

Contract No.: DAWS01-95-D-0029
MPR Reference No.: 8574-003

1998 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas for Asia

September 1999

Submitted to:

United Healthcare
Global Consulting
12125 Technology Drive
Eden Prairie, MN 55343
(612) 833-7149

Project Officer:

Mary Zastrow

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

Acknowledgments

This report was prepared by Mathematica Policy Research, Inc., under subcontract to United Healthcare. The survey was conducted by Data Recognition Corporation, also under subcontract to United Healthcare. Both efforts were conducted under D/SSIDOMS Contract No. DAWS01-95-D-0029 with the TRICARE Management Activity (TMA), Office of the Assistant Secretary of Defense (Health Affairs), U.S. Department of Defense. The authors are grateful for the management and technical guidance of LTC Thomas Williams and Pat Golson of TMA. Errors and omissions are the responsibility of the authors.

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

Contents

Chapter	Page
Exhibits	VII
Acronyms	IX
Executive Summary	XI
1 Introduction	1
Overview of the Health Care Survey of DoD Beneficiaries (HCSDB).....	1
Research Objective.....	1
The HCSDB in Context with Other MHS Surveys.....	2
Available Reports Based on the 1998 HCSDB	2
Methodology	3
- Sample Selection, Fielding of the Survey, and Response Rates.....	3
- Questionnaire Topics	4
Statistical Issues	5
Guide to Understanding the Survey Findings.....	5
Performance Standards	6
2 Satisfaction with TRICARE	7
3 Knowledge of and Satisfaction with Health Plan	11
4 Access to Health Care	15
5 Health Status and Health Care Use	21
6 Use of Preventive Services	27
7 Performance Improvement Plans.....	35

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

Exhibits

Chapter	Page
2 Satisfaction with TRICARE	7
2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status	8
2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status	9
2.3 Satisfaction with Military and Civilian Care.....	10
3 Knowledge of and Satisfaction with Health Plan	11
3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries	12
3.2 Enrollees' Ratings of TRICARE Prime.....	13
3.3 Beneficiaries Reporting No Understanding of TRICARE	14
4 Access to Health Care	15
4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility.....	17
4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility.....	18
4.3 Problems Getting Referrals to Specialists, by Type of Health Plan.....	19
4.4 Problems Getting Necessary Care, by Type of Health Plan.....	20
5 Health Status and Health Care Use	21
5.1 Physical and Mental Health Status of Beneficiaries in Asia Relative to the U.S. Population	23
5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status	24
5.3 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary.....	25
6 Use of Preventive Services	27
6.1 Timing of First Prenatal Care	29
6.2 Breast Cancer Screening in the Past 2 Years	30
6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status.....	31
6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status	32
6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months	33
6.6 Prostate Disease Screening in the Past 12 Months, by Enrollment Status	34

7	Performance Improvement Plans	35
7.1	Army Health Center, Camp Zama.....	36
7.2	Army Community Hospital, Seoul.....	37
7.3	Naval Hospital, Guam	38
7.4	Naval Hospital, Okinawa	39
7.5	Naval Hospital, Yokosuka	40
7.6	Kunsan Air Base.....	41
7.7	Osan Air Base.....	42
7.8	Misawa.....	43
7.9	Yokota Air Base.....	44
7.10	Andersen Air Force Base.....	45
7.11	Kadena Air Force Base.....	46
7.12	Branch Medical Clinic, NAF Atsugi.....	47
7.13	Branch Medical Clinic, Evans/Camp Foster	48

Acronyms

ACH	Army Community Hospital
AFB	Air Force Base
AHC	Army Health Clinic
AMC	Army Medical Center
BRMCL	Branch Medical Clinic
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NACC	Naval Ambulatory Care Center
NH	Naval Hospital
NMC	Naval Medical Center
NMCL	Naval Medical Clinic
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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

Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for the Asia catchment areas. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Asia sample included 13,099 adults. Overall, 3,578 Asia MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 27.8 percent.

Summary of Noteworthy Findings

Satisfaction with TRICARE

Personal Doctors, Nurses, and Primary Care Managers (PCMs)

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Asia gave their PCMs variable marks. Ratings ranged from 7.0 out of catchment area to 8.5 at Misawa, compared to a regional average of 7.8.

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 6.2 at ACH Seoul to 7.0 at NH Okinawa, NH Yokosuka and BRMCL Evans/Camp Foster, compared to the Asia average of 6.7. Among non-active duty enrollees, MTF ratings were highest at ACH Seoul (7.5) and NH Yokosuka (7.3).
- In most catchment areas, beneficiaries were more satisfied with MTFs than with CTFs. The proportion of beneficiaries satisfied with MTFs ranged from 56 percent at Kunsan Air Base to 78 percent at BRMCL Evans/Camp Foster. CTF satisfaction ranged from 49 percent at NH Yokosuka to 83 percent out of catchment area.

TRICARE Prime Enrollment Intentions

- In Asia overall, 5 percent of non-active duty Prime enrollees with military PCMs planned to disenroll. The planned disenrollment rate was lowest at Kadena AFB (0 percent). Twenty-three percent of non-Prime beneficiaries living out of catchment area planned to enroll in the next year.

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Kunsan Air Base (4.9) and highest at BRMCL Evans/Camp Foster (6.8), compared to the Asia average of 6.0.

Knowledge and Understanding of TRICARE

- Understanding of TRICARE varied widely among Asia catchment areas. The proportion of beneficiaries reporting "no understanding" of TRICARE ranged from 8 percent at AHC Camp Zama to 29 percent at NH Yokosuka.

Access to Health Care

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. Ninety-three percent of active duty and 92 percent of non-active duty enrollees reported receiving MTF well-patient appointments within 4 weeks. Except for ACH Seoul (88 percent) and noncatchment areas (86 percent), at least 90 percent of active duty enrollees in every catchment area were seen at MTFs within 4 weeks.
- Twenty-one percent of active duty TRICARE Prime enrollees in Asia reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Long waits for active duty enrollees ranged from 10 percent at Andersen AFB to 30 percent at ACH Seoul.

Access to Health Care

- All beneficiary groups in Asia frequently reported having a “big problem” getting referrals to specialists. Twenty-five percent of active duty enrollees reported “big problems”, as did 21 percent of non-active duty enrollees. Active duty problem rates ranged from 9 percent at NH Okinawa to 42 percent at BRMCL NAF Atsugi. Thirty-three percent of active duty enrollees at ACH Seoul reported “big problems”.
- Twelve percent of active duty and 8 percent of non-active duty TRICARE Prime enrollees reported a “big problem” getting needed care. Active duty enrollees’ problem rates ranged from 5 percent at Andersen AFB to 16 percent at ACH Seoul.

Health Status and Health Care Use

Physical and Mental Health

- Asia beneficiaries are in better physical and mental health compared with the general U.S. population. Less than half of Asia beneficiaries scored below the 50th percentile of the U.S. population in physical health (46 percent) and mental health (38 percent). Beneficiaries were in the best physical health at BRMCL Evans/Camp Foster (35 percent). The low mental health score rate ranged from 27 percent at AHC Camp Zama and 28 percent at Kadena AFB to 49 percent out of catchment area.

Emergency Room Use

- The proportion of beneficiaries reporting at least one visit to a MTF emergency room ranged from 24 percent of active duty enrollees to 37 percent of non-active duty enrollees. All beneficiary groups were more likely to visit a MTF emergency room than were their peers in CONUS MHS. At least 28 percent of non-active duty enrollees had a MTF emergency room visit in every catchment area with a large enough sample to estimate the rate reliably.

Use of Military Pharmacies

- In Asia, the proportion of beneficiaries who filled 7 or more civilian prescriptions at military pharmacies varied little, ranging from 2 percent of active duty beneficiaries to 4 percent of retirees, survivors and dependents under age 65. A reliable rate could not be estimated for retirees, survivors, and dependents age 65 and over. Rates for all beneficiary groups in Asia were substantially less than those of their peers in CONUS MHS.

Use of Preventive Services

- Eighty-seven percent of pregnant women in Asia and all women at ACH Seoul received first trimester prenatal care which is below the Healthy People 2000 goal of 90%.
- Sixty-eight percent of women over 50 received breast cancer screening.
- In all catchment areas where rates could be reliably estimated, Pap smear rates for active duty and non-active duty women enrolled in Prime with military PCMs exceeded the Healthy People 2000 goal of 85 percent. Ninety-nine percent of active duty and 98 percent of non-active duty enrollees with military PCMs at NH Okinawa were screened. At Misawa, Yokota Air Base, and out of catchment area, 100 percent of active duty women had Pap smears.
- Eighty-nine percent of active duty and non-active duty enrollees had a blood pressure reading in the past two years and knew whether their blood pressure was high. Among non-active duty enrollees with military PCMs, the screening rate was highest at Andersen AFB (97 percent) and NH Okinawa (96 percent).
- Thirty-four percent of Asia beneficiaries age 65 or over had flu shots.
- Sixty-three percent of active duty men in Asia age 50 or over were screened for prostate disease in the past year.

Performance Improvement Plan

The Performance Improvement Plan (PIP) analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Asia but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Ease of making appointments
- Thoroughness of exam
- Ability to diagnose health care problems
- Thoroughness of treatment

Chapter

1

Introduction

Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

Available Reports Based on the 1998 HCSDB

This report presents the HCSDB results for individual catchment areas in Asia. This catchment area report is one of four types of reports published from the 1998 HCSDB. The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at <http://www.TRICARE.OSD.mil>.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Findings are also reported by age group (under age 65 or age 65 and over), type of primary care manager (PCM), and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

Methodology

Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including 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 families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Asia sample included 13,099 adults. Overall, 3,578 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 27.8 percent.

Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, <http://www.TRICARE.OSD.mil>. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care.** Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care.** Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan.** Concerns enrollment in TRICARE Prime, Senior Prime, and Extra/Standard, coverage by supplemental insurance, attitudes toward Prime and Senior Prime, and out-of-pocket-costs.
- **Satisfaction with Health Plan.** Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care.** Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care, experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care.** Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health.** Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.
- **Facts about You.** Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

Statistical Issues

Accuracy of the Survey Estimates

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 DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided, but are replaced by two asterisks (**).

Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. There are no case mix adjustments in the catchment area report.

Guide to Understanding the Survey Findings

Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome*, variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries in Asia catchment areas rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one "explanatory" variable on a particular outcome.

Exhibits

Most of the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as tables. Some are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in 2.3, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." The X-axis displays the different catchment areas in the region.

Differences in estimates are not described unless the findings are significantly different ($p < 0.05$).

Performance Standards

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

Chapter

2

Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDb survey questions:

- The first set of questions is new to the HCSDb. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDb surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Results are reported in Exhibit 2.3.

Key Findings

Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Asia gave their PCMs variable marks. Ratings ranged from 7.0 out of catchment area to 8.5 at Misawa, compared to a regional average of 7.8.

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 6.2 at ACH Seoul to 7.0 at NH Okinawa, NH Yokosuka and BRMCL Evans/Camp Foster, compared to the Asia average of 6.7. Among non-active duty enrollees, MTF ratings were highest at ACH Seoul (7.5) and NH Yokosuka (7.3).
- In most catchment areas, beneficiaries were more satisfied with MTFs than with CTFs. The proportion of beneficiaries satisfied with MTFs ranged from 56 percent at Kunsan Air Base to 78 percent at BRMCL Evans/Camp Foster. CTF satisfaction ranged from 49 percent at NH Yokosuka to 83 percent out of catchment area.

2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
AHC Camp Zama (0610)	291	**	**	**	**	**
ACH Seoul (0612)	5,642	7.6	**	**	7.4	**
NH Guam (0620)	2,424	7.7	**	**	8.5	**
NH Okinawa (0621)	4,438	8.4	8.2	**	7.1	**
NH Yokosuka (0622)	4,445	7.9	8.3	**	7.8	**
Kunsan Air Base (0637)	483	**	**	**	**	**
Osan Air Base (0638)	1,278	**	**	**	**	**
Misawa (0639)	1,647	8.5	7.4	**	**	**
Yokota Air Base (0640)	1,815	**	**	**	8.8	**
Andersen AFB (0802)	1,008	**	**	**	**	**
Kadena AFB (0804)	1,512	7.2	**	**	**	**
BRMCL NAF Atsugi (0853)	1,122	7.2	**	**	**	**
BRMCL Evans/Camp Foster (0862)	757	**	**	**	**	**
Out/Area-Pacific (9914)	1,314	7.0	**	**	**	**
Asia	28,176	7.8	8.1	**	7.9	**
CONUS MHS	3,437,063	7.7	8.1	7.7	8.3	8.7

Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of beneficiaries in Asia catchment areas are more satisfied with their PCM, personal doctor, or nurse than others
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

When asked to rate their personal doctor or nurse on a scale from 0 to 10, Asia beneficiaries' average ratings ranged from 7.8 by active duty TRICARE Prime enrollees with military PCMs, to 8.1 by non-active duty enrollees with a military PCM.

Active duty enrollees' ratings of military PCMs ranged from 7.0 out of catchment area to 8.5 at Misawa.

Non-active duty enrollees' ratings of military PCMs did not vary significantly by catchment area.

2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating							
		Enrolled in Prime under age 65				Not enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
AHC Camp Zama (0610)	1,309	6.5	**	**	**	**	**	**	**
ACH Seoul (0612)	28,342	6.2	7.2	7.5	**	7.0	**	**	**
NH Guam (0620)	8,684	6.9	**	6.7	**	6.9	**	**	**
NH Okinawa (0621)	18,818	7.0	**	6.8	**	7.1	**	**	**
NH Yokosuka (0622)	20,190	7.0	**	7.3	**	7.5	**	**	**
Kunsan Air Base (0637)	2,172	6.7	**	**	**	**	**	**	**
Osan Air Base (0638)	6,772	6.7	**	**	**	7.2	**	**	**
Misawa (0639)	6,539	6.9	**	6.8	**	7.0	**	**	**
Yokota Air Base (0640)	6,413	6.7	**	7.2	**	7.4	**	**	**
Andersen AFB (0802)	3,745	6.8	**	7.0	**	**	**	**	**
Kadena AFB (0804)	8,999	6.9	**	6.7	**	**	**	**	**
BRMCL NAF Atsugi (0853)	4,135	6.4	**	7.0	**	**	**	**	**
BRMCL Evans/Camp Foster (0862)	3,952	7.0	**	**	**	**	**	**	**
Out/Area-Pacific (9914)	4,372	6.5	7.7	**	**	**	6.9	**	**
Asia	124,443	6.7	7.2	6.9	6.6	7.1	7.3	8.7	**
CONUS MHS	5,080,897	6.5	6.9	7.3	7.6	7.2	8.2	8.7	8.6

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of beneficiaries in Asia catchment areas are more satisfied with MTFs or CTFs compared with others in the region
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

When asked to rate the facility they used the most on a scale from 0 to 10, beneficiaries' MTF ratings ranged from 6.7 by active duty enrollees to 8.7 by non-Prime beneficiaries age 65 and over. Non-active duty enrollees rated MTFs 6.9.

