

Contract No.: DAWS01-95-D-0029
MPR Reference No.: 8438-012

1997 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas for Region 6

July 1998

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

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

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	15
4	Knowledge of TRICARE and TRICARE Prime	21
5	Sources of Health Care	25
6	Use of Health Care	29
7	Use of Preventive Services	33
8	Enrollment and Beneficiary Health Status	41
9	Performance Improvement Plan	45

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Table of Graphs

Chapter	Page
2	Satisfaction with TRICARE and TRICARE Prime 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 9
2.2	TRICARE Prime Enrollees' Levels of Satisfaction with TRICARE Prime, by Catchment Area..... 10
2.3	Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary 11
2.4a	Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status..... 12
2.4b	Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status..... 13
2.5	TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager..... 14
3	Access to Health Care 15
3.1	Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status..... 17
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 18
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 19
3.4	Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area 20
4	Knowledge of TRICARE 21
4.1	Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area..... 22
4.2	Percent of Beneficiaries In Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary..... 23
4.3	Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area 24

5	Sources of Health Care	25
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	26
5.2	Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary.....	27
6	Use of Health Care	29
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.....	30
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.....	31
7	Use of Preventive Services	33
7.1	Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status.....	35
7.2	Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status.....	36
7.3	Breast Cancer Screening.....	37
7.4	Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status	38
7.5	Timing of First Prenatal Care	39
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.....	40
8	Enrollment and Beneficiary Health Status	41
8.1	Enrollment in TRICARE Prime	42
8.2	Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group.....	43
9	Performance Improvement Plan	45
9.1	Performance Improvement Plan for Little Rock AFB (0013).....	46
9.2	Performance Improvement Plan for Barksdale AFB (0062).....	47
9.3	Performance Improvement Plan for Ft. Polk (0064)	48
9.4	Performance Improvement Plan for Tinker AFB (0097).....	49
9.5	Performance Improvement Plan for Altus AFB (0097).....	50
9.6	Performance Improvement Plan for Ft. Sill (0098).....	51

9.7	Performance Improvement Plan for Ft. Sam Houston (0109).....	53
9.8	Performance Improvement Plan for Ft. Hood (0110).....	54
9.9	Performance Improvement Plan for Reese AFB Clinic (0111)	55
9.10	Performance Improvement Plan for Dyess AFB (0112)	56
9.11	Performance Improvement Plan for Sheppard AFB (0113).....	57
9.12	Performance Improvement Plan for Laughlin AFB (0114).....	58
9.13	Performance Improvement Plan for Lackland AFB (0117)	59
9.14	Performance Improvement Plan for NH Corpus Christi (0118).....	60
9.15	Performance Improvement Plan for Vance AFB Clinic (0338).....	61
9.16	Performance Improvement Plan for Goodfellow AFB Clinic (0364).....	62

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

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 6. The findings are summarized below.

Satisfaction

- In Region 6, CTF patients (83 percent) were more likely than MTF patients (58 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in all Region 6 catchment areas except Laughlin AFB.
- Across catchment areas in Region 6, the percentage of patients satisfied with MTF care is lowest (45 to 51 percent) at Fort Hood, Fort Sill, and Dyess AFB, and highest (67 to 78 percent) at Laughlin AFB, Fort Sam Houston, Altus AFB, and Lackland AFB. The percentage of patients satisfied with CTF care varies little across catchment areas (71 to 88 percent). 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.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 6 (51 percent) is less than the proportion of patients who are satisfied with MTF care in general (58 percent). This result also applies to most of the individual catchment areas in Region 6. The percentage of enrollees satisfied with TRICARE Prime is lowest (36 to 47 percent) at Fort Sill, Dyess AFB, Vance AFB Clinic, Goodfellow AFB Clinic, and Fort Hood. Satisfaction is highest (57 to 63 percent) at Fort Sam Houston, Altus AFB, Laughlin AFB, and Lackland AFB.
- In Region 6, satisfaction with civilian care (54 to 63 percent) is greater than satisfaction with military care (73 to 84 percent) among every type of beneficiary. This result also applies to most of the individual catchment areas in Region 6. At Altus AFB, Fort Sam Houston, Laughlin AFB, and Vance AFB Clinic, however, satisfaction among active duty personnel with MTF care equals or exceeds satisfaction with CTF care.
- Of the beneficiaries in Region 6 who reported being enrolled in TRICARE Prime, most (59 to 74 percent) plan to re-enroll in the next 12 months. Of those not enrolled in TRICARE Prime, those under age 65 (10 percent) were more likely than those over age 65 (5 percent) to enroll. These region-wide patterns also apply to most of the individual catchment areas in Region 6. At Reese AFB Clinic, however, only 8 percent of active duty enrollees plan to re-enroll, probably due to the recent closing of the base.

- In Region 6 overall, satisfaction with TRICARE Prime is greater among enrollees who have a civilian PCM (61 percent) than among enrollees who have a military PCM (50 percent). Similarly, in most individual catchment areas in Region 6, satisfaction is higher among enrollees with a civilian PCM. Only at Sheppard AFB, and Vance AFB Clinic are enrollees with a military PCM significantly more satisfied than those with a civilian PCM.

Access to Care

- Of the beneficiaries in Region 6 who used an ER in the past 12 months, TRICARE Prime enrollees (19 to 21 percent) were more likely than non-enrollees (10 to 15 percent) to report using the ER because they could not get a regular appointment. The percentage of active duty enrollees who used an ER because they could not get an appointment is lowest (7 to 8 percent) at Fort Polk, NH Corpus Christi, and Fort Sill. The percentage is highest (29 to 34 percent) at Sheppard AFB, Dyess AFB, Vance AFB Clinic, Lackland AFB and Altus AFB.
- Very few TRICARE Prime enrollees (5 to 7 percent) wait more than 30 days for a routine care appointment, regardless of whether care is received at a MTF or CTF. Among non-enrollees, however, MTF patients (25 percent) are much more likely than CTF patients (7 percent) to wait more than 30 days. A 30-day wait is the TRICARE standard for a routine care appointment. Among non-enrollees who received care at a MTF, the percentage unable to get an appointment within 30 days varies substantially across catchment areas. In contrast, among all other types of patients, the result varies little across catchment areas.
- In Region 6, MTF patients are more likely than CTF patients to experience long waits in a provider's office. Among TRICARE Prime enrollees in Region 6, long office waits are most prevalent in the Fort Polk and Fort Hood catchment areas. Among non-enrollees, long office waits are most prevalent in the Fort Polk and NH Corpus Christi catchment areas. In addition, compared with the average patient in Region 6, patients living outside of a catchment area are slightly more likely to experience a long wait in a provider's office.
- The most frequently cited reasons for not receiving care at a military facility in Region 6 are the distance to a MTF (40 percent), the difficulty of making appointments at a MTF (31 percent), and the higher quality of care at civilian facilities (22 percent). In addition, 23 percent of patients reported that they had never tried to use a MTF. In nearly all catchment areas in Region 6, the difficulty of making an appointment at a MTF is the most commonly cited barrier to MTF use. At Reese AFB Clinic, the most common reason is the closing of the MTF usually used by the beneficiary (67 percent). For people outside of a catchment area, the distance from a MTF is the most common barrier (65 percent).

Knowledge of TRICARE

- Only 29 percent of beneficiaries in Region 6 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (12 to 15 percent) at Altus AFB, Laughlin AFB, Fort Sill, and Vance AFB Clinic. The percentage is highest (25 to 45 percent) at Little Rock AFB, Tinker AFB, Fort Sam Houston, and among beneficiaries who live outside of a catchment area.
- Among beneficiaries in Region 6 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (47 percent) were more likely than other types of beneficiaries (19 to 26 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 (9 to 16 percent) at Fort Polk, Laughlin AFB, and Fort Hood. The percentage is highest (33 to 36 percent) at Reese AFB Clinic, Dyess AFB, and among beneficiaries living outside of a catchment area.
- In Region 6, 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 (61 percent), a TRICARE presentation (35 percent), and a military base newspaper (33 percent). This result applies to most of the individual catchment areas in Region 6 as well. Other commonly cited sources of information in some catchment areas are friends and neighbors and a visit to the TRICARE service center.

Source of Care

- In Region 6, 10 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 25 percent of active duty family members; 25 percent of retirees, survivors, and family members under age 65; and 44 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 Little Rock AFB, Barksdale AFB, Dyess AFB, NH Corpus Christi, and Goodfellow AFB Clinic. The percentage is lowest at Laughlin AFB, Lackland AFB, and among beneficiaries who live outside of a catchment area.
- In Region 6, 92 percent of active duty personnel use a MTF for their regular source of care, as do 72 percent of active duty family members. In contrast, this is true for only 27 percent of retirees and their family members under age 65, and 18 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 6.

Use of Care

- In Region 6, the percentage of MTF patients with six or more outpatient visits in the 12 months preceding the survey was highest at Fort Sam Houston, Laughlin AFB, and Lackland AFB. The percentage was lowest at Little Rock AFB, Barksdale AFB, Tinker AFB, Reese AFB Clinic, and among patients in Region 6 who live outside of a catchment area. The percentage of CTF patients with six or more outpatient visits was highest at Reese AFB Clinic, NH Corpus Christi, and among patients outside of a catchment area. The percentage was lowest at Fort Polk, Fort Hood, Laughlin AFB, and Lackland AFB.
- The percentage of MTF patients with no outpatient visits in the 12 months preceding the survey was highest at Barksdale AFB, Reese AFB Clinic, and among patients outside of a catchment area. The percentage was lowest at Fort Polk, Fort Sam Houston, Laughlin AFB, Lackland AFB, and NH Corpus Christi. The percentage of CTF patients with no outpatient visits was highest at Fort Sam Houston, Sheppard AFB, Laughlin AFB, and Lackland AFB. The percentage was lowest at Tinker AFB, Reese 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 95 to 98 percent of beneficiaries in Region 6. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 6, more than 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 6, beneficiaries enrolled in TRICARE Prime (76 to 77 percent) were less likely than non-enrollees (83 to 94 percent) to have had a cholesterol screening in the past five years. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty beneficiaries who had such a screening is lowest (64 to 71 percent) at Barksdale AFB, Dyess AFB, Sheppard AFB, Little Rock AFB, and Reese AFB Clinic. The percentage is highest (89 to 92 percent) at Altus AFB, Laughlin AFB, and Fort Sam Houston.
- In Region 6, 83 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 varies little across catchment areas, ranging from 80 percent at Laughlin AFB to 91 percent at Sheppard AFB.
- In Region 6, female beneficiaries who were enrolled in TRICARE Prime (92 to 98 percent) were more likely than their non-enrolled counterparts (78 to 84 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. In most catchment areas, at

least 90 percent of women enrolled in TRICARE Prime had a Pap smear in the past three years, compared with 80 to 90 percent of non-enrollees.

- Eighty-nine percent of the female beneficiaries in Region 6 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 most catchment areas, the sample of pregnant women is too small to yield accurate estimates.
- In Region 6, between 73 and 84 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. The percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Fort Sill, Fort Hood, and NH Corpus Christi. The percentage is lowest at Altus AFB and Laughlin AFB.

Enrollment and Beneficiary Health Status

- Of the beneficiaries in Region 6 who reported knowing at least a little about TRICARE, 53 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is lowest (31 to 50 percent) at Reese AFB Clinic, Tinker AFB, and among beneficiaries outside of a catchment area. The level of enrollment is highest (71 to 76 percent) at Altus AFB, Laughlin AFB, and Fort Sill. The low level of enrollment at Reese AFB Clinic is probably due to the recent closing of the base.
- In Region 6, between 42 and 57 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 42 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age. Active duty enrollees at Altus AFB, Dyess AFB, and those outside of Region 6 catchment areas are less healthy than the average active duty enrollee in Region 6. Those at Reese AFB, Laughlin AFB, and Vance AFB are healthier than the average active duty enrollee.

Chapter

1

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 6. 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 6, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 6.** 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 6.** 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 6.** 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 6. 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 6 is less than 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 6 is less than 3 percentage points. The margin of error for estimates based on all beneficiaries or patients in a single catchment area is roughly 5 to 8 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 6* 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 6 included 17,454 adults and 2,454 parents of sampled children. Of the adults, 9,033 returned completed questionnaires by the due date, for a response rate of 52.8 percent; 1,175 parents of sampled children did the same, for a response rate of 46.3 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 6. 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.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

2

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 6, based on these findings, is included in Chapter 9.

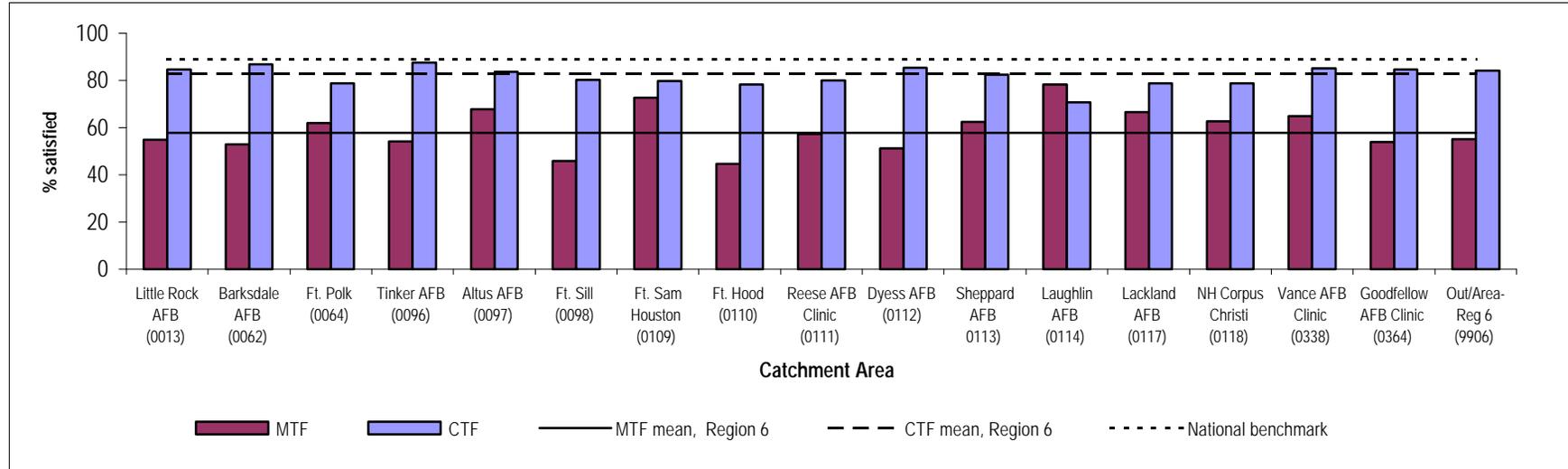
All Beneficiaries Who Received Care in the Past 12 Months

- In Region 6, CTF patients (83 percent) were more likely than MTF patients (58 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in all Region 6 catchment areas except Laughlin AFB.
- Across catchment areas in Region 6, the percentage of patients satisfied with MTF care is lowest (45 to 51 percent) at Fort Hood, Fort Sill, and Dyess AFB, and highest (67 to 78 percent) at Laughlin AFB, Fort Sam Houston, Altus AFB, and Lackland AFB. The percentage of patients satisfied with CTF care varies little across catchment areas (71 to 88 percent). 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.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 6 (51 percent) is less than the proportion of patients who are satisfied with MTF care in general (58 percent). This result also applies to most of the individual catchment areas in Region 6. The percentage of enrollees satisfied with TRICARE Prime is lowest (36 to 47 percent) at Fort Sill, Dyess AFB, Vance AFB Clinic, Goodfellow AFB Clinic, and Fort Hood. Satisfaction is highest (57 to 63 percent) at Fort Sam Houston, Altus AFB, Laughlin AFB, and Lackland AFB.
- In Region 6, satisfaction with civilian care (54 to 63 percent) is greater than satisfaction with military care (73 to 84 percent) among every type of beneficiary. This result also applies to most of the individual catchment areas in Region 6. At Altus AFB, Fort Sam Houston, Laughlin AFB, and Vance AFB Clinic, however, satisfaction among active duty personnel with MTF care equals or exceeds satisfaction with CTF care.

Enrolled Beneficiaries

- Of the beneficiaries in Region 6 who reported being enrolled in TRICARE Prime, most (59 to 74 percent) plan to re-enroll in the next 12 months. Of those not enrolled in TRICARE Prime, those under age 65 (10 percent) were more likely than those over age 65 (5 percent) to enroll. These region-wide patterns also apply to most of the individual catchment areas in Region 6. At Reese AFB Clinic, however, only 8 percent of active duty enrollees plan to re-enroll, probably due to the recent closing of the base.
- In Region 6 overall, satisfaction with TRICARE Prime is greater among enrollees who have a civilian PCM (61 percent) than among enrollees who have a military PCM (50 percent). Similarly, in most individual catchment areas in Region 6, satisfaction is higher among enrollees with a civilian PCM. Only at Sheppard AFB, and Vance AFB Clinic are enrollees with a military PCM significantly more satisfied than those 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: 8,348

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:

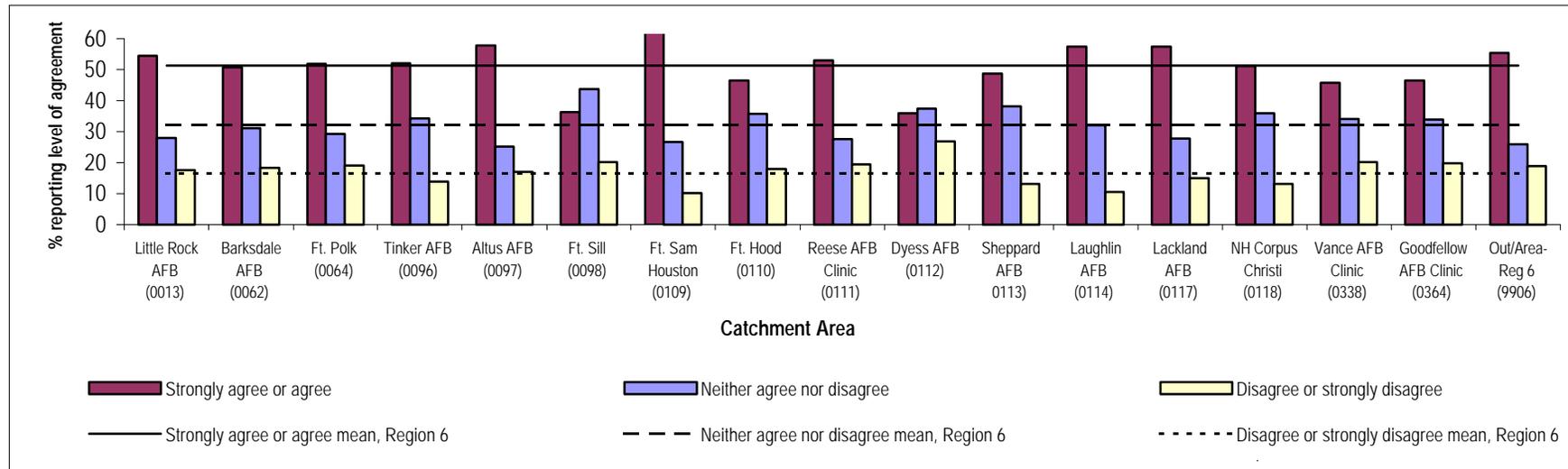
- How satisfaction with care varies across catchment areas in Region 6
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians’ satisfaction

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 6, CTF patients (83 percent) were more likely than MTF patients (58 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.

