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# 1997 Health Care Survey of DoD Beneficiaries:

## Summary Report on Catchment Areas for Region 1

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Submitted to:

United HealthCare  
Applied HealthCare Informatics  
9900 Bren Road East  
Minnetonka, MN 55343  
(612) 936-1300

Project Officer:

Kathia Kennedy

Submitted by:

Mathematica Policy Research, Inc.  
600 Maryland Ave., SW, Suite 550  
Washington, DC 20024-2512  
(202) 484-9220

Project Director:

Myles Maxfield

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## Table of Contents

Chapter		Page
	Executive Summary .....	ix
1	Introduction .....	1
	Research Questions	
	Reports in the Series	
	Background	
	How to Interpret the Survey Findings	
	Methodology	
	The HCSDB in Context with Other Data Sources	
	The Findings in Context with a National Civilian Benchmark	
	Preventive Care Standards	
2	Satisfaction with TRICARE and TRICARE Prime .....	7
3	Access to Health Care .....	13
4	Knowledge of TRICARE and TRICARE Prime .....	19
5	Sources of Health Care .....	23
6	Use of Health Care .....	27
7	Use of Preventive Services .....	31
8	Enrollment and Beneficiary Health Status .....	39
9	Performance Improvement Plan .....	43

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## Table of Graphs

Chapter	Page
<b>2</b>	<b>Satisfaction with TRICARE and TRICARE Prime</b> ..... 7
2.1	Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark ..... 8
2.2	Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary ..... 9
2.3a	Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status ..... 10
2.3b	Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status ..... 11
2.4	TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager ..... 12
<b>3</b>	<b>Access to Health Care</b> ..... 13
3.1	Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status ..... 14
3.2	Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care ..... 15
3.3	Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care ..... 16
3.4	Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area ..... 17
<b>4</b>	<b>Knowledge of TRICARE</b> ..... 19
4.1	Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area ..... 20
4.2	Percent of Beneficiaries In Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary ..... 21
4.3	Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area ..... 22

<b>5</b>	<b>Sources of Health Care</b> .....	23
5.1	Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary .....	24
5.2	Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary.....	25
<b>6</b>	<b>Use of Health Care</b> .....	27
6.1a	Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care.....	28
6.1b	Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care.....	29
<b>7</b>	<b>Use of Preventive Services</b> .....	31
7.1	Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status.....	32
7.2	Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status.....	33
7.3	Breast Cancer Screening.....	34
7.4	Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status .....	35
7.5	Timing of First Prenatal Care .....	36
7.6	Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status .....	37
<b>8</b>	<b>Enrollment and Beneficiary Health Status</b> .....	39
8.1	Enrollment in TRICARE Prime .....	40
8.2	Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group .....	41
<b>9</b>	<b>Performance Improvement Plan</b> .....	43
9.1	Performance Improvement Plan for NH Groton (0035) .....	44
9.2	Performance Improvement Plan for Dover AFB (0036).....	45
9.3	Performance Improvement Plan for Walter Reed AMC (0037) .....	46
9.4	Performance Improvement Plan for Andrews AFB (0066) .....	47
9.5	Performance Improvement Plan for NNMC Bethesda (0067) .....	48
9.6	Performance Improvement Plan for NH Patuxent River (0068).....	49

9.7 Performance Improvement Plan for Fort Monmouth (0081) ..... 50

9.8 Performance Improvement Plan for West Point (0086) ..... 51

9.9 Performance Improvement Plan for NH Newport (0100) ..... 52

9.10 Performance Improvement Plan for Fort Belvoir (0123) ..... 53

9.11 Performance Improvement Plan for Aberdeen Proving Ground Clinic (0308) ..... 54

9.12 Performance Improvement Plan for Hanscom AFB Clinic (0310)..... 55

9.13 Performance Improvement Plan for NM Clinic Portsmouth New Hampshire (0321) ..... 56

9.14 Performance Improvement Plan for McGuire AFB/Fort Dix (0326) ..... 57

9.15 Performance Improvement Plan for Fort Drum Clinic (0330)..... 58

9.16 Performance Improvement Plan for Carlisle Barracks Clinic (0352) ..... 59

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## Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 1. The findings are summarized below.

### Satisfaction

- In Region 1, CTF patients (84 percent) were more likely than MTF patients (65 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 1 catchment area.
- The percentage of patients satisfied with MTF care is lowest (46 to 55 percent) at McGuire AFB/Fort Dix, Fort Drum Clinic, Aberdeen Proving Ground Clinic, and Dover AFB. The percentage is highest (69 to 71 percent) at Andrews AFB, NH Groton, Carlisle Barracks Clinic, and NNMC Bethesda. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 1, satisfaction with civilian care (79 to 87 percent) is greater than satisfaction with military care (57 to 71 percent) among every type of beneficiary. This result also applies to nearly all of the individual catchment areas in Region 1.
- Of the beneficiaries in Region 1 who reported being enrolled in TRICARE Prime, just over 40 percent plan to re-enroll in the next 12 months. Of the beneficiaries not enrolled in TRICARE Prime, those under age 65 (27 percent) were more likely than those over age 65 (10 percent) to enroll. These region-wide patterns also apply to most of the individual catchment areas in Region 1.
- In Region 1 overall, satisfaction with TRICARE Prime is slightly greater among enrollees who have a civilian PCM (41 percent) than among enrollees who have a military PCM (27 percent). Similarly, in most individual catchment areas in Region 1, satisfaction is greater among enrollees with a civilian PCM.

### Access to Care

- Of the beneficiaries in Region 1 who used an ER in the past 12 months TRICARE Prime enrollees (17 to 18 percent) were more likely than non-enrollees (13 to 15 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (5 to 10 percent) at NH Newport, Carlisle Barracks Clinic, and NH Patuxent River. The percentage is highest (32 to 39 percent) at Aberdeen Proving Ground Clinic, NH Clinic Portsmouth, and Dover AFB.
- In Region 1, TRICARE Prime enrollees (8 percent) are less likely than non-enrollees (14 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the

TRICARE standard for a routine care appointment. In most catchment areas, fewer than 10 percent of TRICARE Prime enrollees had to wait more than 30 days for an appointment. In contrast, among non-enrollees, the percentage unable to get an appointment varies substantially across catchment areas.

- In Region 1, MTF patients (26 to 31 percent) are more likely than CTF patients (13 to 15 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. Among TRICARE Prime enrollees in Region 1, long office waits are most prevalent at West Point, Aberdeen Proving Ground Clinic, and Fort Drum Clinic. Among non-enrollees, long office waits are most prevalent at Walter Reed AMC and Aberdeen Proving Ground Clinic.
- Twenty-nine percent of patients in Region 1 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (38 percent), the higher quality of care at civilian facilities (24 percent), and the difficulty of making appointments at a MTF (23 percent). At Fort Drum Clinic, the most common reason is that the services needed are not available (37 percent). For people outside of a catchment area, distance is the most common barrier (56 percent).

### Knowledge of TRICARE

- Forty-six percent of beneficiaries in Region 1 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (34 to 37 percent) at Fort Belvoir, NH Patuxent River, and Andrews AFB. The percentage is highest (52 to 60 percent) at Carlisle Barracks Clinic, West Point, and among beneficiaries outside of a catchment area.
- Among beneficiaries in Region 1 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members under age 65 (60 percent) were more likely than other types of beneficiaries (46 to 53 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information is lowest (35 percent) at NH Patuxent River, NH Newport, Aberdeen Proving Ground Clinic, and Carlisle Barracks Clinic. The percentage is highest (55 to 56 percent) at Fort Belvoir, NNMC Bethesda, and among beneficiaries outside of a catchment area.
- In Region 1, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (47 percent), a military base newspaper (32 percent), and a TRICARE presentation (26 percent). This result applies to most of the individual catchment areas in Region 1 as well. Other commonly cited sources of information in some catchment areas are friends and neighbors and a military doctor.

### Source of Care

- In Region 1, 11 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 22 percent of active duty family members; 19 percent of retirees, survivors, and family members under age 65; and 30 percent of retirees, survivors, and family members age 65 or over. The percentage of beneficiaries using a military pharmacy to fill a civilian prescription is highest at NH Groton, NH Patuxent River, McGuire AFB/Fort Dix, and Fort Drum Clinic. The percentage is lowest at West Point and among beneficiaries who live outside of a catchment area.
- In Region 1, 89 percent of active duty personnel use a MTF for their regular source of care, as do 66 percent of active duty family members. In contrast, this is true for only 29 percent of retirees and their family members under age 65, and 24 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 1.

### Use of Care

- In Region 1, the percentage of MTF patients with six or more outpatient visits was highest at NNMC Bethesda and Andrews AFB; the percentage was lowest at Hanscom AFB Clinic, NM Clinic Portsmouth, and among patients who live outside of a catchment area. The percentage

of CTF patients with six or more outpatient visits was highest at Hanscom AFB Clinic, McGuire AFB/Fort Dix, and among patients outside of a catchment area; the percentage was lowest at NH Groton, NNMC Bethesda, and NH Newport.

- The percentage of MTF patients with no outpatient visits was highest at NM Clinic Portsmouth, McGuire AFB/Fort Dix, and among patients outside of a catchment area; the percentage was lowest at NNMC Bethesda, NH Patuxent River, and Fort Belvoir. The percentage of CTF patients with no outpatient visits was highest at Walter Reed AMC, NNMC Bethesda, and Fort Monmouth; the percentage was lowest at Hanscom AFB Clinic and among patients outside of a catchment area.

## Preventive Care

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 96 to 98 percent of beneficiaries in Region 1. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In all but one catchment area of Region 1, at least 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 1, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (70 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (69 to 74 percent) at West Point, Andrews AFB, and Fort Drum Clinic. The percentage is highest (88 to 91 percent) at Dover AFB and Carlisle Barracks Clinic.
- In Region 1, 86 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years ranges from 78 percent at West Point to 88 percent at Fort Belvoir.
- In Region 1, female beneficiaries who were enrolled in TRICARE Prime (89 to 96 percent) were more likely than their non-enrolled counterparts (78 to 88 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Eighty-nine percent of the female beneficiaries in Region 1 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and exceeds the 76 to 84 percent observed in the civilian sector.
- In Region 1, between 75 and 86 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Andrews AFB and NM Clinic Portsmouth, and lowest at Aberdeen Proving Ground Clinic and Fort Drum Clinic.

## Enrollment and Beneficiary Health Status

- Of the beneficiaries in Region 1 who reported knowing at least a little about TRICARE, 15 percent are enrolled in TRICARE Prime. This is lower than the level of enrollment in the average pre-TRICARE region (28 percent). Across catchment areas in Region 1, the level of enrollment in TRICARE Prime is lowest (10 percent) at NH Patuxent River and Carlisle Barracks Clinic. The level of enrollment is highest (20 to 23 percent) at Aberdeen Proving Ground Clinic, Hanscom AFB Clinic, and Dover AFB.
- In Region 1, between 38 and 55 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 38 percent among active duty beneficiaries indicates that this group is healthier than civilians of the same age. Beneficiaries at Dover AFB, Fort Monmouth, and Aberdeen Proving Ground Clinic tend to be less healthy than the average beneficiary in Region 1.

Chapter

1

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## Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. This chapter outlines the basic framework of the survey, how to use its findings, and findings of note.

## Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 1. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

## Reports in the Series

This report is the second in a series of three companion reports for Region 1, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 1.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions listed on page 1.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 1.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 1.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

## Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system (MHS) as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

## How to Interpret the Survey Findings

Focusing on the research questions underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each catchment area in Region 1. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across catchment areas (the explanatory variables)?" In other words, does the location of beneficiaries in a particular catchment area appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis). For example, in Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries who reported being satisfied with their health care in the catchment area indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are.

The margin of error for estimates based on all beneficiaries or all patients in Region 1 is less than 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 1 is approximately 4 percentage points. The margin of error for estimates based on all beneficiaries or patients in a single catchment area is roughly 4 to 7. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 1* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for nonrespondents.

## Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a MHS benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 1 included 17,961 adults and 2,551 parents of sampled children. Of the adults, 9,782 returned completed questionnaires by the due date, for a response rate of 55.6 percent; 1,318 parents of sampled children did the same, for a response rate of 51.9 percent.

To ensure that the survey results would be representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 1. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

## The HCSDB in Context with Other Data Sources

The HCSDB, one of several DoD health surveys, is unique in that it provides information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed on page 1 for *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only source of information on these topics for the entire population a Lead Agent or a MTF commander is charged with.

The following summary shows how the HCSDB differs from other DoD data sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all MHS beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

## **The Findings in Context with a National Civilian Benchmark**

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

## **Preventive Care Standards**

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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Chapter

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## Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for each catchment area in Region 1, based on these findings, is included in Chapter 9.

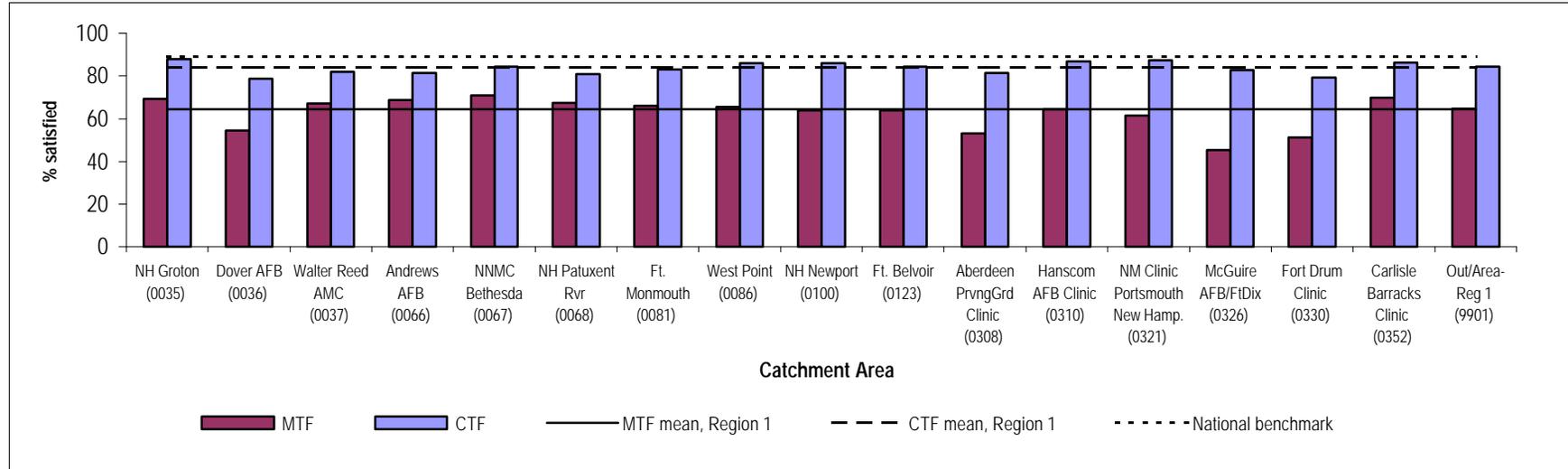
### All Beneficiaries Who Received Care in the Past 12 Months

- In Region 1, CTF patients (84 percent) were more likely than MTF patients (65 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 1 catchment area.
- The percentage of patients satisfied with MTF care is lowest (46 to 55 percent) at McGuire AFB/Fort Dix, Fort Drum Clinic, Aberdeen Proving Ground Clinic, and Dover AFB. The percentage is highest (69 to 71 percent) at Andrews AFB, NH Groton, Carlisle Barracks Clinic, and NNMC Bethesda. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 1, satisfaction with civilian care (79 to 87 percent) is greater than satisfaction with military care (57 to 71 percent) among every type of beneficiary. This result also applies to nearly all of the individual catchment areas in Region 1.

### Enrolled Beneficiaries

- Of the beneficiaries in Region 1 who reported being enrolled in TRICARE Prime, just over 40 percent plan to re-enroll in the next 12 months. Of the beneficiaries not enrolled in TRICARE Prime, those under age 65 (27 percent) were more likely than those over age 65 (10 percent) to enroll. These region-wide patterns also apply to most of the individual catchment areas in Region 1.
- In Region 1 overall, satisfaction with TRICARE Prime is slightly greater among enrollees who have a civilian PCM (41 percent) than among enrollees who have a military PCM (27 percent). Similarly, in most individual catchment areas in Region 1, satisfaction is greater among enrollees with a civilian PCM.

## 2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark



**Population:**

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 9,119

**Vertical axis:**

The percent of the sample who “strongly agree” or “agree” they are satisfied with the care they received

**Survey questions:** 51a and 66a

**What the exhibit shows:**

- How satisfaction with care varies across catchment areas in Region 1
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians’ satisfaction

**Findings:**

Beneficiaries who received some care at a MTF or CTF or both during the 12 months preceding the survey are referred to as patients throughout this report. In Region 1, CTF patients (84 percent) were more likely than MTF patients (66 percent) to be satisfied with their care. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.

Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 1 catchment area. The percentage of patients satisfied with MTF care is lowest (46 to 55 percent) at McGuire AFB/Fort Dix, Fort Drum Clinic, Aberdeen Proving Ground Clinic, and Dover AFB. The percentage is highest (69 to 71 percent) at Andrews AFB, NH Groton, Carlisle Barracks Clinic, and NNMC Bethesda. The percentage of patients satisfied with CTF care varies little across catchment areas, ranging from 79 percent at Dover AFB to 88 percent at NH Groton.

## 2.2 Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary							
		Active Duty Personnel		Active Duty Family Members		Retirees, Survivors, and Family Under Age 65		Retirees, Survivors, and Family Age 65 or Over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
NH Groton (0035)	26,088	68.3	77.8	67.0	92.4	72.1	90.3	73.7	89.0
Dover AFB (0036)	16,983	52.0	61.2	33.1	81.3	62.0	81.0	70.3	80.9
Walter Reed AMC (0037)	60,333	66.9	81.9	55.4	74.0	62.9	81.4	82.6	85.2
Andrews AFB (0066)	52,547	65.5	72.7	64.6	80.4	71.3	80.7	76.1	86.4
NNMC Bethesda (0067)	75,067	68.0	73.3	68.4	82.4	71.9	87.5	79.5	88.5
NH Patuxent Rvr (0068)	9,756	57.9	83.2	71.2	88.1	75.9	78.2	63.4	81.3
Ft. Monmouth (0081)	11,354	63.9	72.8	58.5	74.9	60.1	83.8	83.7	87.9
West Point (0086)	21,652	57.1	90.7	71.7	71.4	78.5	85.6	71.9	86.9
NH Newport (0100)	21,186	64.1	95.1	50.3	83.3	70.0	86.3	65.6	84.3
Ft. Belvoir (0123)	82,489	64.4	70.0	52.3	87.2	64.9	83.8	81.3	89.7
Aberdeen PrvngGrd Clinic (0308)	12,248	55.5	69.7	41.0	84.0	51.7	82.2	68.8	84.7
Hanscom AFB Clinic (0310)	17,911	64.6	83.2	52.3	79.9	73.2	88.4	62.5	88.2
NM Clinic Portsmouth New Hamp. (0321)	7,124	63.0	69.2	37.5	77.8	65.3	86.3	64.3	92.6
McGuire AFB/FtDix (0326)	47,530	51.9	67.5	33.5	77.3	44.4	83.1	43.5	88.3
Fort Drum Clinic (0330)	14,360	46.4	74.0	60.9	82.7	52.2	81.1	61.3	81.0
Carlisle Barracks Clinic (0352)	8,998	61.5	83.3	72.9	90.0	72.4	83.0	70.9	90.5
Out/Area-Reg 1 (9901)	245,715	59.9	87.4	55.6	82.6	73.3	83.0	60.6	86.8
Region 1 Overall	731,340	62.3	79.4	57.0	82.6	67.5	83.6	71.3	87.1
MHS Average	5,539,478	57.1	74.4	55.8	80.6	61.5	83.3	63.1	85.1

### Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 9,119

**Survey questions:** 51a and 66a

### What the exhibit shows:

- Whether some patients are more satisfied with their care than others
- Whether satisfaction varies by type of facility
- How findings vary across catchment areas

### Findings:

Satisfaction with civilian care in Region 1 is greater than satisfaction with military care among every type of beneficiary. Between 57 and 71 percent of beneficiaries are satisfied with MTF care, compared with 79 to 87 percent who are satisfied with CTF care. Active duty personnel and their family members are generally less satisfied with MTF care than are retirees, survivors, and their family members.