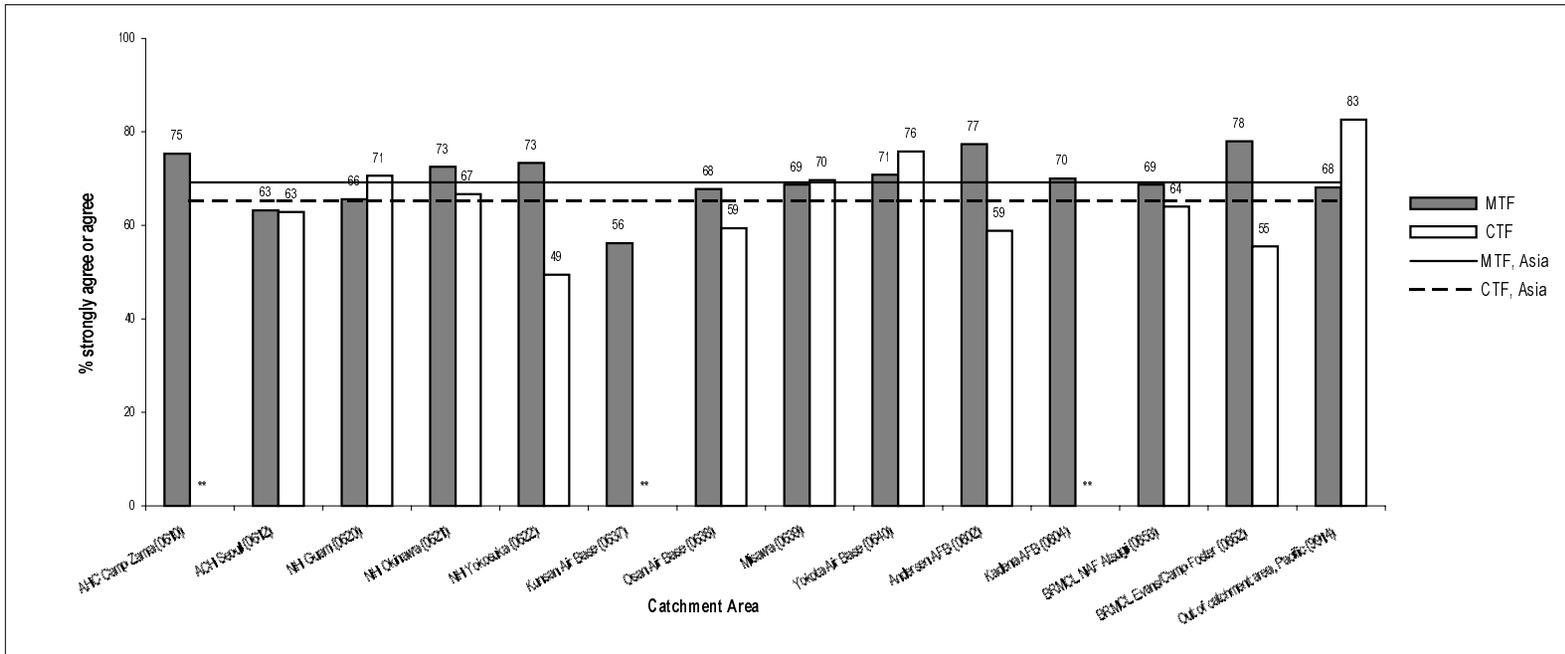
MTF ratings by active duty enrollees ranged from 6.2 at ACH Seoul to 7.0 at NH Okinawa, NH Yokosuka, and BRMCL Evans/Camp Foster.

Among non-active duty enrollees, those at ACH Seoul (7.5) and NH Yokosuka (7.3) rated MTFs highest.

2.3 Satisfaction with Military and Civilian Care

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?

Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

3,737

Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at MTFs or CTFs

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How satisfaction with MTFs and CTFs varies across catchment areas
- Whether beneficiaries are more satisfied with MTFs or CTFs

Findings:

The proportion of beneficiaries who were satisfied with care at MTFs ranged from 56 percent at Kunsan Air Base to 78 percent at BRMCL Evans/Camp Foster. Satisfaction with CTFs ranged from 49 percent at NH Yokosuka to 83 percent out of catchment area.

In Asia overall, satisfaction with MTFs (69 percent) and CTFs (65 percent) was similar. The amount by which MTF satisfaction exceeded CTF satisfaction was greatest at NH Yokosuka (24 percentage points). CTFs were most preferred to MTFs by beneficiaries living out of catchment area (15 percentage points).

Chapter

3

Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they “used the most” in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries, currently enrolled in TRICARE Prime responded to the question: “How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?” It also shows how non-active duty beneficiaries, *not* currently enrolled in TRICARE Prime responded to the question asking: “How likely are you to enroll in TRICARE Prime in the next 12 months?”
- Exhibit 3.2 shows how enrollees rated TRICARE Prime using a scale “from 0 to 10 where 0 is the worst and 10 is the best.”
- Exhibit 3.3 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998.

Key Findings

TRICARE Prime Enrollment Intentions

- In Asia overall, 5 percent of non-active duty Prime enrollees with military PCMs planned to disenroll. The planned disenrollment rate was lowest at Kadena AFB (0 percent). Twenty-three percent of non-Prime beneficiaries living out of catchment area planned to enroll in the next year.

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Kunsan Air Base (4.9) and highest at BRMCL Evans/Camp Foster (6.8), compared to the Asia average of 6.0.

Knowledge and Understanding of TRICARE

- Understanding of TRICARE varied widely among Asia catchment areas. The proportion of beneficiaries reporting “no understanding” of TRICARE ranged from 8 percent at AHC Camp Zama to 29 percent at NH Yokosuka.

3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

Q.37: If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?

Q.39: If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

Catchment Area (DMIS Code)	Population	Enrolled in Prime under age 65		Not Enrolled in Prime under age 65
		(Percent Intending to Disenroll)		(Percent Intending to Enroll)
		Military PCM	Civilian PCM	
AHC Camp Zama (0610)	317	**	**	**
ACH Seoul (0612)	3,322	**	**	**
NH Guam (0620)	3,456	5.5	**	**
NH Okinawa (0621)	4,910	2.9	**	**
NH Yokosuka (0622)	4,343	5.7	**	**
Kunsan Air Base (0637)	208	**	**	**
Osan Air Base (0638)	1,649	**	**	3.9
Misawa (0639)	2,096	2.9	**	**
Yokota Air Base (0640)	2,051	2.7	**	**
Andersen AFB (0802)	1,094	7.8	**	**
Kadena AFB (0804)	2,126	0.0	**	**
BRMCL NAF Atsugi (0853)	983	**	**	**
BRMCL Evans/Camp Foster (0862)	544	**	**	**
Out/Area-Pacific (9914)	2,125	**	**	22.5
Asia	29,222	4.8	**	15.8
CONUS MHS	2,539,984	7.2	9.4	9.0

Population:

Non-active duty beneficiaries under age 65

What the exhibit shows:

- Whether TRICARE Prime enrollees, with the option to *disenroll* from TRICARE Prime, plan to disenroll
- How likelihood to *disenroll* from TRICARE Prime varies by type of PCM
- Whether beneficiaries in any catchment areas are more likely to enroll in TRICARE Prime than their counterparts in other catchment areas
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

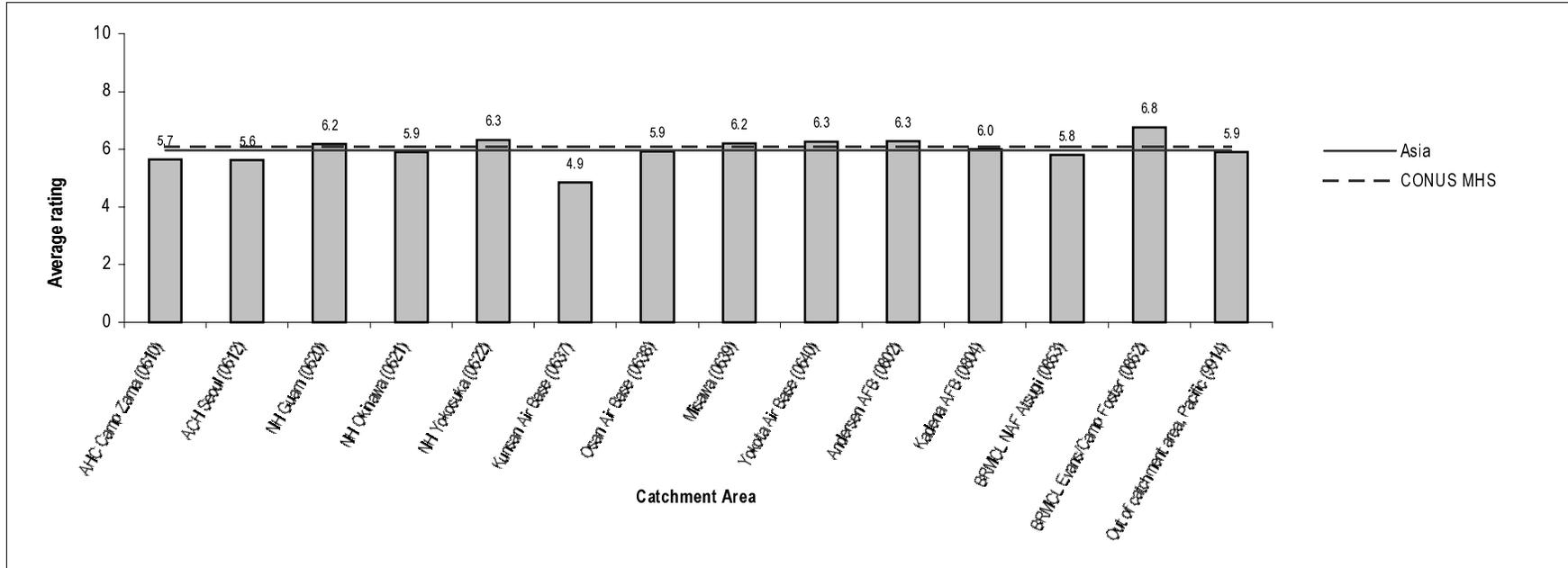
Five percent of non-active duty enrollees with military PCMs said they plan to disenroll from TRICARE Prime in the next 12 months. Among enrollees with military PCMs, plans to disenroll were least common at Kadena AFB (0 percent).

Sixteen percent of non-Prime beneficiaries under age 65 reported they intend to enroll in TRICARE. Twenty-three percent of non-Prime beneficiaries living out of catchment area planned to enroll.

3.2 Enrollees' Ratings of TRICARE Prime

Q.50: Which health care plan did you use most in the last 12 months?

Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Use a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
TRICARE Prime enrollees

Sample size:
2,110

Vertical axis:
Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
All catchment areas

Double Asterisks ():**
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some catchment areas than in others

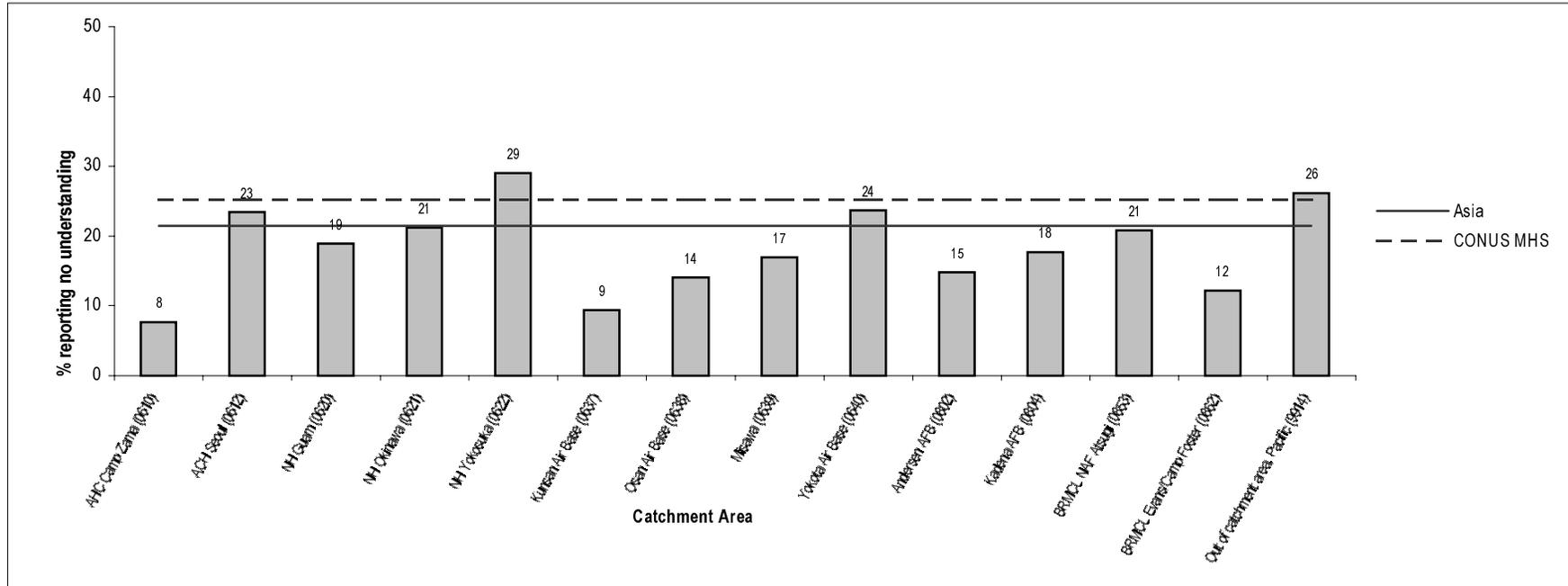
Findings:

When asked to rate the health plan they use the most on a scale from 0 to 10, enrollees in Asia rated TRICARE Prime 6.0.

Ratings of TRICARE Prime ranged from 4.9 at Kunsan Air Base to 6.8 at BRMCL Evans/Camp Foster.

3.3 Beneficiaries Reporting No Understanding of TRICARE

Q.32: How well do you feel you understand TRICARE overall?



