Figure 29. Satisfaction with health care - Beneficiaries in U.S. catchment areas using military or civilian care or both in past 12 months in Alaska by beneficiary type and type of facility

Table 29a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Alaska](#)

Table 29b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Alaska - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

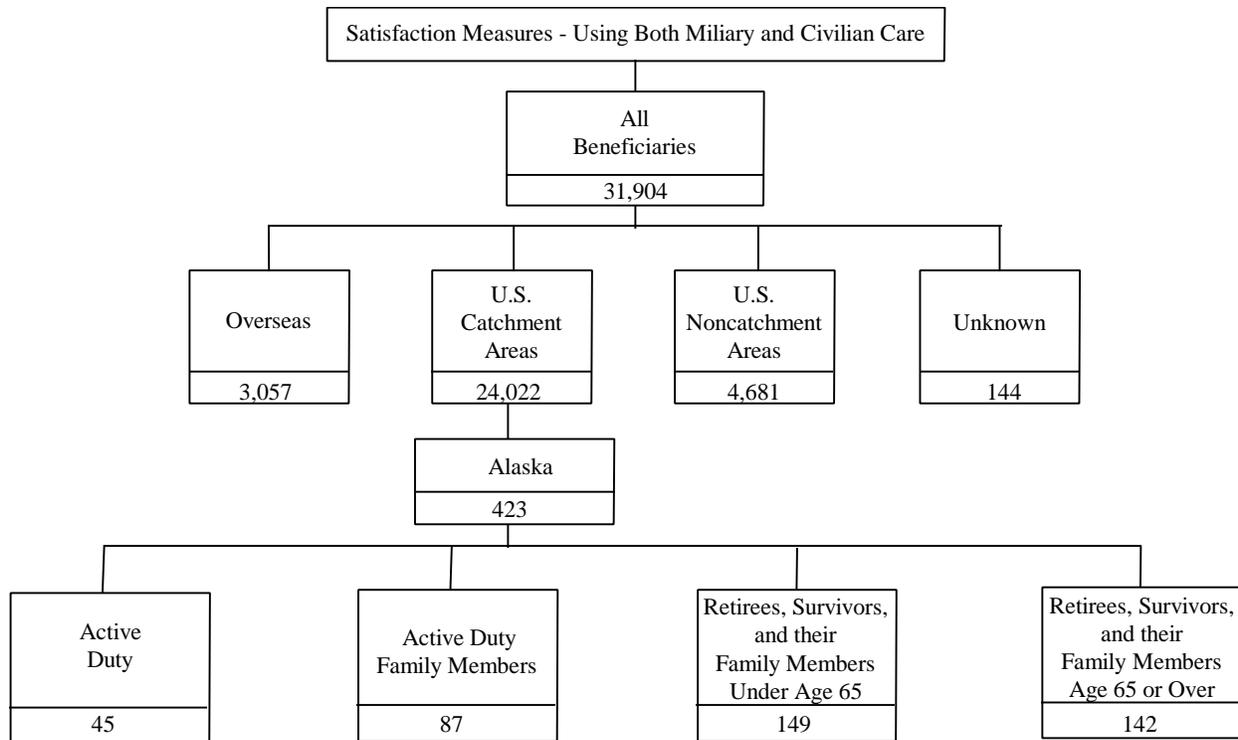


Figure 30. Satisfaction with health care - Beneficiaries in U.S. catchment areas using both military and civilian care in past 12 months in Alaska by beneficiary type and type of facility

Table 30a [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Alaska](#)

Table 30b [Satisfaction with Health Care - Beneficiaries in U.S. Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Alaska - Unweighted and Effective Sample Sizes By Beneficiary Type and Type of Facility](#)