Across catchment areas in Region 6, the percentage of patients satisfied with MTF care is lowest (45 to 51 percent) at Fort Hood, Fort Sill, and Dyess AFB, and highest (67 to 78 percent) at Laughlin AFB, Fort Sam Houston, Altus AFB, and Lackland AFB. The percentage of patients satisfied with CTF care varies little across catchment areas, ranging from 71 percent at Laughlin AFB to 88 percent at Tinker AFB. Satisfaction with CTF care is greater than satisfaction with MTF care in all Region 6 catchment areas except Laughlin AFB.

2.2 TRICARE Prime Enrollees' Levels of Satisfaction with TRICARE Prime, by Catchment Area



Population:

Beneficiaries enrolled in TRICARE Prime, including both those who received care in the 12 months preceding their survey response and those who did not

Sample size: 3,332

Vertical axis:

The percent of the sample reporting a given level of satisfaction

Survey question: 82a

What the exhibit shows:

- How satisfied TRICARE Prime enrollees are with the care they receive
- How satisfaction levels vary across catchment areas

Findings:

Fifty-one percent of the TRICARE Prime enrollees in Region 6 reported being satisfied with the care they received, while 17 percent reported being dissatisfied. The proportion of enrollees who are satisfied with TRICARE Prime (51 percent) is less than the proportion of patients who are satisfied with MTF care in general (58 percent).

Across catchment areas in Region 6, the percentage of enrollees satisfied with TRICARE Prime is lowest (36 to 47 percent) at Fort Sill, Dyess AFB, Vance AFB Clinic, Goodfellow AFB Clinic, and Fort Hood. Satisfaction is highest (57 to 63 percent) at Fort Sam Houston, Altus AFB, Laughlin AFB, and Lackland AFB. In most catchment areas, the proportion of enrollees who are satisfied with TRICARE Prime is less than the proportion of patients who are satisfied with MTF care in general.

2.3 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
Little Rock AFB (0013)	25,856	61.6	71.2	46.1	90.0	59.9	83.5	30.3	89.0
Barksdale AFB (0062)	22,635	58.1	73.5	48.6	76.3	55.9	89.4	32.0	91.0
Ft. Polk (0064)	17,396	53.0	80.0	67.7	81.2	67.9	75.3	74.1	82.3
Tinker AFB (0096)	38,667	61.0	85.7	59.0	82.1	46.0	90.1	36.5	85.8
Altus AFB (0097)	6,662	72.7	73.8	53.1	84.6	74.7	86.0	68.2	81.7
Ft. Sill (0098)	35,229	43.3	65.7	41.4	68.7	52.6	88.3	61.3	79.8
Ft. Sam Houston (0109)	70,864	72.3	71.5	69.3	88.3	73.9	76.9	72.9	84.2
Ft. Hood (0110)	88,908	42.6	65.8	46.5	80.2	43.5	77.5	63.5	92.0
Reese AFB Clinic (0111)	3,827	27.3	83.3	51.5	69.7	60.1	77.8	62.4	88.1
Dyess AFB (0112)	14,018	48.6	74.8	53.5	89.9	51.6	86.9	61.0	84.3
Sheppard AFB (0113)	17,749	59.1	80.0	58.4	84.0	71.8	83.5	61.8	80.9
Laughlin AFB (0114)	3,427	78.0	64.3	75.3	78.8	80.0	69.8	78.9	65.0
Lackland AFB (0117)	66,752	61.3	72.9	58.4	78.0	68.5	80.7	77.4	78.0
NH Corpus Christi (0118)	19,099	55.6	80.7	60.9	83.0	71.8	76.7	62.6	77.6
Vance AFB Clinic (0338)	3,291	79.3	77.2	62.1	90.5	50.7	83.1	44.1	89.6
Goodfellow AFB Clinic (0364)	7,779	50.9	75.0	55.3	87.8	60.9	87.1	45.4	88.0
Out/Area-Reg 6 (9906)	235,902	54.4	74.5	47.4	74.6	61.7	86.1	47.6	83.2
Region 6 Overall	678,064	54.1	73.2	53.6	79.9	62.9	84.3	60.4	83.7
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: 8,348

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 6 is greater than satisfaction with military care among every type of beneficiary. Between 54 and 63 percent of beneficiaries are satisfied with MTF care, compared with 73 to 84 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 addition, active duty personnel are less satisfied than all other types of beneficiaries with CTF care.

In nearly all catchment areas in Region 6, active duty family members and all retirees, survivors, and family members are more satisfied with CTF care than with MTF care. At Altus AFB, Fort Sam Houston, Laughlin AFB, and Vance AFB Clinic, however, satisfaction among active duty personnel with MTF care equals or exceeds satisfaction with CTF care. At Laughlin AFB, satisfaction with MTF care is highest relative to satisfaction with CTF care. Note that in many catchment areas, the sample of active duty CTF patients is too small to yield accurate estimates of satisfaction.

2.4a 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
Little Rock AFB (0013)	18,942	53.2	71.6	13.5	3.8
Barksdale AFB (0062)	18,251	60.8	81.3	11.6	1.7
Ft. Polk (0064)	15,579	59.2	84.9	41.4	7.2
Tinker AFB (0096)	29,681	54.4	81.4	4.8	1.6
Altus AFB (0097)	6,183	78.2	83.1	13.2	3.3
Ft. Sill (0098)	33,165	63.1	78.5	16.1	6.0
Ft. Sam Houston (0109)	54,759	62.4	81.9	10.7	2.6
Ft. Hood (0110)	76,913	55.1	74.5	12.7	7.0
Reese AFB Clinic (0111)	3,218	8.3	67.1	7.4	3.8
Dyess AFB (0112)	12,244	58.5	76.2	15.1	1.8
Sheppard AFB (0113)	14,828	61.8	75.4	13.5	6.6
Laughlin AFB (0114)	3,077	93.1	77.7	22.3	1.9
Lackland AFB (0117)	54,924	69.1	78.3	11.6	4.1
NH Corpus Christi (0118)	16,626	59.8	84.4	15.8	3.5
Vance AFB Clinic (0338)	2,919	67.0	76.6	7.0	4.3
Goodfellow AFB Clinic (0364)	6,607	55.1	76.6	7.7	0.0
Out/Area-Reg 6 (9906)	138,582	31.6	60.1	6.7	6.1
Region 6 Overall	506,497	58.6	74.3	9.9	4.9
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: 6,222

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 6 who reported being enrolled in TRICARE Prime, most plan to re-enroll in the next 12 months, including 59 percent of active duty enrollees and 74 percent of non-active duty enrollees. Of the beneficiaries in Region 6 who were not enrolled in TRICARE Prime but reported knowing at least a little about TRICARE, those under age 65 (10 percent) were more likely than those age 65 or over (5 percent) to enroll in the next 12 months.

These region-wide patterns also apply to most of the individual catchment areas in Region 6 -- enrollees are likely to re-enroll and non-enrollees, particularly older ones, are unlikely to enroll. Only at Reese AFB Clinic (8 percent) and outside of Region 6 catchment areas (32 percent) do fewer than half of active duty enrollees plan to re-enroll. The low re-enrollment rate at Reese AFB Clinic is probably due to the recent closing of the base. Note, though, that the sample of active duty enrollees at Reese AFB Clinic is too small to yield accurate estimates. The percentage of active-duty enrollees who plan to re-enroll is highest (69 to 93 percent) at Laughlin AFB, Altus AFB, and Lackland AFB.

2.4b 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
Little Rock AFB (0013)	18,942	31.2	18.5	57.9	91.0
Barksdale AFB (0062)	18,251	22.4	8.3	75.4	87.5
Ft. Polk (0064)	15,579	20.5	12.1	44.5	74.5
Tinker AFB (0096)	29,681	23.9	10.1	79.9	74.1
Altus AFB (0097)	6,183	4.3	9.3	72.4	89.8
Ft. Sill (0098)	33,165	14.0	15.1	74.5	78.3
Ft. Sam Houston (0109)	54,759	18.1	9.5	60.1	81.3
Ft. Hood (0110)	76,913	30.9	10.2	72.7	82.8
Reese AFB Clinic (0111)	3,218	75.0	25.6	76.5	90.4
Dyess AFB (0112)	12,244	20.7	14.2	72.3	92.7
Sheppard AFB (0113)	14,828	14.5	11.7	67.8	73.4
Laughlin AFB (0114)	3,077	2.8	13.8	49.7	73.4
Lackland AFB (0117)	54,924	11.5	12.8	67.2	86.4
NH Corpus Christi (0118)	16,626	26.2	5.9	67.3	83.3
Vance AFB Clinic (0338)	2,919	14.3	15.5	79.9	87.1
Goodfellow AFB Clinic (0364)	6,607	23.9	11.4	69.6	92.0
Out/Area-Reg 6 (9906)	138,582	46.2	32.9	71.5	75.7
Region 6 Overall	506,497	22.9	16.4	69.6	79.2
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: 6,222

Survey question: 83

What the exhibit shows:

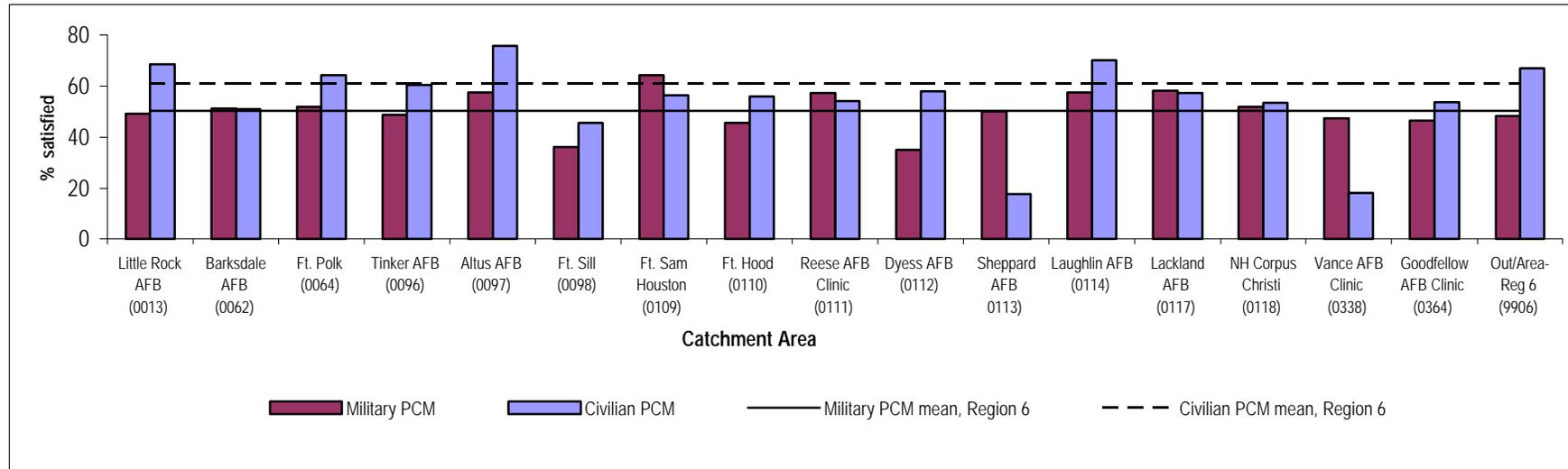
- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the active duty beneficiaries in Region 6 who reported being enrolled in TRICARE Prime, 23 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.

Seventy-five percent of active duty enrollees at Reese AFB clinic do not plan to re-enroll in the next 12 months, probably due to the recent closing of the base. Note, though, that the sample of active duty enrollees at Reese AFB Clinic is too small to yield accurate estimates. In addition, 46 percent of active duty enrollees who live outside of a catchment area do not plan to re-enroll. Across the remaining catchment areas in Region 6, the percentage of active duty enrollees who do not plan to re-enroll is highest (26 to 31 percent) at Little Rock AFB, Fort Hood, and NH Corpus Christi.

2.5 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: 3,860

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 6 overall, satisfaction with TRICARE Prime is greater among enrollees who have a civilian PCM (61 percent) than among enrollees who have a military PCM (50 percent). Similarly, in most individual catchment areas in Region 6, satisfaction is higher among enrollees with a civilian PCM. Only at Sheppard AFB, and Vance AFB Clinic are enrollees with a military PCM significantly more satisfied than those with a civilian PCM.

Among enrollees with a military PCM, satisfaction is lowest (35 to 36 percent) at Dyess AFB and Fort Sill, and highest (58 to 64 percent) at Fort Sam Houston, Altus AFB, Laughlin AFB, and Lackland AFB. Among enrollees with a civilian PCM, satisfaction is lowest (18 percent) at Sheppard AFB and Vance AFB Clinic, and highest (69 to 76 percent) at Altus AFB, Laughlin AFB, and Little Rock AFB.

Chapter

3

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 6 who used an ER in the past 12 months, TRICARE Prime enrollees (19 to 21 percent) were more likely than non-enrollees (10 to 15 percent) to report using the ER because they could not get a regular appointment. The percentage of active duty enrollees who used an ER because they could not get an appointment is lowest (7 to 8 percent) at Fort Polk, NH Corpus Christi, and Fort Sill. The percentage is highest (29 to 34 percent) at Sheppard AFB, Dyess AFB, Vance AFB Clinic, Lackland AFB and Altus AFB.
- Very few TRICARE Prime enrollees (5 to 7 percent) wait more than 30 days for a routine care appointment, regardless of whether care is received at a MTF or CTF. Among non-enrollees, however, MTF patients (25 percent) are much more likely than CTF patients (7 percent) to wait more than 30 days. A 30-day wait is the TRICARE standard for a routine care appointment. Among non-enrollees who received care at a MTF, the percentage unable to get an appointment within 30 days varies substantially across catchment areas. In contrast, among all other types of patients, the result varies little across catchment areas.
- In Region 6, MTF patients are more likely than CTF patients to experience long waits in a provider’s office. Among TRICARE Prime enrollees in Region 6, long office waits are most prevalent in the Fort Polk and Fort Hood catchment areas. Among non-enrollees, long office waits are most prevalent in the Fort Polk and NH Corpus Christi catchment areas. In addition, compared with the average patient in Region 6, patients living outside of a catchment area are slightly more likely to experience a long wait in a provider’s office.

- The most frequently cited reasons for not receiving care at a military facility in Region 6 are the distance to a MTF (40 percent), the difficulty of making appointments at a MTF (31 percent), and the higher quality of care at civilian facilities (22 percent). In addition, 23 percent of patients reported that they had never tried to use a MTF. In nearly all catchment areas in Region 6, the difficulty of making an appointment at a MTF is the most commonly cited barrier to MTF use. At Reese AFB Clinic, the most common reason is the closing of the MTF usually used by the beneficiary (67 percent). For people outside of a catchment area, the distance from a MTF is the most common barrier (65 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
Little Rock AFB (0013)	9,599	10.7	10.6	14.8	7.3
Barksdale AFB (0062)	8,777	10.9	13.6	10.7	12.9
Ft. Polk (0064)	9,871	7.4	15.4	25.1	19.7
Tinker AFB (0096)	15,424	13.1	14.5	8.9	12.2
Altus AFB (0097)	2,802	28.6	19.3	14.8	12.1
Ft. Sill (0098)	18,901	8.4	21.5	14.6	6.8
Ft. Sam Houston (0109)	34,136	13.7	22.1	19.7	16.5
Ft. Hood (0110)	38,963	25.9	23.0	22.5	13.6
Reese AFB Clinic (0111)	1,500	20.0	17.7	19.5	6.9
Dyess AFB (0112)	6,464	30.2	31.3	13.8	13.3
Sheppard AFB (0113)	7,831	34.4	31.1	19.8	25.4
Laughlin AFB (0114)	1,174	16.7	16.0	31.1	23.4
Lackland AFB (0117)	31,187	28.9	27.8	28.0	16.6
NH Corpus Christi (0118)	8,745	7.5	15.9	27.4	14.1
Vance AFB Clinic (0338)	1,312	29.2	14.3	31.9	26.1
Goodfellow AFB Clinic (0364)	3,297	25.9	17.5	20.1	25.4
Out/Area-Reg 6 (9906)	103,514	26.6	12.1	11.0	4.5
Region 6 Overall	303,496	20.5	19.4	15.1	9.5
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: 3,771

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 6 who used an ER in the past 12 months TRICARE Prime enrollees (19 to 21 percent) were more likely than non-enrollees (10 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 (7 to 8 percent) at Fort Polk, NH Corpus Christi, and Fort Sill. The percentage is highest (29 to 34 percent) at Sheppard AFB, Dyess AFB, Vance AFB Clinic, Lackland AFB and Altus AFB. In most catchment areas, the percentage of active duty enrollees who resorted to ER use is either less than 15 percent or greater than 25 percent.

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
Little Rock AFB (0013)	25,856	8.0	0.0	13.8	6.2
Barksdale AFB (0062)	22,635	1.3	3.0	0.0	5.0
Ft. Polk (0064)	17,396	11.4	2.6	13.2	5.5
Tinker AFB (0096)	38,667	3.9	5.2	13.1	8.6
Altus AFB (0097)	6,662	2.6	0.0	1.3	1.9
Ft. Sill (0098)	35,229	3.2	4.9	7.9	4.1
Ft. Sam Houston (0109)	70,864	5.5	9.0	44.4	6.0
Ft. Hood (0110)	88,908	10.4	0.4	14.3	9.4
Reese AFB Clinic (0111)	3,827	7.4	10.7	7.6	8.8
Dyess AFB (0112)	14,018	5.8	4.7	16.9	5.5
Sheppard AFB (0113)	17,749	8.1	8.8	20.1	4.6
Laughlin AFB (0114)	3,427	3.5	3.1	2.0	2.3
Lackland AFB (0117)	66,752	8.4	3.8	23.3	5.9
NH Corpus Christi (0118)	19,099	4.5	0.0	14.4	8.8
Vance AFB Clinic (0338)	3,291	5.2	2.9	12.5	6.0
Goodfellow AFB Clinic (0364)	7,779	3.4	0.0	21.8	8.4
Out/Area-Reg 6 (9906)	235,902	7.6	9.7	26.6	6.5
Region 6 Overall	678,064	7.1	5.4	25.4	6.6
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: 8,348

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 6, very few TRICARE Prime enrollees (5 to 7 percent) wait more than 30 days for a routine care appointment, regardless of whether care is received at a MTF or CTF. Among non-enrollees, however, MTF patients (25 percent) are much more likely than CTF patients (7 percent) to wait more than 30 days. A 30-day wait is the TRICARE standard for a routine care appointment.