Population:

All beneficiaries

Sample size:

3, 477

Vertical axis:

Percent who report “no understanding” of TRICARE Prime

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates that value is suppressed because of insufficient sample size

What the exhibit shows:

- The proportion of beneficiaries who report *not* understanding the TRICARE system
- How findings vary across catchment areas

Findings:

Overall, 21 percent of Asia beneficiaries said they had “no understanding” of TRICARE.

The proportion of beneficiaries reporting “no understanding” of TRICARE ranged from 8 percent at AHC Camp Zama to 29 percent at NH Yokosuka.

Chapter

4

Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments** —TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF). (See Exhibit 4.1).
- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who report "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem", is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked: "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem", is shown by type of health plan in Exhibit 4.4.

Key Findings

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. Ninety-three percent of active duty and 92 percent of non-active duty enrollees reported receiving MTF well-patient appointments within 4 weeks. Except for ACH Seoul (88 percent) and noncatchment areas (86 percent), at least 90 percent of active duty enrollees in every catchment area were seen at MTFs within 4 weeks.
- Twenty-one percent of active duty TRICARE Prime enrollees in Asia reported “usually or always” waiting 30 minutes or more past the appointed time at a MTF. Long waits for active duty enrollees ranged from 10 percent at Andersen AFB to 30 percent at ACH Seoul.

Access to Health Care

- All beneficiary groups in Asia frequently reported having a “big problem” getting referrals to specialists. Twenty-five percent of active duty enrollees reported problems, as did 21 percent of non-active duty enrollees. Active duty problem rates ranged from 9 percent at NH Okinawa to 42 percent at BRMCL NAF/Atsugi. Thirty-three percent of active duty enrollees at ACH Seoul reported “big problems”.
- Twelve percent of active duty and 8 percent of non-active duty TRICARE Prime enrollees reported a “big problem” getting needed care. Active duty enrollees’ problem rates ranged from 5 percent at Andersen AFB to 16 percent at ACH Seoul.

4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider...for a well-patient visit, such as a physical?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
AHC Camp Zama (0610)	1,006	91.0	**	**	**	**	**	**	**
ACH Seoul (0612)	19,284	88.4	**	100.0	**	86.6	**	**	**
NH Guam (0620)	6,555	98.0	**	71.3	**	88.1	**	**	**
NH Okinawa (0621)	14,243	94.0	**	93.4	**	95.3	**	**	**
NH Yokosuka (0622)	14,333	95.2	**	94.9	**	100.0	**	**	**
Kunsan Air Base (0637)	1,631	100.0	**	**	**	**	**	**	**
Osan Air Base (0638)	4,808	92.7	**	**	**	**	**	**	**
Misawa (0639)	4,998	95.4	**	97.1	**	87.2	**	**	**
Yokota Air Base (0640)	5,227	93.3	**	94.6	**	92.5	**	**	**
Andersen AFB (0802)	3,060	97.0	**	100.0	**	**	**	**	**
Kadena AFB (0804)	7,021	92.1	**	83.7	**	**	**	**	**
BRMCL NAF Atsugi (0853)	3,379	92.4	**	95.6	**	**	**	**	**
BRMCL Evans/Camp Foster (0862)	3,357	96.8	**	**	**	**	**	**	**
Out/Area-Pacific (9914)	3,340	86.2	100.0	**	**	**	**	**	**
Asia	92,241	92.8	87.0	91.8	97.3	91.6	83.8	**	**
CONUS MHS	4,087,446	91.6	89.1	91.1	90.1	82.1	88.9	86.6	91.8

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs
- How findings vary across catchment areas

Double Asterisks ():**

Indicates that value is suppressed because of insufficient sample size

Findings:

In Asia overall, 93 percent of active duty TRICARE Prime enrollees reported getting well-patient visits to MTFs within the 4-week TRICARE standard, as did 92 percent of non-active duty enrollees.

One hundred percent of active duty enrollees at Kunsan Air Base and 98 percent at NH Guam got well-patient appointments in less than 4 weeks. One hundred percent of non-active duty enrollees got well-patient appointments in less than 4 weeks at ACH Seoul and Andersen AFB.

Reported access to well-patient visits among active duty TRICARE Prime enrollees was significantly worse than average at ACH Seoul (88 percent).

4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

Q.74: What type of facility did you go to most often for health care, or advice on health care?

Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
AHC Camp Zama (0610)	1,272	25.3	**	**	**	**	**	**	**
ACH Seoul (0612)	27,818	29.8	**	**	**	22.1	**	**	**
NH Guam (0620)	8,561	18.6	**	**	**	**	**	**	**
NH Okinawa (0621)	18,450	14.9	**	16.0	**	**	**	**	**
NH Yokosuka (0622)	19,679	13.9	**	16.4	**	**	**	**	**
Kunsan Air Base (0637)	2,212	26.4	**	**	**	**	**	**	**
Osan Air Base (0638)	6,497	17.7	**	**	**	**	**	**	**
Misawa (0639)	6,305	17.3	**	24.3	**	9.2	**	**	**
Yokota Air Base (0640)	6,400	13.6	**	3.7	**	**	**	**	**
Andersen AFB (0802)	3,670	9.8	**	**	**	**	**	**	**
Kadena AFB (0804)	8,838	18.7	**	**	**	**	**	**	**
BRMCL NAF Atsugi (0853)	4,092	28.7	**	9.7	**	**	**	**	**
BRMCL Evans/Camp Foster (0862)	3,952	20.2	**	**	**	**	**	**	**
Out/Area-Pacific (9914)	4,269	**	**	**	**	**	**	**	**
Asia	122,017	20.7	22.2	16.0	9.8	21.8	17.1	9.2	**
CONUS MHS	5,057,820	24.0	29.2	18.3	24.1	24.9	18.4	10.2	14.3

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

The proportion of Asia beneficiaries who “usually or always” waited more than 30 minutes past a scheduled appointment at a MTF did not vary significantly by beneficiary group, ranging from 9 percent of non-Prime beneficiaries age 65 and over to 22 percent of non-Prime beneficiaries under age 65. Twenty-one percent of active duty enrollees had long waits.

Long waits at MTFs by active duty enrollees ranged from 10 percent at Andersen AFB to 30 percent at ACH Seoul.

Long waits at MTFs by non-active duty enrollees were rarest at Yokota Air Base (4 percent).

4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

Q.50: Which health care plan did you use most in the last 12 months?

Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?

Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
AHC Camp Zama (0610)	628	22.2	**	**	**	**
ACH Seoul (0612)	10,641	32.5	**	**	**	**
NH Guam (0620)	3,868	**	**	**	**	**
NH Okinawa (0621)	5,964	9.1	19.5	**	**	**
NH Yokosuka (0622)	6,312	24.4	**	**	**	**
Kunsan Air Base (0637)	874	**	**	**	**	**
Osan Air Base (0638)	2,182	**	**	**	**	**
Misawa (0639)	2,247	**	36.6	**	**	**
Yokota Air Base (0640)	2,149	**	**	**	**	**
Andersen AFB (0802)	1,061	**	**	**	**	**
Kadena AFB (0804)	2,691	23.9	**	**	**	**
BRMCL NAF Atsugi (0853)	988	42.3	**	**	**	**
BRMCL Evans/Camp Foster (0862)	1,181	**	**	**	**	**
Out/Area-Pacific (9914)	1,888	**	**	**	**	**
Asia	42,674	24.5	20.8	**	**	27.1
CONUS MHS	2,689,886	26.5	19.5	13.5	3.8	4.9

Population:

Beneficiaries who needed to see a specialist in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a big problem getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in certain catchment areas compared with the region overall
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

"Big problems" getting specialty care in Asia ranged from 21 percent of non-active duty TRICARE Prime enrollees to 27 percent of beneficiaries with "other insurance". Twenty-five percent of active duty enrollees reported "big problems".

Active duty enrollees' problem rates ranged from 9 percent at NH Okinawa to 42 percent at BRMCL NAF Atsugi. Thirty-three percent of active duty enrollees at ACH Seoul reported "big problems".

In most catchment areas, samples were too small to yield reliable estimates of problems getting specialty referrals.

4.4 Problems Getting Necessary Care, by Type of Health Plan

Q.50: Which health plan did you use most in the last 12 months?

Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
AHC Camp Zama (0610)	1,247	10.1	**	**	**	**
ACH Seoul (0612)	24,643	15.8	**	6.7	**	**
NH Guam (0620)	6,633	**	6.1	**	**	**
NH Okinawa (0621)	15,875	8.8	9.7	**	**	**
NH Yokosuka (0622)	16,414	11.8	6.9	3.6	**	**
Kunsan Air Base (0637)	2,212	**	**	**	**	**
Osan Air Base (0638)	6,346	8.0	**	**	**	**
Misawa (0639)	5,711	**	17.0	**	**	**
Yokota Air Base (0640)	5,697	9.9	4.9	**	**	**
Andersen AFB (0802)	3,464	5.0	8.6	**	**	**
Kadena AFB (0804)	8,514	7.6	8.8	**	**	**
BRMCL NAF Atsugi (0853)	3,396	**	3.6	**	**	**
BRMCL Evans/Camp Foster (0862)	3,754	8.7	**	**	**	**
Out/Area-Pacific (9914)	3,909	**	**	**	**	**
Asia	107,814	11.7	8.4	9.7	**	13.9
CONUS MHS	4,646,651	12.6	10.3	7.4	3.0	2.8

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a "big problem" getting care in some health plans compared with other plans
- If getting care is a greater problem in certain catchment areas compared with others

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

"Big problems" getting "necessary care" affected users of all insurance types in Asia, ranging from 8 percent of non-active duty TRICARE Prime enrollees to 14 percent of beneficiaries with "other insurance". Twelve percent of active duty enrollees reported a "big problem" getting needed care.

The proportion of active duty enrollees reporting a "big problem" ranged from 5 percent at Andersen AFB to 16 percent at ACH Seoul.

Non-active duty enrollees' problem rates ranged from 4 percent at BRMCL NAF Atsugi to 17 percent at Misawa.

Chapter

5

Health Status and Health Care Use

This chapter documents HCSDB findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDB incorporated questions from the SF-12, a widely used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.
- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other Asia beneficiaries are presented by the type of facility (MTF or CTF). (See Exhibit 5.2).
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.3).

Key Findings

Physical and Mental Health

- Asia beneficiaries are in better physical and mental health compared with the general U.S. population. Less than half of Asia beneficiaries scored below the 50th percentile of the U.S. population in physical health (46 percent) and mental health (38 percent). Beneficiaries were in the best physical health at BRMCL Evans/Camp Foster (35 percent). The low mental health score rate ranged from 27 percent at AHC Camp Zama and 28 percent at Kadena AFB to 49 percent out of catchment area.

Emergency Room Use

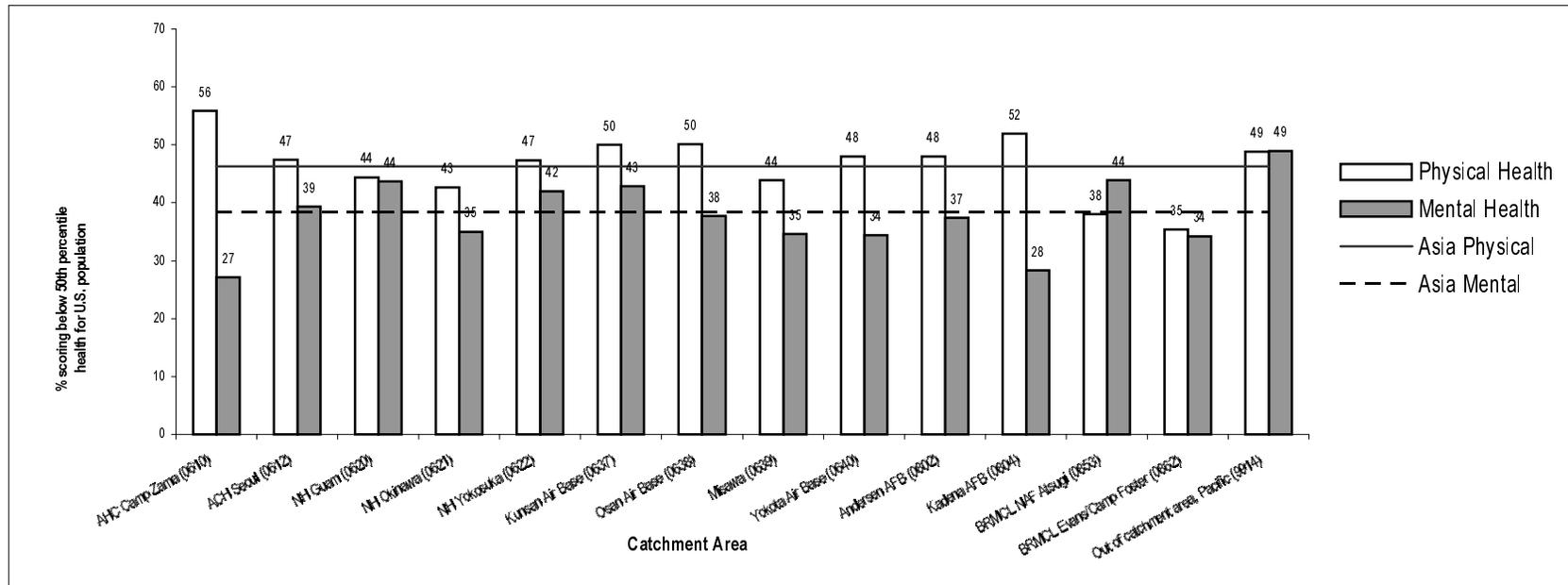
- The proportion of beneficiaries reporting at least one visit to a MTF emergency room ranged from 24 percent of active duty enrollees to 37 percent of non-active duty enrollees. All beneficiary groups were more likely to visit a MTF emergency room than were their peers in CONUS MHS. At least 28 percent of non-active duty enrollees had a MTF emergency room visit in every catchment area with a large enough sample to estimate the rate reliably.

Use of Military Pharmacies

- In Asia, the proportion of beneficiaries who filled 7 or more civilian prescriptions at military pharmacies varied little, ranging from 2 percent of active duty beneficiaries to 4 percent of retirees, survivors and dependents under age 65. A reliable rate could not be estimated for retirees, survivors, and dependents age 65 and over. Rates for all beneficiary groups in Asia were substantially less than those of their peers in CONUS MHS.

5.1 Physical and Mental Health Status of Beneficiaries in Asia Relative to the U.S. Population

This chart presents a composite result derived from responses to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.