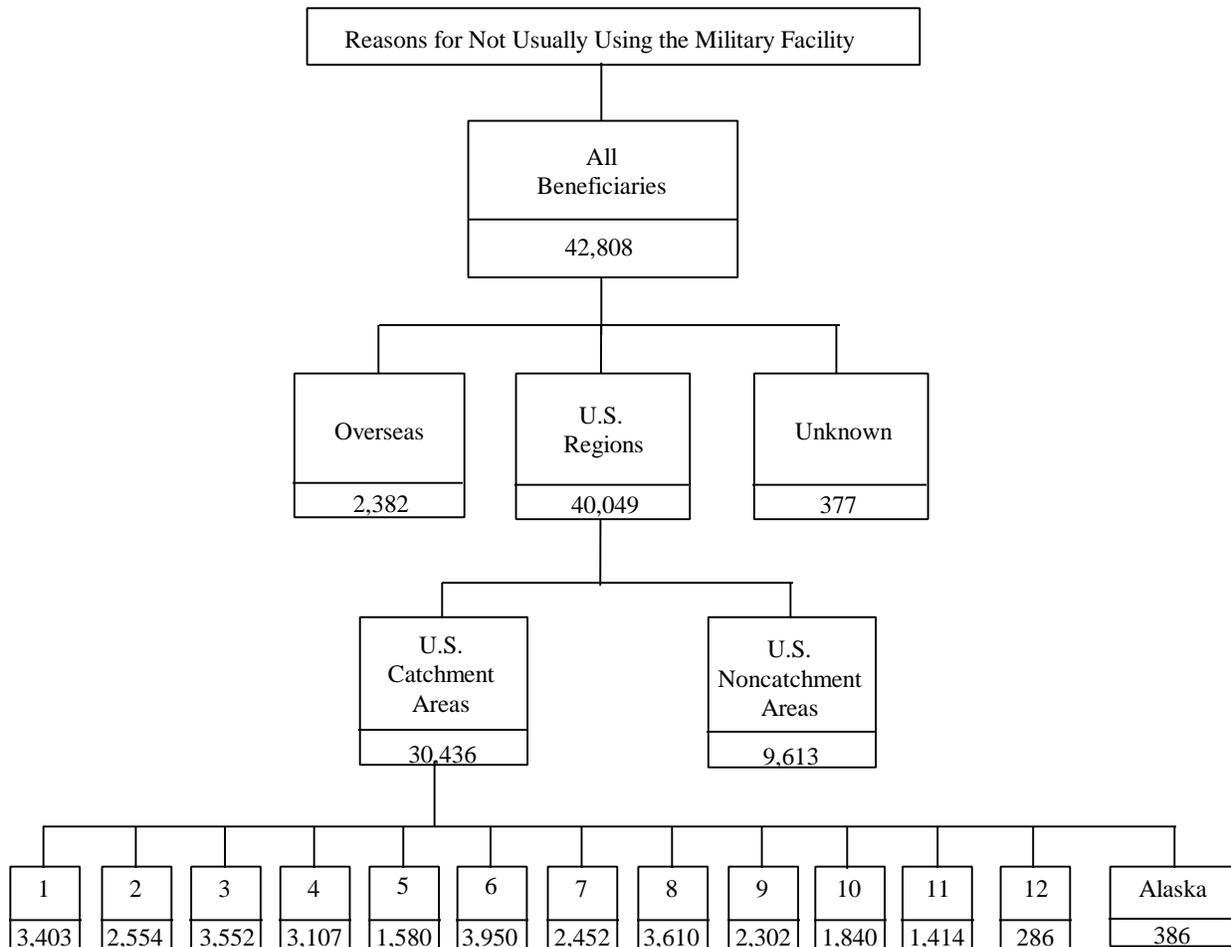


Figure 31. Reasons for not using a military treatment facility for most care in the past 12 months by location

Beneficiaries' Reasons for Not Using Military Sources

Tables 31a through 32b include only those beneficiaries who answered "no" to Question 48 ("Did you get MOST of your medical care from a military medical facility in the past 12 months?"). If beneficiaries answered that they did not get most of their medical care from a military health care facility they answered Question 49 ("Which of the following explains why you did NOT get most of your medical care at a military facility in the past 12 months? MARK ALL THAT APPLY.") In Question 49, beneficiaries could offer one or more reasons why they did not get most of their medical care from their local military health care facility in the past 12 months. When interpreting the percentages in Tables 31a and 32a, the reader should keep in mind that the column percentages may add to more than 100% due to multiple responses.

The discussion below focuses on four issues. The percentage of beneficiaries who:

- did not rely on their local military health care facility;

- cited distance to the facility or facility closure as the reason for not relying on a military health care facility;
- did not rely on their military health care facility because of appointment availability; and
- believe civilian facilities are better than military facilities.

Beneficiaries' Reasons for Not Using Military Sources by Location

Table 31a describes the reasons for not using military treatment facilities given by beneficiaries who did not use military health care facilities for most of their care in the past 12 months. This table presents reasons for not using military health care facilities for beneficiaries living in the geographic locations reported earlier.