In most catchment areas in Region 1, satisfaction with CTF care is greater than satisfaction with MTF care among every type of beneficiary. Among active duty personnel, satisfaction with MTF care is highest (67 to 68 percent) at Walter Reed AMC, NNMC Bethesda, and NH Groton. Satisfaction is lowest (46 to 52 percent) at Fort Drum Clinic, McGuire AFB/Fort Dix, and Dover AFB. Note that in many catchment areas, the sample of active duty CTF patients is too small to yield accurate estimates of satisfaction.

## 2.3a Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	16,298	46.7	41.7	37.9	1.7
Dover AFB (0036)	9,127	66.0	54.6	35.1	4.8
Walter Reed AMC (0037)	38,140	45.5	49.4	43.5	11.8
Andrews AFB (0066)	34,025	61.1	54.9	37.3	7.3
NNMC Bethesda (0067)	44,076	42.1	48.2	31.4	8.6
NH Patuxent Rvr (0068)	6,512	36.0	48.6	33.7	4.1
Ft. Monmouth (0081)	6,145	53.5	48.3	18.7	0.0
West Point (0086)	8,956	40.9	42.0	25.5	6.3
NH Newport (0100)	10,691	35.7	54.5	26.6	10.2
Ft. Belvoir (0123)	55,232	42.6	39.9	31.3	7.5
Aberdeen PrvngGrd Clinic (0308)	7,630	53.4	55.2	39.5	37.6
Hanscom AFB Clinic (0310)	9,523	34.5	27.1	16.6	5.5
NM Clinic Portsmouth New Hamp. (0321)	4,144	38.2	31.1	20.7	11.1
McGuire AFB/FtDix (0326)	26,564	52.1	38.3	25.9	7.2
Fort Drum Clinic (0330)	8,802	33.9	58.0	23.8	0.0
Carlisle Barracks Clinic (0352)	4,420	60.7	43.1	32.5	11.3
Out/Area-Reg 1 (9901)	120,769	30.2	34.6	15.8	13.2
Region 1 Overall	411,054	43.9	42.8	26.5	10.1
MHS Average	3,803,675	51.4	69.4	16.8	4.5

### Population:

Beneficiaries reporting knowing at least a little about TRICARE

**Sample size:** 5,022

**Survey question:** 83

### What the exhibit shows:

- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

### Findings:

Of the beneficiaries in Region 1 who reported being enrolled in TRICARE Prime, just over 40 percent plan to re-enroll in the next 12 months. Of the beneficiaries who were not enrolled in TRICARE Prime but reported knowing at least a little about TRICARE, those under age 65 (27 percent) were more likely than those age 65 or over (10 percent) to enroll in the next 12 months.

These region-wide patterns also apply to most of the individual catchment areas in Region 1 – about half of the enrollees are likely to re-enroll and non-enrollees, particularly older ones, are unlikely to enroll. The percentage of active-duty enrollees who plan to re-enroll is highest (61 to 66 percent) at Carlisle Barracks Clinic, Andrews AFB, and Dover AFB. Active duty enrollees outside of a catchment area (30 percent) are the least likely to re-enroll.

### 2.3b Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	16,298	16.5	29.8	35.1	80.5
Dover AFB (0036)	9,127	20.8	28.7	35.7	73.2
Walter Reed AMC (0037)	38,140	32.0	23.7	34.7	64.3
Andrews AFB (0066)	34,025	20.2	20.9	36.1	65.5
NNMC Bethesda (0067)	44,076	22.2	19.4	36.2	69.4
NH Patuxent Rvr (0068)	6,512	42.8	15.6	37.5	84.7
Ft. Monmouth (0081)	6,145	25.3	21.9	44.5	71.4
West Point (0086)	8,956	24.9	16.8	45.5	63.9
NH Newport (0100)	10,691	51.6	14.5	47.2	67.1
Ft. Belvoir (0123)	55,232	31.7	23.1	33.7	59.1
Aberdeen PrvngGrd Clinic (0308)	7,630	24.4	26.2	36.6	37.2
Hanscom AFB Clinic (0310)	9,523	32.1	36.6	56.8	66.7
NM Clinic Portsmouth New Hamp. (0321)	4,144	30.6	35.7	48.6	66.0
McGuire AFB/FtDix (0326)	26,564	16.9	40.4	37.5	68.3
Fort Drum Clinic (0330)	8,802	30.1	9.2	24.4	70.1
Carlisle Barracks Clinic (0352)	4,420	19.6	22.7	36.8	72.9
Out/Area-Reg 1 (9901)	120,769	32.7	40.6	48.6	70.3
Region 1 Overall	411,054	27.2	28.4	40.9	67.9
MHS Average	3,803,675	25.4	17.2	58.6	77.6

**Population:**

Beneficiaries reporting knowing at least a little about TRICARE

**Sample size:** 5,022

**Survey question:** 83

**What the exhibit shows:**

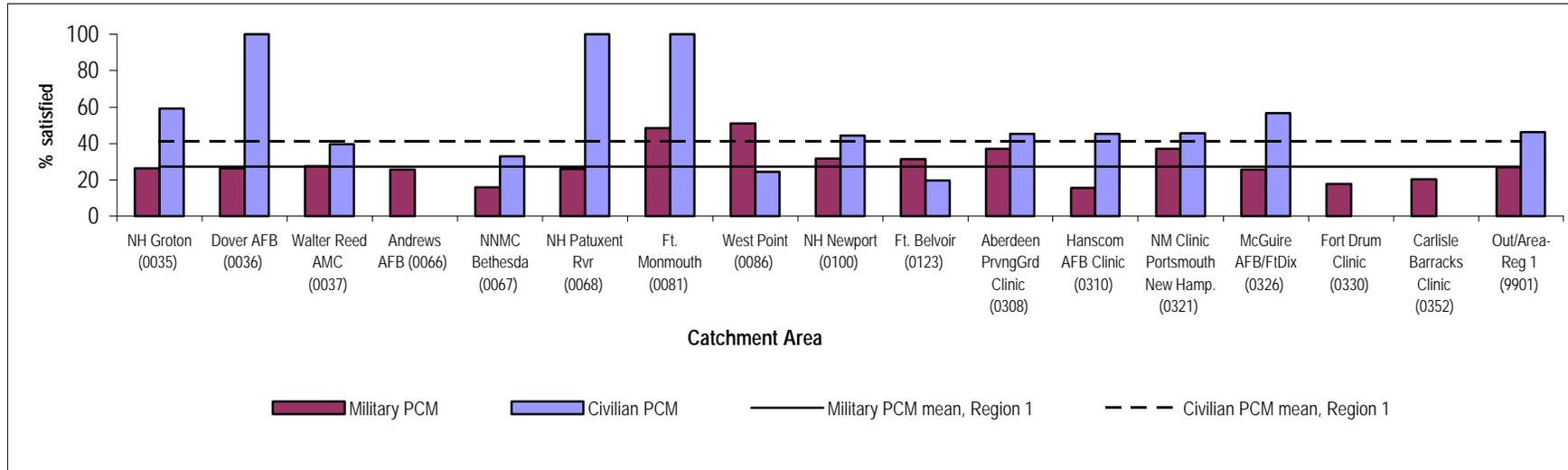
- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

**Findings:**

Of the active duty beneficiaries in Region 1 who reported being enrolled in TRICARE Prime, 27 percent do not plan to re-enroll in the next 12 months. This result is surprising, as active duty personnel are required to enroll in TRICARE Prime.

The percentage of active duty enrollees who do not plan to re-enroll is highest (43 to 52 percent) at NH Patuxent River and NH Newport. The percentage is lowest (17 to 20 percent) at McGuire AFB/Fort Dix, NH Groton, and Carlisle Barracks Clinic.

## 2.4 TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager



**Population:**

Beneficiaries enrolled in TRICARE Prime

**Sample size:** 2,368

**Vertical axis:**

The percent of the sample reporting they either “strongly agree” or “agree” they are satisfied with the health care they receive under TRICARE Prime

**Survey questions:** 79 and 82a

**What the exhibit shows:**

- Whether enrollees’ satisfaction with TRICARE Prime varies by type of PCM
- How findings vary across catchment areas

**Findings:**

In Region 1 overall, satisfaction with TRICARE Prime is slightly greater among enrollees who have a civilian PCM (41 percent) than among enrollees who have a military PCM (27 percent). Similarly, in most individual catchment areas, satisfaction is higher among enrollees with a civilian PCM. Note, though, that the sample of TRICARE Prime enrollees is too small to yield accurate estimates in most catchment areas.

Chapter

3

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## Access to Health Care

This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

### The key findings are:

- Of the beneficiaries in Region 1 who used an ER in the past 12 months TRICARE Prime enrollees (17 to 18 percent) were more likely than non-enrollees (13 to 15 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (5 to 10 percent) at NH Newport, Carlisle Barracks Clinic, and NH Patuxent River. The percentage is highest (32 to 39 percent) at Aberdeen Proving Ground Clinic, NH Clinic Portsmouth, and Dover AFB.
- In Region 1, TRICARE Prime enrollees (8 percent) are less likely than non-enrollees (14 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment. In most catchment areas, fewer than 10 percent of TRICARE Prime enrollees had to wait more than 30 days for an appointment. In contrast, among non-enrollees, the percentage unable to get an appointment varies substantially across catchment areas.
- In Region 1, MTF patients (26 to 31 percent) are more likely than CTF patients (13 to 15 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. Among TRICARE Prime enrollees in Region 1, long office waits are most prevalent at West Point, Aberdeen Proving Ground Clinic, and Fort Drum Clinic. Among non-enrollees, long office waits are most prevalent at Walter Reed AMC and Aberdeen Proving Ground Clinic.
- Twenty-nine percent of patients in Region 1 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (38 percent), the higher quality of care at civilian facilities (24 percent), and the difficulty of making appointments at a MTF (23 percent). At Fort Drum Clinic, the most common reason is that the services needed are not available (37 percent). For people outside of a catchment area, distance is the most common barrier (56 percent).

### 3.1 Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	12,561	18.7	17.5	23.6	8.8
Dover AFB (0036)	8,830	39.3	32.3	28.9	16.2
Walter Reed AMC (0037)	30,169	13.7	15.2	12.6	12.8
Andrews AFB (0066)	20,063	17.7	22.1	14.9	10.9
NNMC Bethesda (0067)	33,139	16.3	9.4	18.6	20.8
NH Patuxent Rvr (0068)	5,034	9.7	25.0	38.0	13.8
Ft. Monmouth (0081)	5,688	19.5	27.9	13.8	9.1
West Point (0086)	10,528	22.6	22.7	20.8	8.8
NH Newport (0100)	8,846	4.6	18.1	11.7	14.1
Ft. Belvoir (0123)	34,137	14.7	20.9	9.4	18.8
Aberdeen PrvngGrd Clinic (0308)	6,050	32.0	22.8	22.0	15.4
Hanscom AFB Clinic (0310)	8,663	15.0	14.9	15.6	11.6
NM Clinic Portsmouth New Hamp. (0321)	2,886	38.9	8.2	14.2	11.8
McGuire AFB/FtDix (0326)	18,987	28.0	6.5	8.7	9.0
Fort Drum Clinic (0330)	7,036	11.2	36.7	25.7	10.3
Carlisle Barracks Clinic (0352)	3,299	9.6	6.8	11.2	14.6
Out/Area-Reg 1 (9901)	105,213	20.6	9.4	14.2	11.5
Region 1 Overall	321,129	18.0	16.6	15.0	12.8
MHS Average	2,476,397	17.8	21.6	16.2	12.6

#### Population:

All beneficiaries who reported using an ER in the past 12 months

**Sample size:** 4,136

**Survey question:** 33

#### What the exhibit shows:

- Whether beneficiaries have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment status and type of enrollee
- How the findings vary across catchment areas

#### Findings:

Of the beneficiaries in Region 1 who used an ER in the past 12 months TRICARE Prime enrollees (17 to 18 percent) were slightly more likely than non-enrollees (13 to 15 percent) to report using the ER because they could not get an appointment with their usual health care provider.

The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (5 to 10 percent) at NH Newport, Carlisle Barracks Clinic, and NH Patuxent River. The percentage is highest (32 to 39 percent) at Aberdeen Proving Ground Clinic, NM Clinic Portsmouth, and Dover AFB. The rate of ER use at Dover AFB exceeds the Region 1 average among every type of beneficiary.

### 3.2 Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
NH Groton (0035)	26,088	5.4	5.6	4.6	14.7
Dover AFB (0036)	16,983	13.4	3.5	28.5	10.7
Walter Reed AMC (0037)	60,333	9.9	9.8	21.0	12.9
Andrews AFB (0066)	52,547	7.1	0.0	13.1	6.8
NNMC Bethesda (0067)	75,067	8.2	8.3	19.1	10.2
NH Patuxent Rvr (0068)	9,756	1.7	3.8	9.7	3.8
Ft. Monmouth (0081)	11,354	5.1	3.6	7.8	9.8
West Point (0086)	21,652	5.2	6.2	8.7	9.8
NH Newport (0100)	21,186	13.7	16.9	19.6	21.4
Ft. Belvoir (0123)	82,489	8.7	3.1	10.4	4.5
Aberdeen PrvngGrd Clinic (0308)	12,248	9.4	6.5	17.3	6.7
Hanscom AFB Clinic (0310)	17,911	6.5	17.0	22.0	24.4
NM Clinic Portsmouth New Hamp. (0321)	7,124	7.0	23.8	1.4	19.0
McGuire AFB/FtDix (0326)	47,530	8.2	6.3	24.3	11.7
Fort Drum Clinic (0330)	14,360	2.4	6.6	4.3	8.3
Carlisle Barracks Clinic (0352)	8,998	4.2	7.1	4.9	11.5
Out/Area-Reg 1 (9901)	245,715	5.7	8.2	11.8	17.1
Region 1 Overall	731,340	7.5	7.6	14.3	13.8
MHS Average	5,539,478	5.7	5.1	12.8	9.0

#### Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 9,119

**Survey questions:** 50a and 65a

#### What the exhibit shows:

- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- Whether waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

#### Findings:

In Region 1, TRICARE Prime enrollees (8 percent) are less likely than non-enrollees (14 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment.

In most catchment areas, fewer than 10 percent of TRICARE Prime enrollees had to wait more than 30 days for an appointment. In contrast, among non-enrollees, the percentage unable to get an appointment varies substantially across catchment areas. MTF patients were most likely to wait more than 30 days for an appointment at Dover AFB, Walter Reed AMC, NH Newport, and McGuire AFB/Fort Dix.

### 3.3 Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
NH Groton (0035)	26,088	38.0	12.2	19.8	9.2
Dover AFB (0036)	16,983	22.9	14.4	19.5	19.7
Walter Reed AMC (0037)	60,333	37.0	10.0	28.9	14.2
Andrews AFB (0066)	52,547	20.7	12.8	28.3	8.1
NNMC Bethesda (0067)	75,067	27.9	15.7	27.7	10.2
NH Patuxent Rvr (0068)	9,756	30.5	17.4	16.7	11.8
Ft. Monmouth (0081)	11,354	16.3	12.2	16.3	18.8
West Point (0086)	21,652	34.1	20.3	13.6	17.3
NH Newport (0100)	21,186	29.0	19.9	23.9	13.8
Ft. Belvoir (0123)	82,489	37.6	11.7	29.3	7.7
Aberdeen PrvngGrd Clinic (0308)	12,248	38.7	20.5	44.0	12.5
Hanscom AFB Clinic (0310)	17,911	15.0	11.5	14.0	17.1
NM Clinic Portsmouth New Hamp. (0321)	7,124	19.7	8.1	3.7	3.3
McGuire AFB/FtDix (0326)	47,530	27.4	15.9	25.6	19.9
Fort Drum Clinic (0330)	14,360	42.5	25.3	23.0	10.1
Carlisle Barracks Clinic (0352)	8,998	10.2	10.7	15.0	10.2
Out/Area-Reg 1 (9901)	245,715	28.8	16.9	26.0	12.3
Region 1 Overall	731,340	30.6	15.4	25.9	12.5
MHS Average	5,539,478	32.1	17.3	32.7	16.1

**Population:**

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

**Sample size:** 9,119

**Survey questions:** 48 and 63

**What the exhibit shows:**

- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

**Findings:**

In Region 1, MTF patients (26 to 31 percent) are more likely than CTF patients (13 to 15 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes.

Among TRICARE Prime enrollees in Region 1, long office waits are most prevalent at West Point, Aberdeen Proving Ground Clinic, and Fort Drum Clinic. Among non-enrollees, long office waits are most prevalent at Walter Reed AMC and Aberdeen Proving Ground Clinic.