Population:

All beneficiaries

Sample size:

6,956

Vertical axis:

Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50th percentile score for the overall adult U.S. population

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How the overall physical and mental health status of Asia catchment area beneficiaries compares with that of the general U.S. population
- How the physical and mental health of MHS beneficiaries varies across catchment areas

Findings:

In Asia overall, 46 percent of beneficiaries scored below the 50th percentile for physical health in the U.S. Thirty-eight percent of beneficiaries scored below the 50th percentile for mental health.

Beneficiaries were in the best physical health at BRMCL Evans/Camp Foster (35 percent), compared to Asia overall.

Low mental health score rates ranged from 27 percent at AHC Camp Zama and 28 percent at Kadena AFB to 49 percent of beneficiaries living out of catchment area.

5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

Q.11: How many times did you go to a military emergency room to get care for yourself?

Q.13: How many times did you go to a civilian emergency room for your own care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
AHC Camp Zama (0610)	2,934	27.7	0.7	**	**	**	**	**	**
ACH Seoul (0612)	65,268	23.4	2.7	27.9	0.0	39.7	4.5	**	**
NH Guam (0620)	19,073	29.9	2.8	**	0.0	**	6.9	**	**
NH Okinawa (0621)	41,819	18.4	3.9	44.5	1.2	30.4	1.8	**	**
NH Yokosuka (0622)	44,726	18.7	0.9	32.6	3.0	**	1.8	**	**
Kunsan Air Base (0637)	4,868	24.4	**	**	**	**	**	**	**
Osan Air Base (0638)	16,244	31.8	2.4	**	**	**	2.4	**	**
Misawa (0639)	13,981	41.3	0.3	37.2	1.4	**	1.8	**	**
Yokota Air Base (0640)	14,040	37.4	2.4	30.5	**	30.0	3.3	**	**
Andersen AFB (0802)	7,876	16.8	0.0	30.1	4.5	**	**	**	**
Kadena AFB (0804)	19,469	31.4	1.1	35.6	3.1	**	**	**	**
BRMCL NAF Atsugi (0853)	8,691	25.4	1.7	**	0.0	**	**	**	**
BRMCL Evans/Camp Foster (0862)	9,053	20.2	1.1	**	**	**	**	**	**
Out/Area-Pacific (9914)	11,168	**	13.6	**	**	**	**	**	**
Asia	279,212	24.1	2.6	37.2	3.9	27.5	5.5	33.9	**
CONUS MHS	11,163,792	20.0	5.7	21.2	9.6	6.0	17.7	6.2	20.7

Population:

All beneficiaries

What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

In Asia overall, the proportion of beneficiaries who used a MTF emergency room at least once in the past year ranged from 24 percent of active duty enrollees to 37 percent of non-active duty enrollees. All beneficiary groups were more likely to use a MTF emergency room than were their peers in CONUS MHS.

Active duty enrollees' use of MTF emergency rooms ranged from 17 percent at Andersen AFB to 41 percent at Misawa. At NH Yokota, the rate was 37 percent.

At least 28 percent of non-active duty enrollees reported MTF emergency room visits in every catchment area with a large enough sample for a reliable estimate.

At ACH Seoul, 40 percent of non-Prime beneficiaries under age 65 reported a MTF emergency room visit.

5.3 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?

Catchment Area (DMIS Code)	Population	Percent filling 7 or more civilian prescriptions			
		Active Duty under age 65	Dependents of Active Duty, under age 65	Retirees, Survivors, and Dependents, under age 65	Retirees, Survivors, and Dependents, age 65 or over
AHC Camp Zama (0610)	1,374	0.0	**	**	**
ACH Seoul (0612)	32,773	1.8	0.0	1.8	**
NH Guam (0620)	9,490	1.4	0.0	5.6	**
NH Okinawa (0621)	20,905	2.0	6.6	0.7	**
NH Yokosuka (0622)	22,455	1.4	4.0	4.2	**
Kunsan Air Base (0637)	2,394	1.7	**	**	**
Osan Air Base (0638)	8,144	2.2	**	1.5	**
Misawa (0639)	6,997	0.0	0.0	**	**
Yokota Air Base (0640)	7,059	0.8	1.0	2.7	**
Andersen AFB (0802)	3,987	1.1	0.0	**	**
Kadena AFB (0804)	9,708	0.8	1.1	**	**
BRMCL NAF Atsugi (0853)	4,346	1.7	1.3	**	**
BRMCL Evans/Camp Foster (0862)	4,549	0.0	**	**	**
Out/Area-Pacific (9914)	5,659	0.7	**	3.6	**
Asia	139,839	1.5	2.9	3.7	3.4
CONUS MHS	5,569,364	2.2	6.2	10.8	27.4

Population:

All beneficiaries

What the exhibit shows:

- If beneficiaries in some catchment areas have filled 7 or more civilian prescriptions in military pharmacies
- If some groups of beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

In Asia overall, the proportion of beneficiaries filling at least 7 civilian prescriptions at a military pharmacy varied little, ranging from 2 percent of active duty beneficiaries under age 65 to 4 percent of retirees, survivors and dependents under age 65. All beneficiary groups were less likely than their peers in CONUS MHS to rely on military pharmacies for civilian prescriptions.

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

Chapter

6

Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

- The findings for MHS beneficiaries are compared with the federal government's Healthy People 2000 goals for improving the nation's health (see Healthy People 2000 Review 1997, DHHS Publication No. PHS 98-1256). In the bar graphs, the Healthy People 2000 goals are indicated by hatched lines; findings for Asia overall are indicated by solid lines.
- Exhibits 6.1, 6.2, and 6.5, show how use of prenatal care, screening for breast cancer, and flu shots varies by catchment area. Exhibits 6.3, 6.4, and 6.6 show results for cervical cancer, hypertension, and prostate disease screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries. Since national goals for prostate disease screening have not been established, the findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

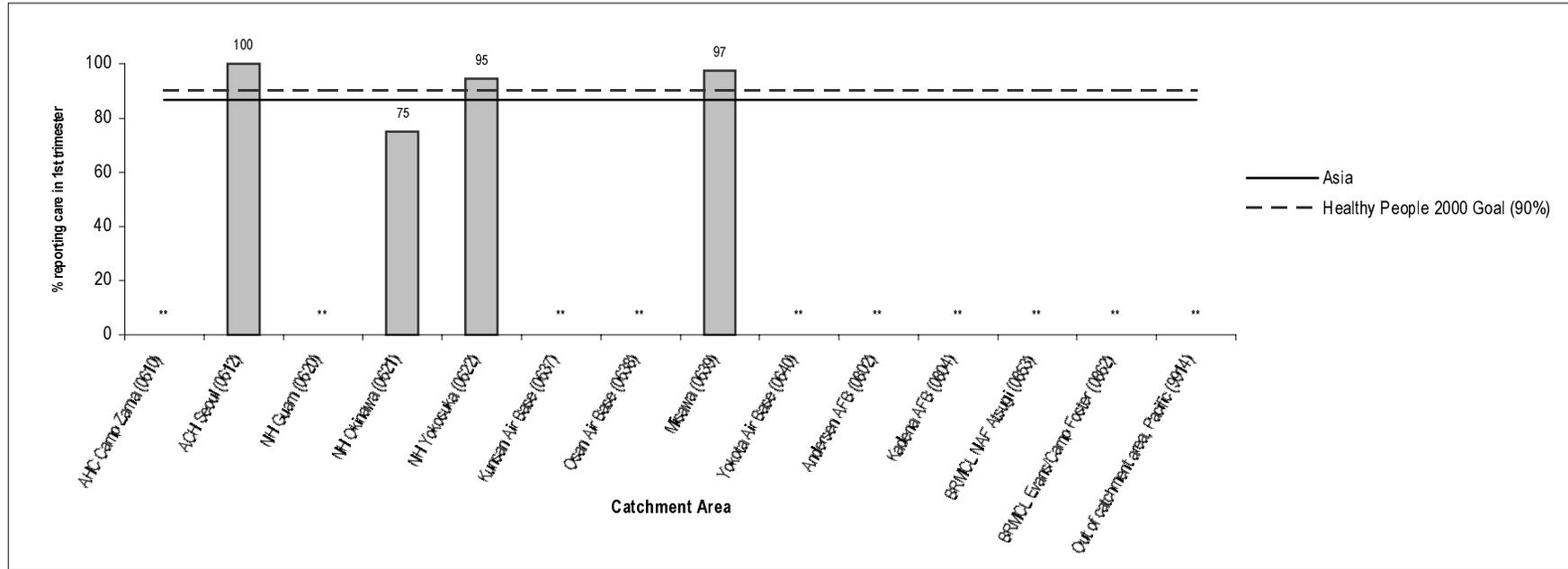
Key Findings

- Eighty-seven percent of pregnant women in Asia and all women at ACH Seoul received first trimester prenatal care.
- Sixty-eight percent of women over 50 received breast cancer screening.
- In all catchment areas where rates could be reliably estimated, Pap smear rates for active duty and non-active duty women enrolled in Prime with military PCMs exceeded the Healthy People 2000 goal of 85 percent. Ninety-nine percent of active duty and 98 percent of non-active duty enrollees with military PCMs at NH Okinawa were screened. At Misawa, Yokota Air Base and out of catchment area, 100 percent of active duty women had Pap smears.
- Eighty-nine percent of active duty and non-active duty enrollees had a blood pressure reading in the past two years and knew whether their blood pressure was high. Among non-active duty enrollees with military PCMs, the screening rate was highest at Andersen AFB (97 percent) and NH Okinawa (96 percent).

- Thirty-four percent of Asia beneficiaries age 65 or over had flu shots.
- Sixty-three percent of active duty men in Asia age 50 or over were screened for prostate disease in the past year.

6.1 Timing of First Prenatal Care

Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?



Population:

Female beneficiaries, age 18 and over, who reported being pregnant “now” or in the past 12 months

Sample size:

175

Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by catchment area
- If Asia catchment areas meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

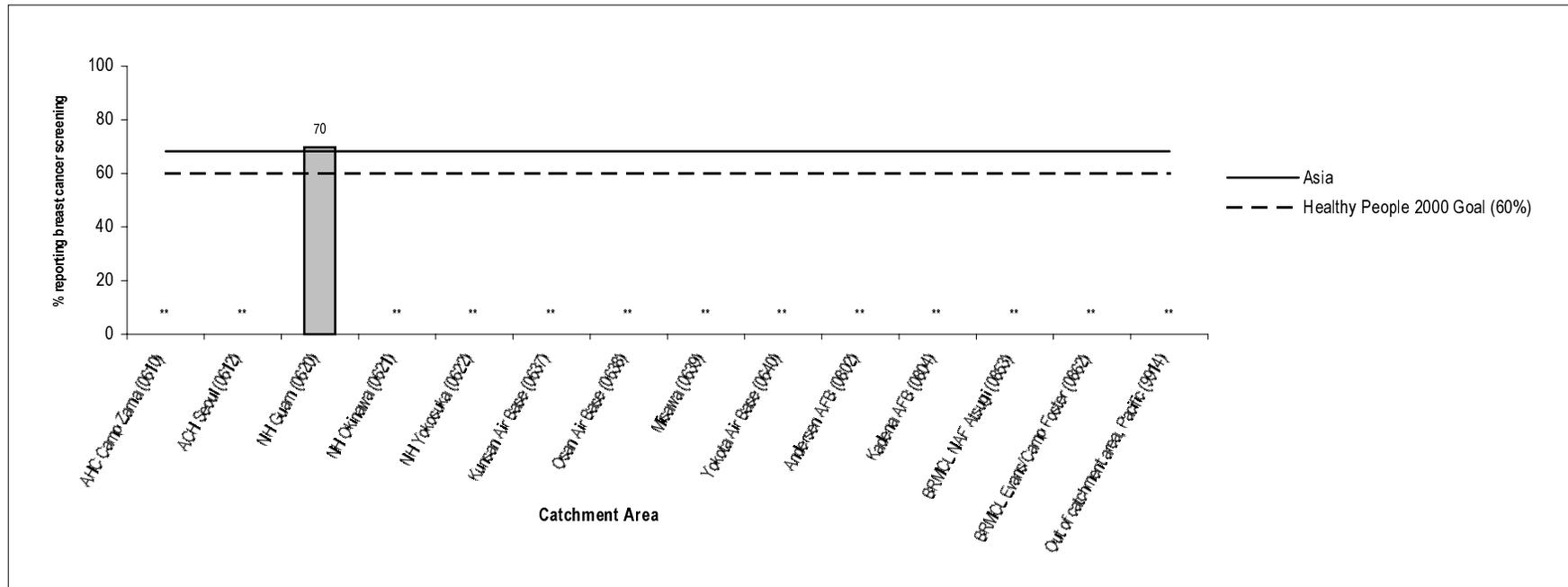
Findings:

Eighty-seven percent of pregnant women in Asia reported first trimester prenatal care. This is below the Healthy People 2000 goal of 90 percent.

One hundred percent of women at ACH Seoul received early prenatal care.

6.2 Breast Cancer Screening in the Past 2 Years

Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?



Population:

Female beneficiaries age 50 and over

Sample size:

96

Vertical axis:

Percent who reported having "mammography or other x-ray like procedure" in the past 2 years

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of women age 50 or over who had a mammogram or other x-ray like procedure for breast cancer screening in the past two years
- If Asia catchment areas meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past two years
- How findings vary across catchment areas

Findings:

In Asia overall, 68 percent of women age 50 and over were screened for breast cancer in the previous two years. This exceeds the Healthy People 2000 goal of 60 percent.

In all catchment areas but NH Guam (70 percent), the sample was too small to yield reliable estimates of breast cancer screening rates.

6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

Q.28: When did you last have a routine female examination with a Pap smear?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
AHC Camp Zama (0610)	574	**	**	**	**	**
ACH Seoul (0612)	8,459	94.8	91.2	**	88.6	**
NH Guam (0620)	4,426	97.2	97.9	**	81.0	**
NH Okinawa (0621)	7,068	99.3	97.9	**	87.6	**
NH Yokosuka (0622)	6,531	92.9	90.7	**	91.7	**
Kunsan Air Base (0637)	613	**	**	**	**	**
Osan Air Base (0638)	2,258	**	**	**	88.2	**
Misawa (0639)	2,983	100.0	93.4	**	73.7	**
Yokota Air Base (0640)	3,327	100.0	92.9	**	81.0	**
Andersen AFB (0802)	1,658	**	100.0	**	**	**
Kadena AFB (0804)	3,641	**	94.8	**	**	**
BRMCL NAF Atsugi (0853)	1,386	**	96.1	**	**	**
BRMCL Evans/Camp Foster (0862)	941	**	**	**	**	**
Out/Area-Pacific (9914)	1,734	100.0	**	**	74.7	**
Asia	45,599	96.4	94.3	**	84.7	**
CONUS MHS	2,635,949	96.5	93.3	92.4	85.6	85.4

Population:

Female beneficiaries age 18 and over

What the exhibit shows:

- The percent of women who have been screened for cervical cancer in the past 3 years
- If some groups of women are more likely than others to be screened
- If Asia catchment areas meet the Healthy People 2000 goal that at least 85 percent of women have had a pap smear in the past 3 years
- How findings vary across catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

In Asia overall, the proportion of women with a Pap smear in the past 3 years ranged from 85 percent of non-Prime beneficiaries under age 65 to 96 percent of active duty enrollees with a military PCM.