Among non-enrollees who received care at a MTF, the percentage unable to get an appointment within 30 days varies substantially across catchment areas, from less than 10 percent at Barksdale AFB, Altus AFB, Fort Sill, Reese AFB, and Laughlin AFB, to 44 percent at Fort Sam Houston. In contrast, among all other types of patients, the percentage waiting more than 30 days varies little across catchment areas. In nearly all catchment areas, fewer than 10 percent of these patients wait more than 30 days for an appointment.

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
Little Rock AFB (0013)	25,856	19.5	13.5	29.8	17.7
Barksdale AFB (0062)	22,635	16.6	13.8	40.2	19.2
Ft. Polk (0064)	17,396	53.4	16.3	38.8	26.7
Tinker AFB (0096)	38,667	27.9	10.7	23.6	12.1
Altus AFB (0097)	6,662	9.4	7.4	24.3	12.2
Ft. Sill (0098)	35,229	35.4	13.7	36.6	13.1
Ft. Sam Houston (0109)	70,864	27.1	18.4	36.5	14.1
Ft. Hood (0110)	88,908	47.9	24.4	38.5	13.9
Reese AFB Clinic (0111)	3,827	14.7	17.9	22.3	14.0
Dyess AFB (0112)	14,018	21.6	15.0	18.7	16.1
Sheppard AFB (0113)	17,749	12.6	9.0	17.3	17.4
Laughlin AFB (0114)	3,427	10.5	13.6	6.7	26.2
Lackland AFB (0117)	66,752	32.1	21.8	38.4	11.3
NH Corpus Christi (0118)	19,099	17.4	22.8	52.6	23.9
Vance AFB Clinic (0338)	3,291	10.8	11.0	26.0	14.9
Goodfellow AFB Clinic (0364)	7,779	15.6	15.6	11.5	12.6
Out/Area-Reg 6 (9906)	235,902	31.0	27.6	41.1	22.3
Region 6 Overall	678,064	32.2	20.9	36.9	19.1
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: 8,348

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 6, MTF patients are more likely than CTF patients to experience long waits in a provider's office. Between 32 and 37 percent of MTF patients reported waiting more than 30 minutes to see a provider, compared with 19 to 21 percent of CTF patients. Waiting periods in Region 6 vary little by TRICARE Prime enrollment status.

Among TRICARE Prime enrollees in Region 6, long office waits are most prevalent in the Fort Polk and Fort Hood catchment areas. Among non-enrollees, long office waits are most prevalent in the Fort Polk and NH Corpus Christi catchment areas. In addition, compared with the average patient in Region 6, patients living outside of a catchment area are slightly more likely to experience a long wait in a provider's office.

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
Little Rock AFB (0013)	20,027	26.7	7.3	15.0	36.5	22.7	1.0	22.0	30.7	10.0	18.4	0.8	20.0
Barksdale AFB (0062)	14,527	22.4	8.9	2.9	26.5	12.9	3.7	14.6	23.4	21.9	34.8	1.6	19.3
Ft. Polk (0064)	4,459	12.7	24.5	13.9	28.6	18.2	3.2	23.3	24.0	3.8	9.1	0.2	19.6
Tinker AFB (0096)	25,850	29.0	9.1	8.5	37.4	21.6	1.4	18.8	29.8	9.1	23.9	3.8	23.7
Altus AFB (0097)	2,504	20.1	15.5	8.4	30.4	16.0	1.2	18.0	29.7	8.4	28.7	0.2	19.9
Ft. Sill (0098)	13,836	15.4	17.7	7.7	35.2	19.9	0.4	9.1	25.8	9.8	22.0	1.2	23.0
Ft. Sam Houston (0109)	30,663	17.6	14.2	9.9	58.5	29.0	2.1	9.8	27.6	6.3	25.2	11.5	16.4
Ft. Hood (0110)	32,001	14.9	16.9	13.0	43.0	26.1	0.6	14.1	33.8	6.4	20.4	2.2	22.9
Reese AFB Clinic (0111)	3,818	12.9	7.0	33.6	13.1	8.8	67.1	11.0	13.3	7.9	8.8	0.0	8.7
Dyess AFB (0112)	6,969	20.6	9.9	5.8	38.7	17.2	3.8	21.7	30.8	9.0	32.1	0.0	18.2
Sheppard AFB (0113)	6,380	21.0	14.6	2.5	38.2	17.2	1.2	13.7	20.7	5.8	35.4	1.5	17.8
Laughlin AFB (0114)	452	9.1	29.5	5.9	20.5	19.5	6.9	23.3	23.0	2.9	10.9	0.7	25.5
Lackland AFB (0117)	20,835	20.7	13.8	9.0	46.8	24.0	0.0	8.9	25.9	5.9	20.1	9.8	22.4
NH Corpus Christi (0118)	8,954	17.2	10.1	10.7	39.0	25.2	4.2	32.1	35.6	5.7	14.5	0.8	21.6
Vance AFB Clinic (0338)	1,626	14.8	7.4	6.9	32.9	18.2	1.7	32.4	25.6	11.4	32.5	0.0	19.5
Goodfellow AFB Clinic (0364)	4,298	17.6	12.9	5.5	36.1	17.6	2.5	30.1	25.1	6.4	23.0	0.0	15.7
Out/Area-Reg 6 (9906)	232,834	25.4	9.3	64.6	22.2	11.2	23.0	6.3	16.9	5.6	10.8	0.8	8.5
Region 6 Overall	430,033	23.0	10.9	39.6	30.7	16.4	13.8	10.7	22.2	6.9	16.4	2.3	14.0
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: 5,136

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:

The most frequently cited reasons for not receiving care at a military facility in Region 6 are the distance to a MTF (40 percent), the difficulty of making appointments at a MTF (31 percent), and the higher quality of care at civilian facilities (22 percent). In addition, 23 percent of patients reported that they had never tried to use a MTF, and 14 percent cited "other" reasons for choosing a CTF over a MTF, including the inability to see the same provider on each visit and lack of available services.

In nearly all catchment areas in Region 6, the difficulty of making an appointment at a MTF is the most commonly cited barrier to MTF use. At Reese AFB clinic, the most common reason is the closing of the MTF usually used by the beneficiary (67 percent). For people outside of a catchment area, the distance from a MTF is the most common barrier (65 percent).

Chapter

4

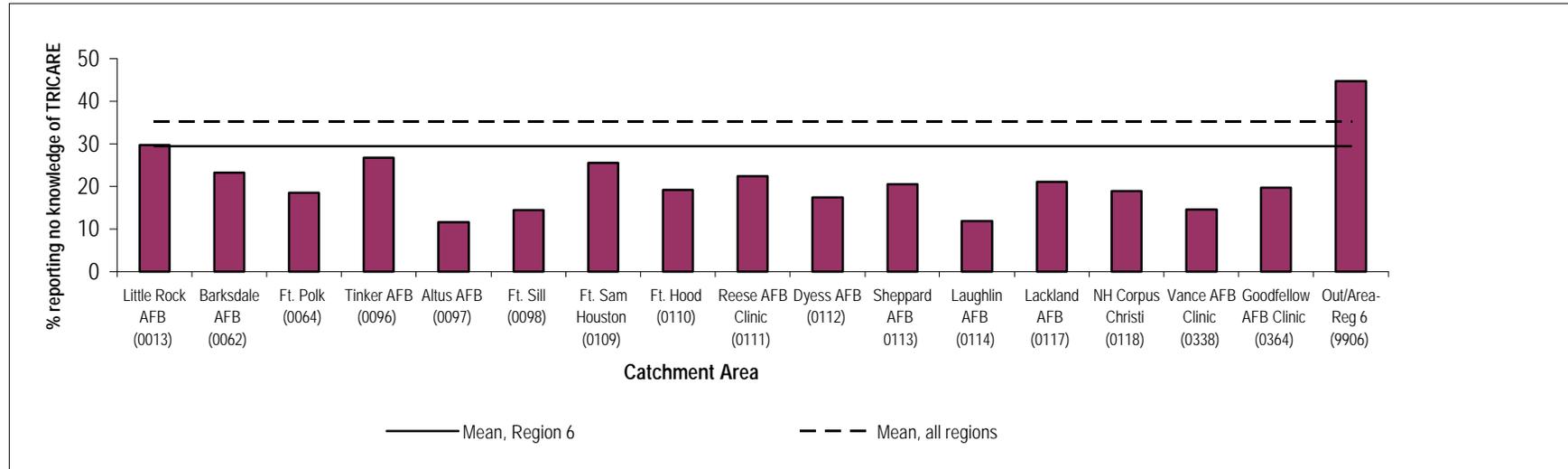
Knowledge of TRICARE and TRICARE Prime

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:

- Only 29 percent of beneficiaries in Region 6 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (12 to 15 percent) at Altus AFB, Laughlin AFB, Fort Sill, and Vance AFB Clinic. The percentage is highest (25 to 45 percent) at Little Rock AFB, Tinker AFB, Fort Sam Houston, and among beneficiaries who live outside of a catchment area.
- Among beneficiaries in Region 6 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (47 percent) were more likely than other types of beneficiaries (19 to 26 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 (9 to 16 percent) at Fort Polk, Laughlin AFB, and Fort Hood. The percentage is highest (33 to 36 percent) at Reese AFB Clinic, Dyess AFB, and among beneficiaries living outside of a catchment area.
- In Region 6, 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 (61 percent), a TRICARE presentation (35 percent), and a military base newspaper (33 percent). This result applies to most of the individual catchment areas in Region 6 as well. Other commonly cited sources of information in some catchment areas are friends and neighbors and a visit to the TRICARE service center.

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



Population:

All beneficiaries

Sample size: 9,026

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 6 have no knowledge of TRICARE
- How this percentage varies across catchment areas

Findings:

Only 29 percent of beneficiaries in Region 6 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (12 to 15 percent) at Altus AFB, Laughlin AFB, Fort Sill, and Vance AFB Clinic. The percentage is highest (25 to 45 percent) at Little Rock AFB, Tinker AFB, Fort Sam Houston, and among beneficiaries who live 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
Little Rock AFB (0013)	18,942	29.1	11.3	29.3	37.1
Barksdale AFB (0062)	18,251	27.0	23.1	24.0	30.4
Ft. Polk (0064)	15,579	8.8	12.2	18.9	25.7
Tinker AFB (0096)	29,681	27.5	13.6	24.2	40.8
Altus AFB (0097)	6,183	19.0	21.7	20.3	31.6
Ft. Sill (0098)	33,165	17.7	22.0	23.5	29.5
Ft. Sam Houston (0109)	54,759	26.1	23.3	28.0	37.2
Ft. Hood (0110)	76,913	16.4	12.7	26.1	41.2
Reese AFB Clinic (0111)	3,218	35.7	21.1	24.7	25.9
Dyess AFB (0112)	12,244	35.2	21.6	28.8	31.0
Sheppard AFB (0113)	14,828	30.5	26.0	26.5	49.4
Laughlin AFB (0114)	3,077	10.9	13.9	15.7	40.9
Lackland AFB (0117)	54,924	29.3	20.3	23.5	46.4
NH Corpus Christi (0118)	16,626	25.1	12.0	19.8	31.5
Vance AFB Clinic (0338)	2,919	22.4	14.3	21.8	48.0
Goodfellow AFB Clinic (0364)	6,607	20.6	22.0	24.8	47.7
Out/Area-Reg 6 (9906)	138,582	33.4	29.0	27.5	55.5
Region 6 Overall	506,497	23.0	18.8	26.0	46.9
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: 6,222

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 6 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (47 percent) were more likely than other types of beneficiaries (19 to 26 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 (9 to 16 percent) at Fort Polk, Laughlin AFB, and Fort Hood. The percentage is highest (33 to 36 percent) at Reese AFB Clinic, Dyess AFB, and among beneficiaries living 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
Little Rock AFB (0013)	18,942	42.3	62.0	15.0	8.2	23.4	31.4	2.2	32.3	27.8	1.6	15.9
Barksdale AFB (0062)	18,251	44.5	64.2	18.1	4.2	18.7	47.4	6.3	35.8	36.1	1.0	16.5
Ft. Polk (0064)	15,579	38.1	69.3	29.4	5.7	22.0	36.8	1.8	31.5	34.2	3.0	12.1
Tinker AFB (0096)	29,681	30.0	65.5	13.4	8.1	20.3	35.2	1.0	26.8	35.7	0.6	17.4
Altus AFB (0097)	6,183	45.9	65.0	23.8	6.1	21.9	42.2	6.0	35.9	36.1	0.4	14.4
Ft. Sill (0098)	33,165	49.1	69.8	15.0	4.0	22.4	34.5	7.6	29.5	27.0	2.5	16.3
Ft. Sam Houston (0109)	54,759	38.1	52.9	17.4	3.3	15.7	33.8	7.2	30.4	27.5	1.8	20.4
Ft. Hood (0110)	76,913	43.3	55.9	19.4	5.3	22.2	33.9	11.2	34.5	44.4	7.4	19.7
Reese AFB Clinic (0111)	3,218	45.3	59.7	20.3	8.3	24.2	28.6	2.0	19.5	30.3	0.3	16.5
Dyess AFB (0112)	12,244	41.2	59.7	22.2	9.8	20.8	42.5	20.9	41.4	39.6	4.5	18.9
Sheppard AFB (0113)	14,828	40.0	61.8	20.1	4.4	15.7	40.9	7.7	34.9	36.2	1.6	20.7
Laughlin AFB (0114)	3,077	67.7	65.5	20.7	1.5	18.1	38.1	3.2	32.1	38.4	1.3	14.2
Lackland AFB (0117)	54,924	36.2	60.0	19.3	2.7	18.4	38.0	6.9	28.9	34.8	0.9	18.5
NH Corpus Christi (0118)	16,626	41.0	57.0	20.7	3.7	21.2	22.2	3.4	28.8	43.5	1.1	17.2
Vance AFB Clinic (0338)	2,919	46.0	61.1	30.2	8.3	16.9	41.1	1.9	31.7	43.0	0.5	17.0
Goodfellow AFB Clinic (0364)	6,607	47.5	64.0	19.9	5.3	17.1	44.1	5.7	37.4	34.5	2.0	18.2
Out/Area-Reg 6 (9906)	138,582	19.1	63.8	12.7	8.1	22.0	24.4	6.0	19.0	15.8	1.5	25.5
Region 6 Overall	506,497	34.8	61.2	17.1	5.8	20.5	32.6	6.8	28.2	30.1	2.5	20.2
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: 6,222

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 6, 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 (61 percent), a TRICARE presentation (35 percent), and a military base newspaper (33 percent). This result applies to most of the individual catchment areas in Region 6 as well.

Other commonly cited sources of information in some catchment areas are friends and neighbors and a visit to the TRICARE service center. Beneficiaries who live outside of a catchment area were less likely than the average beneficiary in Region 6 to receive information via a military base newspaper, a TRICARE presentation, or a TRICARE service center.

Chapter

5

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 6, 10 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 25 percent of active duty family members; 25 percent of retirees, survivors, and family members under age 65; and 44 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 Little Rock AFB, Barksdale AFB, Dyess AFB, NH Corpus Christi, and Goodfellow AFB Clinic. The percentage is lowest at Laughlin AFB, Lackland AFB, and among beneficiaries who live outside of a catchment area.
- In Region 6, 92 percent of active duty personnel use a MTF for their regular source of care, as do 72 percent of active duty family members. In contrast, this is true for only 27 percent of retirees and their family members under age 65, and 18 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 6.

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
Little Rock AFB (0013)	27,897	12.9	41.8	41.6	59.7
Barksdale AFB (0062)	24,435	14.2	28.6	54.3	67.9
Ft. Polk (0064)	19,569	5.0	23.4	24.3	42.0
Tinker AFB (0096)	41,757	10.5	27.7	47.8	66.7
Altus AFB (0097)	7,101	9.5	23.4	48.4	69.2
Ft. Sill (0098)	39,741	9.8	16.2	44.9	61.9
Ft. Sam Houston (0109)	75,900	9.1	17.8	28.7	56.3
Ft. Hood (0110)	97,992	12.7	30.4	42.9	50.5
Reese AFB Clinic (0111)	4,276	11.8	17.8	23.6	46.5
Dyess AFB (0112)	15,183	14.4	30.1	49.7	74.4
Sheppard AFB (0113)	19,079	1.5	26.2	51.0	64.3
Laughlin AFB (0114)	3,578	1.2	17.2	13.0	18.7
Lackland AFB (0117)	71,173	5.5	16.5	19.5	48.6
NH Corpus Christi (0118)	20,936	23.9	34.6	37.9	67.4
Vance AFB Clinic (0338)	3,502	7.6	37.9	53.0	72.3
Goodfellow AFB Clinic (0364)	8,431	17.8	38.7	56.3	76.0
Out/Area-Reg 6 (9906)	263,621	6.2	17.1	10.4	31.7
Region 6 Overall	744,169	10.2	24.6	24.9	44.2
MHS Average	6,094,167	9.1	24.1	26.7	41.0

Population:

All beneficiaries

Sample size: 9,026**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 6, 10 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 25 percent of active duty family members; 25 percent of retirees, survivors, and family members under age 65; and 44 percent of retirees, survivors, and family members age 65 or over.