### 3.4 Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area

Catchment Area	Population	Reasons Reported											
		Never try to use MTF	No care needed in past 12 months	MTF is too far away	Hard to get an appointment at MTF	Can't see the same provider each visit	MTF usually used is closed	Needed services not available	Better care at civilian provider	Ineligible for military care	No appt. avail. for beneficiary like me	Difficult to find a parking space	Other
NH Groton (0035)	15,066	25.9	17.6	21.6	22.0	15.1	0.6	18.1	22.2	4.8	8.7	0.8	23.0
Dover AFB (0036)	9,121	25.7	11.2	14.1	36.3	22.3	4.5	25.1	34.4	3.1	7.5	1.2	16.6
Walter Reed AMC (0037)	27,471	25.9	13.3	14.1	29.3	19.2	5.8	13.1	21.2	11.3	7.1	1.9	23.4
Andrews AFB (0066)	19,149	28.0	15.3	8.9	40.7	29.0	2.4	12.4	39.0	3.6	11.9	1.8	19.4
NNMC Bethesda (0067)	33,476	31.8	12.8	20.8	34.5	24.3	1.7	10.5	27.2	5.4	12.6	4.5	24.3
NH Patuxent Rvr (0068)	3,907	15.4	10.6	10.2	39.9	24.3	8.6	24.6	30.6	4.5	11.6	1.7	20.8
Ft. Monmouth (0081)	6,148	28.6	12.4	15.6	17.4	14.8	4.3	24.1	28.4	6.2	5.1	0.0	26.0
West Point (0086)	11,779	38.3	15.7	40.6	13.8	7.4	0.6	8.4	21.0	8.5	2.6	1.0	16.2
NH Newport (0100)	13,775	34.7	12.1	30.1	18.5	14.5	5.2	12.2	22.0	11.6	6.9	1.2	16.7
Ft. Belvoir (0123)	32,697	18.8	12.2	16.6	41.5	31.3	1.7	14.6	45.2	2.2	10.3	3.9	25.8
Aberdeen PrvngGrd Clinic (0308)	6,632	30.7	14.6	22.4	26.5	19.9	4.2	14.8	26.8	11.9	5.8	1.2	22.3
Hanscom AFB Clinic (0310)	13,497	41.1	14.9	30.4	9.8	9.5	15.7	14.0	25.7	8.2	5.3	0.9	18.5
NM Clinic Portsmouth New Hamp. (0321)	6,342	28.2	8.2	34.6	13.8	11.9	40.8	14.2	19.2	8.4	5.9	0.7	15.8
McGuire AFB/FtDix (0326)	36,342	32.0	6.7	31.5	21.8	17.9	18.8	17.0	27.5	11.4	16.5	0.8	17.0
Fort Drum Clinic (0330)	4,592	15.7	20.6	9.8	19.5	13.9	0.5	37.1	18.0	3.7	6.7	1.3	23.4
Carlisle Barracks Clinic (0352)	5,342	24.7	12.7	17.2	20.7	13.5	0.7	25.1	31.5	3.4	7.4	0.9	22.2
Out/Area-Reg 1 (9901)	218,562	30.3	10.4	55.9	17.1	10.5	12.3	7.6	18.5	5.3	5.0	1.4	14.0
Region 1 Overall	463,901	29.4	11.5	37.8	22.8	15.6	9.5	11.7	24.0	6.3	7.5	1.7	17.7
MHS Average	3,467,507	26.4	11.7	37.1	27.0	15.9	10.5	12.3	23.3	7.3	12.5	2.2	16.7

**Population:**

Beneficiaries who received some care from a MTF but most of their care from a CTF during the 12 months preceding their survey response

**Sample size:** 5,554

**Survey question:** 56

**What the exhibit shows:**

- Why patients who reported getting most of their care from a civilian facility chose to do so
- How findings vary across catchment areas

**Findings:**

Twenty-nine percent of patients in Region 1 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (38 percent), the higher quality of care at civilian facilities (24 percent), and the difficulty of making appointments at a MTF (23 percent).

In most catchment areas in Region 1, the most commonly cited barrier to MTF use is either distance, the difficulty of making an appointment, or the superior care at civilian facilities. At Fort Drum Clinic, the most common reason is that the services needed are not available (37 percent). For people outside of a catchment area, the distance from a MTF is the most common barrier (56 percent).

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Chapter

4

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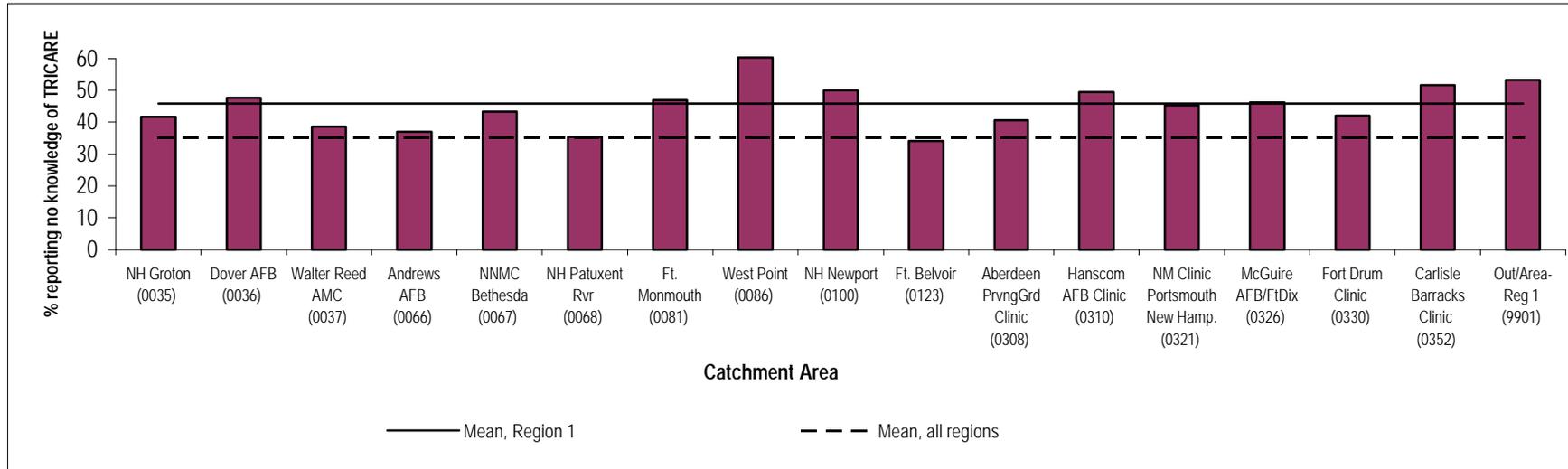
## Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

### The key findings are:

- Forty-six percent of beneficiaries in Region 1 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (34 to 37 percent) at Fort Belvoir, NH Patuxent River, and Andrews AFB. The percentage is highest (52 to 60 percent) at Carlisle Barracks Clinic, West Point, and among beneficiaries outside of a catchment area.
- Among beneficiaries in Region 1 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members under age 65 (60 percent) were more likely than other types of beneficiaries (46 to 53 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information is lowest (35 percent) at NH Patuxent River, NH Newport, Aberdeen Proving Ground Clinic, and Carlisle Barracks Clinic. The percentage is highest (55 to 56 percent) at Fort Belvoir, NNMC Bethesda, and among beneficiaries outside of a catchment area.
- In Region 1, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (47 percent), a military base newspaper (32 percent), and a TRICARE presentation (26 percent). This result applies to most of the individual catchment areas in Region 1 as well. Other commonly cited sources of information in some catchment areas are friends and neighbors and a military doctor.

### 4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area



**Population:**

All beneficiaries

**Sample size:** 9,872

**Vertical axis:**

The percent of the sample reporting no knowledge of TRICARE

**Survey question:** 71

**What the exhibit shows:**

- What percent of beneficiaries in the MHS and in Region 1 have no knowledge of TRICARE
- How this percentage varies across catchment areas

**Findings:**

Forty-six percent of beneficiaries in Region 1 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (34 to 37 percent) at Fort Belvoir, NH Patuxent River, and Andrews AFB. The percentage is highest (52 to 60 percent) at Carlisle Barracks Clinic, West Point, and among beneficiaries outside of a catchment area.

## 4.2 Percent of Beneficiaries in Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
NH Groton (0035)	16,298	48.9	40.9	61.6	46.7
Dover AFB (0036)	9,127	36.4	67.0	70.4	60.2
Walter Reed AMC (0037)	38,140	37.9	43.7	63.5	44.4
Andrews AFB (0066)	34,025	36.3	58.2	64.2	49.8
NNMC Bethesda (0067)	44,076	55.8	47.1	59.1	55.1
NH Patuxent Rvr (0068)	6,512	35.1	40.0	60.4	65.0
Ft. Monmouth (0081)	6,145	44.0	51.2	67.4	50.0
West Point (0086)	8,956	39.7	53.1	49.0	44.0
NH Newport (0100)	10,691	34.7	49.8	55.2	60.9
Ft. Belvoir (0123)	55,232	54.9	48.5	55.2	47.7
Aberdeen PrvngGrd Clinic (0308)	7,630	35.0	60.9	46.6	36.2
Hanscom AFB Clinic (0310)	9,523	50.4	56.8	47.7	54.6
NM Clinic Portsmouth New Hamp. (0321)	4,144	46.1	38.2	57.5	49.5
McGuire AFB/FtDix (0326)	26,564	51.3	43.3	51.1	53.4
Fort Drum Clinic (0330)	8,802	45.8	50.7	52.9	67.1
Carlisle Barracks Clinic (0352)	4,420	35.1	29.3	57.5	44.1
Out/Area-Reg 1 (9901)	120,769	54.9	33.3	62.4	58.5
Region 1 Overall	411,054	47.0	45.9	59.6	53.3
MHS Average	3,803,675	29.9	26.1	37.1	47.1

### Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 5,022

Survey question: 73a

### What the exhibit shows:

- The percentage of beneficiaries that have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings vary across catchment areas

### Findings:

Among beneficiaries in Region 1 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members under age 65 (60 percent) were more likely than other types of beneficiaries (46 to 53 percent) to have unclear information about enrolling in TRICARE Prime.

The percentage of active duty personnel with unclear information about enrolling in TRICARE Prime is lowest (35 percent) at NH Patuxent River, NH Newport, Aberdeen Proving Ground Clinic, and Carlisle Barracks Clinic. The percentage is highest (55 to 56 percent) at Fort Belvoir, NNMC Bethesda, and among beneficiaries outside of a catchment area.

### 4.3 Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area

Catchment Area	Population	Sources of Information Used										
		TRICARE presentation	Information package	Military doctor	Civilian doctor	TRICARE information number	Military base newspaper	Regional newspaper	Friends and neighbors	TRICARE Service Center	Radio/TV	Other
NH Groton (0035)	16,298	34.8	32.4	9.9	2.0	3.5	38.2	15.8	16.9	4.1	2.9	31.1
Dover AFB (0036)	9,127	32.2	44.1	6.0	1.1	4.8	54.9	2.4	24.9	9.3	0.4	30.1
Walter Reed AMC (0037)	38,140	31.3	49.6	10.4	1.6	6.3	40.3	5.4	17.6	7.4	2.2	30.8
Andrews AFB (0066)	34,025	32.5	40.4	8.6	2.4	5.0	55.2	7.6	25.5	9.2	3.2	32.5
NNMC Bethesda (0067)	44,076	30.8	38.3	11.0	1.9	8.2	31.3	3.6	20.3	7.1	0.4	36.4
NH Patuxent Rvr (0068)	6,512	36.3	42.3	14.9	3.1	8.0	43.4	3.7	21.4	5.6	1.2	30.4
Ft. Monmouth (0081)	6,145	18.6	51.5	20.7	1.4	3.4	36.7	1.3	15.8	6.4	0.9	26.9
West Point (0086)	8,956	26.3	40.4	9.8	3.4	5.8	31.1	3.8	11.6	6.1	2.1	33.8
NH Newport (0100)	10,691	22.5	44.4	10.9	3.8	5.0	30.4	4.7	18.2	5.5	1.5	39.8
Ft. Belvoir (0123)	55,232	27.8	41.0	12.7	3.0	5.2	43.7	8.2	26.1	6.5	0.6	28.8
Aberdeen PrvngGrd Clinic (0308)	7,630	45.8	47.1	7.6	2.6	8.9	43.9	6.2	17.3	13.0	1.4	25.5
Hanscom AFB Clinic (0310)	9,523	18.8	60.5	8.3	1.3	3.9	23.7	4.2	11.4	5.1	0.5	26.9
NM Clinic Portsmouth New Hamp. (0321)	4,144	22.6	69.0	6.5	5.2	4.3	15.1	2.9	15.2	2.4	0.3	25.2
McGuire AFB/FtDix (0326)	26,564	14.9	47.6	11.2	1.1	3.2	29.7	3.7	13.4	5.2	1.6	37.9
Fort Drum Clinic (0330)	8,802	36.8	38.6	13.5	3.0	4.3	39.5	5.1	23.9	3.1	3.2	30.1
Carlisle Barracks Clinic (0352)	4,420	31.3	53.3	14.8	2.6	7.3	36.1	2.7	14.9	12.6	3.2	32.8
Out/Area-Reg 1 (9901)	120,769	19.0	54.4	6.5	2.2	4.4	16.3	3.9	12.1	2.7	1.7	36.6
Region 1 Overall	411,054	25.9	46.7	9.6	2.2	5.2	32.4	5.3	17.8	5.6	1.6	33.4
MHS Average	3,803,675	33.2	56.5	15.2	4.4	16.4	30.8	7.2	25.4	20.6	2.4	23.4

**Population:**

Beneficiaries reporting knowing at least a little about TRICARE

**Sample size:** 5,022

**Survey question:** 72

**What the exhibit shows:**

- The sources of information about TRICARE that beneficiaries use
- Which information sources are most commonly used in each catchment area

**Findings:**

In Region 1, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (47 percent), a military base newspaper (32 percent), and a TRICARE presentation (26 percent). This result applies to most of the individual catchment areas in Region 1 as well.

Other commonly cited sources of information in some catchment areas are friends and neighbors and a military doctor. Beneficiaries who live outside of a catchment area were less likely than the average beneficiary in Region 1 to receive information via a military base newspaper.

Chapter

5

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## Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

### The key findings are:

- In Region 1, 11 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 22 percent of active duty family members; 19 percent of retirees, survivors, and family members under age 65; and 30 percent of retirees, survivors, and family members age 65 or over. The percentage of beneficiaries using a military pharmacy to fill a civilian prescription is highest at NH Groton, NH Patuxent River, McGuire AFB/Fort Dix, and Fort Drum Clinic. The percentage is lowest at West Point and among beneficiaries who live outside of a catchment area.
- In Region 1, 89 percent of active duty personnel use a MTF for their regular source of care, as do 66 percent of active duty family members. In contrast, this is true for only 29 percent of retirees and their family members under age 65, and 24 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 1.

## 5.1 Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
NH Groton (0035)	28,938	15.1	35.1	30.0	50.4
Dover AFB (0036)	18,345	7.9	38.9	34.0	47.7
Walter Reed AMC (0037)	64,619	9.4	11.3	17.4	32.7
Andrews AFB (0066)	55,775	3.5	21.4	30.6	39.7
NNMC Bethesda (0067)	80,884	11.4	12.4	24.0	33.3
NH Patuxent Rvr (0068)	10,464	16.5	33.7	42.6	57.9
Ft. Monmouth (0081)	12,136	13.2	19.1	22.1	34.0
West Point (0086)	23,740	5.4	13.0	7.1	18.9
NH Newport (0100)	22,634	8.3	28.6	22.7	45.4
Ft. Belvoir (0123)	87,149	10.6	20.6	25.6	38.7
Aberdeen PrvngGrd Clinic (0308)	13,354	12.7	20.3	21.3	28.1
Hanscom AFB Clinic (0310)	19,904	10.5	24.7	11.4	27.3
NM Clinic Portsmouth New Hamp. (0321)	7,894	17.3	32.3	18.9	29.3
McGuire AFB/FtDix (0326)	51,742	17.3	24.6	20.9	40.2
Fort Drum Clinic (0330)	16,065	11.4	36.4	32.0	58.5
Carlisle Barracks Clinic (0352)	9,575	10.2	39.8	34.3	45.3
Out/Area-Reg 1 (9901)	273,106	14.1	19.9	12.3	20.8
Region 1 Overall	796,324	11.0	21.6	19.4	29.9
MHS Average	6,094,167	9.1	24.1	26.7	41.0

### Population:

All beneficiaries

**Sample size:** 9,872

**Survey questions:** 53

### What the exhibit shows:

- Whether beneficiaries use military pharmacies to fill prescriptions written by civilian provider
- How usage varies by the type of beneficiary
- How findings vary across catchment areas

### Findings:

In Region 1, 11 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 22 percent of active duty family members; 19 percent of retirees, survivors, and family members under age 65; and 30 percent of retirees, survivors, and family members age 65 or over.

Military pharmacies were most commonly used to fill civilian prescriptions at NH Groton, NH Patuxent River, McGuire AFB/Fort Dix, and Fort Drum Clinic. In these catchment areas, all types of beneficiaries relied on military pharmacies at rates exceeding the Region 6 average. Military pharmacies were least commonly used to fill civilian prescriptions at West Point and outside of Region 1 catchment areas.

## 5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary											
		Active Duty Personnel			Active Duty Family Members			Retirees, Survivors, and Family Under Age 65			Retirees, Survivors, and Family Age 65 or Over		
		MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other
NH Groton (0035)	25,791	95.2	3.2	1.6	83.9	14.7	1.4	34.8	62.5	2.7	15.5	79.9	4.6
Dover AFB (0036)	16,518	97.8	1.1	1.1	85.3	14.7	0.0	48.6	50.6	0.8	36.7	61.7	1.6
Walter Reed AMC (0037)	61,071	91.5	6.2	2.2	78.3	19.3	2.4	42.8	54.2	3.0	46.2	49.2	4.7
Andrews AFB (0066)	51,024	99.0	1.0	0.0	82.2	13.7	4.1	54.0	38.8	7.2	57.0	39.1	3.9
NNMC Bethesda (0067)	75,883	92.5	5.8	1.7	78.4	19.8	1.8	46.4	48.4	5.2	47.3	49.5	3.1
NH Patuxent Rvr (0068)	9,157	88.2	0.0	11.8	76.8	20.3	2.9	55.2	43.7	1.1	54.8	44.1	1.0
Ft. Monmouth (0081)	10,961	89.0	9.5	1.6	79.4	19.3	1.4	44.8	52.0	3.2	31.0	65.1	3.9
West Point (0086)	21,542	84.4	12.7	2.8	78.6	17.1	4.3	31.7	60.4	7.9	24.9	72.9	2.2
NH Newport (0100)	21,231	88.9	11.1	0.0	64.4	34.3	1.3	32.7	63.9	3.4	14.5	79.9	5.6
Ft. Belvoir (0123)	81,345	92.6	7.4	0.0	83.0	14.2	2.8	64.2	31.6	4.2	60.3	38.7	1.0
Aberdeen PrvngGrd Clinic (0308)	11,717	89.6	8.2	2.1	61.7	36.9	1.4	27.7	70.7	1.6	15.5	81.0	3.6
Hanscom AFB Clinic (0310)	18,581	91.5	8.5	0.0	54.2	36.5	9.3	15.9	74.6	9.4	5.3	83.3	11.4
NM Clinic Portsmouth New Hamp. (0321)	7,443	96.6	1.7	1.7	30.2	64.2	5.7	10.5	79.8	9.7	6.5	88.1	5.4
McGuire AFB/FtDix (0326)	47,774	94.9	3.8	1.2	48.3	45.5	6.1	14.4	79.2	6.4	6.3	88.0	5.7
Fort Drum Clinic (0330)	14,573	94.7	3.9	1.4	92.5	7.5	0.0	56.7	41.8	1.4	12.2	85.3	2.4
Carlisle Barracks Clinic (0352)	8,983	94.3	4.8	0.8	66.8	32.1	1.1	48.3	50.3	1.4	34.3	64.0	1.7
Out/Area-Reg 1 (9901)	246,179	64.8	33.0	2.2	25.8	67.3	6.9	7.2	85.9	6.9	11.0	82.5	6.5
Region 1 Overall	729,773	88.6	9.8	1.6	65.8	30.6	3.7	29.4	65.0	5.6	23.7	71.1	5.2
MHS Average	5,509,387	90.4	6.8	1.1	70.6	25.2	2.3	27.7	64.1	4.3	14.9	73.1	7.1

**Population:**

Beneficiaries who reported having a usual source of care

**Sample size:** 9,103

**Survey question:** 31

**What the exhibit shows:**

- Types of facilities from which beneficiaries usually seek care
- How the usual source of care varies by the type of beneficiary
- How findings vary across catchment areas

**Findings:**

In Region 1, 89 percent of active duty personnel use a MTF for their regular source of care, as do 66 percent of active duty family members. In contrast, this is true for only 29 percent of retirees and their family members under age 65, and 24 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead.