In all catchment areas (with a large enough sample for reliable estimates), screening rates for active duty enrollees and non-active enrollees with military PCMs met or exceeded the Healthy People 2000 goal of 85 percent.

Screening rates among active duty women reached 100 percent at Misawa, Yokota Air Base, and out of catchment area.

Among non-active duty Prime enrollees with military PCMs, rates were highest at Andersen AFB (100 percent). At NH Okinawa, 99 percent of active duty enrollees and 98 percent of non-active duty enrollees with military PCMs were screened.

6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

Q.17a: When did you last have a blood pressure reading?

Q.17b: Do you know if your blood pressure is too high or not?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
AHC Camp Zama (0610)	1,461	91.5	**	**	**	**
ACH Seoul (0612)	32,399	88.0	77.6	**	91.4	**
NH Guam (0620)	9,292	91.0	59.3	**	92.3	**
NH Okinawa (0621)	20,701	90.7	95.7	**	93.1	**
NH Yokosuka (0622)	22,504	87.7	89.5	**	92.8	**
Kunsan Air Base (0637)	2,474	89.9	**	**	**	**
Osan Air Base (0638)	8,327	87.1	**	**	84.9	**
Misawa (0639)	7,025	93.6	85.7	**	77.2	**
Yokota Air Base (0640)	6,673	92.7	82.5	**	94.7	**
Andersen AFB (0802)	3,987	89.0	97.0	**	**	**
Kadena AFB (0804)	9,687	88.8	91.0	**	**	**
BRMCL NAF Atsugi (0853)	4,290	92.7	92.3	**	**	**
BRMCL Evans/Camp Foster (0862)	4,549	92.1	**	**	**	**
Out/Area-Pacific (9914)	5,279	89.5	**	**	85.8	**
Asia	138,647	89.3	88.7	**	90.2	90.9
CONUS MHS	5,580,883	90.1	91.4	94.0	90.4	95.7

Population:

All beneficiaries

What the exhibit shows:

- Percent of beneficiaries who had a blood pressure reading in the past 2 years *and* know if their blood pressure is too high
- If some groups of MHS beneficiaries are more likely than others to be aware of their risk for hypertension
- If Asia catchment areas meet the Healthy People 2000 goal for hypertension screening of 90 percent
- How findings vary by catchment area

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

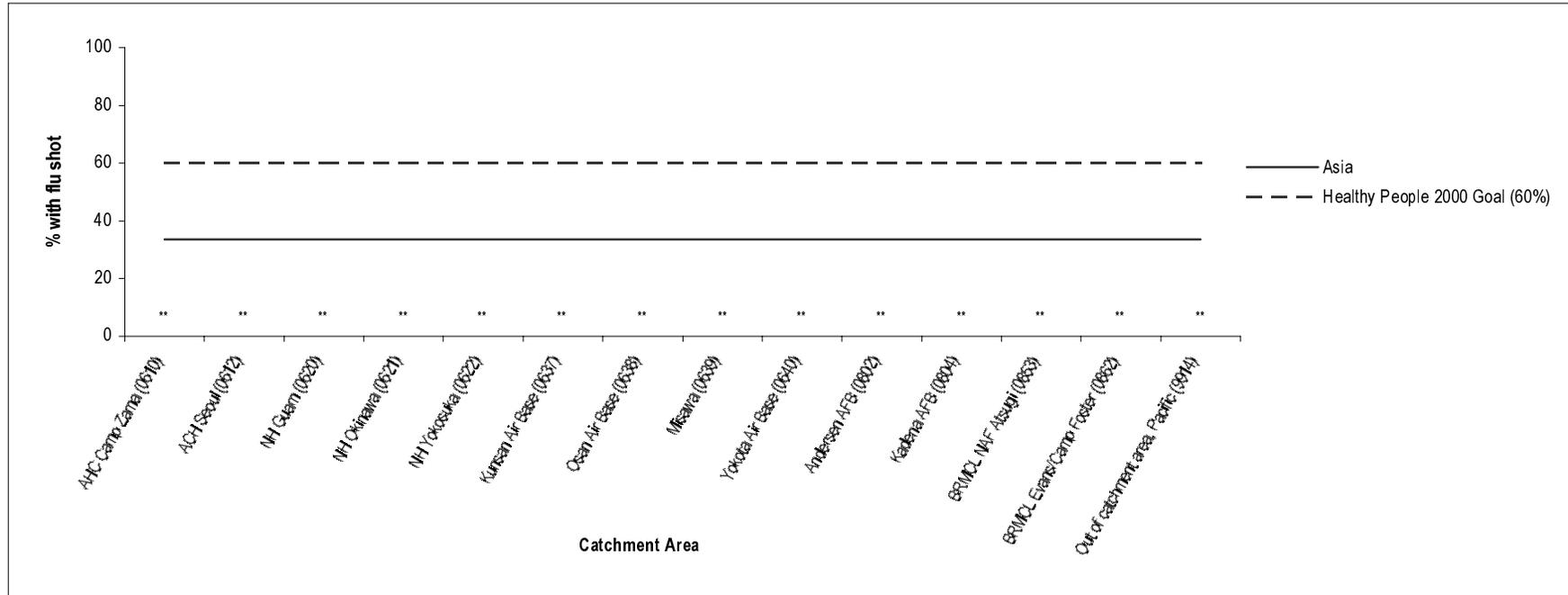
The proportion of Asia beneficiaries who had a blood pressure reading in the previous 2 years and knew if their blood pressure was high varied little by beneficiary group, ranging from 89 percent of active duty and non-active duty enrollees with a military PCM to 91 percent of non-Prime enrollees age 65 and over. The Healthy People 2000 goal is 90 percent.

Hypertension screening rates varied little among active duty enrollees.

Among non-active duty enrollees with military PCMs, screening rates were highest at Andersen AFB (97 percent) and NH Okinawa (96 percent).

6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months

Q.19: When did you last have a flu shot?



Population:

Beneficiaries age 65 and over

Sample size:

34

Vertical axis:

Percent who had a flu shot less than 12 months ago

Horizontal axis:

All catchment areas

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some catchment areas are more likely than others to provide flu shots to beneficiaries age 65 or older
- If Asia catchment areas meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

Findings:

In Asia overall, 34 percent of beneficiaries age 65 and over had flu shots in the past 12 months, less than the Healthy People 2000 goal of 60 percent.

In all catchment areas, sample sizes were too small to yield accurate estimates of flu shots.

6.6 Prostate Disease Screening in the Past 12 Months, by Enrollment Status

Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?

Catchment Area (DMIS Code)	Population	Percent of Population			
		Enrolled in Prime under age 65		Not enrolled in Prime	
		Active Duty	Non-Active Duty	Under age 65	Age 65 or over
AHC Camp Zama (0610)	38	**	**	**	**
ACH Seoul (0612)	1,168	**	**	67.9	**
NH Guam (0620)	1,031	**	**	**	**
NH Okinawa (0621)	851	**	**	**	**
NH Yokosuka (0622)	456	**	**	**	**
Kunsan Air Base (0637)	0	**	**	**	**
Osan Air Base (0638)	231	**	**	**	**
Misawa (0639)	101	**	**	**	**
Yokota Air Base (0640)	274	**	**	**	**
Andersen AFB (0802)	0	**	**	**	**
Kadena AFB (0804)	114	**	**	**	**
BRMCL NAF Atsugi (0853)	0	**	**	**	**
BRMCL Evans/Camp Foster (0862)	44	**	**	**	**
Out/Area-Pacific (9914)	1,475	**	**	**	**
Asia	5,784	62.6	**	34.9	**
CONUS MHS	1,604,826	50.9	58.9	58.5	75.1

Population:

Male beneficiaries age 50 and over

What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- How the findings vary by enrollment status
- If some catchment areas are more likely than others to screen men for prostate disease

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Prostate screening rates ranged from 35 percent of non-Prime beneficiaries under age 65 to 63 percent of active duty enrollees.

In most catchment areas, the sample sizes were too small to yield reliable estimates of screening rates.

Chapter 7

Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for each catchment area. In summarizing the satisfaction questions in the 1998 HCSDb, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in the exhibits represents one of the questions about satisfaction with military health care, Questions 100 a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (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. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

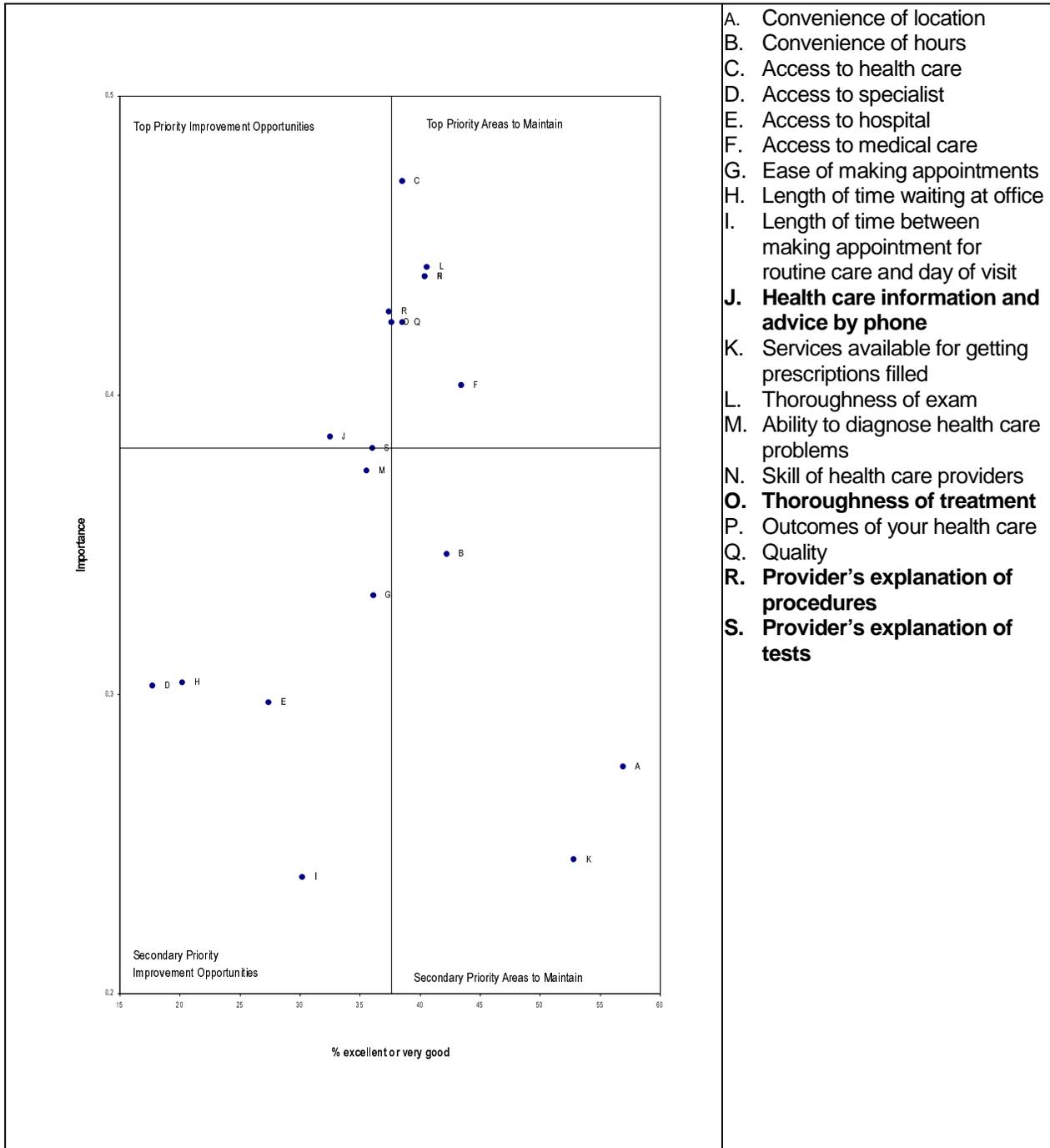
Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical 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 aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. These current levels of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.
- **Secondary priority aspects of care to maintain are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectation, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

