TRICARE Civilian Network Use 2003-2007
Issue Brief ◆ Health Care Survey of DoD Beneficiaries (HCSDB) ◆ July 2007

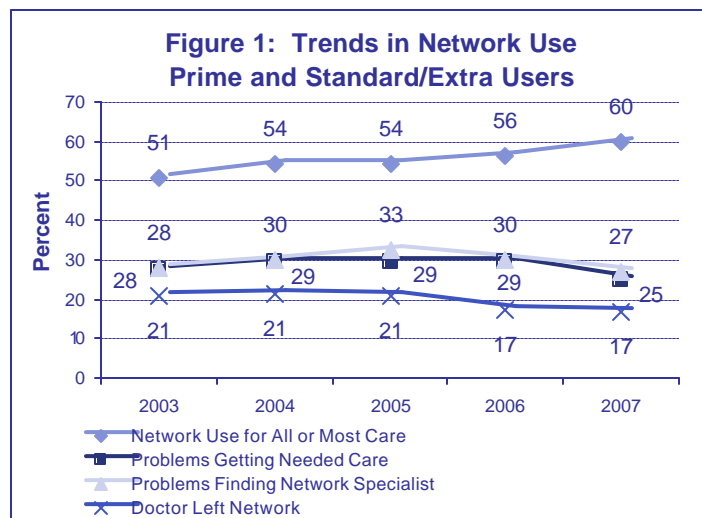### HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

TRICARE's civilian networks include providers who are contracted to serve TRICARE beneficiaries in the Standard/ Extra, as well as Prime enrollees who opt to receive treatment from civilian providers. Networks are maintained by managed care plans that contract to maintain provider networks and provide services to TRICARE beneficiaries. The network in each TRICARE region is maintained by a single contractor.   Since 2003, TRICARE's civilian networks have gone through several changes, including a new set of access and network adequacy standards, a switch from 12 regional networks to 3, and a new generation of managed care contracts.

The managed care contracts assign to contractors the responsibility of maintaining adequate provider networks. Network adequacy may defined in several ways: beneficiary travel distance, waiting times for appointments or urgent care, the number of providers of different specialties in a market area, and beneficiaries satisfaction with care[1]. Network adequacy is monitored by regional contractors responsible for establishing and maintaining the provider networks and by TMA, which administers their contracts.

In 2004, the new round of TRICARE Civilian Provider Network contracts established the new regional networks and a new set of adequacy standards. The new standards focus more on beneficiary satisfaction than did previous standards[2].

Figure 1: Trends in Network Use Prime and Standard/Extra Users

The Health Care Survey of DoD Beneficiaries (HCSDB) contains questions designed to measure beneficiaries' experiences getting care through TRICARE's civilian network.   This issue brief describes HCSDB results concerning beneficiaries' reported access to network care from 2003-2007, before and after the new standards and set of contracts were implemented in 2004.

Current Results

Sixty percent of non-active duty Prime enrollees and users of TRICARE Standard or Extra report they get most or all of their care from TRICARE's civilian network.   The proportion is higher for Standard/Extra users (76 percent) than Prime enrollees (55 percent). Network use is greatest in the south region, where 62 percent report relying on network providers for most or all of their care. Similar proportions of Prime and Standard/Extra users report problems finding personal doctors or specialists in the network, but Prime enrollees are more likely to report problems getting the care they need from the network.

For most measures of access, beneficiaries in the north region are most likely to report problems finding providers or getting care from the network. However, beneficiaries from the south are most likely to report that a physician they wanted to see had left the network.
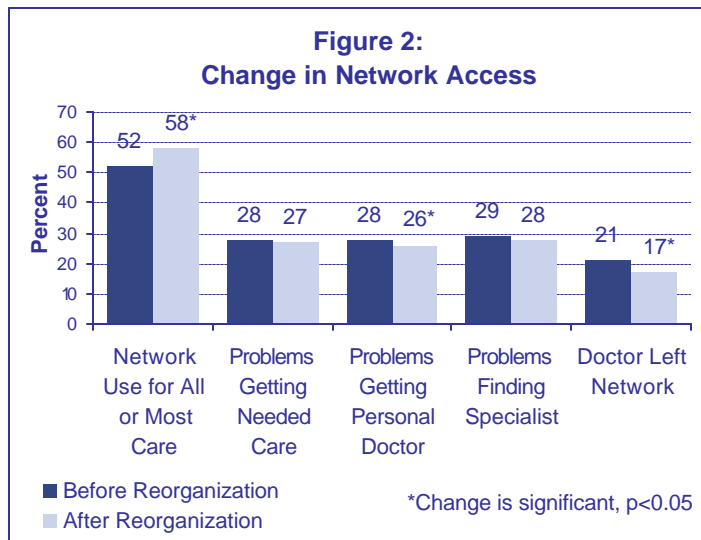
Trends