This pattern -- MTF use by active duty personnel and their family members and CTF use by retirees, survivors, and their family members -- also appears in most catchment areas in Region 1. However, at Andrews AFB, NH Patuxent River, and Fort Belvoir, all types of beneficiaries are more likely to use MTFs than CTFs. In contrast, beneficiaries who live outside of a catchment area are more likely than the average Region 1 beneficiary to rely on a CTF.

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Chapter

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## Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

### The key findings are:

- In Region 1, the percentage of MTF patients with six or more outpatient visits was highest at NNMC Bethesda and Andrews AFB; the percentage was lowest at Hanscom AFB Clinic, NM Clinic Portsmouth, and among patients who live outside of a catchment area. The percentage of CTF patients with six or more outpatient visits was highest at Hanscom AFB Clinic, McGuire AFB/Fort Dix, and among patients outside of a catchment area; the percentage was lowest at NH Groton, NNMC Bethesda, and NH Newport.
- The percentage of MTF patients with no outpatient visits was highest at NM Clinic Portsmouth, McGuire AFB/Fort Dix, and among patients outside of a catchment area; the percentage was lowest at NNMC Bethesda, NH Patuxent River, and Fort Belvoir. The percentage of CTF patients with no outpatient visits was highest at Walter Reed AMC, NNMC Bethesda, and Fort Monmouth; the percentage was lowest at Hanscom AFB Clinic and among patients outside of a catchment area.

### 6.1a Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
NH Groton (0035)	26,088	32.4	21.8	29.5	40.8
Dover AFB (0036)	16,983	22.0	21.1	35.5	45.3
Walter Reed AMC (0037)	60,333	30.7	21.4	40.7	44.3
Andrews AFB (0066)	52,547	31.3	31.0	47.2	42.8
NNMC Bethesda (0067)	75,067	40.7	20.2	50.2	35.5
NH Patuxent Rvr (0068)	9,756	23.2	20.9	39.9	44.9
Ft. Monmouth (0081)	11,354	33.1	27.9	36.4	47.3
West Point (0086)	21,652	31.5	17.2	38.0	49.6
NH Newport (0100)	21,186	23.5	15.7	34.6	46.4
Ft. Belvoir (0123)	82,489	36.0	22.8	38.1	43.5
Aberdeen PrvngGrd Clinic (0308)	12,248	33.8	29.7	34.8	51.5
Hanscom AFB Clinic (0310)	17,911	26.3	41.3	19.5	52.6
NM Clinic Portsmouth New Hamp. (0321)	7,124	17.9	26.1	15.0	47.3
McGuire AFB/FtDix (0326)	47,530	32.5	36.8	17.1	58.8
Fort Drum Clinic (0330)	14,360	32.0	27.0	36.5	41.0
Carlisle Barracks Clinic (0352)	8,998	31.3	29.8	30.8	45.8
Out/Area-Reg 1 (9901)	245,715	29.6	31.7	23.4	54.4
Region 1 Overall	731,340	32.5	26.7	34.8	49.5
MHS Average	5,539,478	33.1	28.4	26.1	47.3

**Population:**

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

**Sample size:** 9,119

**Survey questions:** 46 and 61

**What the exhibit shows:**

- The percent of patients who had six or more outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

**Findings:**

In the 12 months preceding the survey, TRICARE Prime enrollees in Region 1 who used MTFs were more likely to have six or more outpatient visits (33 percent) than those who used CTFs (27 percent). In contrast, among non-enrollees, MTF patients (35 percent) were less likely than CTF patients (50 percent) to have six or more outpatient visits.

Compared with the average MTF patient in Region 1, MTF patients at NNMC Bethesda and Andrews AFB were more likely to have six or more outpatient visits. MTF patients at Hanscom AFB Clinic, NM Clinic Portsmouth, and those outside of Region 1 catchment areas were least likely to have six or more visits.

Compared with the average CTF patient in Region 1, CTF patients at Hanscom AFB Clinic, McGuire AFB/Fort Dix, and outside of catchment areas were more likely to have six or more outpatient visits. CTF patients at NH Groton, NNMC Bethesda, and NH Newport were least likely to have six or more visits.

## 6.1b Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
NH Groton (0035)	26,088	4.8	25.3	23.1	5.6
Dover AFB (0036)	16,983	8.2	16.7	15.3	6.3
Walter Reed AMC (0037)	60,333	6.5	29.9	11.4	8.8
Andrews AFB (0066)	52,547	7.3	24.1	9.3	10.2
NNMC Bethesda (0067)	75,067	6.5	25.3	8.2	9.9
NH Patuxent Rvr (0068)	9,756	5.2	20.6	9.7	8.3
Ft. Monmouth (0081)	11,354	9.6	27.7	17.3	12.0
West Point (0086)	21,652	8.8	23.7	16.8	11.1
NH Newport (0100)	21,186	9.3	19.7	24.3	6.8
Ft. Belvoir (0123)	82,489	6.9	27.5	8.1	4.0
Aberdeen PrvngGrd Clinic (0308)	12,248	4.2	18.9	20.8	5.0
Hanscom AFB Clinic (0310)	17,911	8.6	7.9	37.9	5.7
NM Clinic Portsmouth New Hamp. (0321)	7,124	18.5	13.2	40.6	4.5
McGuire AFB/FtDix (0326)	47,530	10.8	16.6	45.1	3.4
Fort Drum Clinic (0330)	14,360	8.9	21.5	6.3	8.3
Carlisle Barracks Clinic (0352)	8,998	6.7	17.2	14.0	8.3
Out/Area-Reg 1 (9901)	245,715	12.4	3.5	34.4	4.8
Region 1 Overall	731,340	8.0	17.6	19.3	6.0
MHS Average	5,539,478	9.5	17.9	30.6	5.2

**Population:**

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

**Sample size:** 9,119

**Survey questions:** 46 and 61

**What the exhibit shows:**

- The percent of patients who had no outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

**Findings:**

In the 12 months preceding the survey, TRICARE Prime enrollees in Region 1 who used CTFs were more likely to have no outpatient visits (18 percent) than those who used MTFs (8 percent). In contrast, among non-enrollees, MTF patients (19 percent) were more likely than CTF patients (6 percent) to have no outpatient visits.

Compared with the average MTF patient in Region 1, MTF patients at NM Clinic Portsmouth, McGuire AFB/Fort Dix, and those outside of catchment areas were more likely to have no outpatient visits. MTF patients at NNMC Bethesda, NH Patuxent River, and Fort Belvoir were least likely to have no outpatient visits.

Compared with the average CTF patient in Region 1, CTF patients at Walter Reed AMC, NNMC Bethesda, and Fort Monmouth were more likely to have no outpatient visits. CTF patients at Hanscom AFB Clinic and outside of catchment areas were the least likely to have no outpatient visits.

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Chapter

7

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## Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

### The key findings are:

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 96 to 98 percent of beneficiaries in Region 1. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In all but one catchment area of Region 1, at least 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 1, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (70 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (69 to 74 percent) at West Point, Andrews AFB, and Fort Drum Clinic. The percentage is highest (88 to 91 percent) at Dover AFB and Carlisle Barracks Clinic.
- In Region 1, 86 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years ranges from 78 percent at West Point to 88 percent at Fort Belvoir.
- In Region 1, female beneficiaries who were enrolled in TRICARE Prime (89 to 96 percent) were more likely than their non-enrolled counterparts (78 to 88 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Eighty-nine percent of the female beneficiaries in Region 1 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and exceeds the 76 to 84 percent observed in the civilian sector.
- In Region 1, between 75 and 86 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Andrews AFB and NM Clinic Portsmouth, and lowest at Aberdeen Proving Ground Clinic and Fort Drum Clinic.

## 7.1 Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	28,938	97.1	95.9	95.4	96.2
Dover AFB (0036)	18,345	100.0	94.6	96.3	97.9
Walter Reed AMC (0037)	64,619	95.1	96.3	95.4	97.8
Andrews AFB (0066)	55,775	99.1	92.9	98.4	97.3
NNMC Bethesda (0067)	80,884	95.6	94.5	97.4	98.4
NH Patuxent Rvr (0068)	10,464	97.8	90.8	97.0	97.4
Ft. Monmouth (0081)	12,136	97.4	98.8	97.1	97.5
West Point (0086)	23,740	100.0	98.4	94.6	97.6
NH Newport (0100)	22,634	97.8	93.0	94.8	99.3
Ft. Belvoir (0123)	87,149	98.6	94.4	97.9	96.7
Aberdeen PrvngGrd Clinic (0308)	13,354	100.0	97.2	99.3	99.3
Hanscom AFB Clinic (0310)	19,904	98.6	90.7	91.3	97.2
NM Clinic Portsmouth New Hamp. (0321)	7,894	95.7	96.0	94.5	99.4
McGuire AFB/FtDix (0326)	51,742	99.0	96.7	97.4	97.7
Fort Drum Clinic (0330)	16,065	97.3	98.0	98.0	97.8
Carlisle Barracks Clinic (0352)	9,575	85.2	94.0	96.7	98.9
Out/Area-Reg 1 (9901)	273,106	95.7	97.0	97.0	98.0
Region 1 Overall	796,324	97.0	95.5	96.9	97.9
MHS Average	6,094,167	97.0	96.3	95.2	97.4

**Population:**

All beneficiaries

**Sample size:** 9,872

**Survey question:** 12

**What the exhibit shows:**

- Percentage of beneficiaries who had a blood pressure reading in the past two years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

**Findings:**

Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 96 to 98 percent of beneficiaries in Region 1. Both results exceed the civilian Healthy People 2000 goal of 90 percent.

In all but one catchment area in Region 1, at least 90 percent of each type of beneficiary had a blood pressure screening in the past two years. At Carlisle Barracks Clinic, 85 percent of active duty personnel enrolled in TRICARE Prime had such a screening.

## 7.2 Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	28,938	78.1	68.4	76.6	87.4
Dover AFB (0036)	18,345	87.9	62.6	78.7	92.8
Walter Reed AMC (0037)	64,619	85.5	71.9	87.3	93.2
Andrews AFB (0066)	55,775	74.2	67.7	84.8	92.3
NNMC Bethesda (0067)	80,884	81.5	73.1	84.0	93.1
NH Patuxent Rvr (0068)	10,464	79.1	63.4	83.3	95.8
Ft. Monmouth (0081)	12,136	78.6	79.1	86.5	90.4
West Point (0086)	23,740	68.5	73.7	83.8	91.1
NH Newport (0100)	22,634	85.2	77.1	86.2	95.9
Ft. Belvoir (0123)	87,149	80.8	64.2	84.1	94.5
Aberdeen PrvngGrd Clinic (0308)	13,354	86.2	72.3	84.4	90.6
Hanscom AFB Clinic (0310)	19,904	80.5	75.6	83.0	94.5
NM Clinic Portsmouth New Hamp. (0321)	7,894	79.5	87.4	89.5	96.1
McGuire AFB/FtDix (0326)	51,742	83.1	69.2	85.2	94.7
Fort Drum Clinic (0330)	16,065	74.3	70.1	79.3	90.7
Carlisle Barracks Clinic (0352)	9,575	90.6	72.4	84.9	94.5
Out/Area-Reg 1 (9901)	273,106	83.9	70.0	84.1	93.6
Region 1 Overall	796,324	80.8	69.8	84.2	93.4
MHS Average	6,094,167	78.2	72.6	81.1	93.0

**Population:**

All beneficiaries

**Sample size:** 9,872**Survey question:** 13**What the exhibit shows:**

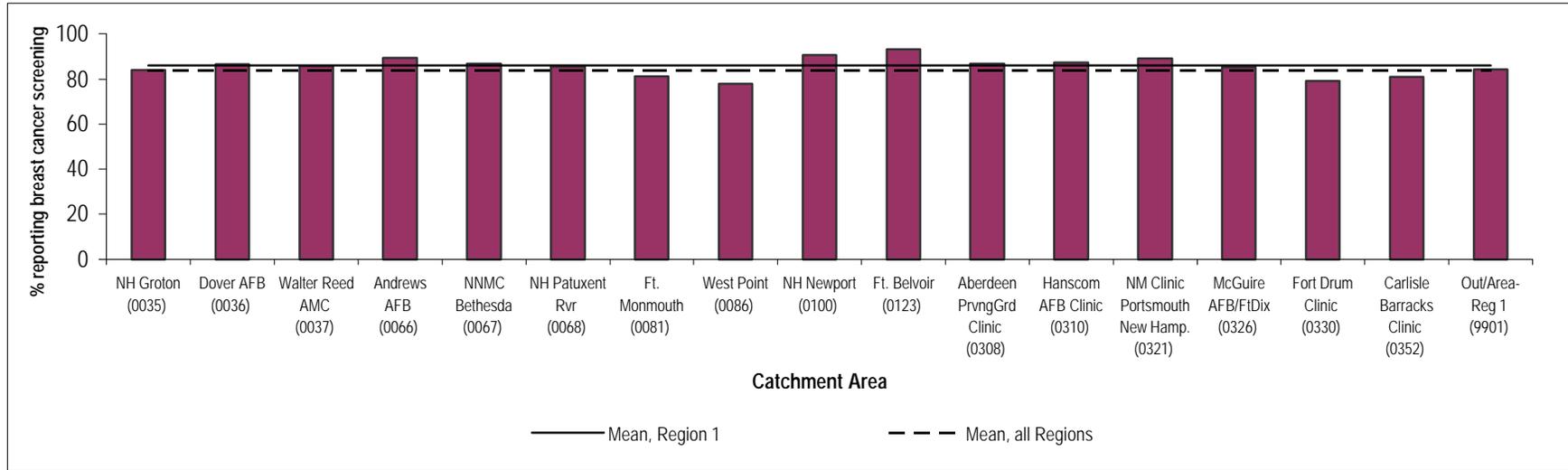
- Percentage of beneficiaries who had a cholesterol screening in the past five years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

**Findings:**

In Region 1, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (70 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent.

The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (69 to 74 percent) at West Point, Andrews AFB, and Fort Drum Clinic. The percentage is highest (88 to 91 percent) at Dover AFB and Carlisle Barracks Clinic. More than 90 percent of non-enrollees age 65 or over had such a screening in every catchment area except NH Groton (87 percent).

### 7.3 Breast Cancer Screening



**Population:**

Female beneficiaries age 50 or over

**Sample size:** 2,784

**Vertical axis:**

The percent of the sample that was “checked by mammography or other X-ray-like procedure” during the two years preceding their survey response

**Survey question:** 26

**What the exhibit shows:**

- Percentage of female beneficiaries over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary across catchment areas

**Findings:**

In Region 1, 86 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result is comparable with the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years ranges from 78 percent at West Point to 93 percent at Fort Belvoir.

## 7.4 Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	13,134	100.0	91.7	84.1	69.2
Dover AFB (0036)	9,099	94.4	90.4	87.7	75.4
Walter Reed AMC (0037)	31,146	100.0	90.7	89.6	82.3
Andrews AFB (0066)	28,216	100.0	95.0	93.8	81.4
NNMC Bethesda (0067)	39,463	96.3	89.6	87.9	76.9
NH Patuxent Rvr (0068)	4,915	92.3	83.6	88.0	85.9
Ft. Monmouth (0081)	6,667	100.0	85.4	91.7	73.1
West Point (0086)	9,258	75.7	95.2	88.5	67.0
NH Newport (0100)	11,247	58.3	91.5	87.1	84.7
Ft. Belvoir (0123)	48,911	100.0	82.3	95.7	82.1
Aberdeen PrvngGrd Clinic (0308)	6,805	100.0	88.6	95.2	75.0
Hanscom AFB Clinic (0310)	9,025	100.0	88.9	82.4	76.8
NM Clinic Portsmouth New Hamp. (0321)	4,139	100.0	97.1	93.7	87.5
McGuire AFB/FtDix (0326)	24,917	100.0	88.1	89.7	70.3
Fort Drum Clinic (0330)	7,063	100.0	93.4	93.3	68.3
Carlisle Barracks Clinic (0352)	5,087	95.8	91.5	86.0	86.1
Out/Area-Reg 1 (9901)	129,524	99.7	89.8	83.1	78.5
Region 1 Overall	388,617	96.4	89.1	88.0	78.0
MHS Average	3,013,030	96.0	91.2	85.5	80.3

**Population:**

All female beneficiaries

**Sample size:** 5,026

**Survey question:** 24

**What the exhibit shows:**

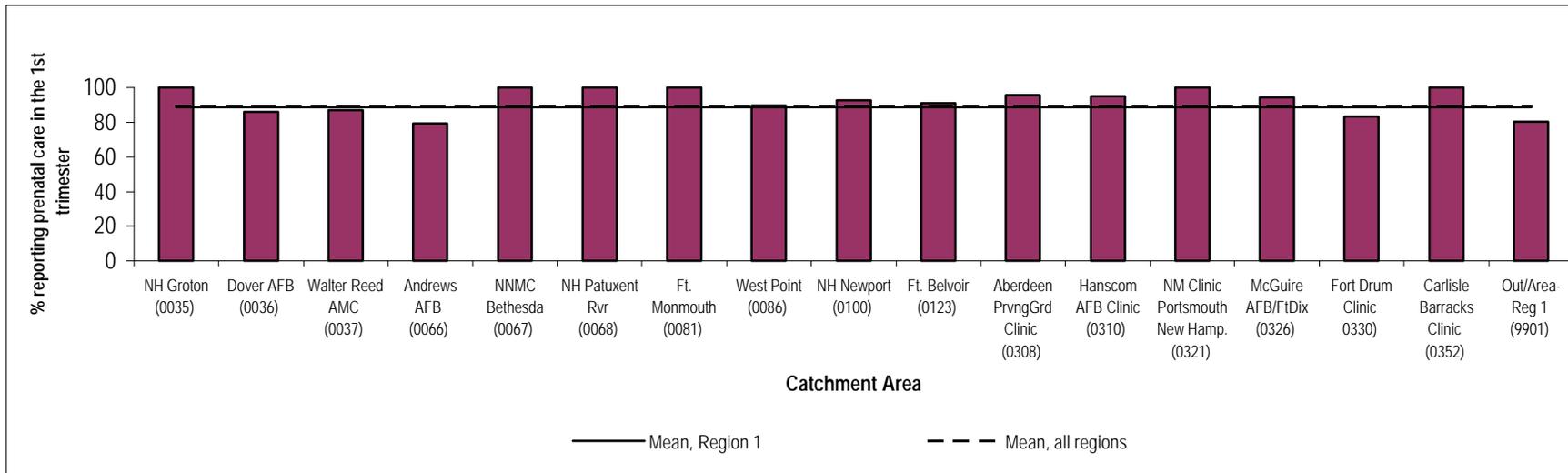
- Percentage of female beneficiaries who have had a Pap smear within three years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

**Findings:**

In Region 1, female beneficiaries who were enrolled in TRICARE Prime (89 to 96 percent) were more likely than their non-enrolled counterparts (78 to 88 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.