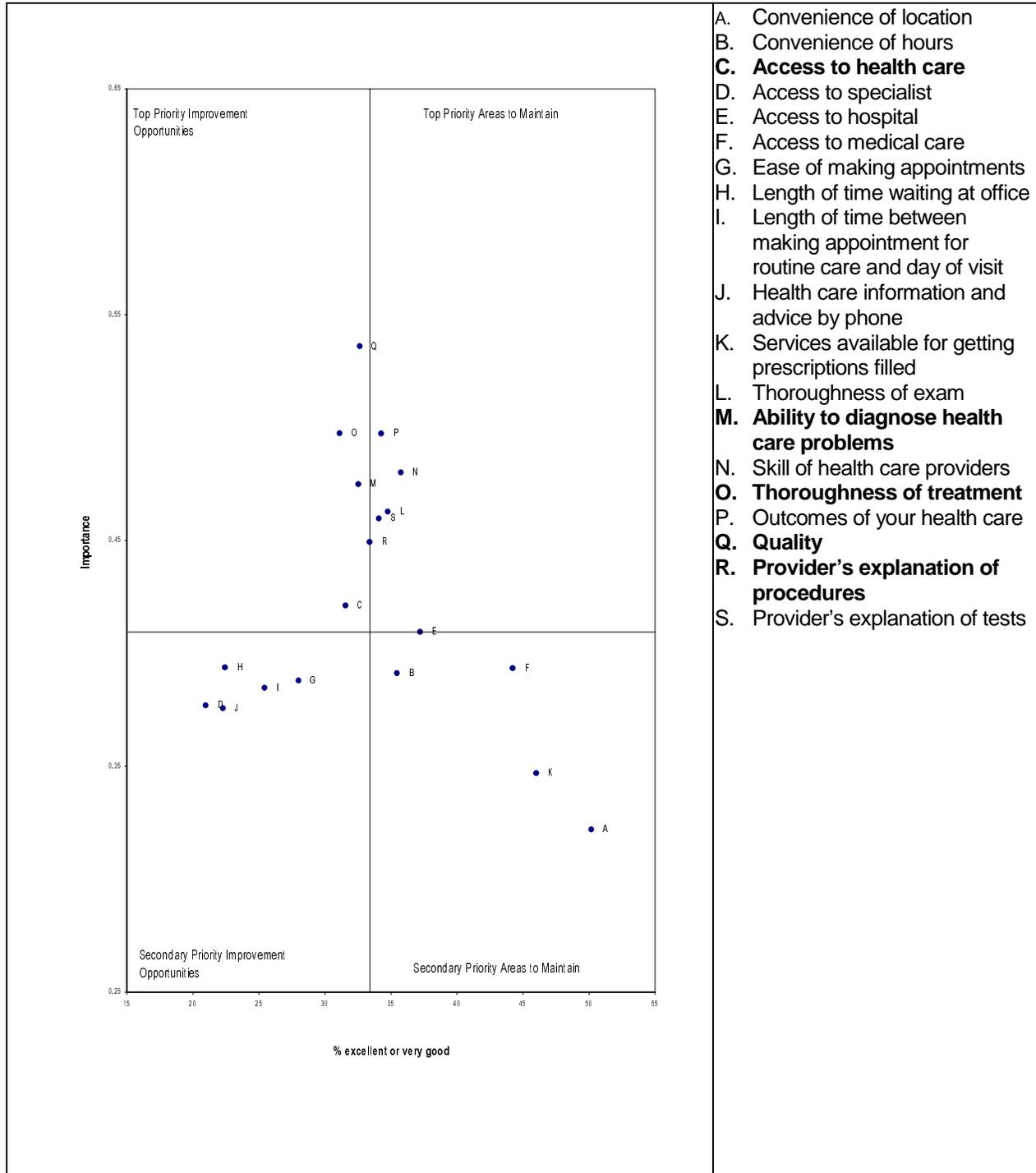
7.1 Performance Improvement Plan, AHC Camp Zama

Bold items in the key to the right of this PIP identify aspects of military health care at AHC Camp Zama that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



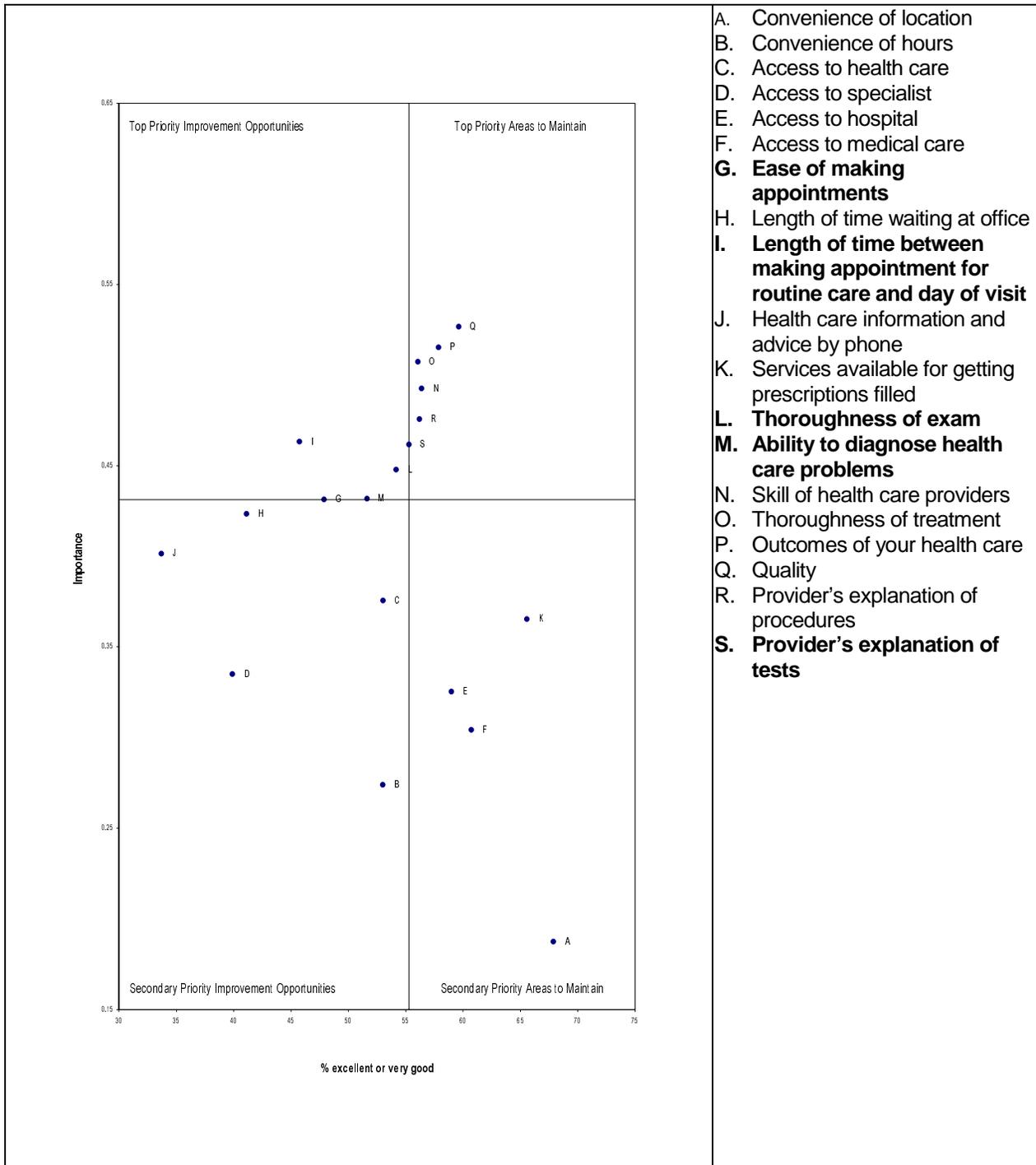
7.2 Performance Improvement Plan, ACH Seoul

Bold items in the key to the right of this PIP identify aspects of military health care at ACH Seoul that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.3 Performance Improvement Plan, NH Guam

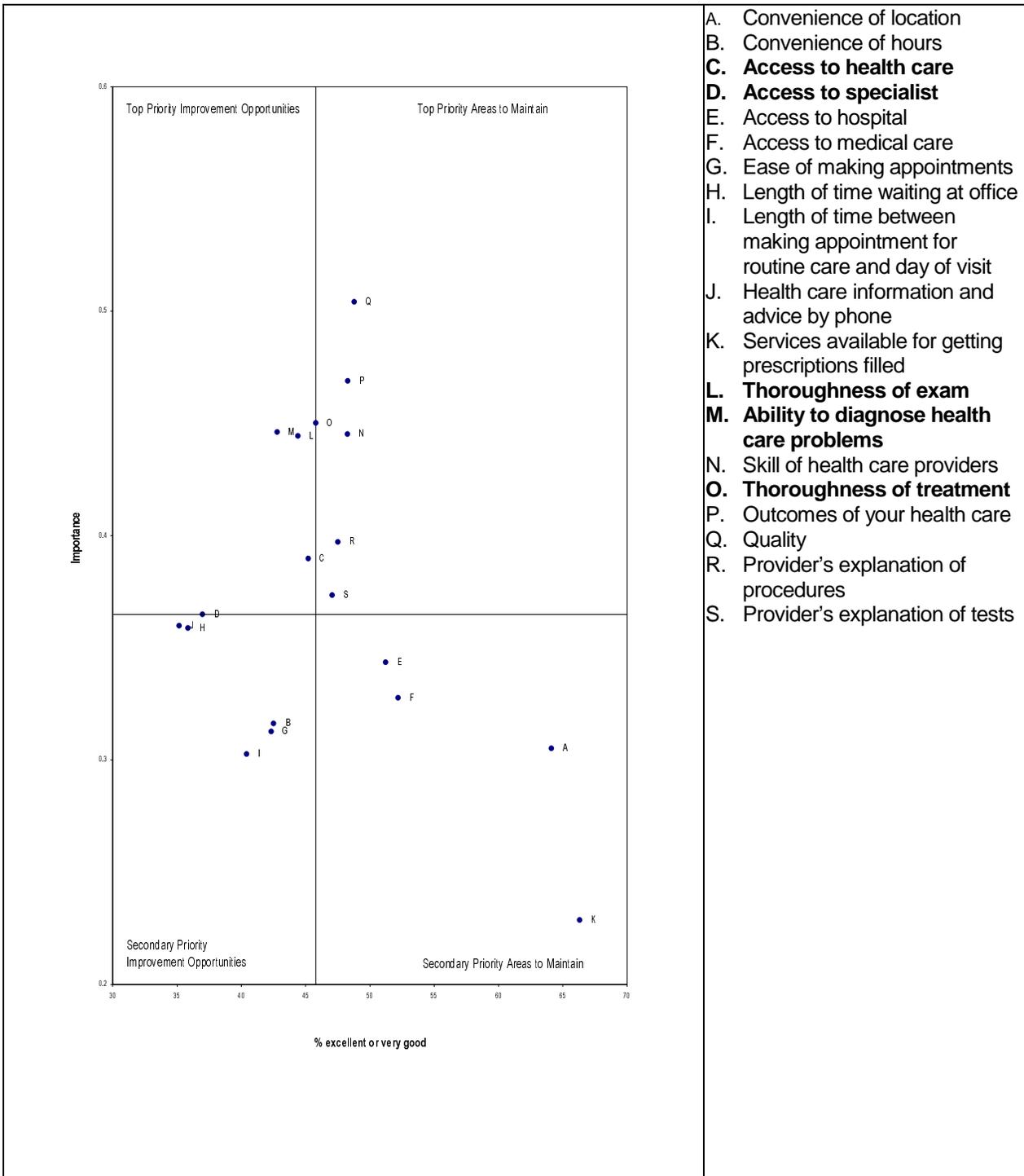
Bold items in the key to the right of this PIP identify aspects of military health care at NH Guam that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



- A. Convenience of location
- B. Convenience of hours
- C. Access to health care
- D. Access to specialist
- E. Access to hospital
- F. Access to medical care
- G. Ease of making appointments**
- H. Length of time waiting at office
- I. Length of time between making appointment for routine care and day of visit**
- J. Health care information and advice by phone
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam**
- M. Ability to diagnose health care problems**
- N. Skill of health care providers
- O. Thoroughness of treatment
- P. Outcomes of your health care
- Q. Quality
- R. Provider's explanation of procedures
- S. Provider's explanation of tests**

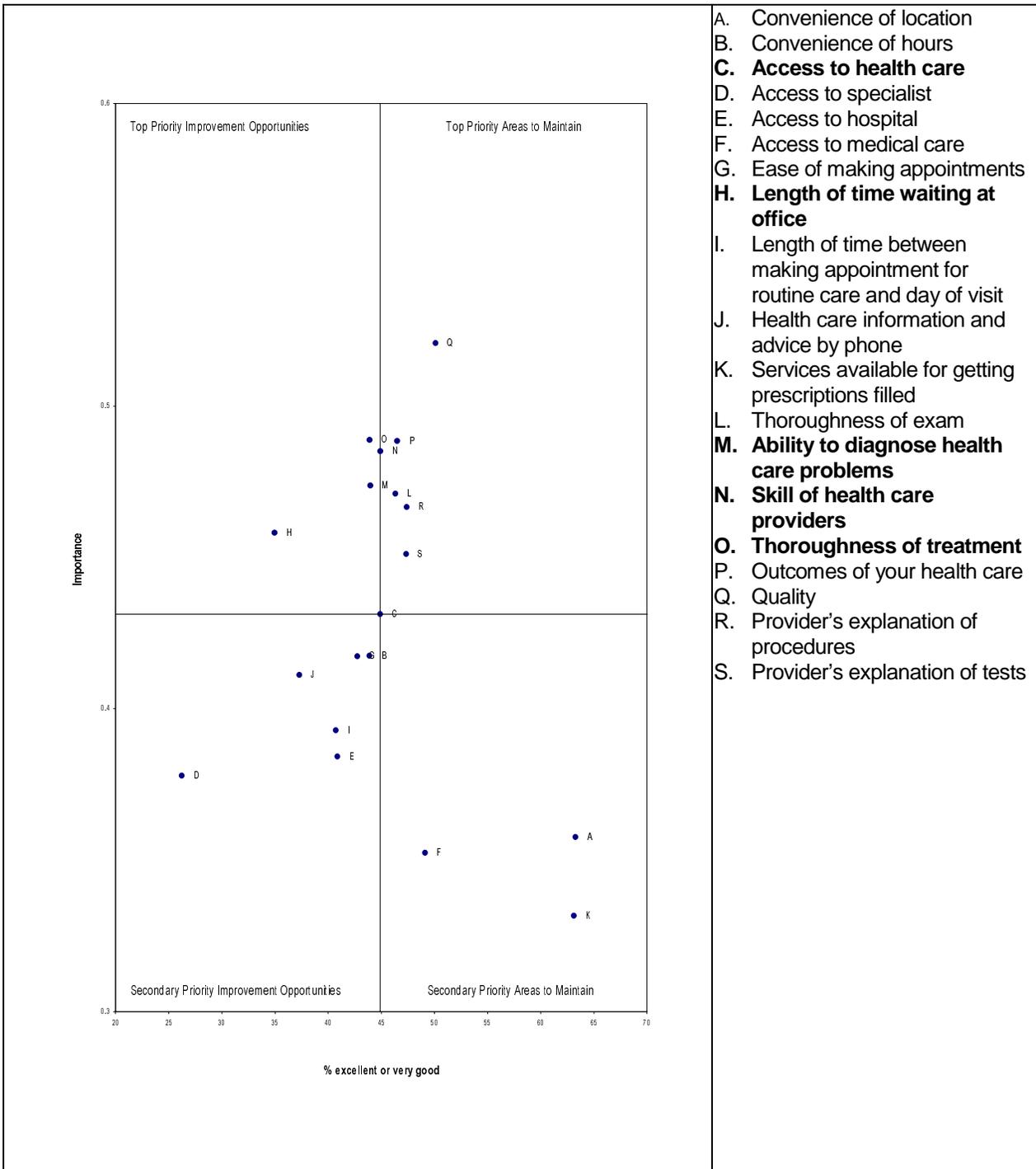
7.4 Performance Improvement Plan, NH Okinawa

Bold items in the key to the right of this PIP identify aspects of military health care at NH Okinawa that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



