Looking Behind the Numbers: Patient Experiences in the Military Health System

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Beneficiary Experiences in the MHS

- Among active duty dependents (ADD), patient satisfaction scores fall significantly below civilian benchmarks on...
  - Getting needed care
  - Getting care quickly
  - Courteous and helpful office staff
  - Doctor communication
  - Overall health care rating
  - Personal doctor rating
Beneficiary Experiences in the MHS

- Among military retirees and their dependents (R&D), patient satisfaction scores fall significantly below civilian benchmarks on...
  - Getting needed care
  - Getting care quickly
  - Overall health care rating
Purpose

- Improve patient experiences in the MHS among ADDs and R&Ds
- Look for lessons from the MHS that can contribute to broader health care reform
- Build on prior DoD TMA focus group research which identified core dimensions of patient satisfaction among active duty personnel
Research Questions

- What aspects of ADD and R&D experiences within the military health system contribute to low patient satisfaction?

- Do ADD and R&D have different experiences with, and attitudes about, “direct care” vs. “purchased care”? 
Methodology

- 14 focus groups with ADDs and 6 focus groups with R&Ds
- Four military treatment facilities of varying size, type and service affiliation with low HCSDB scores
Groups conducted off-base

Average of 10 participants per group

Eligibility

- Active duty dependents, ages 18-45
- Retirees and dependents, < 65 years old
- TRICARE Prime as primary insurance for self or child
- Received medical care in past year
Findings

- Continuity of care
- Provider choice
- Access and communication
Continuity of Care

- Particularly difficult in direct care system due to rotations and deployments
- Primary Care Managers (PCMs) may be switched abruptly and sometimes without notice to beneficiary
- Few direct care patients feel they have a “personal” doctor or that their care is being actively managed by a PCM
“I’ve been in the [MHS] not quite three years and I’ve had four or five different PCMs. I keep getting reassigned. That’s probably one of my bigger complaints, because I’m not able to establish a history with any one doctor, because I never see the same doctor twice.”
Most focus group participants report not having an enrollment choice between a direct care or purchased care PCM

Direct care—most report being assigned a PCM

Purchased care—many say choice among civilian providers is limited
“I was under the impression that I could select a doctor at my own will, and as long as they accepted TRICARE Prime, I was in. And that’s not how it worked for me. I was given a list that I had to select off of. So I went down the list and called and a lot of them were not accepting new patients. I had to get in where I could.”
Access and Communication

- Direct care—appointing process creates delays in receipt of care
- Direct care—beneficiaries report limited communication with providers
- Praise for email or other direct access to providers, but availability inconsistent
“I had the fortune of having Captain [X] as our provider and he just left. Breaks my heart. He had an internet email service…and about 95% of our care could be taken care of with emails. And now that that’s gone, it’s going to be really difficult.”
Conclusions

- ADD’s and R&D’s concerns about the MHS are similar to those expressed by civilians in civilian health systems

- Beneficiaries want an ongoing relationship with a provider of their choice, with whom they have direct communication
Conclusions (continued)

- Despite concerns and frustrations, most said they would not want to leave the MHS

- R&Ds in particular want to stay in the MHS but feel “squeezed out” by increasing needs of active duty

- ADDs limit the impact of these issues on their spouses; navigate the system largely on their own