The sample of female active duty enrollees in Region 1 is too small to yield accurate estimates for individual catchment areas.

## 7.5 Timing of First Prenatal Care



**Population:**

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

**Sample size:** 269

**Vertical axis:**

The percent of the sample who reported having received care for their pregnancy from a doctor or other health professional during the first trimester

**Survey question:** 29

**What the exhibit shows:**

- Percentage of pregnant beneficiaries who reported having received prenatal care at some point in the first trimester
- How findings vary across catchment areas

**Findings:**

Eighty-nine percent of the female beneficiaries in Region 1 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result nearly meets the Healthy People 2000 goal of 90 percent and is equal to the MHS average of 89 percent. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

The sample of women who were pregnant at some point during the year preceding the survey is too small to yield accurate estimates for individual catchment areas. In several catchment areas (NH Groton, NNMC Bethesda, NH Patuxent River, and Fort Monmouth) all of the women in the sample received prenatal care in the first trimester.

## 7.6 Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	5,833	0.0	72.4	75.4	86.5
Dover AFB (0036)	4,121	100.0	82.2	78.0	80.1
Walter Reed AMC (0037)	15,576	58.7	72.3	77.4	83.0
Andrews AFB (0066)	11,101	100.0	81.5	91.7	88.6
NNMC Bethesda (0067)	17,920	100.0	83.8	83.8	88.6
NH Patuxent Rvr (0068)	1,999	0.0	61.0	80.3	91.2
Ft. Monmouth (0081)	3,079	100.0	81.7	77.3	83.1
West Point (0086)	6,701	50.0	91.8	73.1	85.5
NH Newport (0100)	7,047	100.0	86.8	75.6	90.2
Ft. Belvoir (0123)	18,421	100.0	68.3	77.5	90.9
Aberdeen PrvngGrd Clinic (0308)	2,359	100.0	84.0	74.5	80.6
Hanscom AFB Clinic (0310)	6,826	75.0	92.6	78.0	88.6
NM Clinic Portsmouth New Hamp. (0321)	2,646	0.0	73.2	81.7	91.5
McGuire AFB/FtDix (0326)	15,982	75.0	76.3	77.1	82.5
Fort Drum Clinic (0330)	636	0.0	89.7	58.6	73.0
Carlisle Barracks Clinic (0352)	2,680	80.0	71.0	79.9	84.9
Out/Area-Reg 1 (9901)	98,338	73.0	68.8	77.7	84.5
Region 1 Overall	221,266	77.1	74.6	78.7	85.5
MHS Average	1,497,312	68.9	75.1	72.5	84.3

### Population:

Male beneficiaries age 50 or over

Sample size: 2,831

Survey question: 23

### What the exhibit shows:

- Percentage of male beneficiaries age 50 or over who had a prostate screening within two years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

### Findings:

In Region 1, between 75 and 86 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. Non-active duty personnel enrolled in TRICARE Prime were the least likely to have had such a screening (75 percent), while non-enrollees age 65 or over were the most likely (86 percent). The American Cancer Society recommends an annual prostate exam for men age 50 or over.

The sample of male active duty enrollees age 50 or over is too small to yield accurate estimates for individual catchment areas. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Andrews AFB and NM Clinic Portsmouth, and lowest at Aberdeen Proving Ground Clinic and Fort Drum Clinic.

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Chapter

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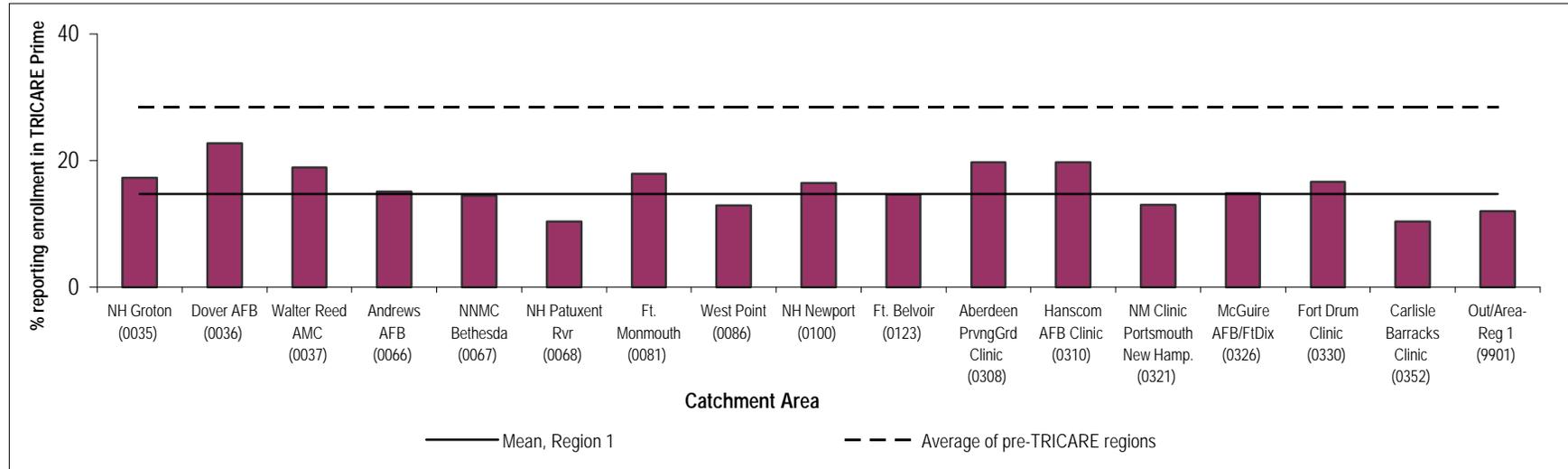
## Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percentage of beneficiaries whose composite physical health score is lower than the national median score for their age.

### The key findings are:

- Of the beneficiaries in Region 1 who reported knowing at least a little about TRICARE, 15 percent are enrolled in TRICARE Prime. This is lower than the level of enrollment in the average pre-TRICARE region (28 percent). Across catchment areas in Region 1, the level of enrollment in TRICARE Prime is lowest (10 percent) at NH Patuxent River and Carlisle Barracks Clinic. The level of enrollment is highest (20 to 23 percent) at Aberdeen Proving Ground Clinic, Hanscom AFB Clinic, and Dover AFB.
- In Region 1, between 38 and 55 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 38 percent among active duty beneficiaries indicates that this group is healthier than civilians of the same age. Beneficiaries at Dover AFB, Fort Monmouth, and Aberdeen Proving Ground Clinic tend to be less healthy than the average beneficiary in Region 1.

### 8.1 Enrollment in TRICARE Prime



**Population:**

Beneficiaries who reported knowing at least a little about TRICARE

**Sample size:** 5,022

**Vertical axis:**

The percent of the sample enrolled in TRICARE Prime as of the time of their survey response

**Survey question:** 76

**What the exhibit shows:**

- The proportion of beneficiaries in each catchment area who are enrolled in TRICARE Prime
- How findings for catchment areas in Region 1 compare to the average for Region 1 and to the average for all pre-TRICARE regions

**Findings:**

Of the beneficiaries in Region 1 who reported knowing at least a little about TRICARE, 15 percent are enrolled in TRICARE Prime. This is lower than the level of enrollment in the average pre-TRICARE region (28 percent). Pre-TRICARE regions (1, 2, 5, Alaska, and Europe) are those that began to implement TRICARE after November 1997.

Across catchment areas in Region 1, the level of enrollment in TRICARE Prime is lowest (10 percent) at NH Patuxent River and Carlisle Barracks Clinic. The level of enrollment is highest (20 to 23 percent) at Aberdeen Proving Ground Clinic, Hanscom AFB Clinic, and Dover AFB.

## 8.2 Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
NH Groton (0035)	28,938	35.1	51.3	44.6	44.1
Dover AFB (0036)	18,345	45.1	72.4	63.5	50.7
Walter Reed AMC (0037)	64,619	39.6	42.1	48.6	52.6
Andrews AFB (0066)	55,775	39.7	35.9	54.6	49.3
NNMC Bethesda (0067)	80,884	34.7	41.4	42.5	46.7
NH Patuxent Rvr (0068)	10,464	49.8	51.8	52.2	56.0
Ft. Monmouth (0081)	12,136	47.7	50.3	56.0	50.4
West Point (0086)	23,740	25.7	50.4	43.4	43.2
NH Newport (0100)	22,634	33.4	55.3	49.6	48.4
Ft. Belvoir (0123)	87,149	37.6	51.8	48.2	48.8
Aberdeen PrvngGrd Clinic (0308)	13,354	42.7	49.5	61.5	51.1
Hanscom AFB Clinic (0310)	19,904	37.8	44.2	50.5	43.9
NM Clinic Portsmouth New Hamp. (0321)	7,894	37.7	50.7	49.0	43.0
McGuire AFB/FtDix (0326)	51,742	35.3	45.9	57.5	41.8
Fort Drum Clinic (0330)	16,065	47.0	61.0	46.5	48.8
Carlisle Barracks Clinic (0352)	9,575	35.2	43.7	51.8	43.9
Out/Area-Reg 1 (9901)	273,106	38.1	42.4	62.4	45.6
Region 1 Overall	796,324	37.9	46.4	54.9	46.5
MHS Average	6,094,167	43.3	54.3	54.0	51.5

**Population:**

All beneficiaries

**Sample size:** 9,872

**Survey questions:** 1-7

**What the exhibit shows:**

- The proportion of beneficiaries in each catchment area whose composite physical health score falls below the median score for the age group
- How the findings vary by enrollment status and type of enrollee

**Findings:**

In Region 1, between 38 and 55 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. A result of 50 percent would mean that, in terms of health status, beneficiaries in Region 1 are comparable to their counterparts in the civilian population. The result of 38 percent among active duty beneficiaries indicates that this group is healthier than civilians of the same age.

All types of beneficiaries at Dover AFB, Fort Monmouth, and Aberdeen Proving Ground Clinic are less healthy than the average beneficiary in Region 1. Active duty enrollees at West Point are healthier than active duty enrollees in any other catchment area.

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## Chapter

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## Performance Improvement Plan

This chapter contains a series of Performance Improvement Plans, one for each catchment area in Region 1. The purpose of each Performance Improvement Plan is to summarize the responses to numerous satisfaction questions in the HCSDB so that the patterns underlying these responses are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction in the catchment area.

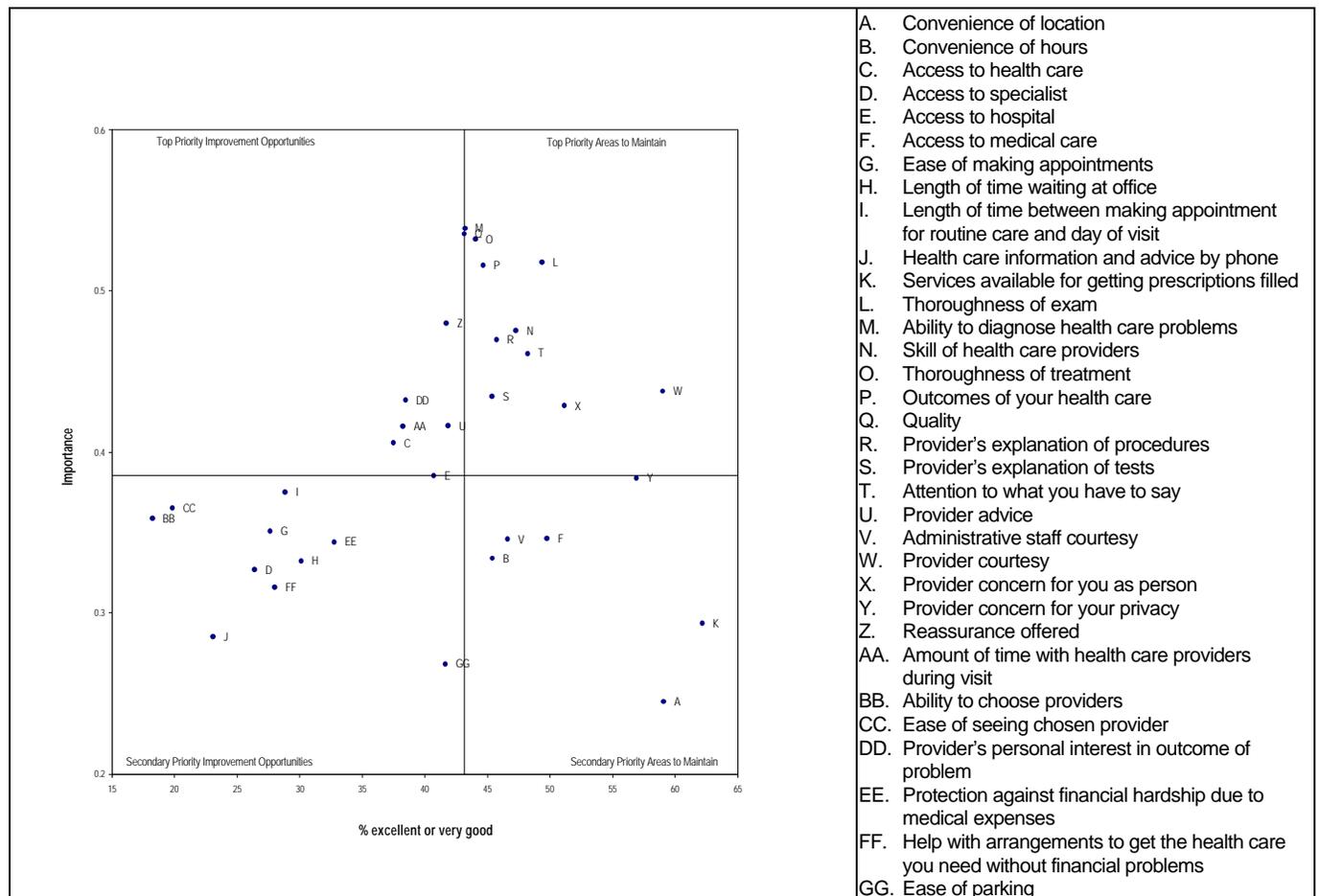
Each point in the Performance Improvement Plan represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

### The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that offer the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the catchment area.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** Low importance in determining overall satisfaction and low beneficiary satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain are in the bottom right quadrant.** These aspects of health care are characterized by low importance in determining overall satisfaction and high beneficiary satisfaction. These areas appear to be meeting beneficiaries' expectations.

**Figure 9.1 Performance Improvement Plan for NH Groton (0035)**



**Findings:**

The following aspects of military health care at NH Groton were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Access to hospital care if you need it (E)

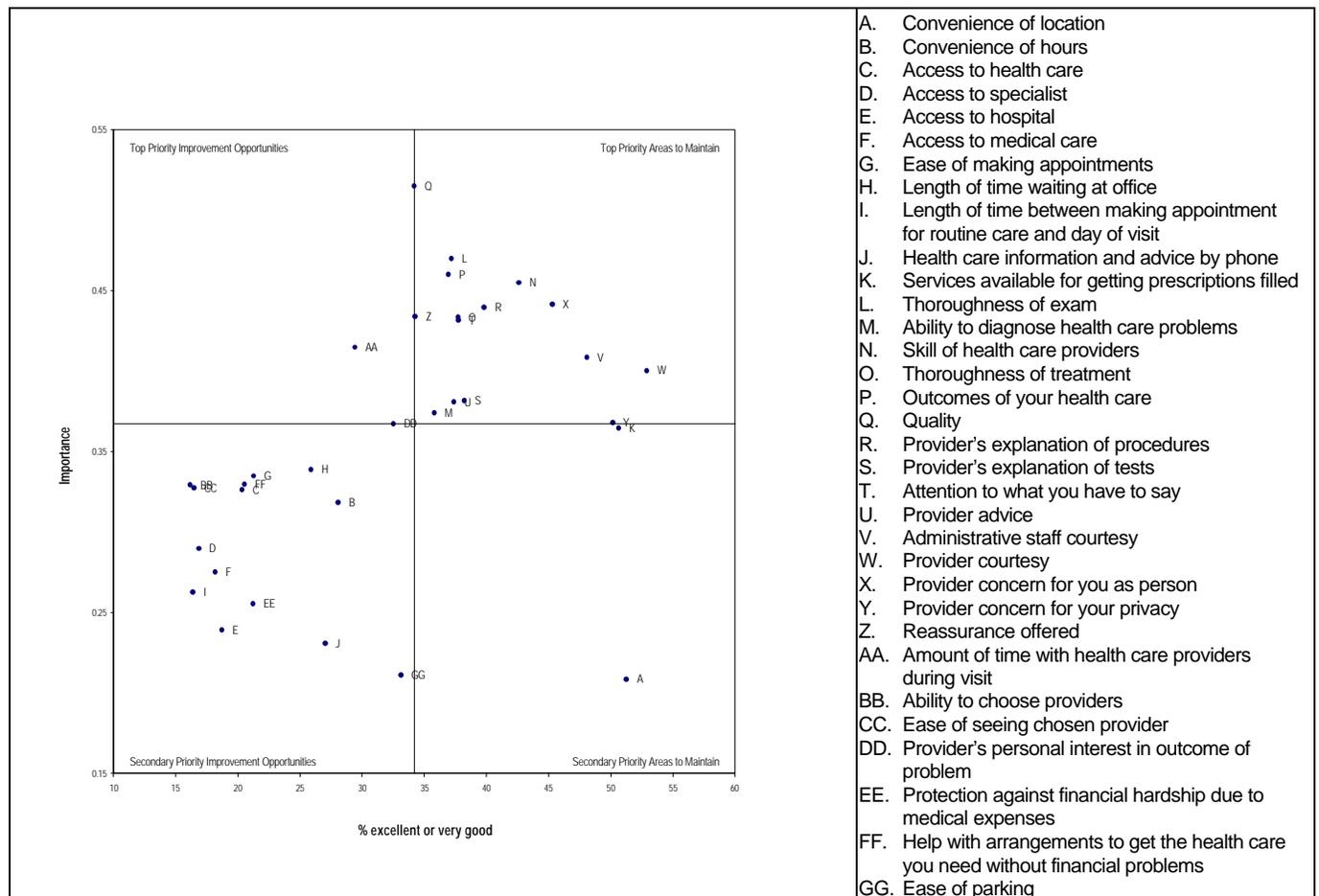
**Quality of Care**

- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.2 Performance Improvement Plan for Dover AFB (0036)**



**Findings:**

The following aspects of military health care at Dover AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into two categories, should be the focus of remedial action.