Overall, the percentage of beneficiaries who did not use a military facility for most of their care in the past 12 months was about half (51%). As might be expected, this percentage was highest among those living in U.S. noncatchment areas, and was lowest in those living overseas. In the catchment areas of specific U.S. health care regions, Alaska and Region 12 (Hawaii Pacific) showed the lowest percentage (around 24%) and Region 10 (Golden Gate) showed the highest percentage (55.5%).

Overall, distance to the military treatment facility was the reason cited most often for not using military facilities. This reason was most popular among beneficiaries living in U.S. noncatchment areas and least popular among those living in U.S. catchment areas. Since the regional analysis involves only catchment areas, the percentages of beneficiaries citing this reason for not using the military facility were also low in the regions ranging from 10% in region 12 (Hawaii Pacific) to 31% in Region 5 (Heartland).

Facility closure was cited by less than 10% of all beneficiaries as a reason for not using the local military treatment facility for care in the past 12 months. Almost by definition, this reason was cited by a very low percentage of beneficiaries living in U.S. catchment areas, with almost three times the percentage of beneficiaries citing this reason in U.S. noncatchment areas. This reason was cited by very small percentages of beneficiaries in specific U.S. health care regions with the exception of Regions 8 (North Central), 9 (Southern California), and 10 (Golden Gate) who had larger percentages of beneficiaries citing facility closure.

Appointment availability was measured by two items: "difficult to get an appointment," and "no appointment available for my type of beneficiary." Overall, it was found that it is more likely to be difficult to get an appointment (27%) than it is likely that no appointment is available for some types of beneficiaries (11%). It was most difficult to get an appointment in Region 6 (Southwest), and least difficult in Regions 9 (Southern California), 10 (Golden Gate), 12 (Hawaii Pacific), and Alaska. Appointment availability for some types of beneficiaries is worst in Region 6 (Southwest) and best in Alaska.

Over one fourth of beneficiaries believe civilian care is better than military care. This belief is most prevalent in U.S. catchment areas reaching almost one third of the beneficiaries.

Beneficiaries' Reasons for Not Using Military Sources by Gender and Beneficiary Type

Table 32a describes the reasons for not using military treatment facilities given by men; women; active duty personnel; active duty family members; retirees, survivors and their family members under age 65; and retirees, survivors and their family members age 65 or over who did not use military facilities for most of their care in the past 12 months.

Compared to men, a higher percentage of women did not use a military facility for most of their care in the past 12 months. Among the four beneficiary types, active duty personnel showed the lowest percentage of beneficiaries not using a military facility at around one tenth, and the older retiree group showed the highest percentage at almost three fourths of the beneficiaries.

Distance to the military facility was cited by men and women and the four beneficiary types in about equally low percentages (about 17% to 22%). Facility closure was cited by men and women and the four beneficiary types in about equal, and even, lower percentages (about 2% to 7%).

Difficulty in getting an appointment was the number one reason cited for not using the military treatment facility for most care among men and the younger retiree group. A belief that civilian care is better than military care is the number one reason among women, active duty personnel, active duty family members and the younger retiree group. Appointments unavailable for my type of beneficiary was very low among active duty personnel, and was also an infrequently cited reason for active duty family members.

About one third of men, women, and three of the four beneficiary types believe civilian care is better than military care and offer it as a reason for not using the military treatment facility for most care. This percentage is slightly lower among active duty personnel, but is still cited by one fourth of active duty personnel who did not use the military treatment facility for most of their care in the past 12 months.

Table 31a [Reasons for Not Using a Military Treatment Facility for Most Care in the Past 12 Months By Location](#)

Table 31b [Reasons for Not Using a Military Treatment Facility for Most Care in the Past 12 Months - Percentage and Standard Error of Beneficiaries Not Using Military Treatment Facilities Giving Reasons By Location](#)