Military pharmacies were most commonly used to fill civilian prescriptions at Little Rock AFB, Barksdale AFB, Dyess AFB, NH Corpus Christi, and Goodfellow AFB 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 a civilian prescription at Laughlin AFB, Lackland AFB, and outside of Region 6 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
Little Rock AFB (0013)	25,541	88.5	11.5	0.0	48.5	51.5	0.0	19.5	78.0	2.5	2.8	93.6	3.7
Barksdale AFB (0062)	21,542	95.9	2.6	1.5	75.8	24.2	0.0	23.2	74.5	2.4	4.0	93.1	2.9
Ft. Polk (0064)	16,917	93.3	6.7	0.0	96.9	3.1	0.0	70.0	29.3	0.8	57.1	41.5	1.3
Tinker AFB (0096)	38,401	93.0	5.9	1.1	61.2	38.3	0.5	16.5	76.1	7.4	5.8	89.6	4.6
Altus AFB (0097)	6,573	100.0	0.0	0.0	96.2	3.8	0.0	45.1	53.6	1.4	25.8	69.9	4.3
Ft. Sill (0098)	34,482	93.4	4.4	2.2	91.2	6.9	1.9	38.4	60.4	1.3	25.0	71.9	3.1
Ft. Sam Houston (0109)	69,881	99.7	0.3	0.0	87.4	11.3	1.2	62.6	34.7	2.7	46.9	43.9	9.3
Ft. Hood (0110)	87,527	90.5	9.5	0.0	76.0	24.0	0.0	36.0	59.3	4.7	19.2	71.8	9.1
Reese AFB Clinic (0111)	3,751	11.1	88.9	0.0	62.2	32.4	5.4	9.6	87.1	3.3	1.3	94.1	4.7
Dyess AFB (0112)	13,229	98.6	1.4	0.0	76.9	23.1	0.0	35.7	63.5	0.8	9.8	87.9	2.3
Sheppard AFB (0113)	16,921	100.0	0.0	0.0	91.7	5.5	2.8	53.9	45.3	0.9	35.4	62.9	1.7
Laughlin AFB (0114)	3,342	100.0	0.0	0.0	92.6	5.9	1.5	93.0	5.7	1.3	87.5	12.5	0.0
Lackland AFB (0117)	64,695	95.3	4.7	0.0	83.5	15.0	1.5	73.0	25.8	1.2	58.6	33.7	7.7
NH Corpus Christi (0118)	19,186	100.0	0.0	0.0	73.8	26.2	0.0	53.7	46.3	0.0	24.4	71.8	3.9
Vance AFB Clinic (0338)	3,152	96.8	3.2	0.0	85.0	13.3	1.7	45.0	51.9	3.0	13.7	84.0	2.3
Goodfellow AFB Clinic (0364)	7,535	100.0	0.0	0.0	85.3	14.7	0.0	32.7	61.5	5.8	19.0	77.5	3.5
Out/Area-Reg 6 (9906)	242,294	55.5	33.8	10.7	24.5	73.9	1.6	5.1	90.2	4.7	7.1	88.5	4.4
Region 6 Overall	674,970	92.1	6.9	1.0	72.1	27.1	0.8	27.0	69.2	3.7	18.3	76.5	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: 8,246

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 6, 92 percent of active duty personnel use a MTF for their regular source of care, as do 72 percent of active duty family members. In contrast, this is true for only 27 percent of retirees and their family members under age 65, and 18 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. Only 5 percent of beneficiaries in Region 6 rely on something other than a MTF or CTF for their usual source of care.

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 6. At Fort Polk, however, all types of beneficiaries are more likely to use MTFs than CTFs. In contrast, beneficiaries at Reese AFB Clinic and those who live outside of a catchment area are more likely than the average Region 6 beneficiary to rely on a CTF.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

6

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 6, the percentage of MTF patients with six or more outpatient visits in the 12 months preceding the survey was highest at Fort Sam Houston, Laughlin AFB, and Lackland AFB. The percentage was lowest at Little Rock AFB, Barksdale AFB, Tinker AFB, Reese AFB Clinic, and among patients in Region 6 who live outside of a catchment area. The percentage of CTF patients with six or more outpatient visits was highest at Reese AFB Clinic, NH Corpus Christi, and among patients outside of a catchment area. The percentage was lowest at Fort Polk, Fort Hood, Laughlin AFB, and Lackland AFB.
- The percentage of MTF patients with no outpatient visits in the 12 months preceding the survey was highest at Barksdale AFB, Reese AFB Clinic, and among patients outside of a catchment area. The percentage was lowest at Fort Polk, Fort Sam Houston, Laughlin AFB, Lackland AFB, and NH Corpus Christi. The percentage of CTF patients with no outpatient visits was highest at Fort Sam Houston, Sheppard AFB, Laughlin AFB, and Lackland AFB. The percentage was lowest at Tinker AFB, Reese 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
Little Rock AFB (0013)	25,856	28.1	25.5	12.9	47.3
Barksdale AFB (0062)	22,635	28.8	24.3	7.1	47.6
Ft. Polk (0064)	17,396	33.3	23.4	22.1	32.5
Tinker AFB (0096)	38,667	26.0	27.9	16.3	52.7
Altus AFB (0097)	6,662	40.9	22.2	26.5	45.0
Ft. Sill (0098)	35,229	40.0	19.6	25.7	46.3
Ft. Sam Houston (0109)	70,864	37.7	26.7	31.0	44.8
Ft. Hood (0110)	88,908	33.3	23.2	34.5	40.3
Reese AFB Clinic (0111)	3,827	18.6	41.1	18.4	49.1
Dyess AFB (0112)	14,018	38.0	21.1	19.3	57.5
Sheppard AFB (0113)	17,749	34.2	22.7	30.2	46.2
Laughlin AFB (0114)	3,427	40.4	20.5	35.5	26.8
Lackland AFB (0117)	66,752	41.4	16.4	42.0	36.3
NH Corpus Christi (0118)	19,099	28.9	35.8	31.3	52.9
Vance AFB Clinic (0338)	3,291	30.1	27.1	11.0	42.0
Goodfellow AFB Clinic (0364)	7,779	29.2	22.2	17.2	46.8
Out/Area-Reg 6 (9906)	235,902	23.4	35.2	18.0	46.3
Region 6 Overall	678,064	33.8	27.0	25.5	45.9
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: 8,348

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 6 who used MTFs were more likely to have six or more outpatient visits (34 percent) than those who used CTFs (27 percent). In contrast, among non-enrollees, MTF patients (26 percent) were less likely than CTF patients (46 percent) to have six or more visits.

Compared with the average MTF patient in Region 6, MTF patients at Fort Sam Houston, Laughlin AFB, and Lackland AFB were more likely to have six or more outpatient visits. MTF patients at Little Rock AFB, Barksdale AFB, Tinker AFB, Reese AFB Clinic, and those outside of catchment areas were least likely to have six or more visits.

Compared with the average CTF patients in Region 6, CTF patients at Reese AFB Clinic, NH Corpus Christi, and those outside of a catchment area were more likely to have six or more outpatient visits. CTF patients at Fort Polk, Fort Hood, Laughlin AFB, and Lackland AFB 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
Little Rock AFB (0013)	25,856	11.9	14.4	52.0	7.0
Barksdale AFB (0062)	22,635	12.7	21.9	71.7	4.2
Ft. Polk (0064)	17,396	6.5	18.1	13.8	8.8
Tinker AFB (0096)	38,667	11.5	9.4	50.3	4.0
Altus AFB (0097)	6,662	3.9	15.5	36.7	2.7
Ft. Sill (0098)	35,229	8.0	31.3	32.0	3.6
Ft. Sam Houston (0109)	70,864	5.4	30.7	13.8	6.5
Ft. Hood (0110)	88,908	12.6	11.9	29.5	4.6
Reese AFB Clinic (0111)	3,827	33.5	5.0	49.9	3.8
Dyess AFB (0112)	14,018	10.6	15.4	40.5	3.5
Sheppard AFB (0113)	17,749	9.5	26.4	21.6	5.7
Laughlin AFB (0114)	3,427	5.9	22.6	5.7	23.2
Lackland AFB (0117)	66,752	2.7	28.0	12.5	7.5
NH Corpus Christi (0118)	19,099	4.6	13.4	15.7	6.0
Vance AFB Clinic (0338)	3,291	5.7	14.8	32.3	5.2
Goodfellow AFB Clinic (0364)	7,779	5.9	26.5	40.6	3.1
Out/Area-Reg 6 (9906)	235,902	30.1	9.0	55.0	4.7
Region 6 Overall	678,064	10.7	16.3	35.8	5.1
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: 8,348

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 6 who used civilian facilities were more likely to have no outpatient visits (16 percent) than those who used military facilities (11 percent). In contrast, among non-enrollees, MTF patients (36 percent) were much more likely than CTF patients (5 percent) to have no outpatient visits.

Compared with the average MTF patient in Region 6, MTF patients at Barksdale AFB, Reese AFB Clinic, and outside of catchment areas were more likely to have no outpatient visits. MTF patients at Fort Polk, Fort Sam Houston, Laughlin AFB, Lackland AFB, and NH Corpus Christi were the least likely to have no visits.

Compared with the average CTF patient in Region 6, CTF patients at Fort Sam Houston, Sheppard AFB, Laughlin AFB, and Lackland AFB were more likely to have no outpatient visits. CTF patients at Tinker AFB, Reese AFB Clinic, and outside of catchment areas were the least likely to have no visits.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

7

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 95 to 98 percent of beneficiaries in Region 6. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 6, more than 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 6, beneficiaries enrolled in TRICARE Prime (76 to 77 percent) were less likely than non-enrollees (83 to 94 percent) to have had a cholesterol screening in the past five years. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty beneficiaries who had such a screening is lowest (64 to 71 percent) at Barksdale AFB, Dyess AFB, Sheppard AFB, Little Rock AFB, and Reese AFB Clinic. The percentage is highest (89 to 92 percent) at Altus AFB, Laughlin AFB, and Fort Sam Houston.
- In Region 6, 83 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 varies little across catchment areas, ranging from 80 percent at Laughlin AFB to 91 percent at Sheppard AFB.
- In Region 6, female beneficiaries who were enrolled in TRICARE Prime (92 to 98 percent) were more likely than their non-enrolled counterparts (78 to 84 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. In most catchment areas, at least 90 percent of women enrolled in TRICARE Prime had a Pap smear in the past three years, compared with 80 to 90 percent of non-enrollees.
- Eighty-nine percent of the female beneficiaries in Region 6 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 most catchment areas, the sample of pregnant women is too small to yield accurate estimates.

- In Region 6, between 73 and 84 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. The percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at Fort Sill, Fort Hood, and NH Corpus Christi. The percentage is lowest at Altus AFB and Laughlin AFB.

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
Little Rock AFB (0013)	27,897	96.9	96.6	95.6	97.9
Barksdale AFB (0062)	24,435	98.8	99.6	94.3	98.4
Ft. Polk (0064)	19,569	96.6	96.9	93.6	97.6
Tinker AFB (0096)	41,757	99.0	97.7	94.2	99.5
Altus AFB (0097)	7,101	98.7	98.1	95.0	99.3
Ft. Sill (0098)	39,741	100.0	93.8	93.5	97.3
Ft. Sam Houston (0109)	75,900	98.1	96.1	93.9	97.0
Ft. Hood (0110)	97,992	99.6	93.3	96.4	98.9
Reese AFB Clinic (0111)	4,276	88.2	95.8	91.8	97.7
Dyess AFB (0112)	15,183	96.5	95.5	95.2	97.1
Sheppard AFB (0113)	19,079	95.7	96.8	96.3	98.8
Laughlin AFB (0114)	3,578	100.0	97.8	91.1	97.6
Lackland AFB (0117)	71,173	97.2	97.0	93.0	98.4
NH Corpus Christi (0118)	20,936	98.7	97.1	96.5	97.7
Vance AFB Clinic (0338)	3,502	100.0	96.8	93.2	99.2
Goodfellow AFB Clinic (0364)	8,431	100.0	96.3	93.9	98.0
Out/Area-Reg 6 (9906)	263,621	94.3	94.4	96.0	97.5
Region 6 Overall	744,169	98.2	95.5	95.3	97.7
MHS Average	6,094,167	97.0	96.3	95.2	97.4

Population:

All beneficiaries

Sample size: 9,026

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 95 to 98 percent of beneficiaries in Region 6. Both results exceed the civilian Healthy People 2000 goal of 90 percent.

In every catchment area of Region 6, more than 90 percent of each type of beneficiary had a blood pressure screening in the past two years.

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
Little Rock AFB (0013)	27,897	70.6	76.1	82.0	92.0
Barksdale AFB (0062)	24,435	64.1	71.4	82.1	93.1
Ft. Polk (0064)	19,569	77.8	68.2	75.1	93.1
Tinker AFB (0096)	41,757	84.9	82.5	82.9	94.8
Altus AFB (0097)	7,101	92.2	69.5	79.4	88.2
Ft. Sill (0098)	39,741	76.1	75.2	87.5	91.0
Ft. Sam Houston (0109)	75,900	89.3	83.0	81.4	91.8
Ft. Hood (0110)	97,992	73.2	65.6	75.1	95.6
Reese AFB Clinic (0111)	4,276	70.6	80.1	83.2	95.6
Dyess AFB (0112)	15,183	67.5	75.3	83.6	91.2
Sheppard AFB (0113)	19,079	70.2	74.8	87.8	92.3
Laughlin AFB (0114)	3,578	89.9	68.8	76.0	91.1
Lackland AFB (0117)	71,173	78.4	79.6	72.7	95.9
NH Corpus Christi (0118)	20,936	82.6	73.5	87.5	94.8
Vance AFB Clinic (0338)	3,502	83.6	64.8	87.9	89.5
Goodfellow AFB Clinic (0364)	8,431	84.3	73.3	84.0	94.9
Out/Area-Reg 6 (9906)	263,621	80.4	81.7	85.2	93.6
Region 6 Overall	744,169	77.3	76.3	82.8	93.6
MHS Average	6,094,167	78.2	72.6	81.1	93.0

Population:

All beneficiaries

Sample size: 9,026

Survey question: 13

What the exhibit shows:

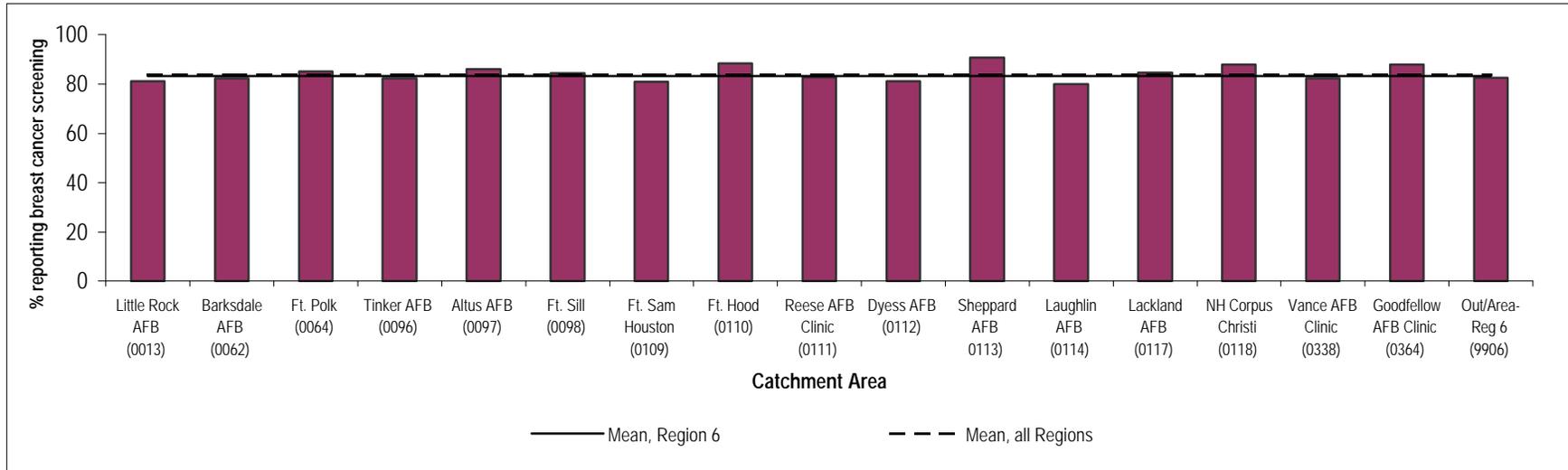
- Percentage of beneficiaries who had a cholesterol screening in the past five years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 6, beneficiaries enrolled in TRICARE Prime were less likely than non-enrollees to have had a cholesterol screening in the past five years. Between 76 and 77 percent of enrollees have had such a screening, compared with between 83 and 94 percent of non-enrollees. The Healthy People 2000 goal for adults is 75 percent.

Across catchment areas in Region 6, the percentage of active duty beneficiaries who had a cholesterol screening in the past five years is lowest (64 to 71 percent) at Barksdale AFB, Dyess AFB, Sheppard AFB, Little Rock AFB, and Reese AFB Clinic. The percentage is highest (89 to 92 percent) at Altus AFB, Laughlin AFB, and Fort Sam Houston. More than 90 percent of non-enrollees age 65 or over had such a screening in every catchment area except Altus AFB and Vance AFB Clinic.

7.3 Breast Cancer Screening



Population:

Female beneficiaries age 50 or over

Sample size: 2,580

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 6, 83 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 varies little across catchment areas, ranging from 80 percent at Laughlin AFB to 91 percent at Sheppard AFB.

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
Little Rock AFB (0013)	14,418	95.5	92.2	85.2	78.5
Barksdale AFB (0062)	12,981	95.1	92.8	85.0	79.5
Ft. Polk (0064)	9,670	91.7	95.3	84.6	82.6
Tinker AFB (0096)	21,233	100.0	88.8	84.2	78.7
Altus AFB (0097)	4,049	92.6	94.1	85.6	76.4
Ft. Sill (0098)	17,614	100.0	91.1	89.3	84.1
Ft. Sam Houston (0109)	41,280	100.0	88.3	83.5	79.3
Ft. Hood (0110)	48,116	94.5	93.3	78.7	92.4
Reese AFB Clinic (0111)	2,445	100.0	92.2	86.1	89.2
Dyess AFB (0112)	8,135	96.0	95.0	75.9	86.6
Sheppard AFB (0113)	9,190	100.0	94.3	90.8	86.0
Laughlin AFB (0114)	1,692	100.0	95.3	84.0	79.1
Lackland AFB (0117)	37,892	100.0	92.2	89.8	86.6
NH Corpus Christi (0118)	10,142	100.0	93.9	92.2	89.8
Vance AFB Clinic (0338)	1,720	100.0	90.3	85.7	79.5
Goodfellow AFB Clinic (0364)	3,857	100.0	95.4	86.5	81.7
Out/Area-Reg 6 (9906)	129,190	100.0	88.7	84.5	72.5
Region 6 Overall	373,624	97.6	91.5	84.7	77.8
MHS Average	3,013,030	96.0	91.2	85.5	80.3

Population:

All female beneficiaries

Sample size: 4,676

Survey question: 24

What the exhibit shows:

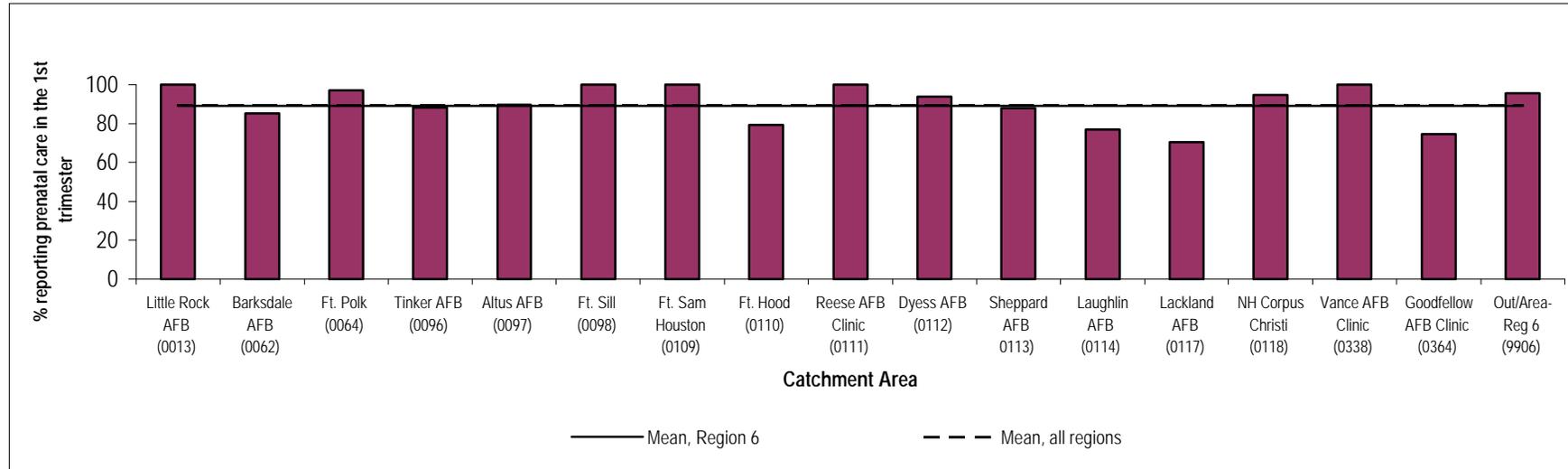
- Percentage of female beneficiaries who have had a Pap smear within three years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 6, female beneficiaries who were enrolled in TRICARE Prime were more likely than their non-enrolled counterparts to have had a Pap smear in the past three years. Between 92 and 98 percent of enrollees had a Pap smear, compared with 78 to 84 percent of non-enrollees. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.