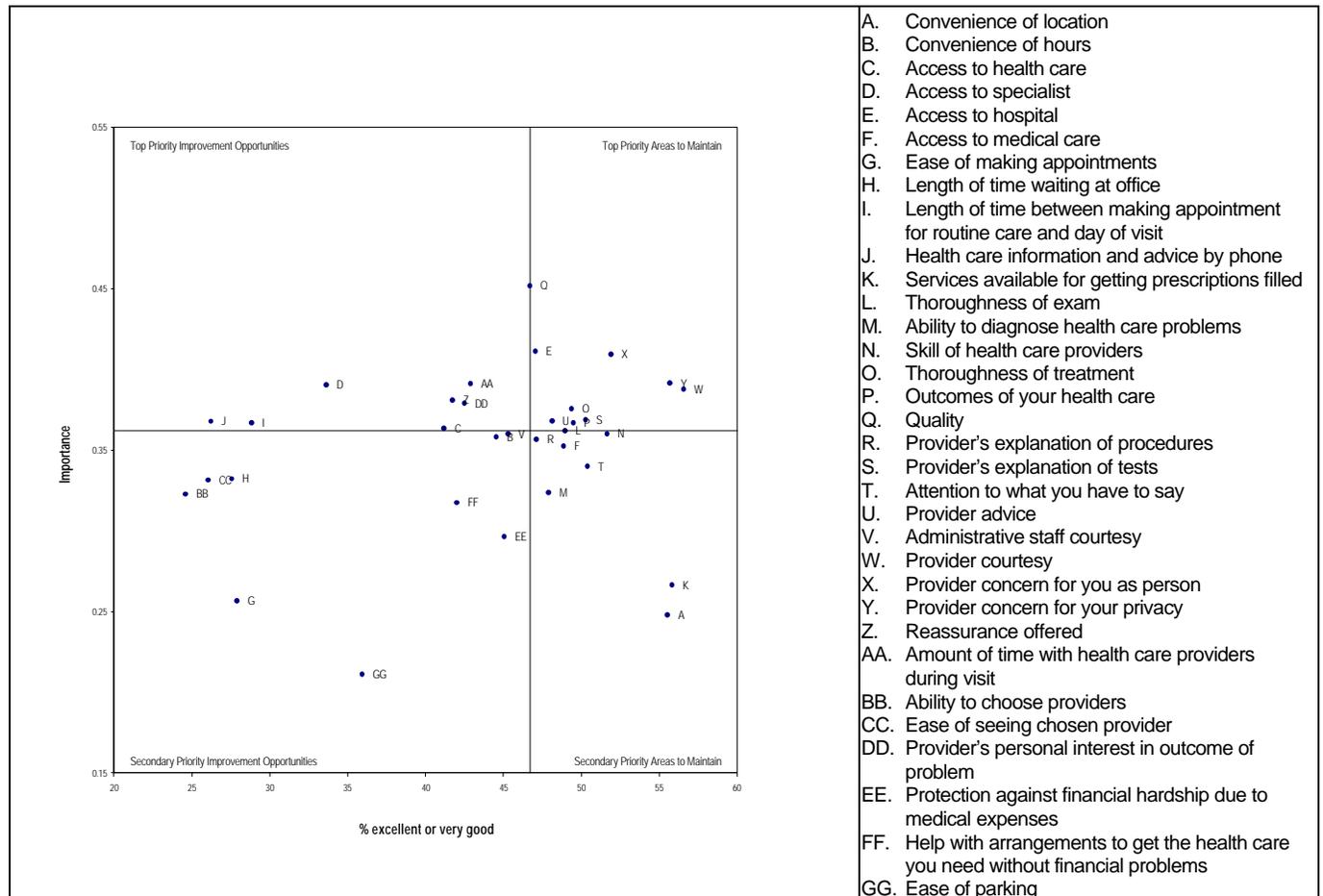
**Quality of Care**

- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.3 Performance Improvement Plan for Walter Reed AMC (0037)**



**Findings:**

The following aspects of military health care at Walter Reed AMC were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)
- Length of time between making an appointment for routine care and the day of your visit (I)
- Availability of health care information or advice by phone (J)

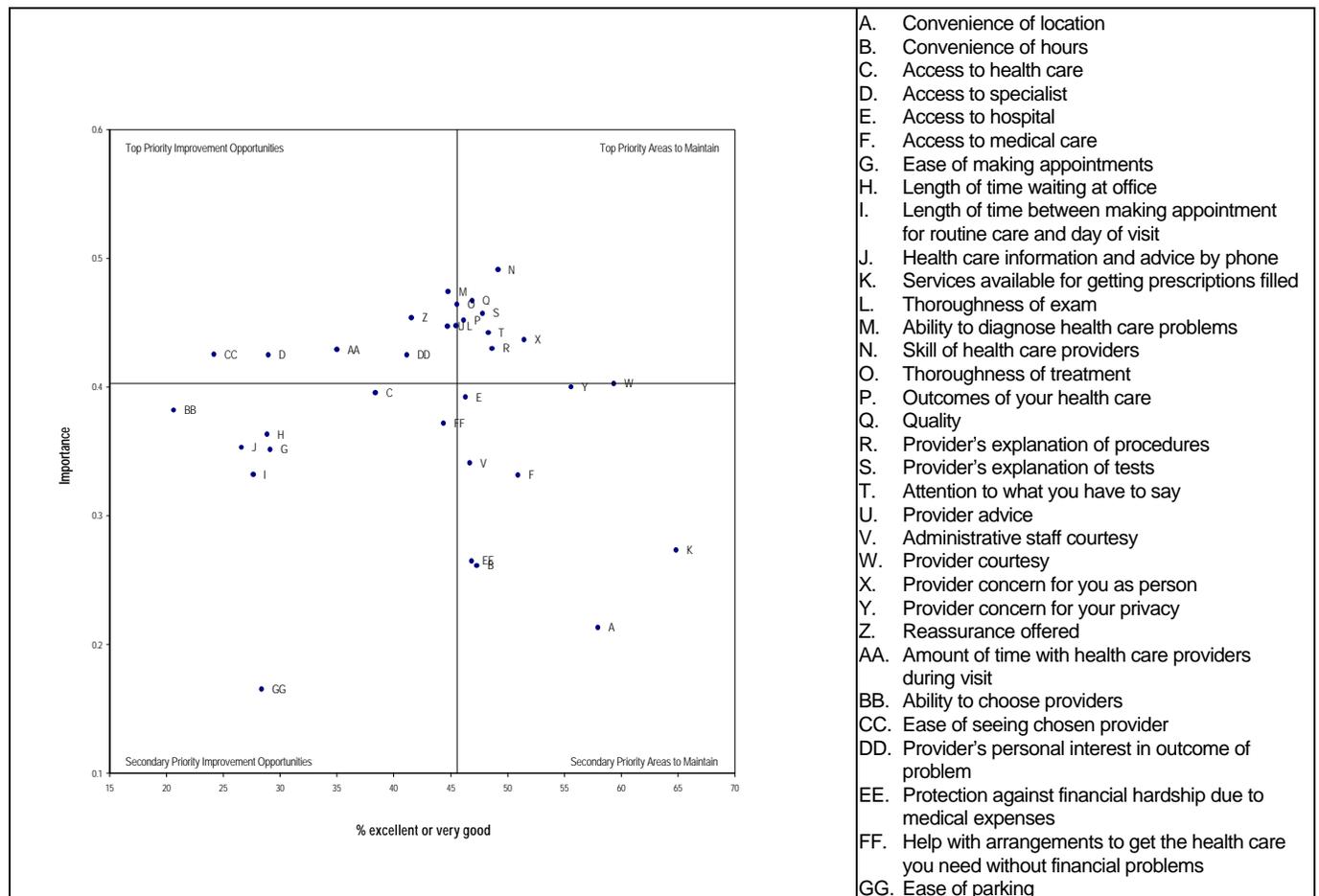
**Quality of Care**

- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.4 Performance Improvement Plan for Andrews AFB (0066)**



**Findings:**

The following aspects of military health care at Andrews AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to a specialist if you need one (D)

**Quality of Care**

- Thoroughness of examination (L)
- Ability to diagnose your health care problems (M)
- Thoroughness of treatment (O)

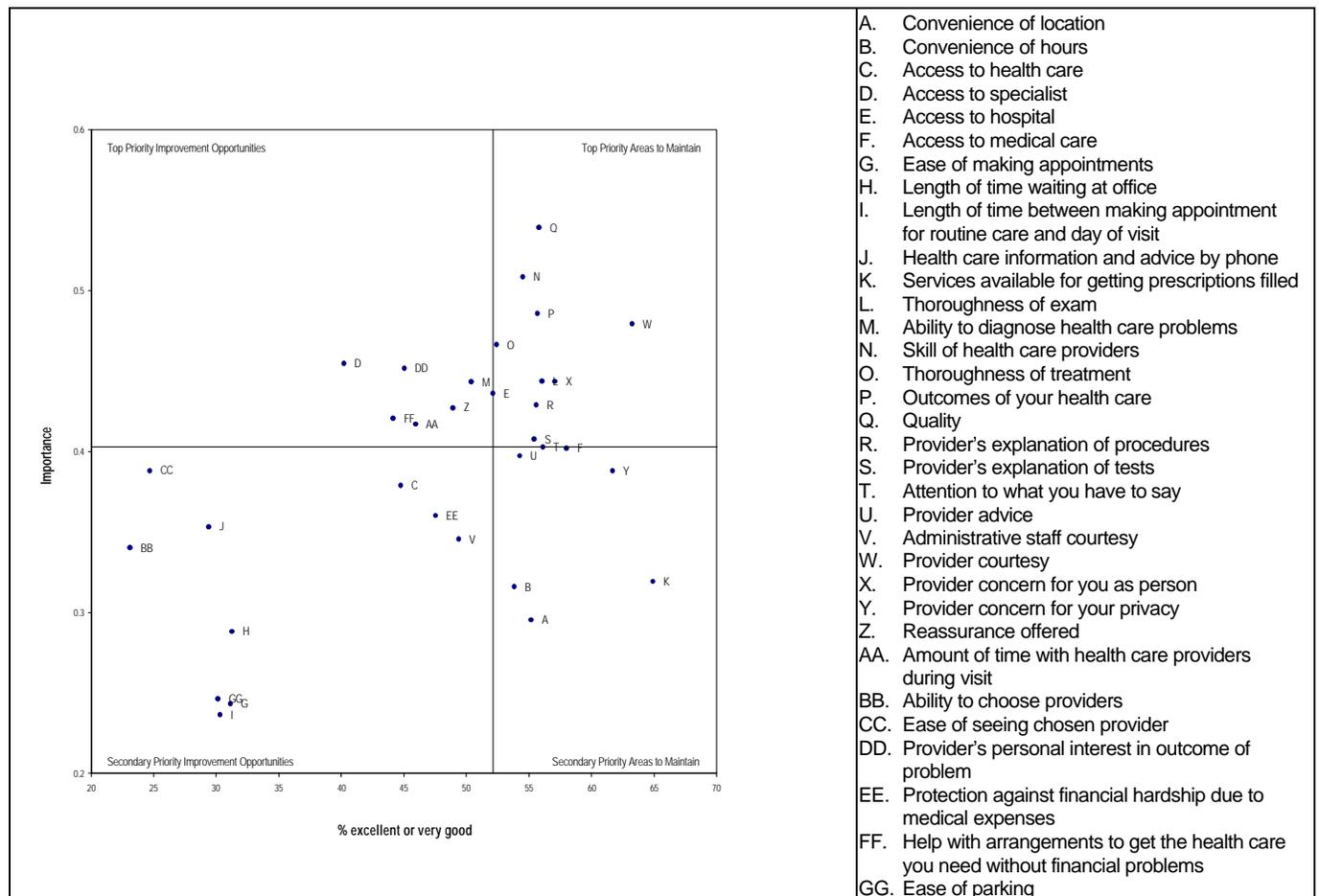
**Concern Shown by Health Care Providers**

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Choice and Continuity of Care**

- Ease of seeing the provider of your choice (CC)

**Figure 9.5 Performance Improvement Plan for NNMC Bethesda (0067)**



**Findings:**

The following aspects of military health care at NNMC Bethesda were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to a specialist if you need one (D)
- Access to hospital care if you need it (E)

**Quality of Care**

- Ability to diagnose your health care problems (M)

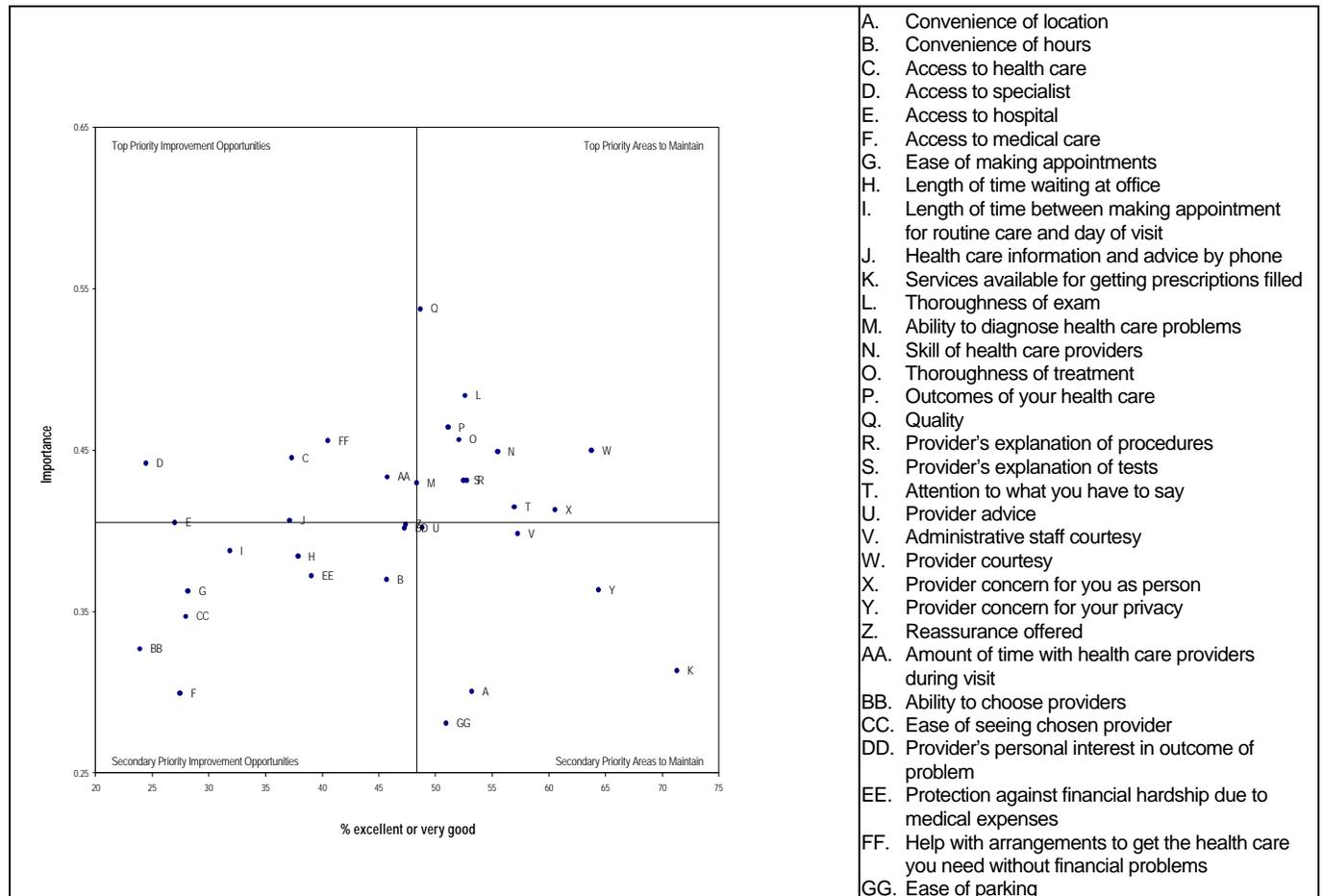
**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Finances**

- Help with arrangements to get the health care you need without financial problems (FF)

**Figure 9.6 Performance Improvement Plan for NH Patuxent River (0068)**



**Findings:**

The following aspects of military health care at NH Patuxent River were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)
- Access to hospital care if you need it (E)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- Ability to diagnose your health care problems (M)

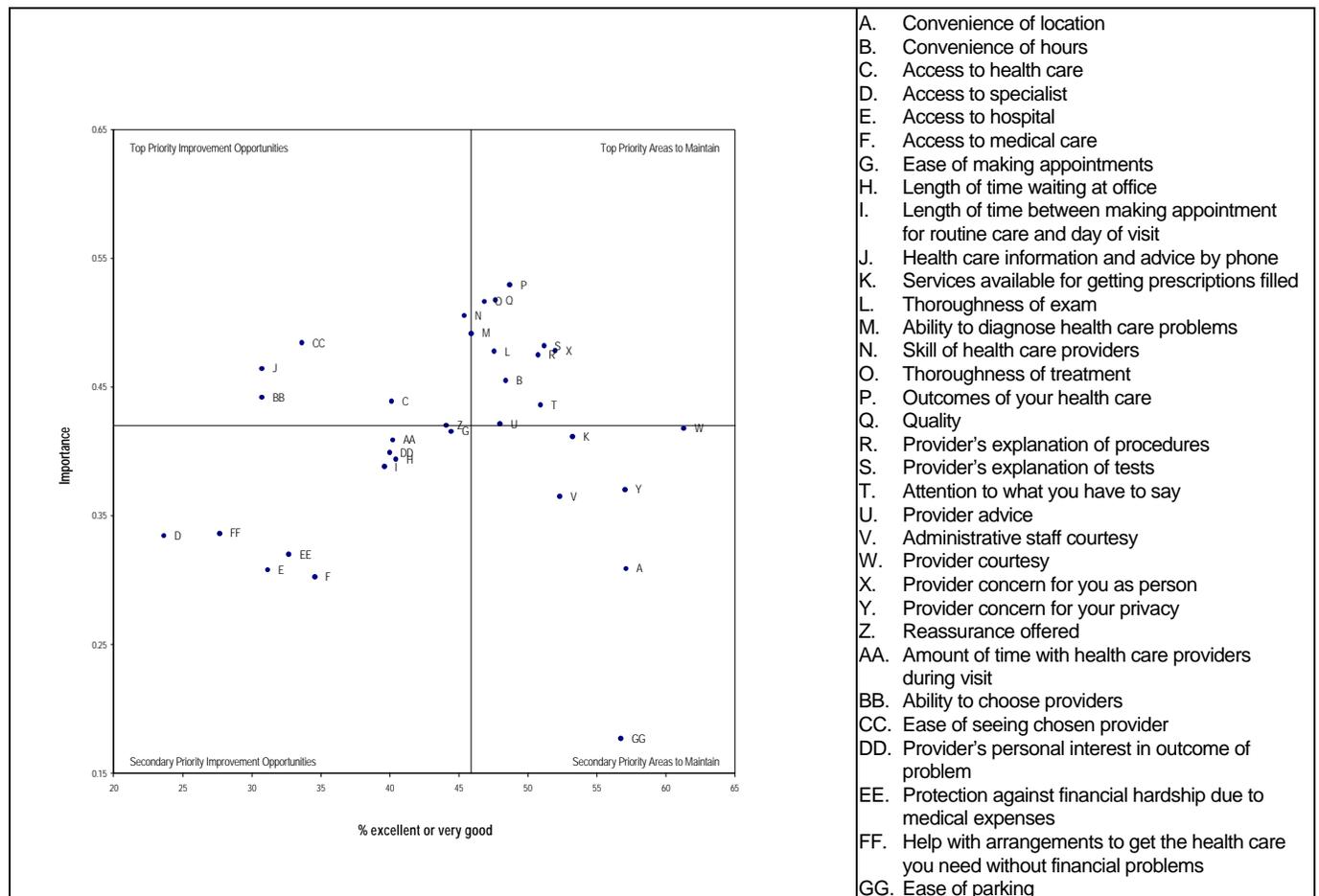
**Concern Shown by Health Care Providers**

