



# Prime Enrollees Consumer Watch

## 366th Med Grp-Mountain Home♦FY 2017

Defense Health Cost Assessment & Program Evaluation

366th Med Grp-Mountain Home: Sample size-1,776 Response rate-14.8%

Source: Health Care Survey of DoD Beneficiaries

### Inside Consumer Watch

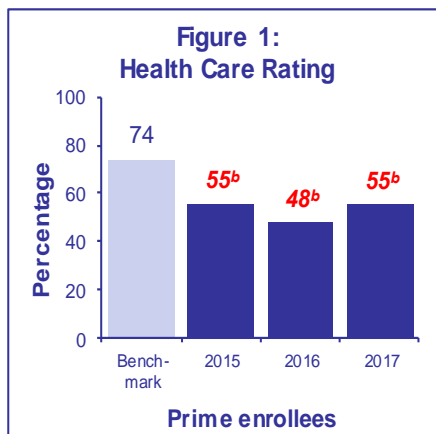
TRICARE Consumer Watch shows what Prime enrollees at your MTF say about their healthcare in the Health Care Survey of DoD Beneficiaries (HCSDB). Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months. Responses are adjusted for age and health status. Results from FY2015 to FY2017 are reported here. Starting in FY2013, results include scores from surveys fielded in only three quarters. The survey for quarter four was canceled as a result of sequestration.

The HCSDB includes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a survey designed to help consumers choose among health plans. Benchmark data, from the National Committee for Quality Assurance (NCQA) for 2015, are used in calculating benchmarks.

<sup>a</sup> Significantly exceeds benchmark ( $p < .05$ ).

<sup>b</sup> Significantly falls short of benchmark ( $p < .05$ ).

See appendix for table data.

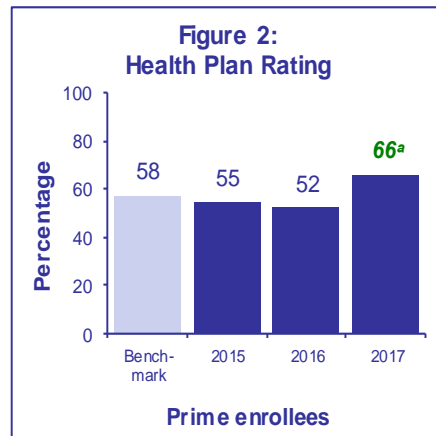


### Health Care

Prime enrollees were asked to rate their healthcare from 0 to 10, where 0

is worst and 10 is best. Figure 1 shows the percentage who rated their healthcare 8 or above for each of the following time periods: 2015, 2016, and 2017.

Labels refer to the year a survey was fielded. Numbers in red italics are significantly different from the benchmark ( $p < .05$ ). Health care ratings depend on things like access to care, and how patients get along with the doctors, nurses, and other care providers who treat them.



### Health Plan

Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

### Personal Provider

Prime enrollees who have a personal provider were asked to rate their personal provider from 0 to 10, where 0 is worst and 10 is best.

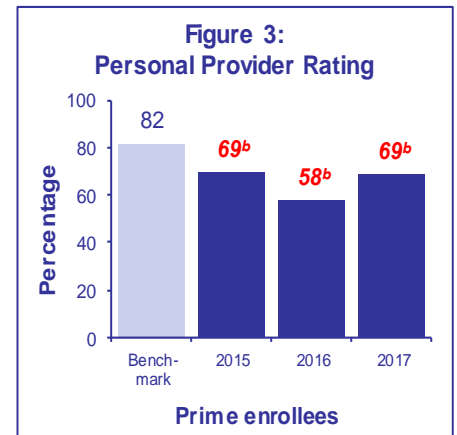


Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.

### Specialist

Enrollees who have consulted specialist physicians were asked to rate from 0 to 10 the specialist they had seen most in the previous 12 months.

Figure 4 shows the proportion of enrollees who rated their specialist 8 or above for each reporting period. Specialist ratings depend on beneficiaries' access to doctors with the special skills they need.



## Health Care Topics

Health Care Topics scores average together results for related questions. Each score is the percentage who “usually” or “always” got treatment they wanted or had “no problem” getting a desired service.

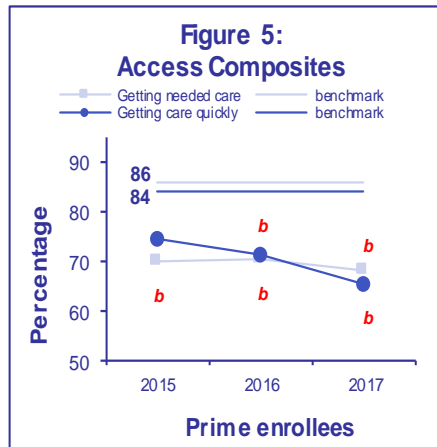
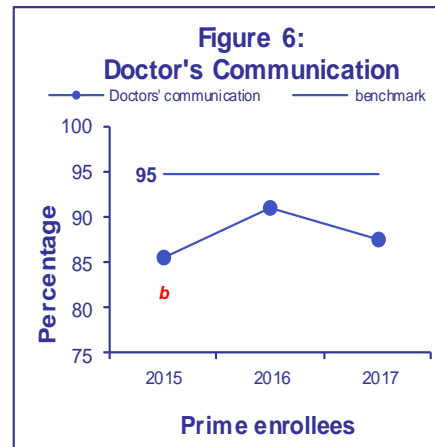


Figure 5 (Access Composites) includes the composites “Getting needed care” and “Getting care quickly.” Scores in “Getting needed care” are based on getting referral to a specialist and getting needed treatments. “Getting care quickly” scores concern how long patients wait for an appointment or urgent care.