More than 90 percent of female active duty enrollees in each catchment area had a Pap smear in the past three years, as did more than 90 percent of non-active duty enrollees in all but two catchment areas. In most catchment areas, between 80 and 90 percent of non-enrollees had a Pap smear in the past three years.

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: 298

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 6 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.

In most catchment areas, the sample of women who were pregnant at some point during the year preceding the survey is too small to yield accurate estimates. In several catchment areas (Little Rock AFB, Fort Sill, Fort Sam Houston, Reese AFB Clinic, and Vance AFB Clinic) 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
Little Rock AFB (0013)	7,669	62.5	75.6	60.4	88.8
Barksdale AFB (0062)	5,732	100.0	81.4	71.6	80.4
Ft. Polk (0064)	2,241	100.0	89.6	59.4	87.4
Tinker AFB (0096)	10,796	51.7	57.9	73.6	83.4
Altus AFB (0097)	1,218	100.0	50.3	60.0	82.9
Ft. Sill (0098)	5,296	100.0	89.1	75.6	87.3
Ft. Sam Houston (0109)	17,559	100.0	72.2	67.0	90.0
Ft. Hood (0110)	9,798	0.0	78.5	73.7	90.2
Reese AFB Clinic (0111)	1,331	0.0	68.3	72.7	85.2
Dyess AFB (0112)	2,823	0.0	80.0	78.6	82.8
Sheppard AFB (0113)	2,823	0.0	72.9	68.2	79.3
Laughlin AFB (0114)	577	0.0	65.7	58.1	83.3
Lackland AFB (0117)	16,227	100.0	80.1	57.9	85.7
NH Corpus Christi (0118)	3,825	0.0	84.8	77.2	87.6
Vance AFB Clinic (0338)	657	0.0	65.8	72.1	83.6
Goodfellow AFB Clinic (0364)	1,566	0.0	82.5	63.0	79.6
Out/Area-Reg 6 (9906)	108,255	100.0	67.3	71.0	82.5
Region 6 Overall	198,394	82.6	72.8	69.9	84.2
MHS Average	1,497,312	68.9	75.1	72.5	84.3

Population:

Male beneficiaries age 50 or over

Sample size: 2,689

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 6, between 73 and 84 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. Men under age 65 and not enrolled in TRICARE Prime were the least likely to have had such a screening (70 percent), while non-enrollees age 65 or over were the most likely (84 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 other types of beneficiaries, the rate of prostate screening is highest at Fort Sill, Fort Hood, and NH Corpus Christi. In these catchment areas, all types of beneficiaries are more likely than the average Region 6 beneficiary to have had a screening in the past two years. The rate of prostate screening is lowest at Altus AFB and Laughlin AFB.

Chapter

8

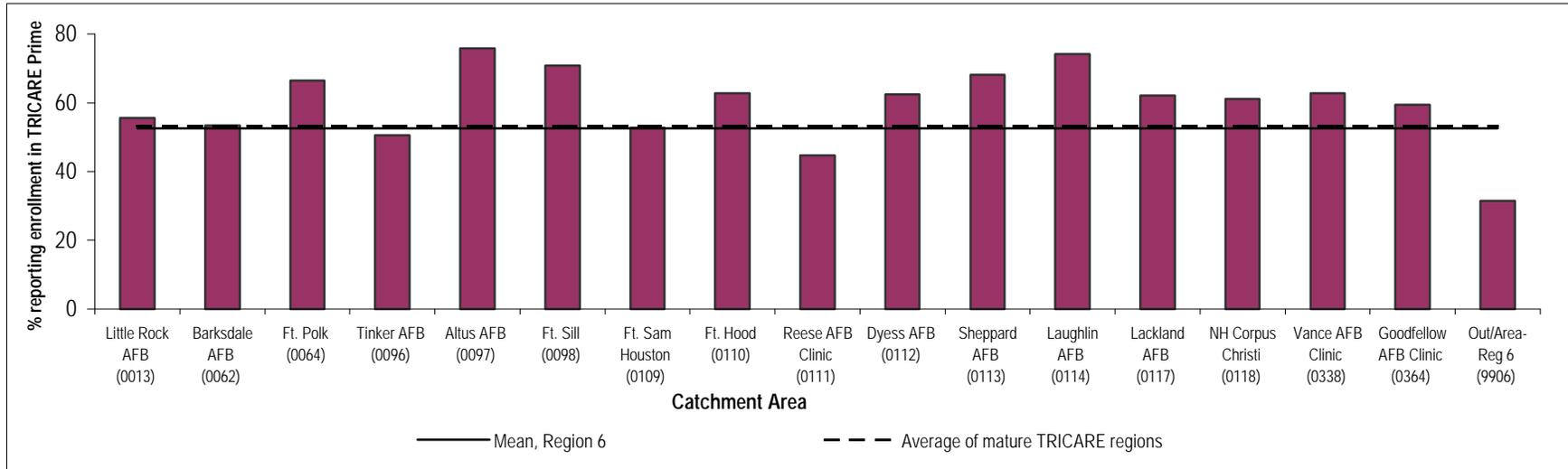
Enrollment and Beneficiary Health Status

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 6 who reported knowing at least a little about TRICARE, 53 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is lowest (31 to 50 percent) at Reese AFB Clinic, Tinker AFB, and among beneficiaries outside of a catchment area. The level of enrollment is highest (71 to 76 percent) at Altus AFB, Laughlin AFB, and Fort Sill. The low level of enrollment at Reese AFB Clinic is probably due to the recent closing of the base.
- In Region 6, between 42 and 57 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 42 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age. Active duty enrollees at Altus AFB, Dyess AFB, and those outside of Region 6 catchment areas are less healthy than the average active duty enrollee in Region 6. Those at Reese AFB, Laughlin AFB, and Vance AFB are healthier than the average active duty enrollee.

8.1 Enrollment in TRICARE Prime



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 6,222

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 6 compare to the average for Region 6 and to the average for all mature TRICARE regions

Findings:

Of the beneficiaries in Region 6 who reported knowing at least a little about TRICARE, 53 percent are enrolled in TRICARE Prime. This is equal to the level of enrollment in the average mature TRICARE region.

Across catchment areas in Region 6, the level of enrollment in TRICARE Prime is lowest (31 to 50 percent) at Reese AFB Clinic, Tinker AFB, and among beneficiaries outside of a catchment area. The level of enrollment is highest (71 to 76 percent) at Altus AFB, Laughlin AFB, and Fort Sill. The low level of enrollment at Reese AFB Clinic is probably due to the recent closing of the base in.

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
Little Rock AFB (0013)	27,897	40.7	50.0	59.3	55.8
Barksdale AFB (0062)	24,435	33.0	61.9	51.9	51.6
Ft. Polk (0064)	19,569	47.9	58.5	46.4	61.6
Tinker AFB (0096)	41,757	35.3	55.0	53.9	56.1
Altus AFB (0097)	7,101	50.4	56.3	55.9	58.9
Ft. Sill (0098)	39,741	49.7	56.9	64.3	58.9
Ft. Sam Houston (0109)	75,900	36.7	51.3	50.0	53.3
Ft. Hood (0110)	97,992	40.5	52.6	63.5	62.4
Reese AFB Clinic (0111)	4,276	31.3	54.2	56.7	56.0
Dyess AFB (0112)	15,183	53.2	52.8	52.5	56.3
Sheppard AFB (0113)	19,079	45.5	54.9	56.3	71.6
Laughlin AFB (0114)	3,578	25.7	53.2	55.9	64.0
Lackland AFB (0117)	71,173	40.8	50.4	50.7	55.0
NH Corpus Christi (0118)	20,936	40.4	48.9	58.4	55.3
Vance AFB Clinic (0338)	3,502	31.2	47.3	53.8	59.2
Goodfellow AFB Clinic (0364)	8,431	39.2	58.5	47.2	54.7
Out/Area-Reg 6 (9906)	263,621	50.4	55.7	54.4	57.2
Region 6 Overall	744,169	42.2	53.8	54.6	56.7
MHS Average	6,094,167	43.3	54.3	54.0	51.5

Population:

All beneficiaries

Sample size: 9,026

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 6, between 42 and 57 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 6 are comparable to their counterparts in the civilian population. The result of 42 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age.

Active duty enrollees at Altus AFB, Dyess AFB, and those outside of Region 6 catchment areas are less healthy than the average active duty enrollee in Region 6. Those at Reese AFB, Laughlin AFB, and Vance AFB are healthier than the average active duty enrollee.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

9

Performance Improvement Plan

This chapter contains a series of Performance Improvement Plans, one for each catchment area in Region 6. 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.

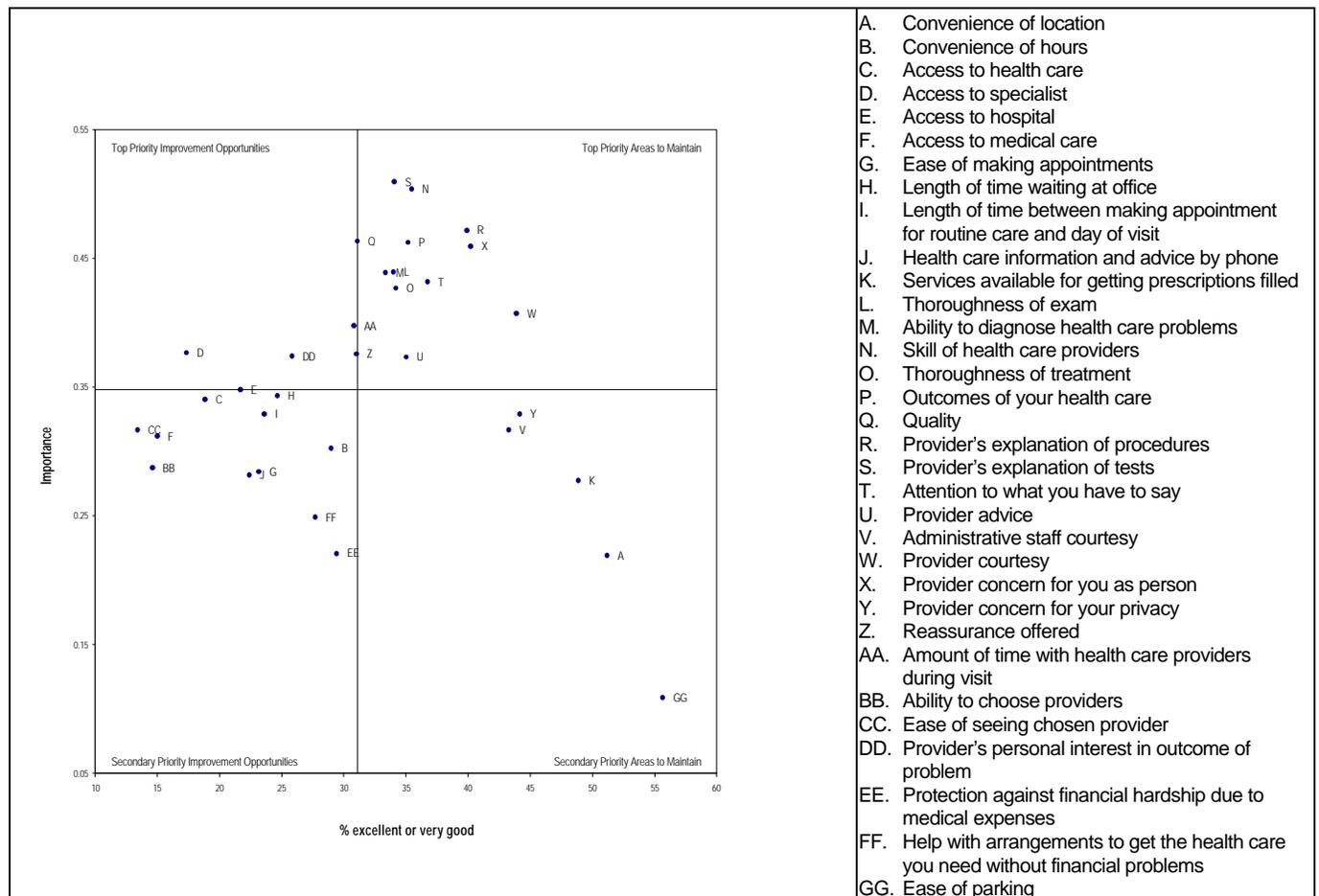
Each point in the Performance Improvement Plan represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the 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 Little Rock AFB (0013)



Findings:

The following aspects of military health care at Little Rock AFB 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)
- Access to hospital care if you need it (E)

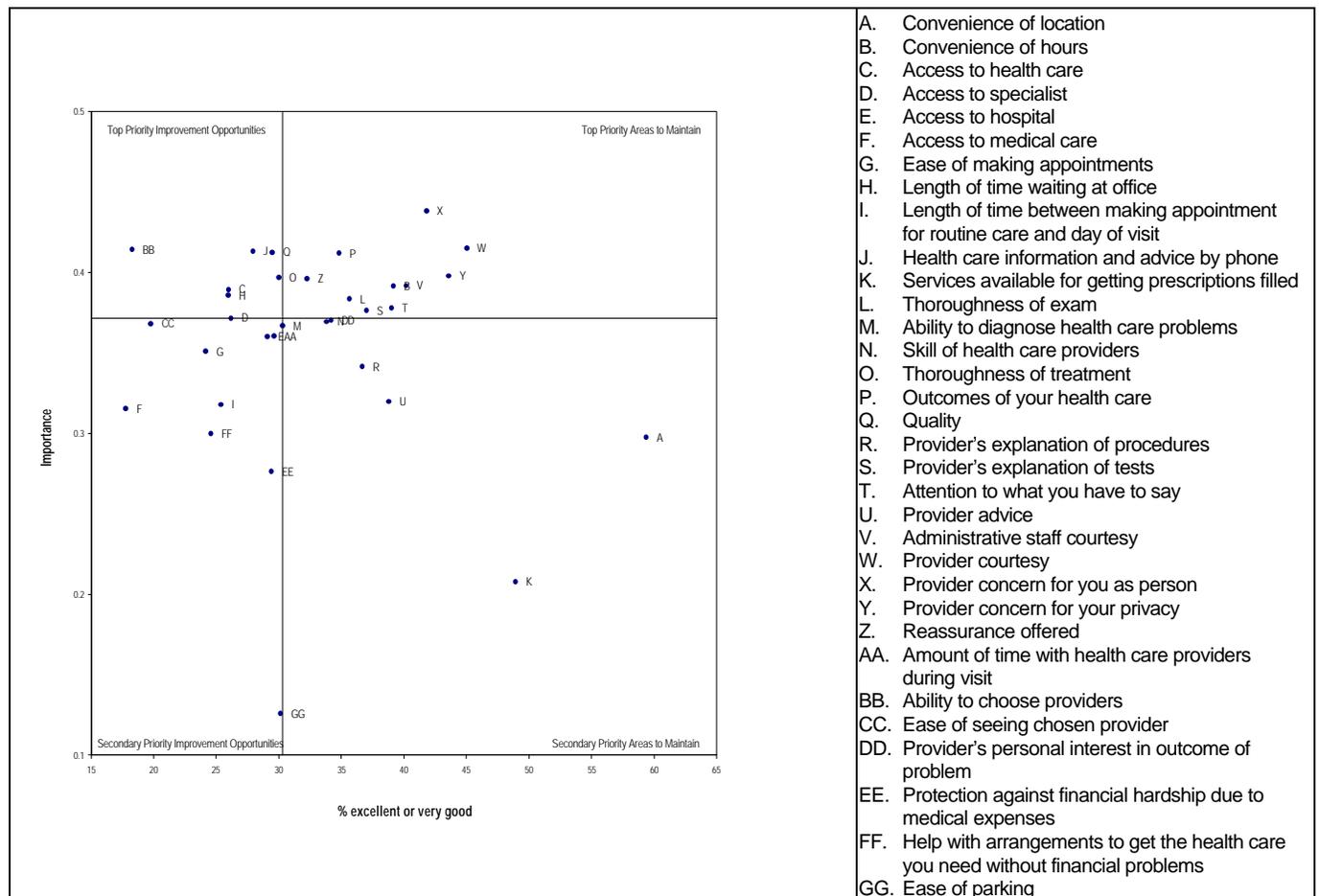
Quality of Care

- 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 9.2 Performance Improvement Plan for Barksdale AFB (0062)



Findings:

The following aspects of military health care at Barksdale AFB 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 you wait at office to see the provider (H)
- Availability of health care information or advice by phone (J)