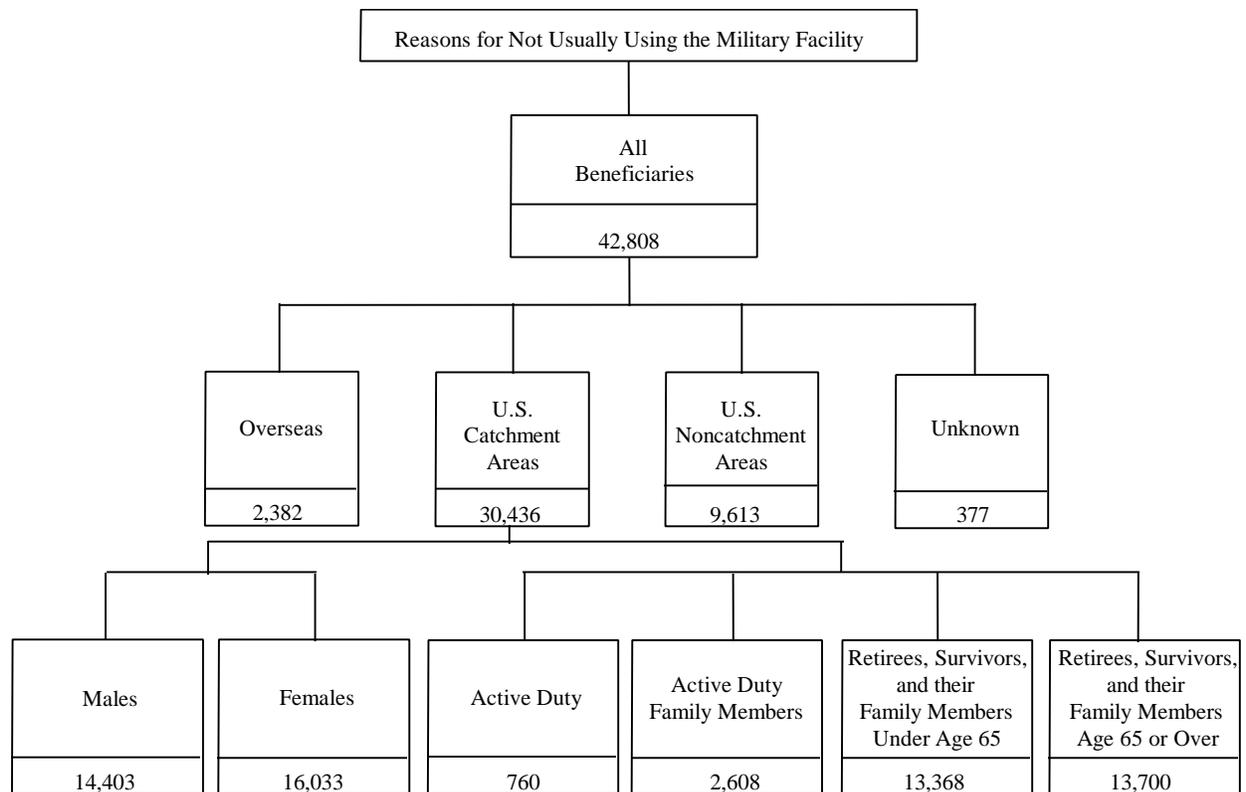


Figure 32. Reasons for not using a military treatment facility for most care in the past 12 months - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 32a [Reasons for Not Using a Military Treatment Facility for Most Care in the Past 12 Months By Gender and Beneficiary Type](#)

Table 32b [Reasons for Not Using a Military Treatment Facility for Most Care in the Past 12 Months - Beneficiaries in U.S. Catchment Areas - Percentage and Standard Error of Beneficiaries Not Using Military Treatment Facilities Giving Reasons By Gender and Beneficiary Type](#)