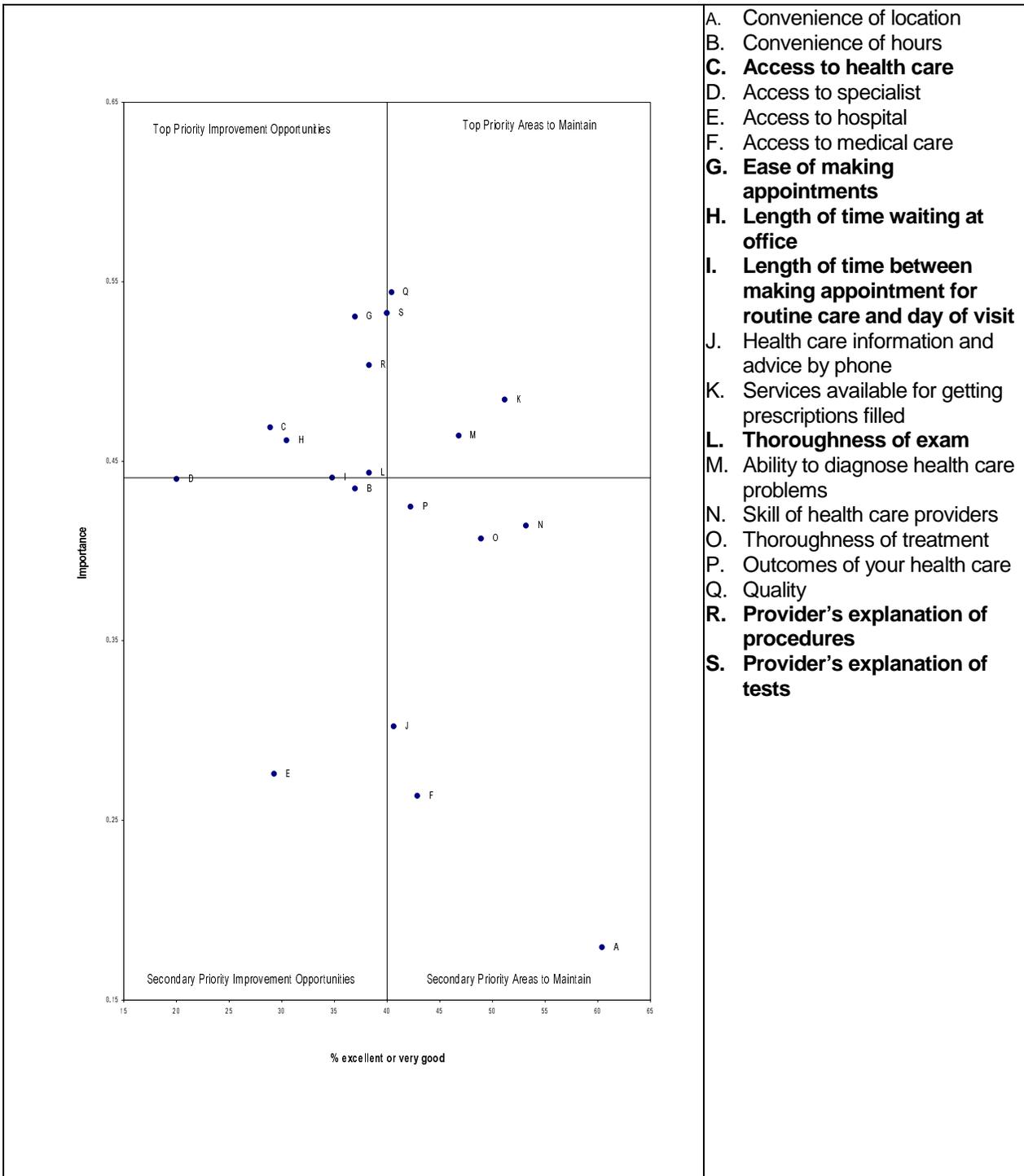
7.5 Performance Improvement Plan, NH Yokosuka

Bold items in the key to the right of this PIP identify aspects of military health care at NH Yokosuka that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



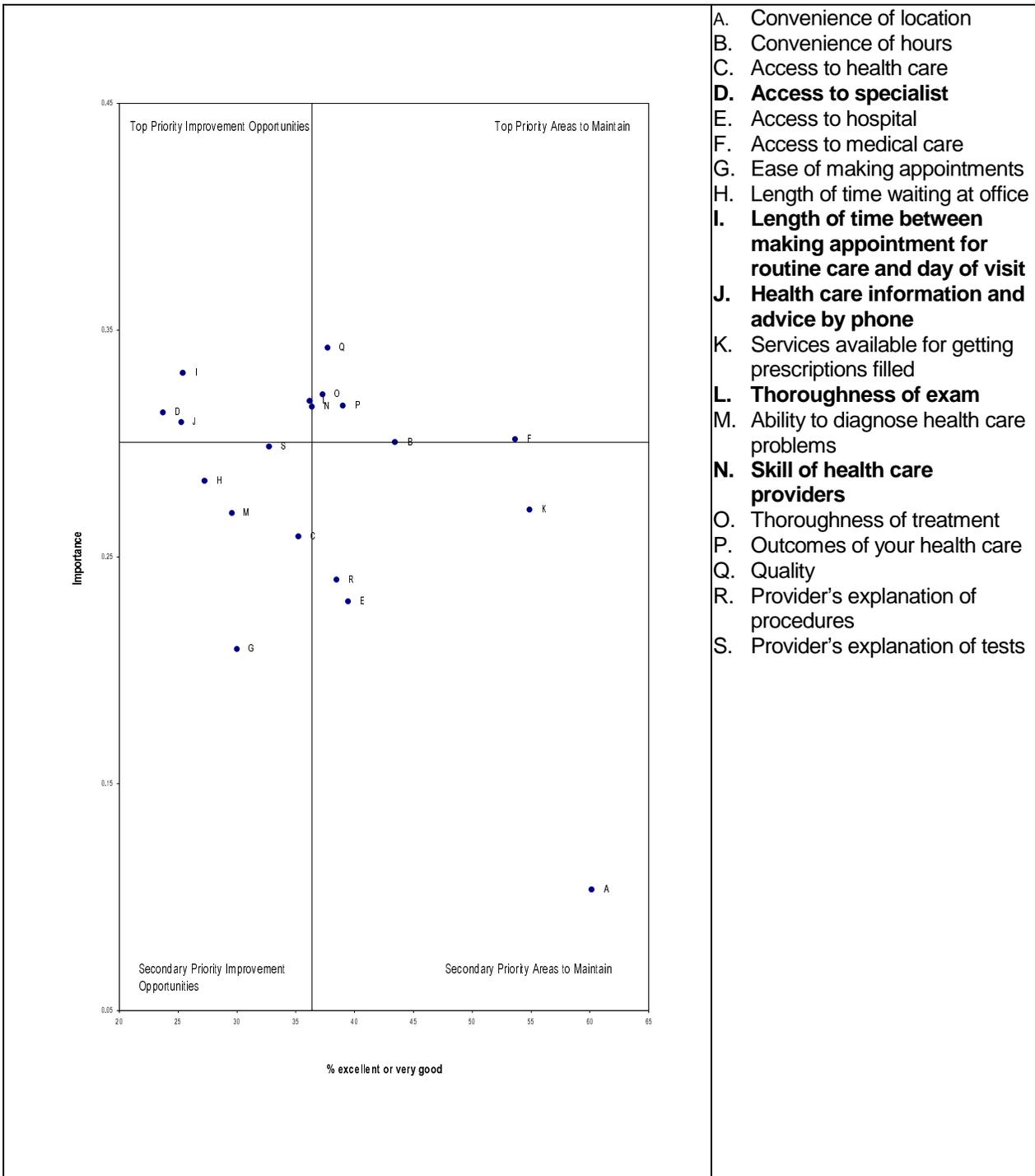
7.6 Performance Improvement Plan, Kunsan Air Base

Bold items in the key to the right of this PIP identify aspects of military health care at Kunsan Air Base that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



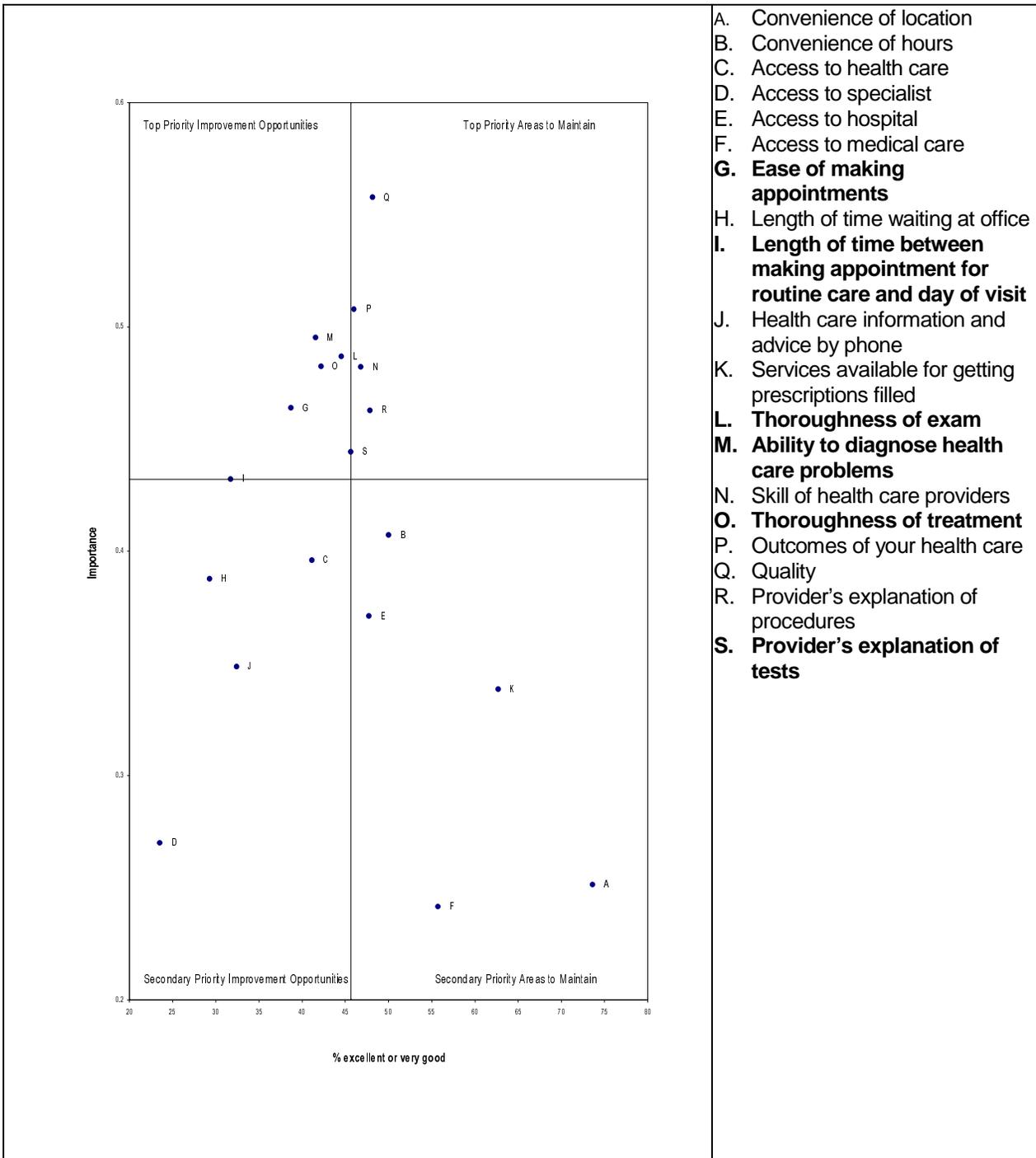
7.7 Performance Improvement Plan, Osan Air Base

Bold items in the key to the right of this PIP identify aspects of military health care at Osan Air Base that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



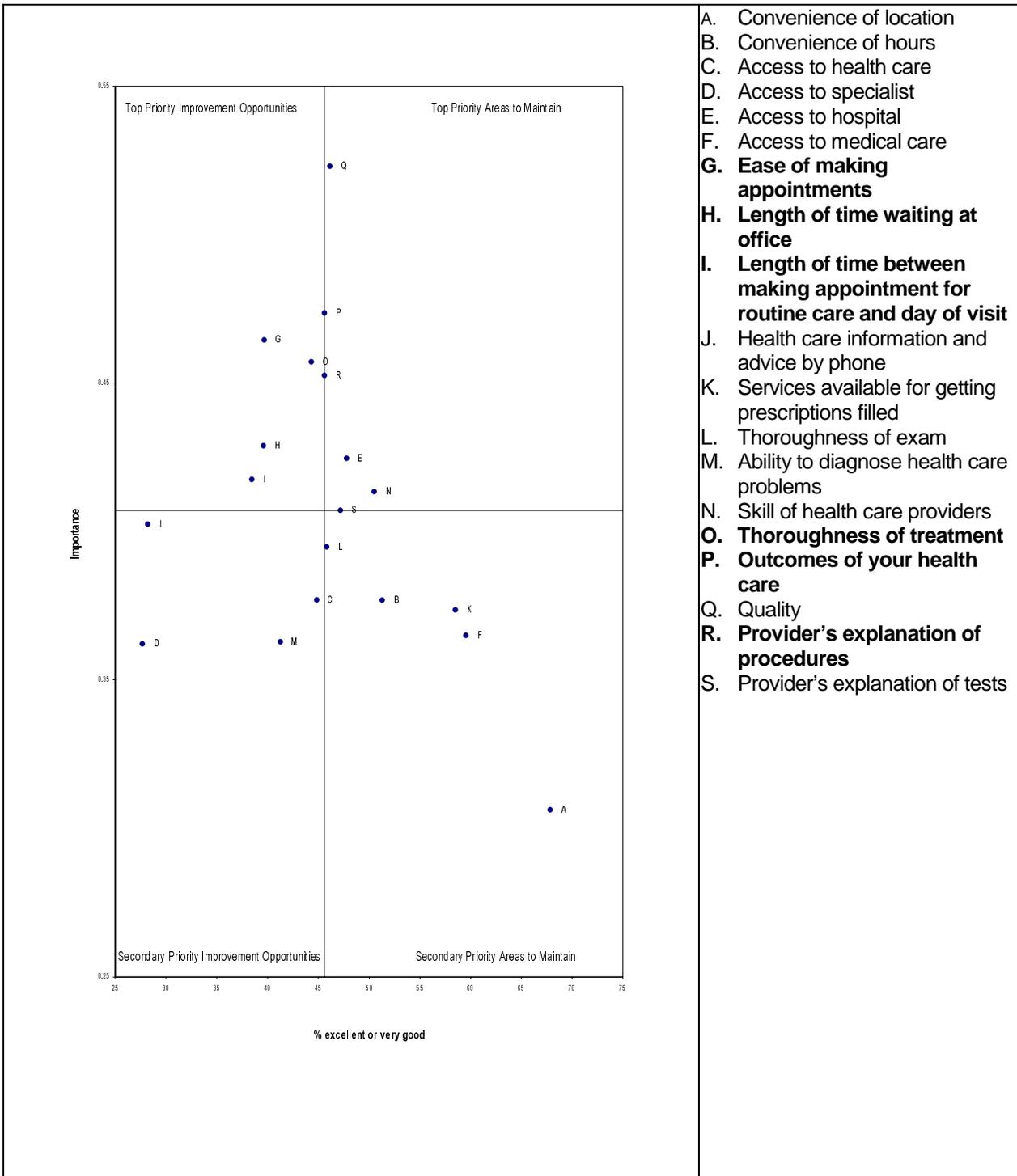
7.8 Performance Improvement Plan, Misawa