Figure 6 (Doctor’s Communication) includes the composite for “How well doctors communicate.” Scores in “How well doctors communicate” are based on whether the personal doctor spends enough time with patients, treats them respectfully and answers their questions.

Figure 7 (Claims/Service Composites) includes composite scores for “Customer service” and “Claims processing.” Scores in the “Customer service” composite concern patients’ ability to get courteous service and information about their health plan.

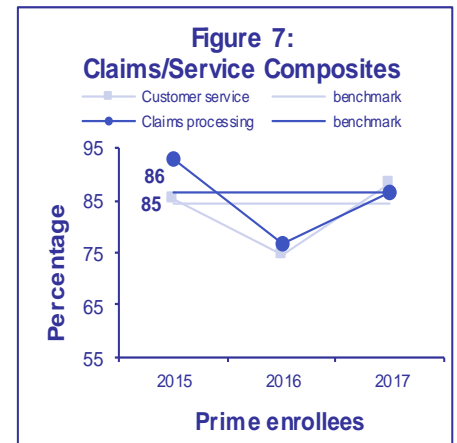
“Claims processing” scores are based on both timeliness and correctness.



## Preventive Care

The preventive care table compares Prime enrollees’ rates for diagnostic screening tests and smoking cessation with goals from Healthy People 2020, a government initiative to improve Americans’ health by preventing illness.

The mammography rate shown is the proportion of women 40 or above with a mammogram in the past two years. Pap smear is the proportion of adult women screened for cervical cancer in the past three years.



Hypertension is the proportion of adults whose blood pressure was checked in the past two years and who know whether their pressure is too high. Prenatal care is the proportion of women pregnant now or in the past 12 months who received prenatal care in their first trimester. Percent not obese is the proportion with a body mass index below 30. The non-smoking rate is the proportion of adults who currently do not smoke. Counseled to quit is the number of smokers or tobacco users whose doctor told them to quit, over the number of smokers and tobacco users with an office visit in the past 12 months.

## Preventive Care

Type of Care	2015	2016	2017	Healthy People 2020 Goal
<b>Mammography (women ≥ 40)</b>	88	84	88 (49)	81
<b>Pap Smear (women ≥ 18)</b>	79 <sup>b</sup>	87	81 <sup>b</sup> (85)	93
<b>Hypertension Screen (adults)</b>	91	78 <sup>b</sup>	94 (202)	95
<b>Prenatal Care (in 1st trimester)</b>	-	-	-	78
<b>Percent Not Obese (adults)</b>	84 <sup>a</sup>	78 <sup>a</sup>	76 (187)	69
<b>Non-Smokers (adults)</b>	91	95 <sup>a</sup>	90 (199)	88
<b>Counseled to Quit (adults)</b>	-	-	-	-

<sup>a</sup>Numbers in green significantly exceed the Healthy People 2020 goal (p < .05).

<sup>b</sup>Numbers in red significantly fall short of the Healthy People 2020 goal (p < .05).

The number of responding beneficiaries for each type of care is in parentheses.

**Figure 1: Health Care Rating**

Year/Benchmark	Prime enrollee
Benchmark	74
2015	55 <sup>b</sup>
2016	48 <sup>b</sup>
2017	55 <sup>b</sup>

**Figure 2: Health Plan Rating**

Year/Benchmark	Prime enrollee
Benchmark	58
2015	55
2016	52
2017	66 <sup>a</sup>

**Figure 3: Personal Provider Rating**

Year/Benchmark	Prime enrollee
Benchmark	82
2015	69 <sup>b</sup>
2016	58 <sup>b</sup>
2017	69 <sup>b</sup>

**Figure 4: Specialist Rating**

Year/Benchmark	Prime enrollee
Benchmark	81
2015	62 <sup>b</sup>
2016	88
2017	85

**Figure 5: Access Composites**

Year	Getting Needed Care	Benchmark For Getting Needed Care	Getting Care Quickly	Benchmark For Getting Care Quickly
2015	70 <sup>b</sup>	86	75	84
2016	70 <sup>b</sup>	86	72 <sup>b</sup>	84
2017	68 <sup>b</sup>	86	66 <sup>b</sup>	84

**Figure 6: Doctor's Communication**

Year	Doctor's Communication	Benchmark
2015	86 <sup>b</sup>	95
2016	91	95
2017	88	95

**Figure 7: Claims/Service Composites**

Year	Customer Service	Benchmark For Customer Service	Claims Processing	Benchmark For Claims Processing
2015	85	85	93	86
2016	74	85	77	86
2017	88	85	86	86

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Counseled to Quit (adults)	-	-	-	-

*a. Numbers in green significantly exceed the Healthy People 2020 goal ( $p < .05$ ).*

*b. Numbers in red significantly fall short of the Healthy People 2020 goal ( $p < .05$ ).*

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