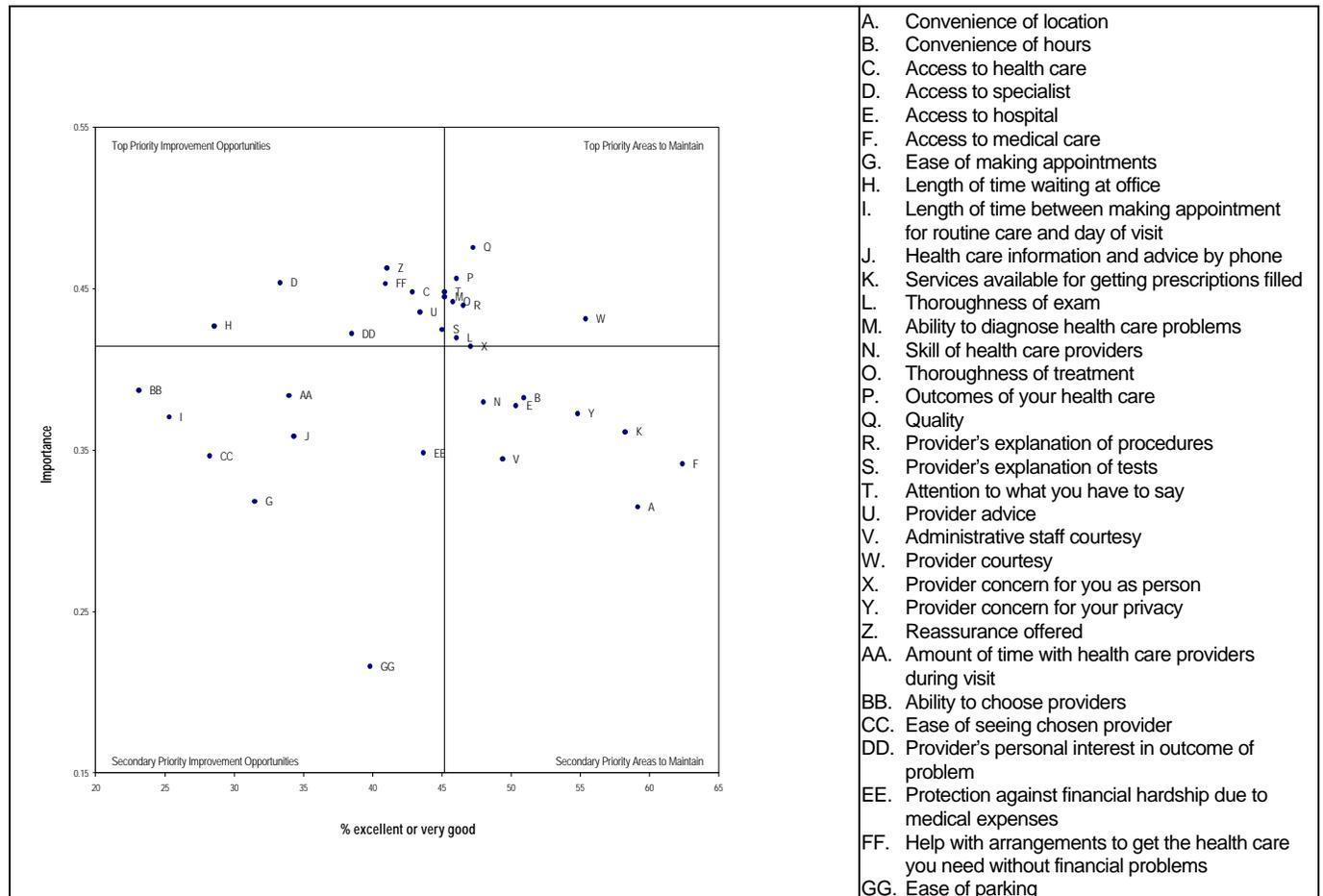
Quality of Care

- Thoroughness of treatment (O)
- Overall quality of health care (Q)

Choice and Continuity of Care

- Ability to choose health care providers (BB)

Figure 9.3 Performance Improvement Plan for Ft. Polk (0064)



Findings:

The following aspects of military health care at Fort Polk 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)
- Length of time you wait at office to see the provider (H)

Quality of Care

- Ability to diagnose your health care problems (M)
- Provider's explanation of medical tests (S)

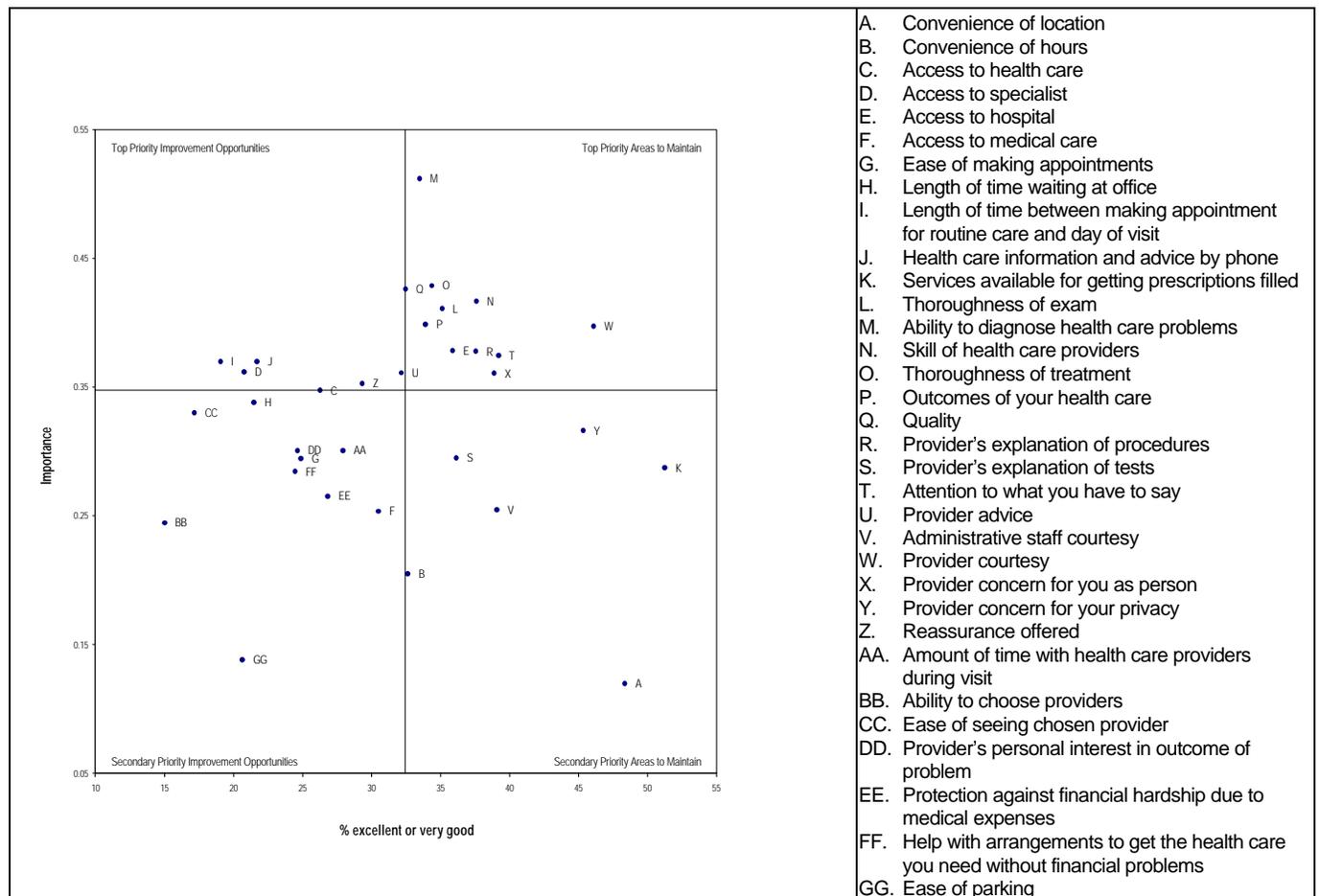
Concern Shown by Health Care Providers

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

Finances

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

Figure 9.4 Performance Improvement Plan for Tinker AFB (0096)



Findings:

The following aspects of military health care at Tinker AFB 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)

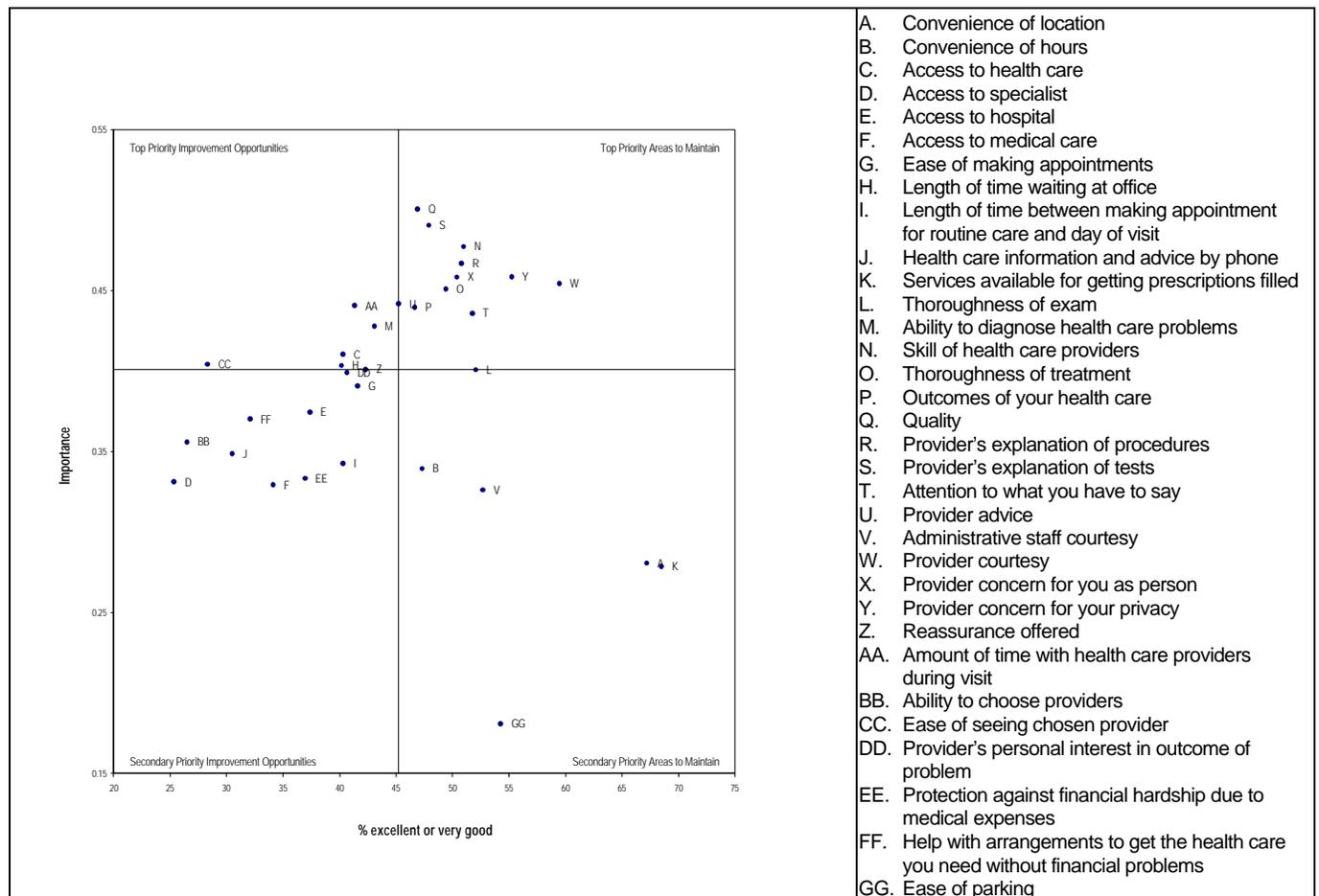
Quality of Care

- Overall quality of health care (Q)

Concern Shown by Health Care Providers

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)

Figure 9.5 Performance Improvement Plan for Altus AFB (0097)



Findings:

The following aspects of military health care at Altus 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 health care whenever you need it (C)
- Length of time you wait at office to see the provider (H)

Quality of Care

- Ability to diagnose your health care problems (M)

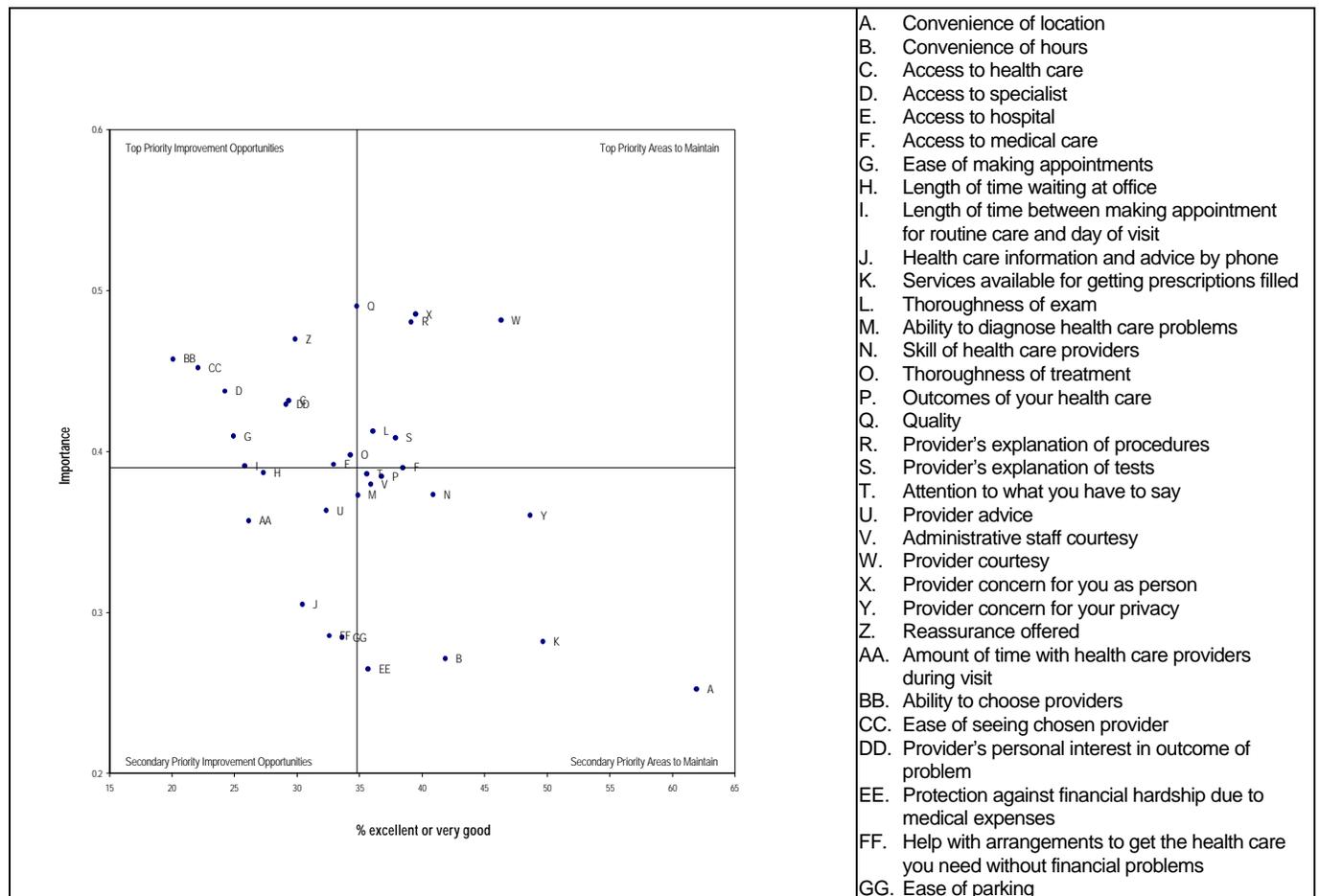
Concern Shown by Health Care Providers

- 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)

Choice and Continuity of Care

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

Figure 9.6 Performance Improvement Plan for Ft. Sill (0098)



Findings:

The following aspects of military health care at Fort Sill 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)
- Ease of making appointments for health care by phone (G)
- Length of time you wait at office to see the provider (I)

Quality of Care

- Thoroughness of treatment (O)
- Overall quality of health care (Q)

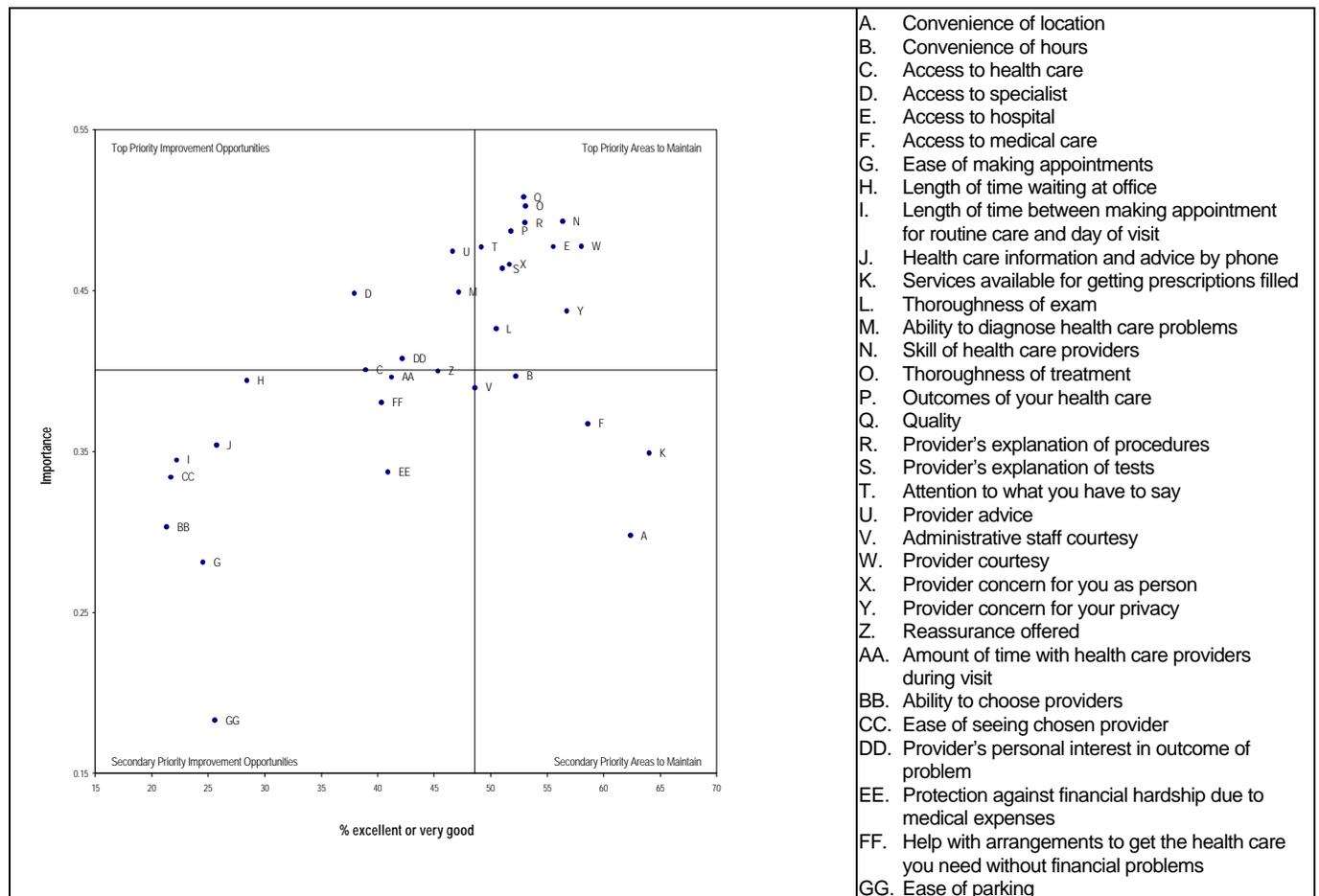
Concern Shown by Health Care Providers

- 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

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

Figure 9.7 Performance Improvement Plan for Ft. Sam Houston (0109)