- Amount of time spent with health care providers during a visit (AA)

**Finances**

- Help with arrangements to get the health care you need without financial problems (FF)

**Figure 9.7 Performance Improvement Plan for Ft. Monmouth (0081)**



**Findings:**

The following aspects of military health care at Fort Monmouth were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- Ability to diagnose your health care problems (M)
- Skill of health care providers (N)

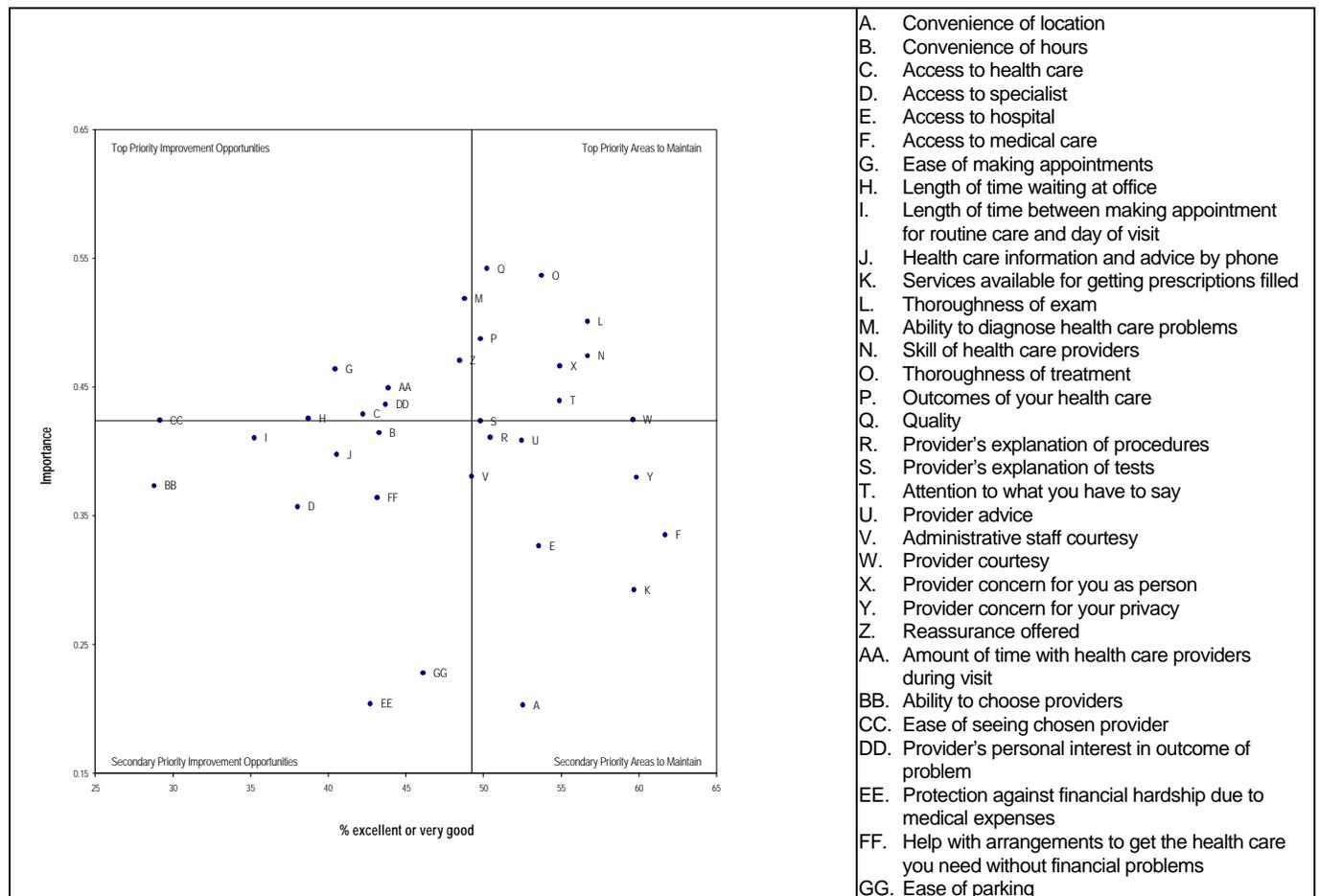
**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)

**Choice and Continuity of Care**

- Ability to choose health care providers (BB)
- Ease of seeing the provider of your choice (CC)

**Figure 9.8 Performance Improvement Plan for West Point (0086)**



**Findings:**

The following aspects of military health care at West Point were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Ease of making appointments for health care by phone (G)
- Length of time you wait at office to see the provider (H)

**Quality of Care**

- Ability to diagnose your health care problems (M)

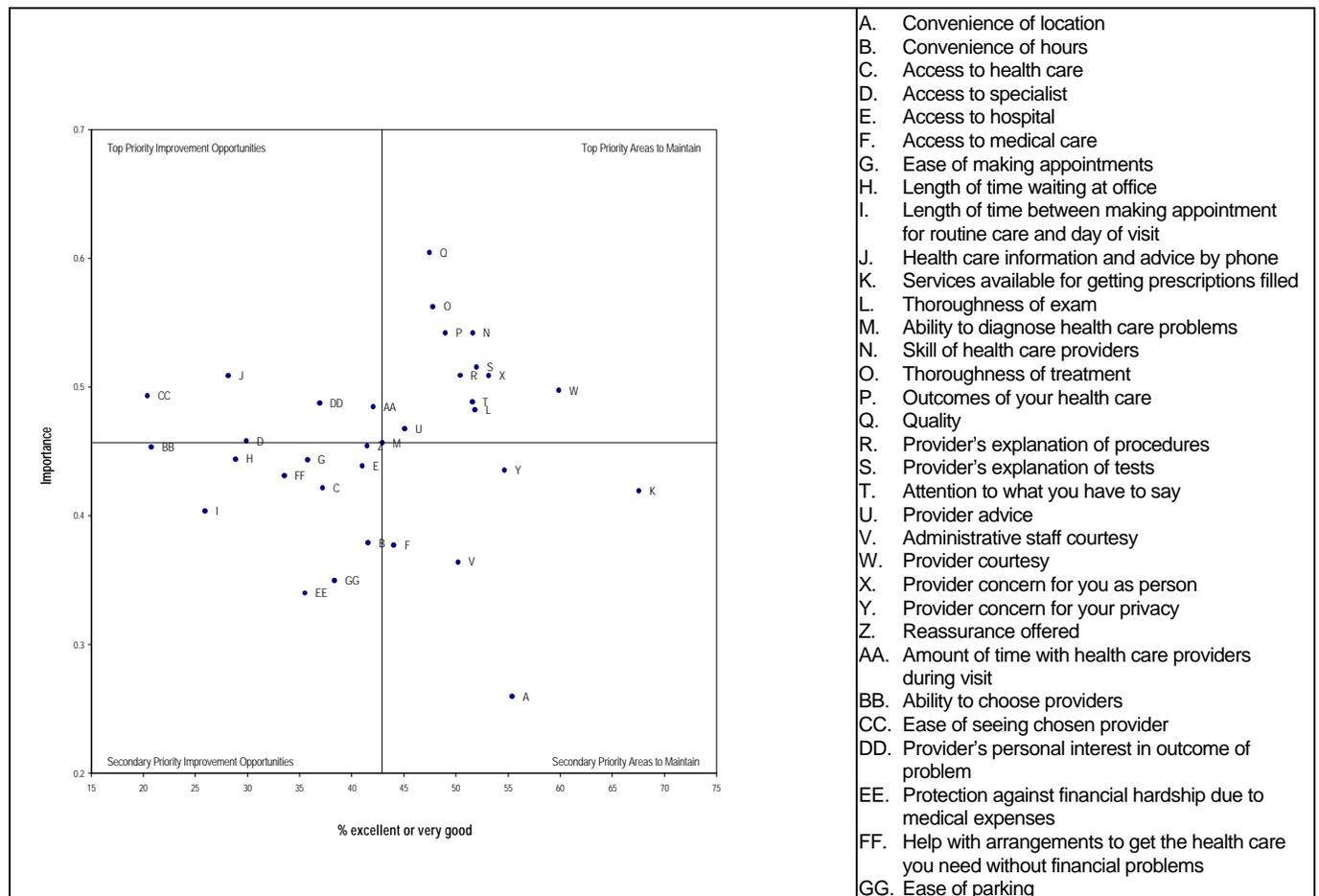
**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Choice and Continuity of Care**

- Ease of seeing the provider of your choice (CC)

**Figure 9.9 Performance Improvement Plan for NH Newport (0100)**



**Findings:**

The following aspects of military health care at NH Newport were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to a specialist if you need one (D)
- Availability of health care information or advice by phone (J)

**Quality of Care**

- Ability to diagnose your health care problems (M)

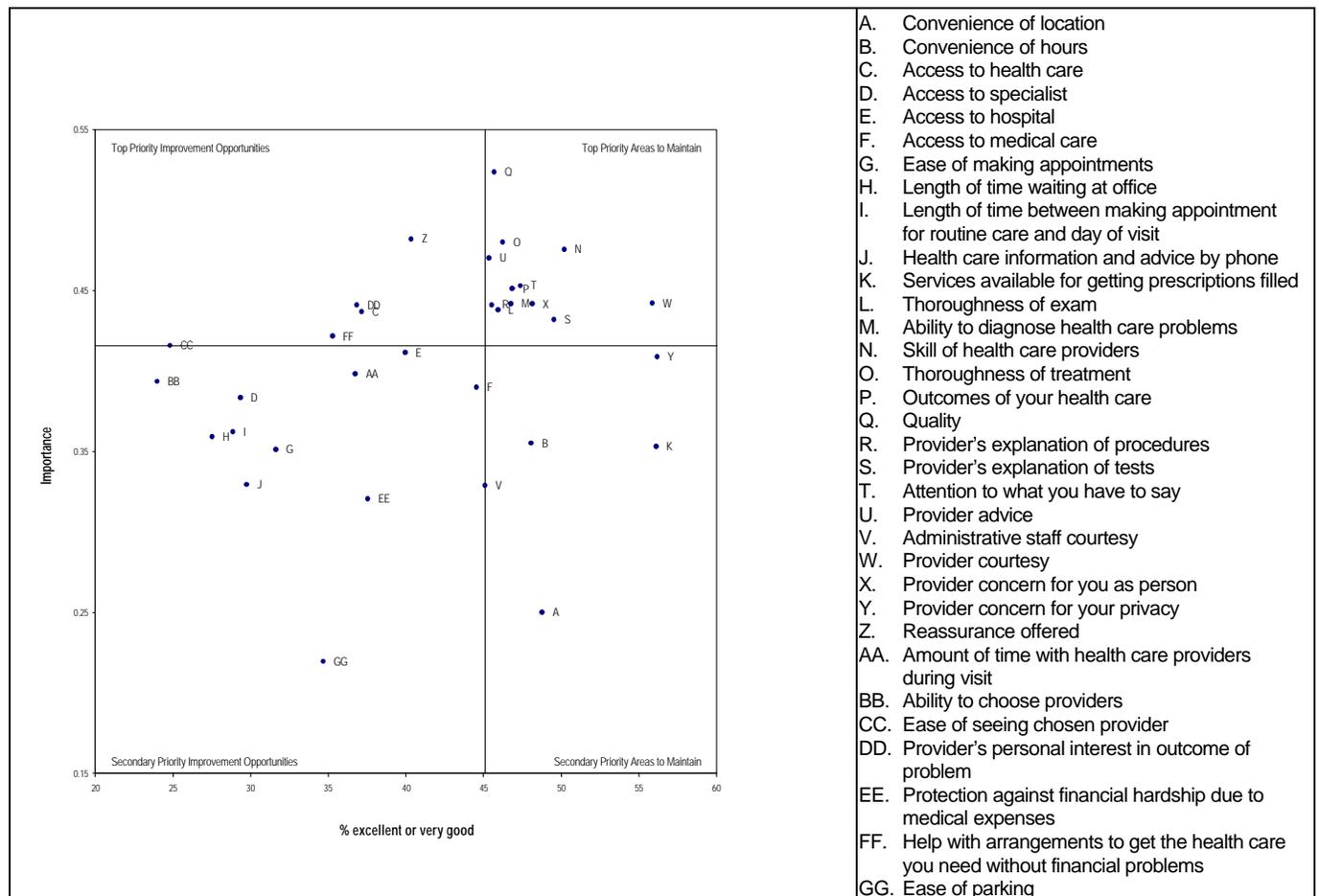
**Concern Shown by Health Care Providers**

- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Choice and Continuity of Care**

- Ease of seeing the provider of your choice (CC)

**Figure 9.10 Performance Improvement Plan for Ft. Belvoir (0123)**



**Findings:**

The following aspects of military health care at Fort Belvoir were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)

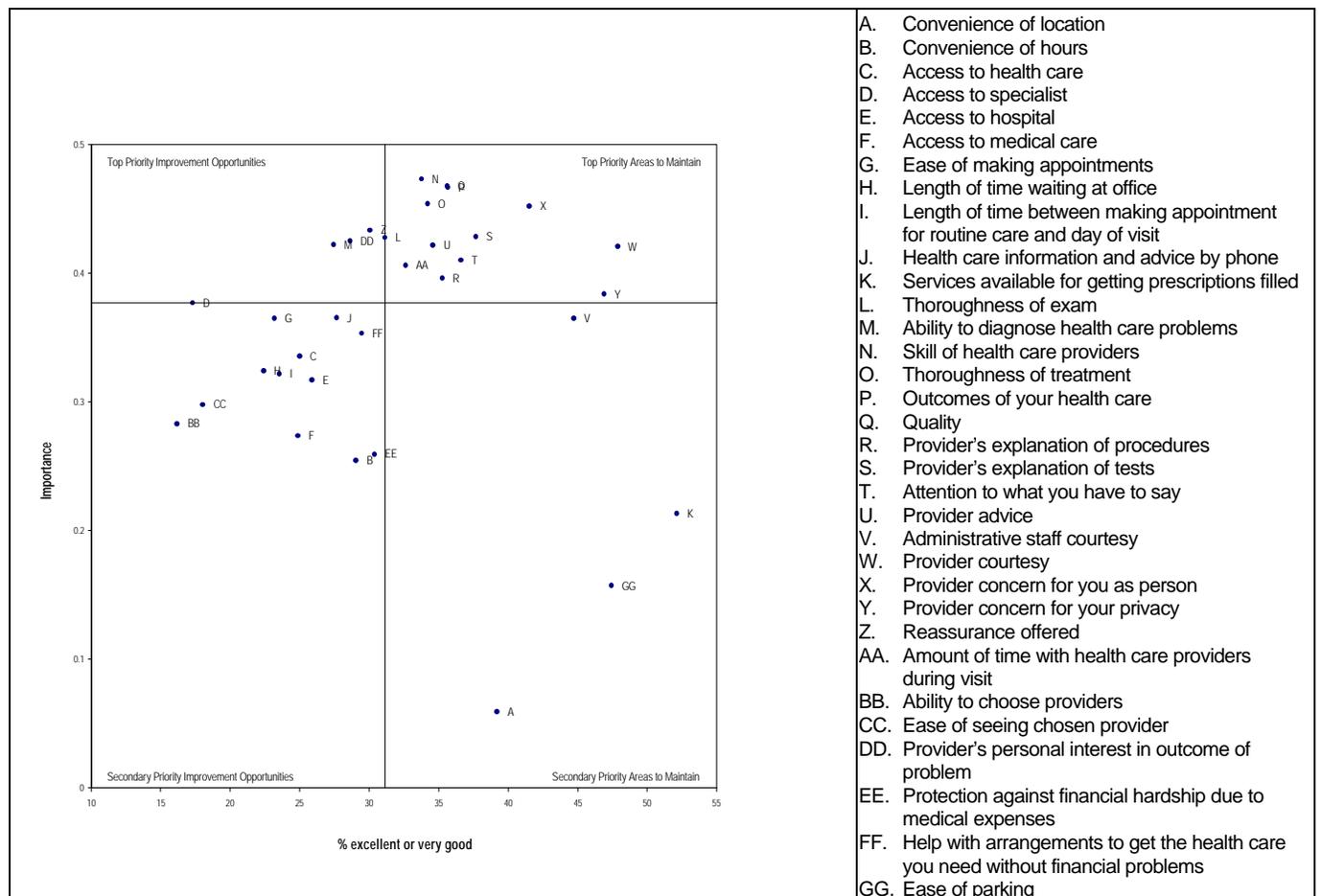
**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)

**Finances**

- Help with arrangements to get the health care you need without financial problems (FF)

**Figure 9.11 Performance Improvement Plan for Aberdeen Proving Ground Clinic (0308)**



**Findings:**

The following aspects of military health care at Aberdeen Proving Ground Clinic were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to a specialist if you need one (D)