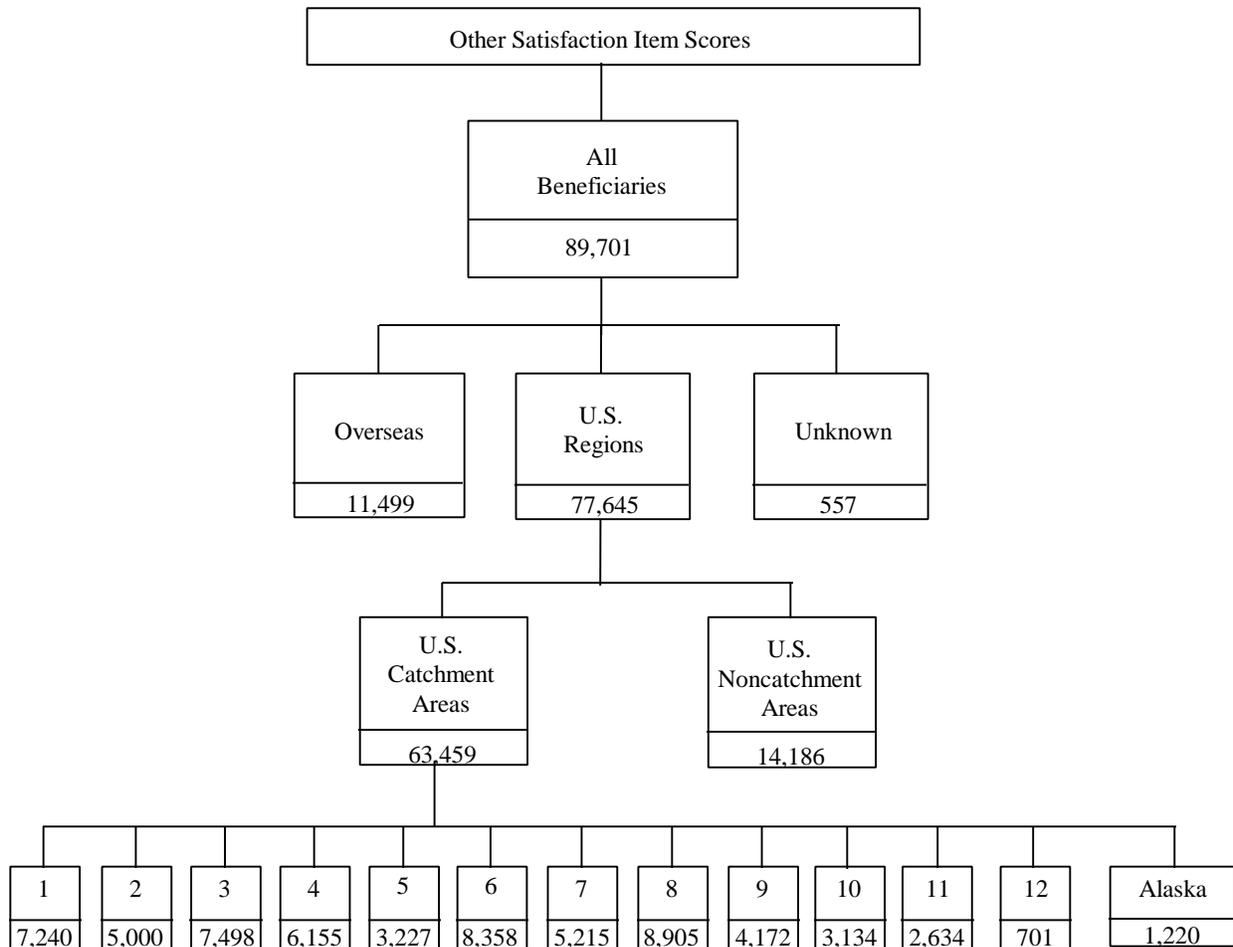


Figure 33. Other satisfaction item scores by location

Beneficiaries' Satisfaction with Other Aspects of Care

Tables 33a and 34a present findings on beneficiary satisfaction with their dental care, CHAMPUS or TRICARE Standard benefits, and with coverage of services and procedures provided by their military health care benefit. Findings for total DoD, U.S. catchment areas, U.S. noncatchment areas, overseas locations, and catchment areas of U.S. health care regions are presented in Table 33a. Findings for men, women, and the four beneficiary types in U.S. catchment areas are presented in Table 34a.

The discussion below focuses on three issues including satisfaction with:

- Dental care at military and civilian facilities;
- Claims processing; and
- Covered services and cost sharing.

Beneficiaries' Satisfaction with Other Aspects of Care by Location

Satisfaction with dental care across geographic locations is almost uniform. There are only slight variations in satisfaction with dental care for all these subgroups. In all cases, satisfaction with dental care at civilian facilities is higher than satisfaction at military facilities. Satisfaction with claims processing for geographic locations varies in the 3.1 to 3.5 range.

With regard to coverage of services and procedures, and amount of CHAMPUS copayment, we also find satisfaction for all the geographic locations is almost uniform, ranging from 2.7 to 3.1.

Beneficiaries' Satisfaction with Other Aspects of Care by Gender and Beneficiary Type

Similar to the geographic location results, satisfaction with dental care for men, women, and the four beneficiary types is almost uniform. There are only slight variations in satisfaction with dental care for all these subgroups. In all cases, satisfaction with dental care at civilian facilities is higher than that at military facilities.