Findings:

The following aspects of military health care at Fort Sam Houston 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)

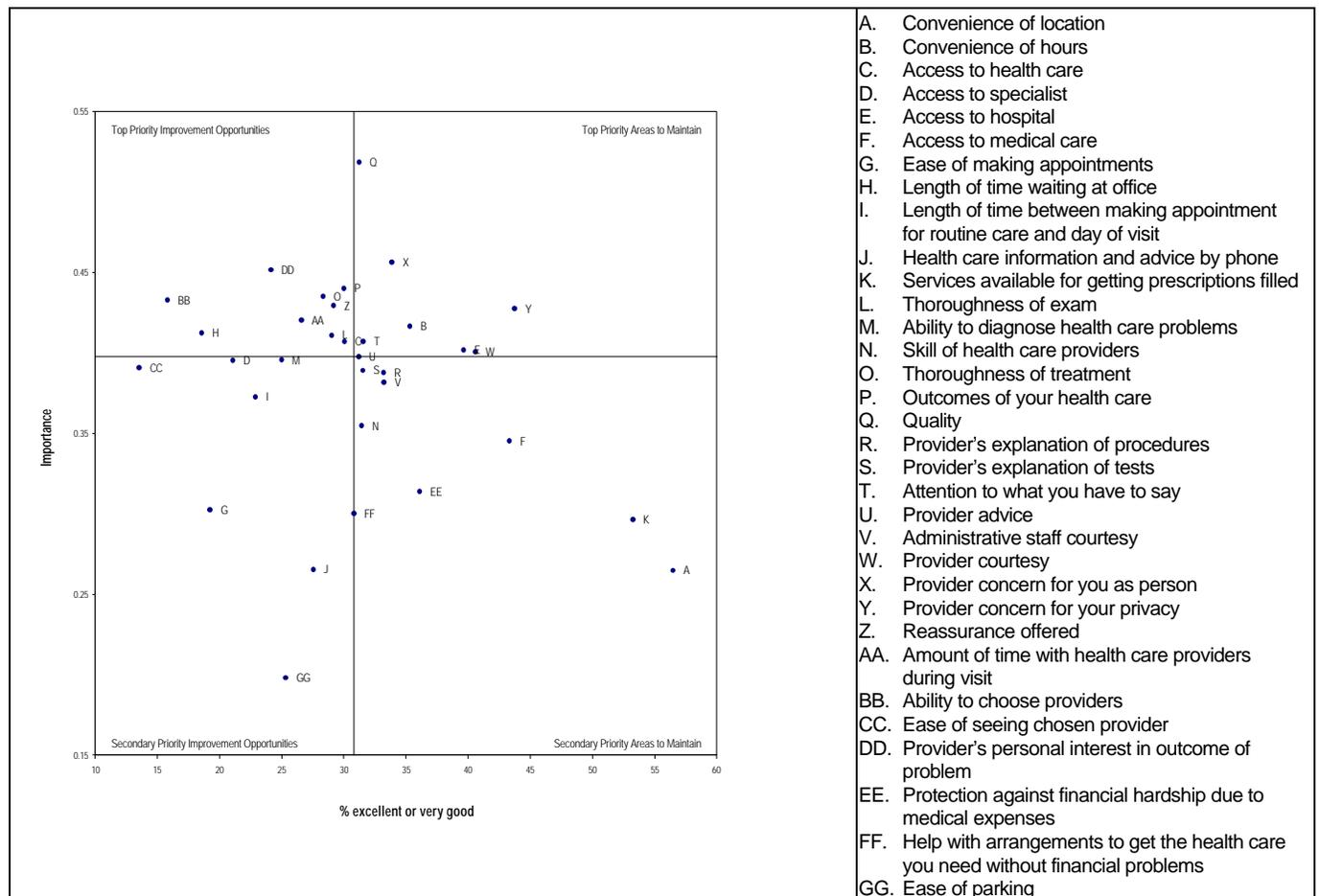
Quality of Care

- Ability to diagnose your health care problems (M)

Concern Shown by Health Care Providers

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Health care providers' personal interest in the outcome of your problem (DD)

Figure 9.8 Performance Improvement Plan for Ft. Hood (0110)



Findings:

The following aspects of military health care at Fort Hood 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)
- Length of time you wait at office to see the provider (H)

Quality of Care

- Thoroughness of examination (L)
- Thoroughness of treatment (O)
- The outcomes of your health care (how much you are helped) (P)

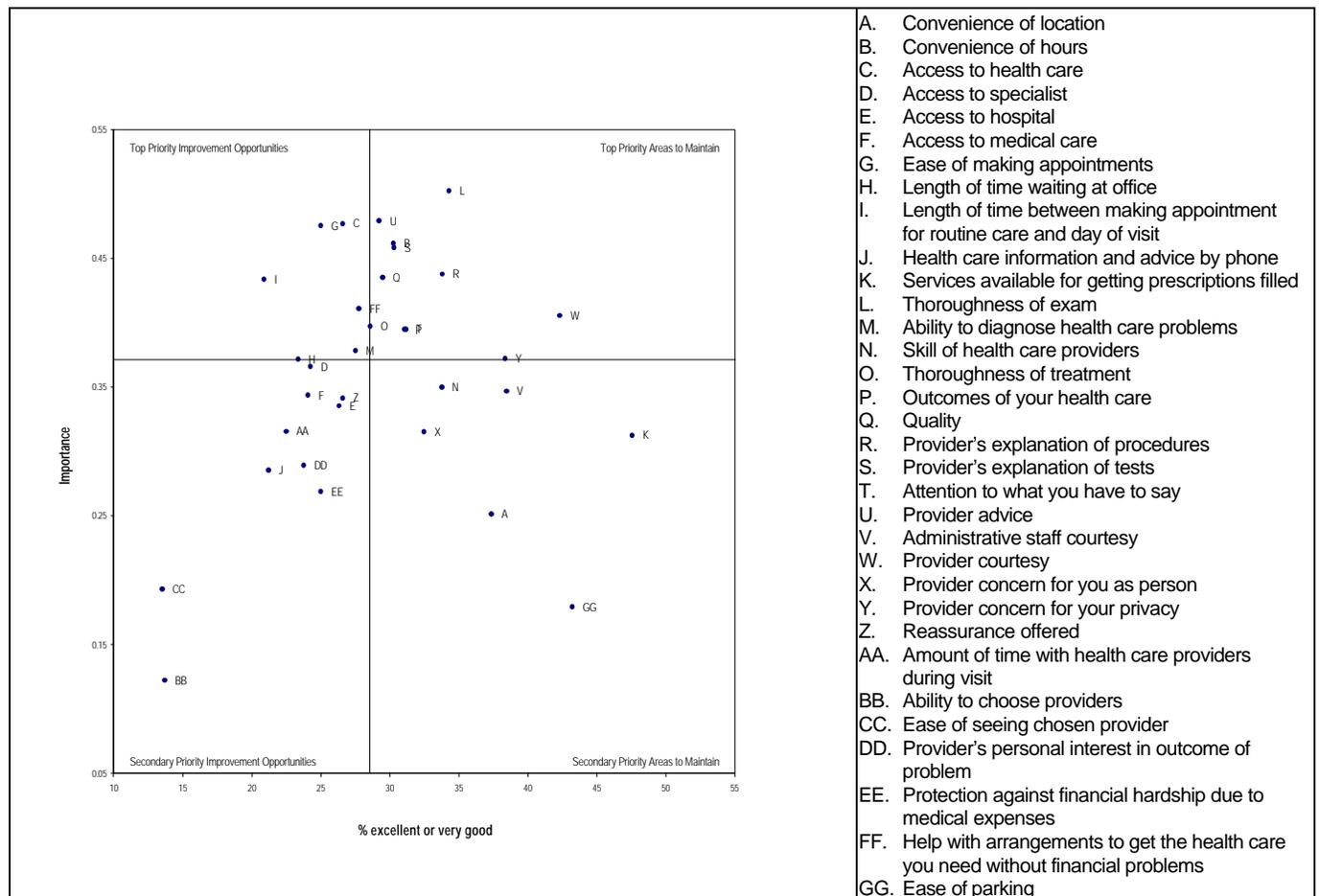
Concern Shown by Health Care Providers

- 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 Health Care

- Ability to choose health care providers (BB)

Figure 9.9 Performance Improvement Plan for Reese AFB Clinic (0111)



Findings:

The following aspects of military health care at Reese 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 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)
- Length of time between making an appointment for routine care and the day of your visit (I)

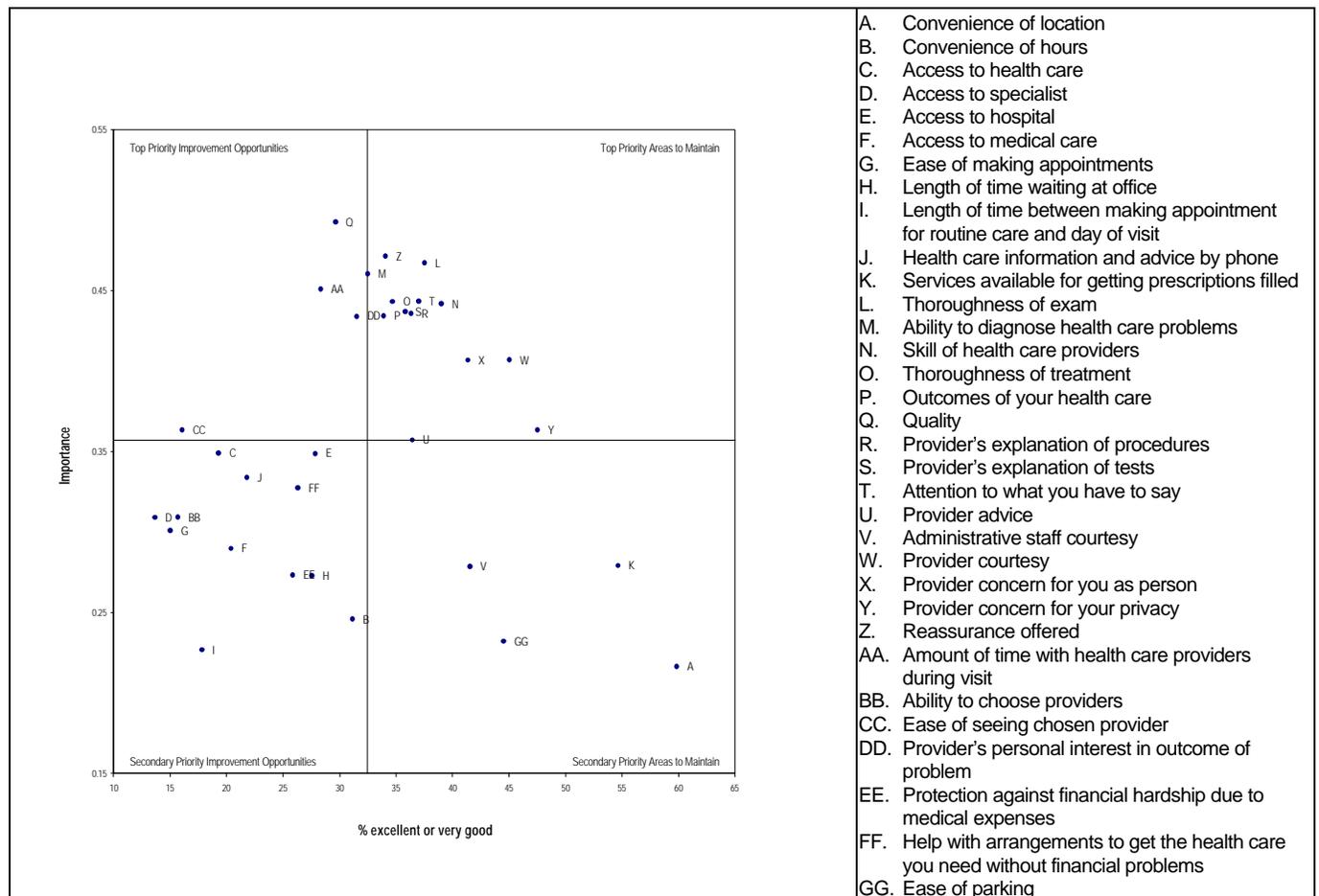
Quality of Care

- Ability to diagnose my health care problems (M)
- Thoroughness of treatment (O)

Finances

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

Figure 9.10 Performance Improvement Plan for Dyess AFB (0112)



Findings:

The following aspects of military health care at Dyess AFB 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.

Quality of Care

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

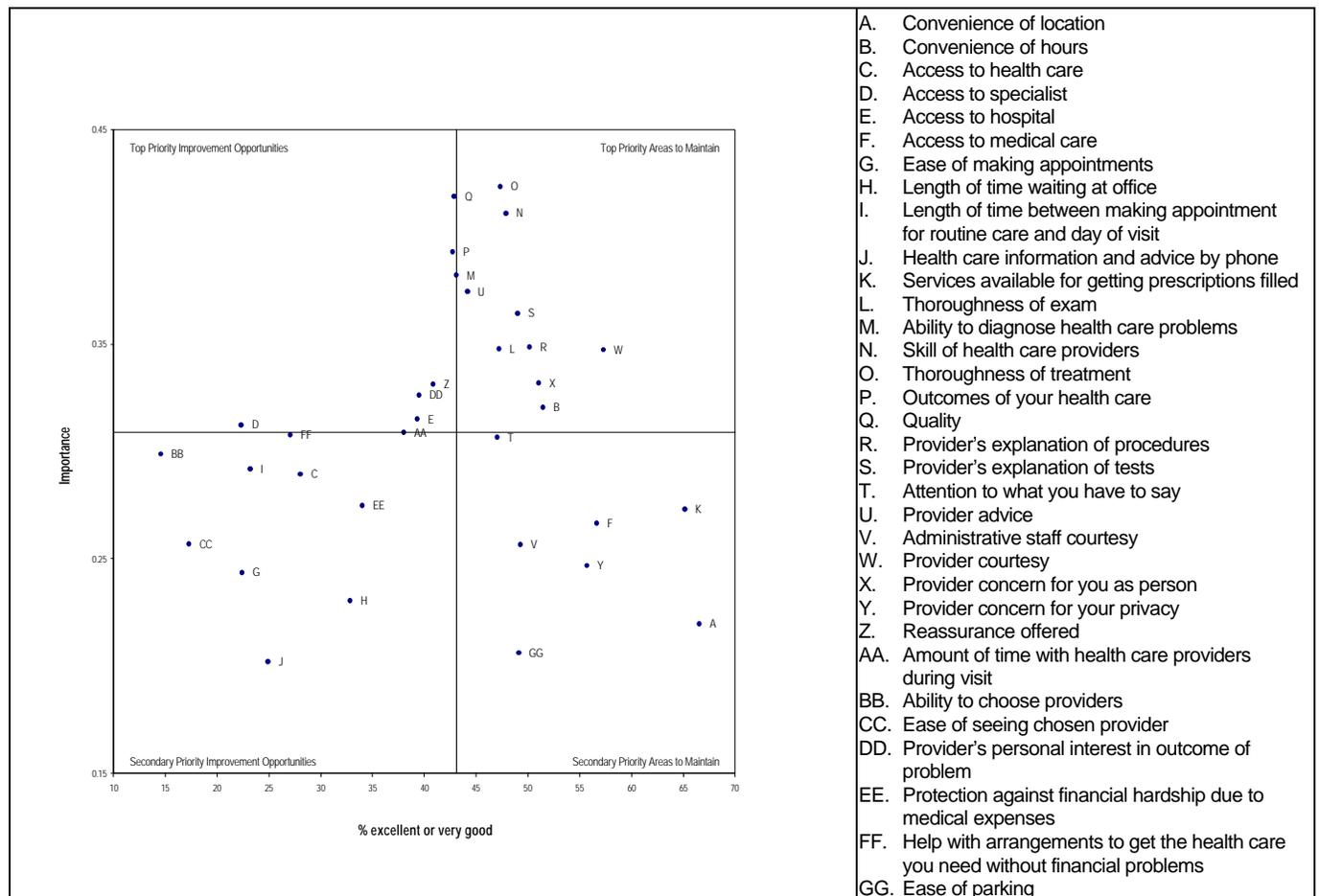
Concern Shown by Health Care Providers

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

Choice and Continuity of Health Care

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

Figure 9.11 Performance Improvement Plan for Sheppard AFB (0113)



Findings:

The following aspects of military health care at Sheppard AFB 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)
- Access to hospital care if you need it (E)