Figure 1 presents results from surveys fielded in each year since 2003, which preceded the reorganization of the civilian networks. The results show that network use has

| Table 1. Network Use by Region and Plan, FY 2007						
	Total	North	South	West	Prime (Non-Active Duty)	Standard /Extra
	Percent					
Use Network for Most or All Care	60	60	62	56	55	76
Problems Getting Desired Care from Network	25	27	25	23	27	20
Problems Finding Personal Doctor or Nurse	25	28	24	22	25	26
Problems Finding Specialist	27	30	27	23	26	29
Prefered Physician Left Network	17	15	19	16	17	17

grown steadily since that time. The proportion of non-active duty TRICARE users that relies on the network for most or all of their care has increased from 51 percent to 60 percent. The results also suggest that reported access problems were greatest in 2005, the year following the award of new contracts, when 33 percent reported problems finding specialists in the network and 29 percent reported problems finding needed care. Since that time access problems have declined to their current level. Turnover in the network, indicated by the proportion of beneficiaries reporting that a desired physician has left the network, declined between the time of reorganization to the time following it from 21 percent to 17 percent.

Figure 2 shows how measures compare between the time of the new contract and the time following it. In this graph, the period before reorganization covers surveys fielded in 2003 and the first two quarters of 2004. The period after reorganization consists of the years 2006 and 2007. The results show that the proportion of beneficiaries relying on the network increased significantly during this time period, and the proportion reporting problems finding a personal doctor from the network declined. Problems getting needed care and finding a specialist also declined, though the change is not significant. Network turnover, indicated by doctors leaving the network, fell significantly.

Figure 2: Change in Network Access

Trends by Region

Figure 3 presents the change in reported access to network care by region. The increase in network use has affected all regions (not shown). All regions show a slight, not statistically significant, decrease in problems getting care from the network. Problems finding a personal doctor have dropped most in the west region (p<.05) and least in the north.

Figure 3: Change in Network Access Problems, by Region
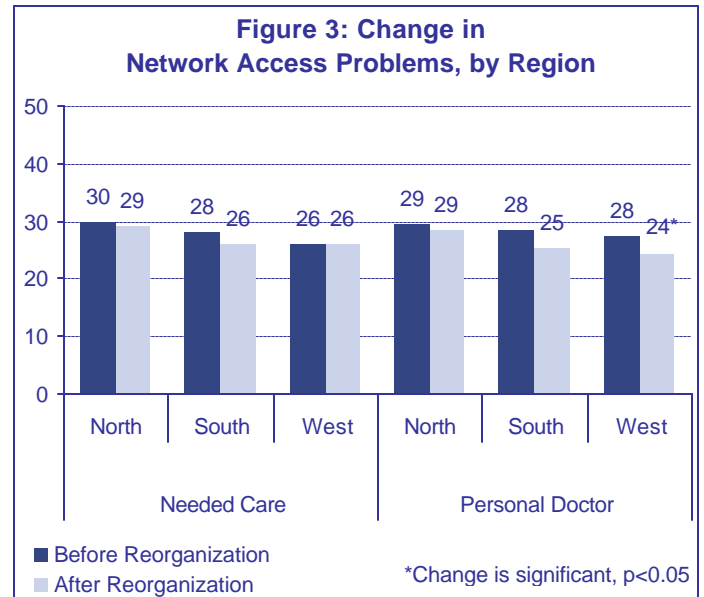
Conclusion

Results from the HCSDB indicate that, following a transition period in which access problems appear to have increased, users of TRICARE's civilian network appear to be experiencing fewer problems finding the care they need and the doctors they want to see. During this time demands on the civilian network have increased, as the proportion of TRICARE users that rely on the network has increased. Additional years of data will be needed to determine whether the change constitutes a trend, but it is encouraging that reported network access problems have declined even as demands have increased. The growing reliance of TRICARE beneficiaries on the network demonstrates the importance of continuing efforts to monitor access to care through network providers.

Sources

[1] Mathematica Policy Research, Inc. A Review of Network Adequacy Oversight Activities Across the Military Health System. May 2006.

[2] United States General Accounting Office. GAO/HEHS-00-64R. Military Health Care: TRICARE's Civilian Provider Networks. March 12, 2000.