Satisfaction with claims processing for men, women, and the four beneficiary types is not uniform varying in the range of 3.0 for active duty personnel to 3.6 for the older retiree group. The difference between these latter two groups is a substantial one for claims processing satisfaction.

With regard to coverage of services and procedures, and amount of CHAMPUS copayment, satisfaction for men, women, and the four beneficiary types varies, ranging from 2.8 to 3.5, with a slight tendency toward higher ratings for coverage compared to copayment.

Table 33a [Other Satisfaction Item Scores By Location](#)

Table 33b [Other Satisfaction Item Scores - Average Other Satisfaction Item Scores and Standard Error By Location](#)

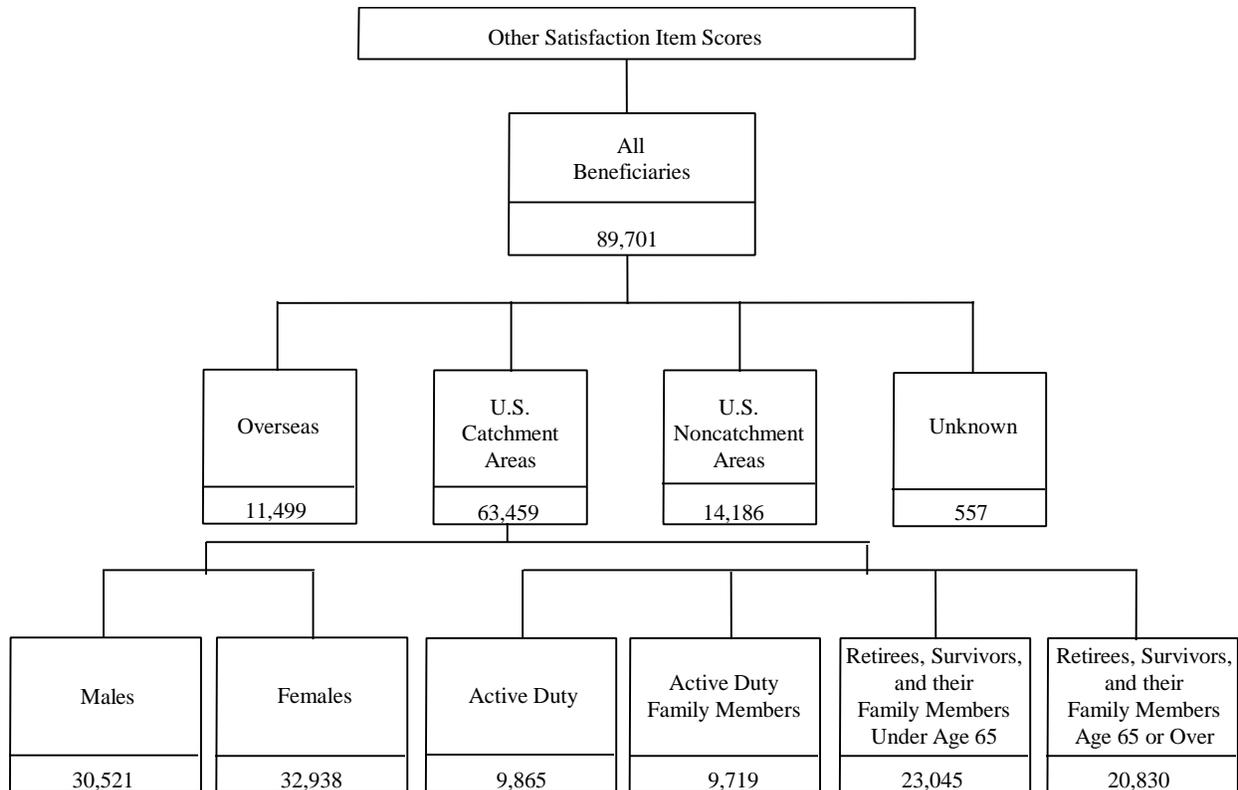


Figure 34. Other satisfaction item scores - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 34a [Other Satisfaction Item Scores By Gender and Beneficiary Type](#)

Table 34b [Other Satisfaction Item Scores - Beneficiaries in U.S. Catchment Areas - Average Other Satisfaction Item Scores and Standard Error By Gender and Beneficiary Type](#)

REFERENCES

Brundage, T., Chu, A., Davis, B., (1997) *1996 Health Care Survey of DoD Beneficiaries Technical Manual - Form A* (DMDC Study Report 96-004). Arlington VA: Defense Manpower Data Center