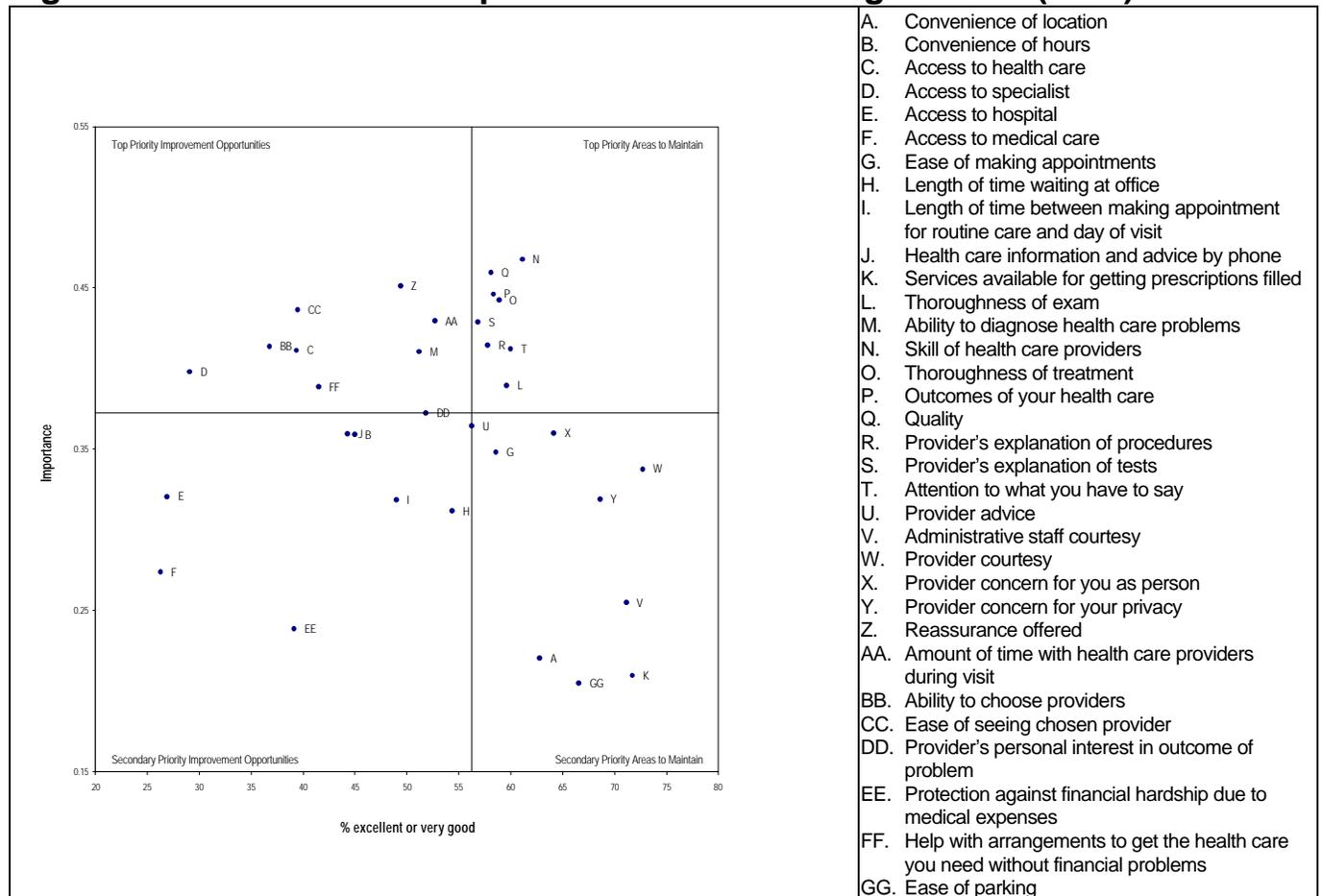
Quality of Care

- Ability to diagnose my health care problems (M)
- The outcomes of your health care (how much you are helped) (P)
- 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 9.12 Performance Improvement Plan for Laughlin AFB (0114)



Findings:

The following aspects of military health care at Laughlin AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into five 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

- Ability to diagnose my 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)

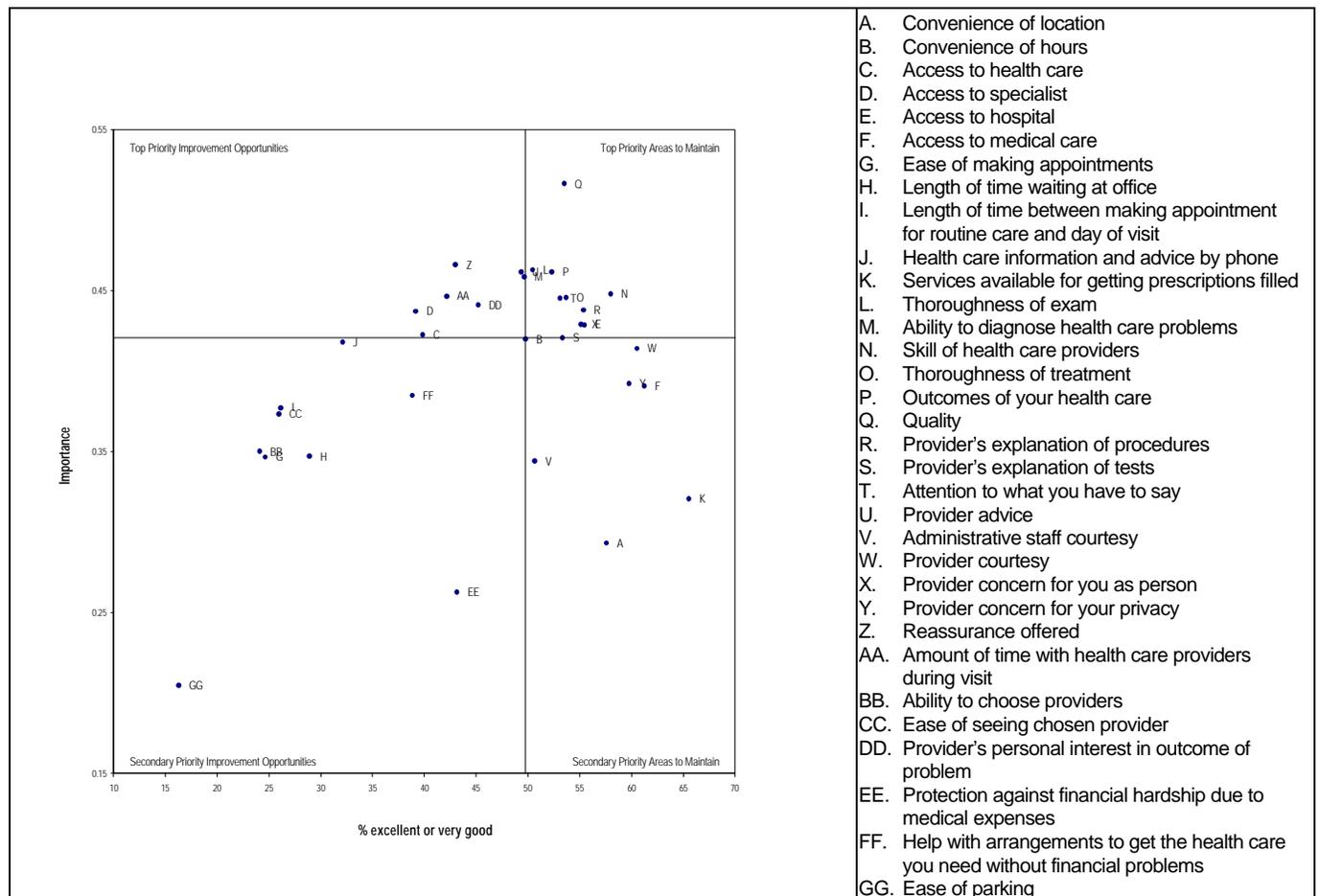
Choice and Continuity of Health Care

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

Finances

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

Figure 9.13 Performance Improvement Plan for Lackland AFB (0117)



Findings:

The following aspects of military health care at Lackland AFB 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)

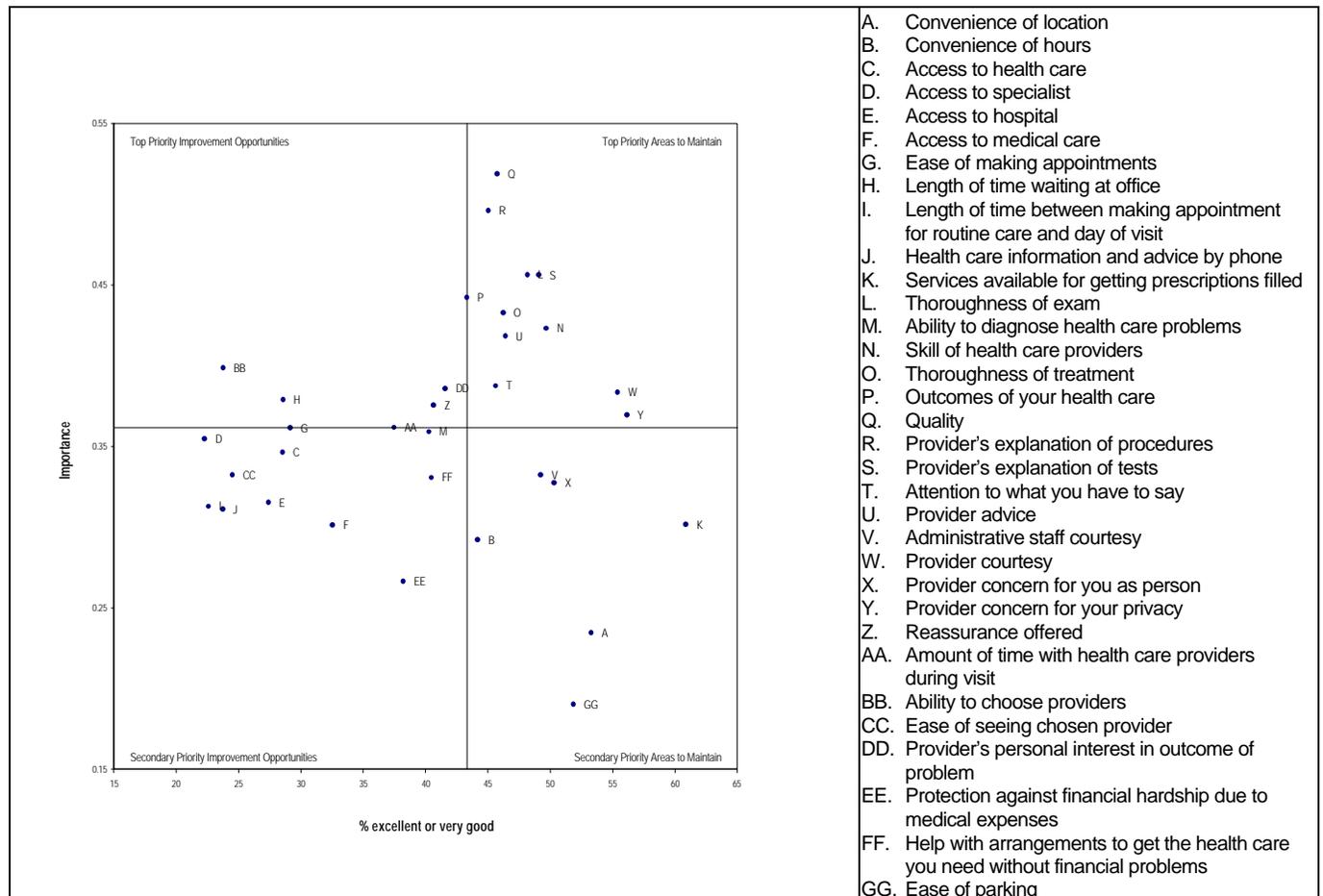
Quality of Care

- Ability to diagnose my health care problems (M)

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 9.14 Performance Improvement Plan for NH Corpus Christi (0118)



Findings:

The following aspects of military health care at NH Corpus Christi 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

- 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

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

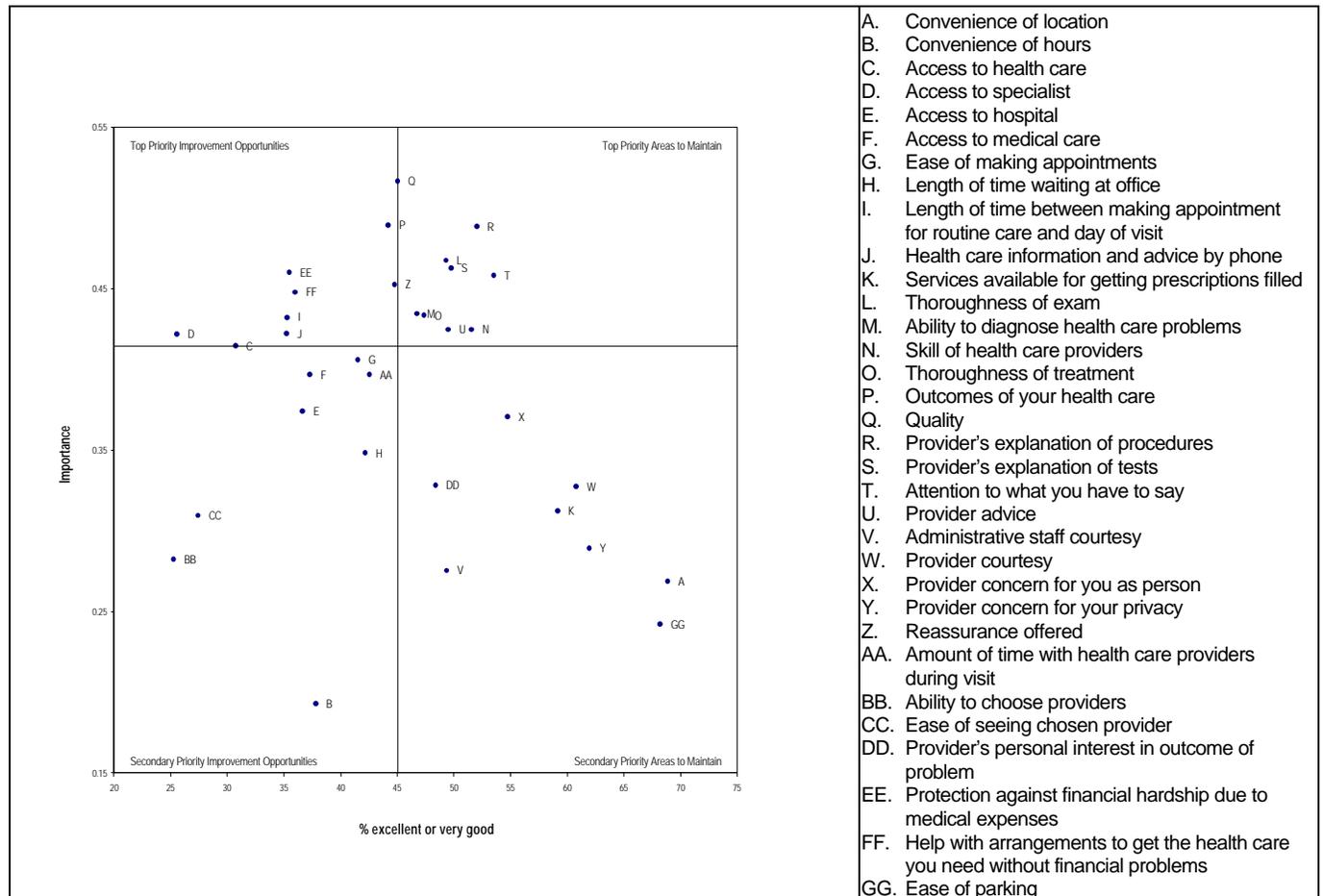
Concern Shown by Health Care Providers

- 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 Health Care

- Ability to choose health care providers (BB)

Figure 9.15 Performance Improvement Plan for Vance AFB Clinic (0338)



Findings:

The following aspects of military health care at Vance AFB 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)
- 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

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

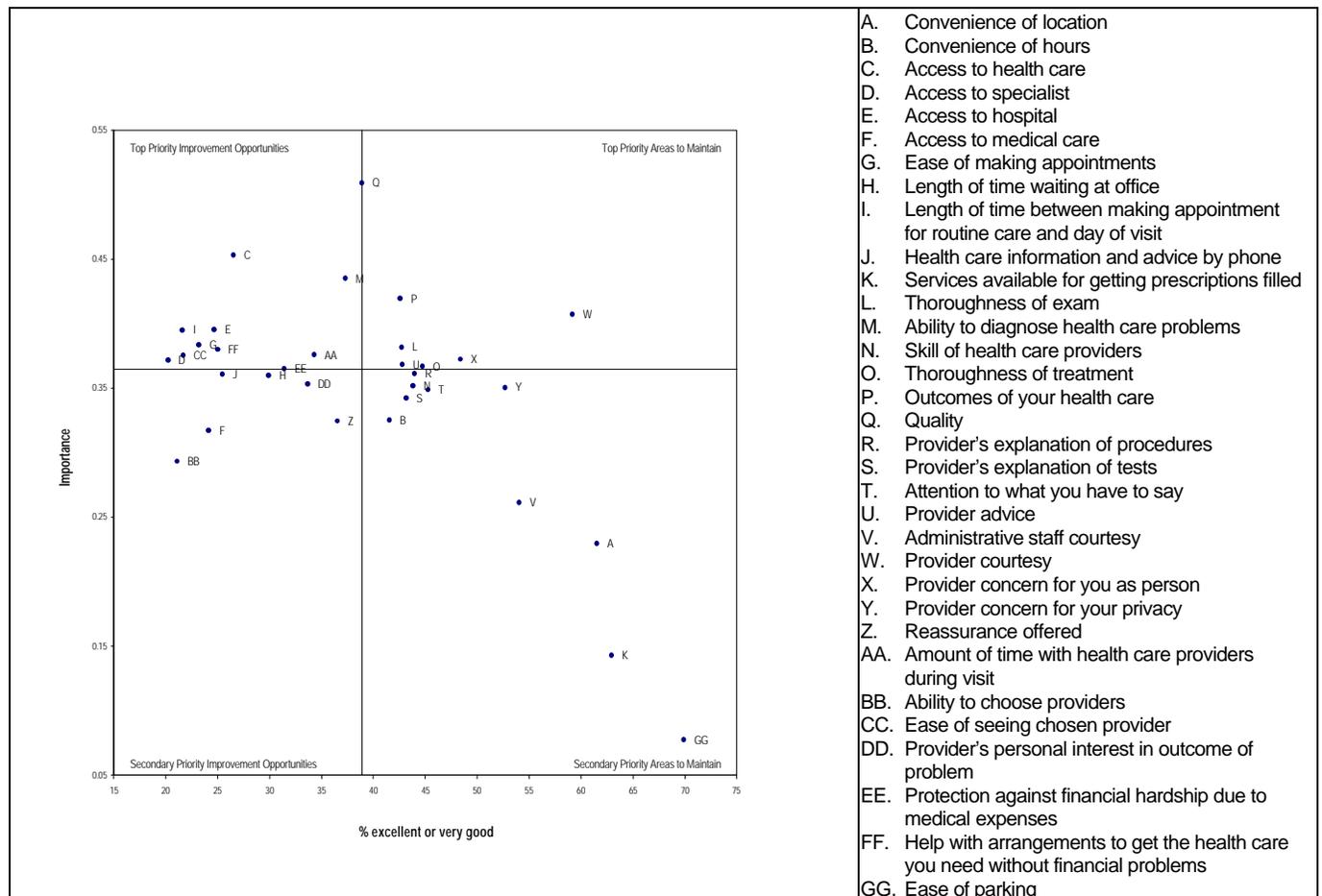
Concern Shown by Health Care Providers

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

Finances

- Protection you have against financial hardship due to medical expenses (EE)
- Help with arrangements to get the health care you need without financial problems (FF)

Figure 9.16 Performance Improvement Plan for Goodfellow AFB Clinic (0364)



Findings:

The following aspects of military health care at Goodfellow AFB Clinic were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into five 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)
- Ease of making appointments for health care by phone (G)
- Length of time between making an appointment for routine care and the day of your visit (I)

Quality of Care

- Ability to diagnose my 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)

Choice and Continuity of Health Care

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

Finances

- Protection you have against financial hardship due to medical expenses (EE)
- Help with arrangements to get the health care you need without financial problems (FF)