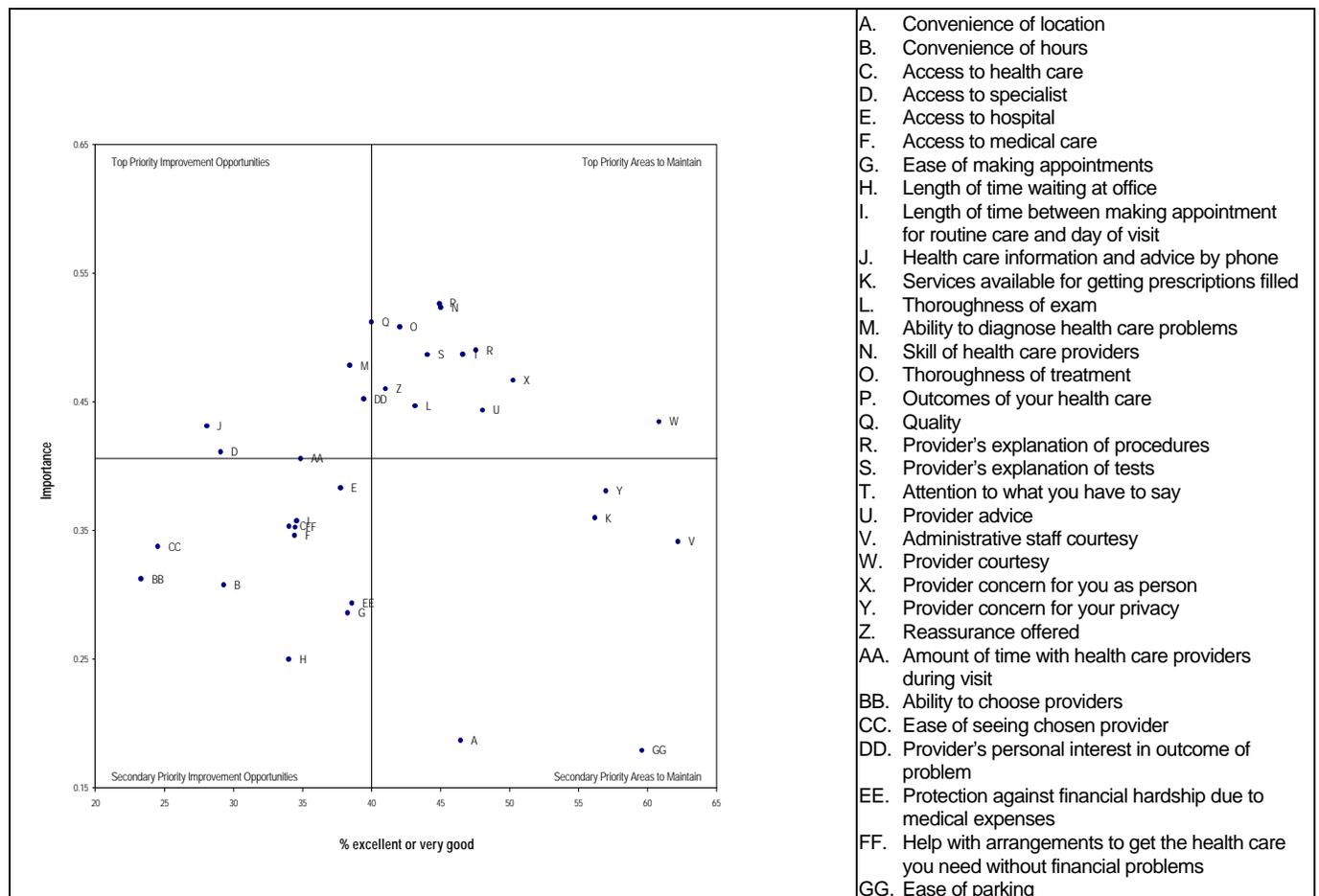
**Quality of Care**

- Thoroughness of examination (L)
- Ability to diagnose your health care problems (M)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.12 Performance Improvement Plan for Hanscom AFB Clinic (0310)**



**Findings:**

The following aspects of military health care at Hanscom AFB Clinic were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to a specialist if you need one (D)
- Availability of health care information or advice by phone (J)

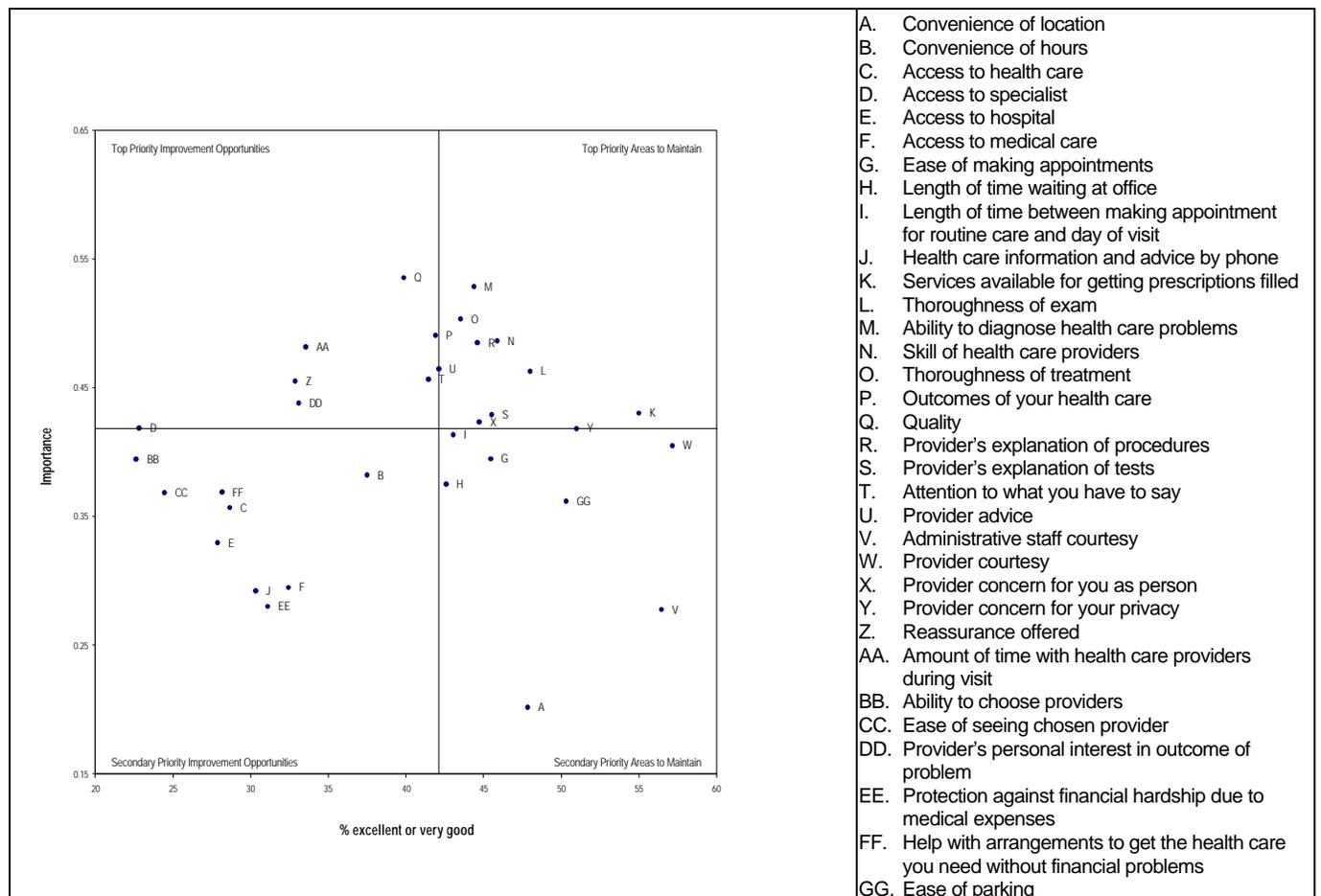
**Quality of Care**

- Ability to diagnose your health care problems (M)
- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.13 Performance Improvement Plan for NM Clinic Portsmouth New Hampshire (0321)**



**Findings:**

The following aspects of military health care at NM Clinic Portsmouth New Hampshire were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to a specialist if you need one (D)

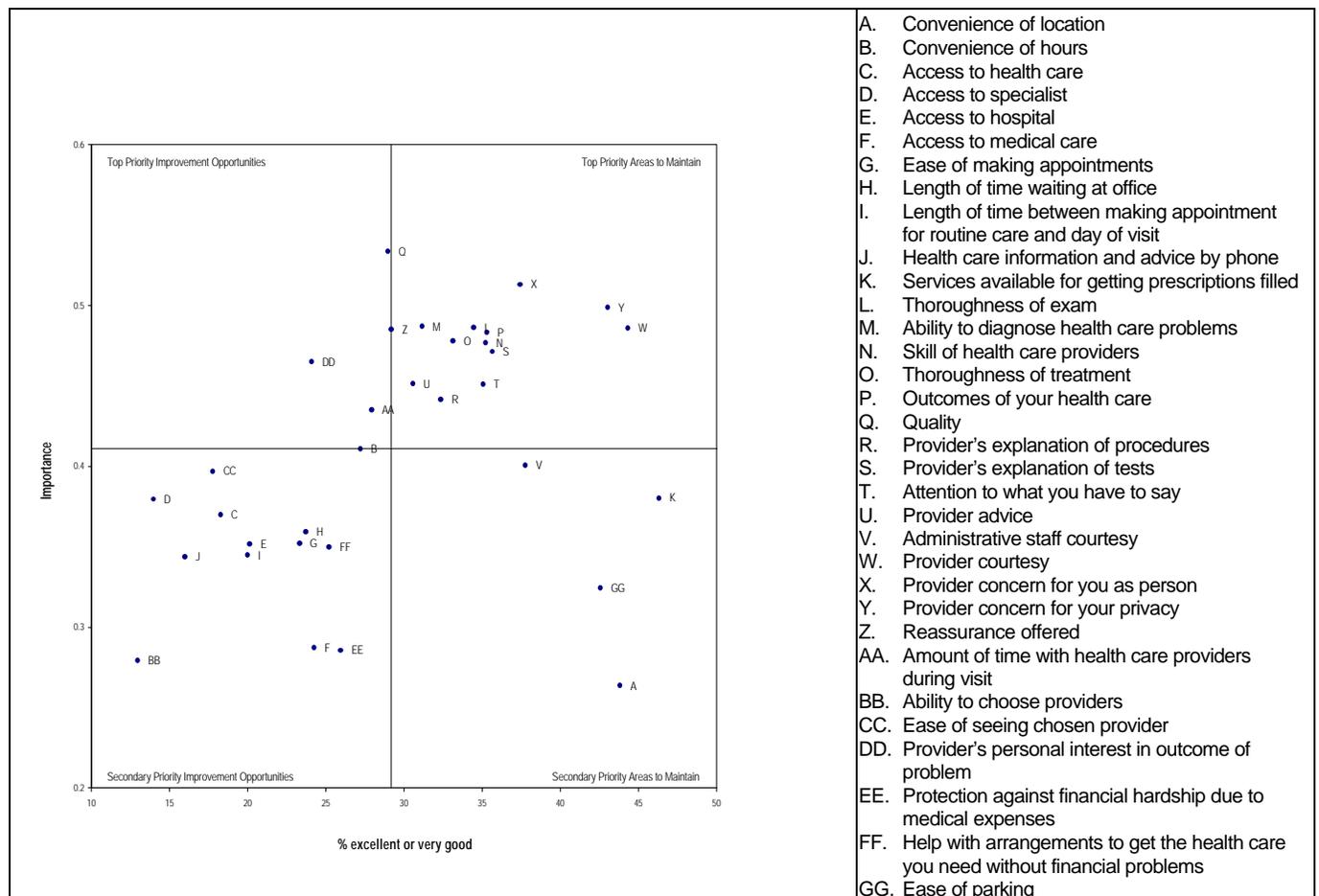
**Quality of Care**

- The outcomes of your health care (how much you are helped) (P)
- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Attention provider gives to what you have to say (T)
- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.14 Performance Improvement Plan for McGuire AFB/Ft. Dix (0326)**



**Findings:**

The following aspects of military health care at McGuire AFB/Fort Dix were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Convenience of hours (B)

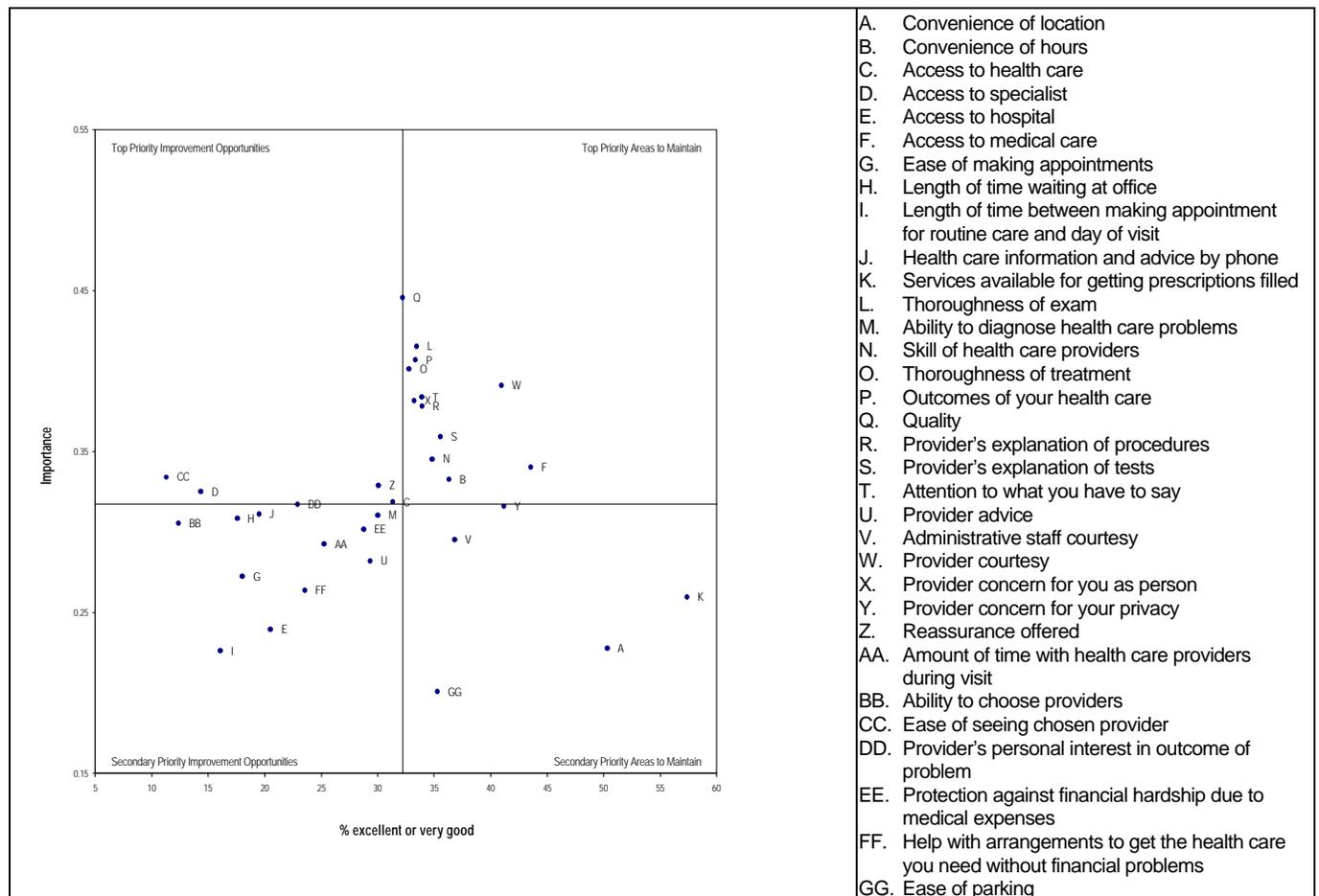
**Quality of Care**

- Overall quality of health care (Q)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

**Figure 9.15 Performance Improvement Plan for Fort Drum Clinic (0330)**



**Findings:**

The following aspects of military health care at Fort Drum Clinic were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)

**Quality of Care**

- Overall quality of health care (Q)

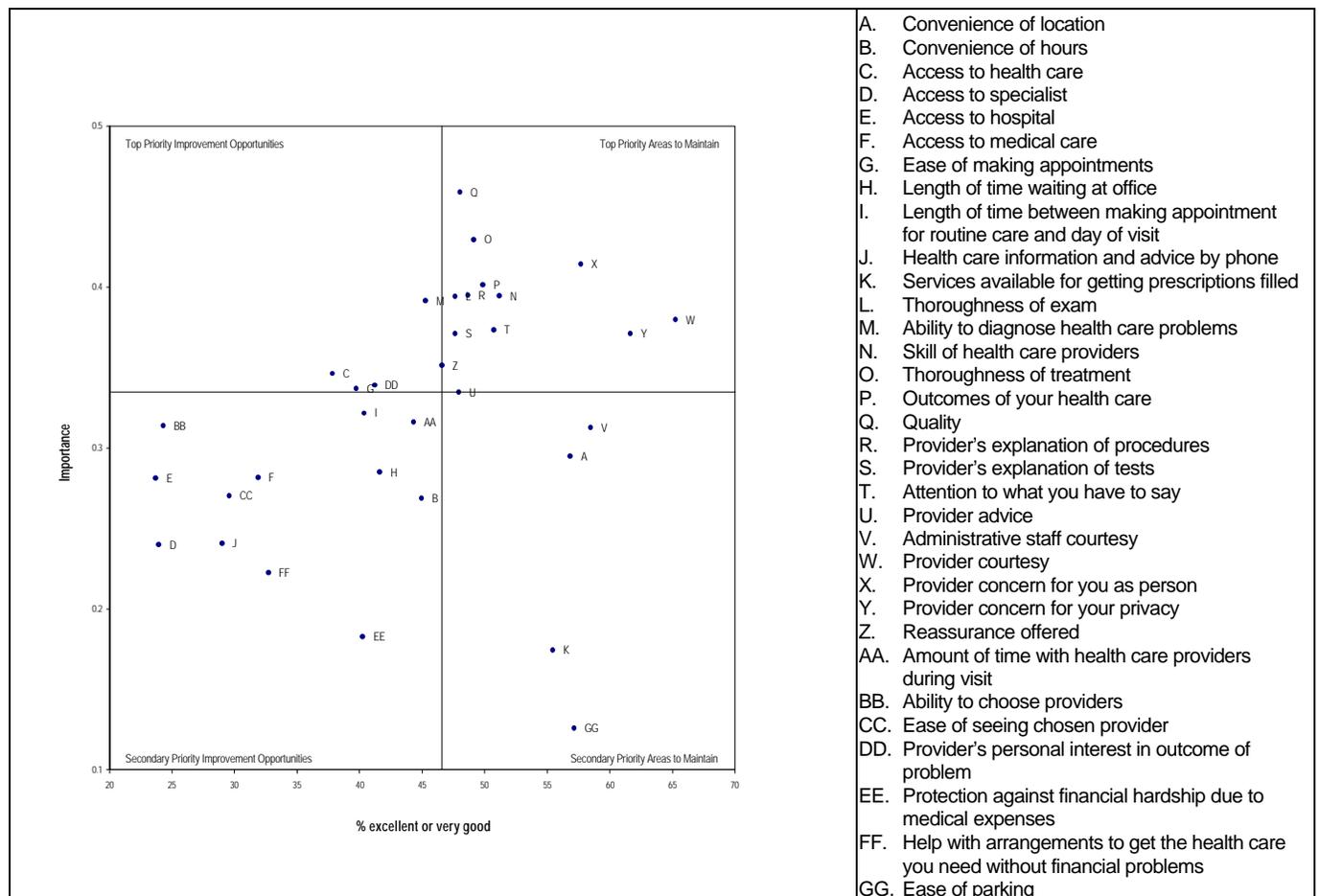
**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)

**Choice and Continuity of Care**

- Ease of seeing the provider of your choice (CC)

**Figure 9.16 Performance Improvement Plan for Carlisle Barracks Clinic (0352)**



**Findings:**

The following aspects of military health care at Carlisle Barracks Clinic were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

**Access to System Resources and Appointments**

- Access to health care whenever you need it (C)
- Ease of making appointments for health care by phone (G)

**Quality of Care**

- Ability to diagnose your health care problems (M)

**Concern Shown by Health Care Providers**

- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)