Bold items in the key to the right of this PIP identify aspects of military health care at Misawa that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



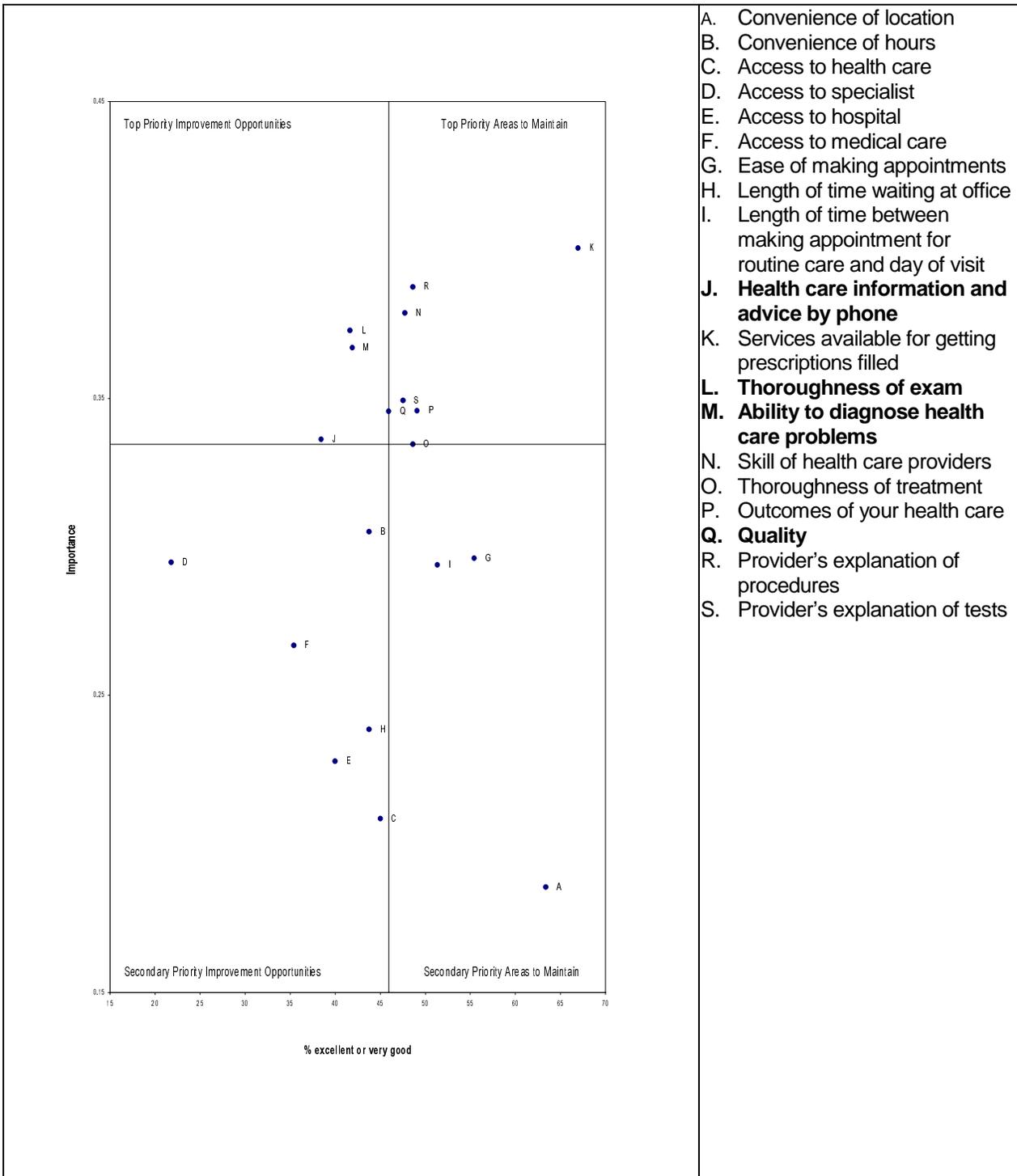
7.9 Performance Improvement Plan, Yokota Air Base

Bold items in the key to the right of this PIP identify aspects of military health care at Yokota Air Base that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



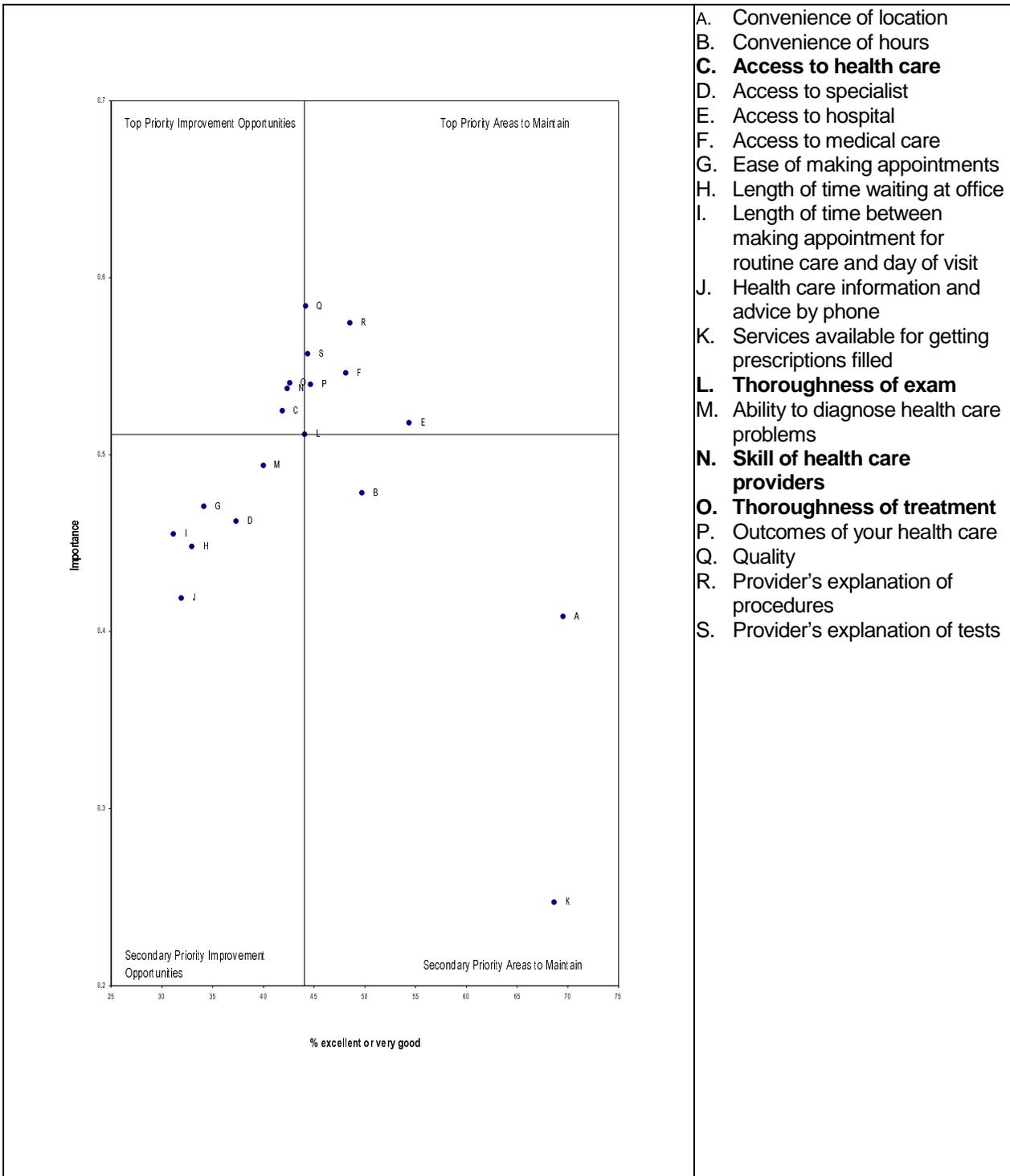
7.10 Performance Improvement Plan, Andersen AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Andersen AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



7.11 Performance Improvement Plan, Kadena AFB

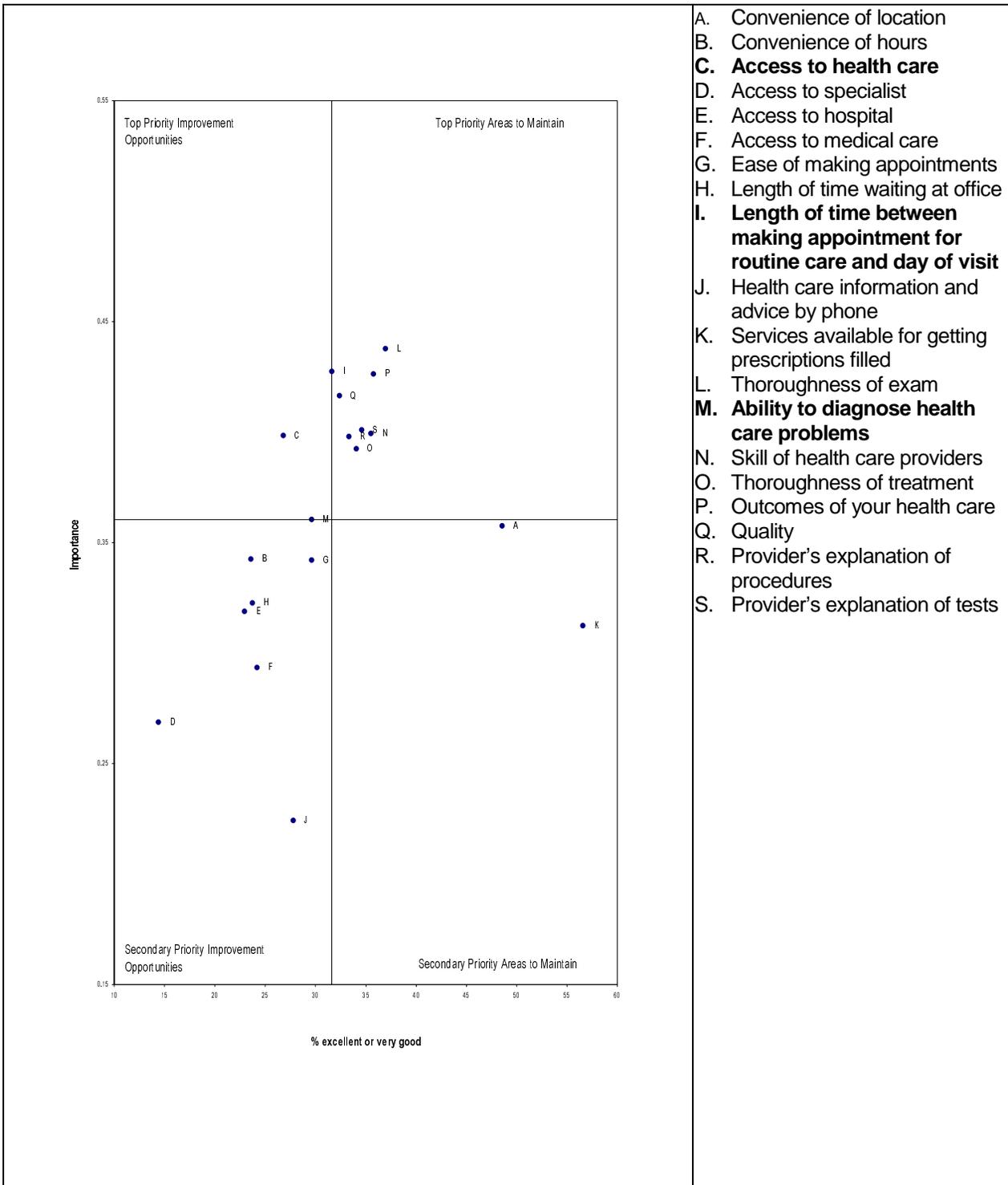
Bold items in the key to the right of this PIP identify aspects of military health care at Kadena AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



- A. Convenience of location
- B. Convenience of hours
- C. Access to health care**
- D. Access to specialist
- E. Access to hospital
- F. Access to medical care
- G. Ease of making appointments
- H. Length of time waiting at office
- I. Length of time between making appointment for routine care and day of visit
- J. Health care information and advice by phone
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam**
- M. Ability to diagnose health care problems
- N. Skill of health care providers**
- O. Thoroughness of treatment**
- P. Outcomes of your health care
- Q. Quality
- R. Provider's explanation of procedures
- S. Provider's explanation of tests

7.12 Performance Improvement Plan, BRMCL NAF Atsugi

Bold items in the key to the right of this PIP identify aspects of military health care at BRMCL NAF Atsugi that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



- A. Convenience of location
- B. Convenience of hours
- C. Access to health care**
- D. Access to specialist
- E. Access to hospital
- F. Access to medical care
- G. Ease of making appointments
- H. Length of time waiting at office
- I. Length of time between making appointment for routine care and day of visit**
- J. Health care information and advice by phone
- K. Services available for getting prescriptions filled
- L. Thoroughness of exam
- M. Ability to diagnose health care problems**
- N. Skill of health care providers
- O. Thoroughness of treatment
- P. Outcomes of your health care
- Q. Quality
- R. Provider's explanation of procedures
- S. Provider's explanation of tests

7.13 Performance Improvement Plan, BRMCL Evans/Camp Foster

Bold items in the key to the right of this PIP identify aspects of military health care at BRMCL Evans/Camp Foster that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].

