

Prime Enrollees Consumer Watch

AIR FORCE • Quarter 3 FY 2021

DIRECTORATE OF STRATEGY, PLANNING AND FUNCTIONAL INTEGRATION (J-5)



Inside Consumer Watch

TRICARE Consumer Watch shows what TRICARE Prime enrollees in your service say about their health care in the Health Care Survey of DoD Beneficiaries (HCSDB). Every quarter, a representative sample of adult TRICARE beneficiaries are asked about the care they received in the last 12 months, and the results are adjusted for age and health status. This publication reports results for beneficiaries younger than 65. These results are compared to civilian benchmarks that are adjusted for age and health status to match the population of TRICARE beneficiaries.

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 comes from the National Committee for Quality Assurance (NCQA) for 2018 and from the U.S. Department of Health and Human Services Healthy People 2020 (HP2020) goals.

Results

Source: **Health Care Survey of DoD Beneficiaries**

Response Rate: **9%**

Sample Size: **23,767**

In this section, a series of charts shows the percentages of beneficiaries who rated a certain aspect of their care highly in the surveys fielded in the third quarter of fiscal year 2021, describing the period April 2020 to March 2021, and each of the two previous quarters. These ratings are compared to the civilian benchmark, which is indicated with a horizontal line. Percentages that differ significantly from the benchmark are indicated with filled points, and percentages that do not differ significantly from the benchmark are indicated with open points.

The same information shown in Figures 1–7 is shown in tabular form in the corresponding tables in the appendix.

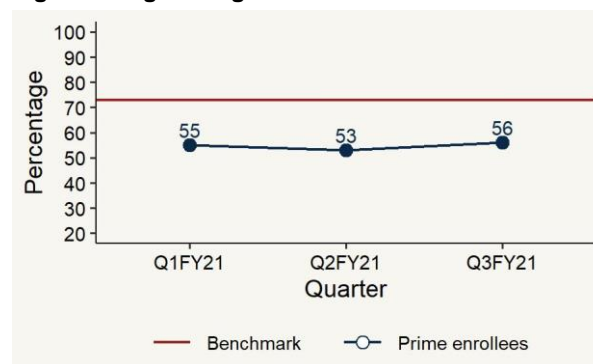
How to read the charts:

●	61	Percentage of respondents giving a high rating
●		Value differs significantly from benchmark
○		Value does not differ significantly from benchmark
—		Benchmark (horizontal red line without point)

Health Care

Prime enrollees were asked to rate their health care on a scale from 0 to 10, where 0 is worst rating, and 10 is the best. For each reporting period, Figure 1 shows the percentage who gave their health care a rating of 8 or higher. 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.

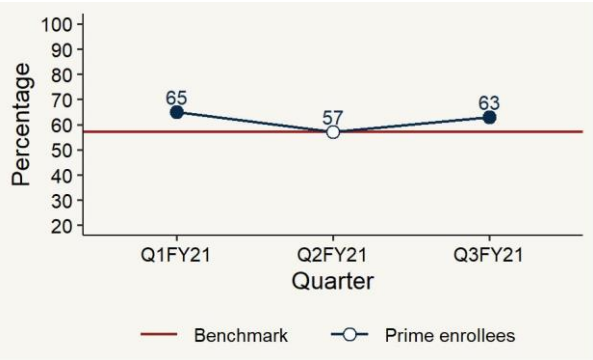
Figure 1. High rating of health care



Health Plan

Prime enrollees were asked to rate their health plan on a scale from 0 to 10, where 0 is the worst rating, and 10 is the best. For each reporting period, Figure 2 shows the percentage who gave their plan a rating of 8 or higher. Health plan ratings depend on access to care and how the plan handles things like claims, referrals, and customer complaints.

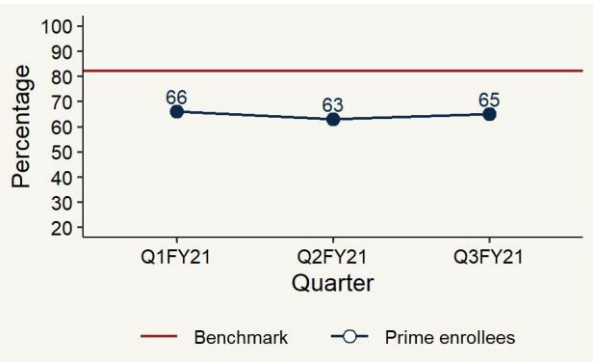
Figure 2. High rating of health plan



Personal Doctor

Prime enrollees who have a personal doctor were asked to rate this doctor on a scale from 0 to 10, where 0 is the worst rating, and 10 is the best. For each reporting period, Figure 3 shows the percentage who gave their doctor a rating of 8 or higher. Personal doctor ratings depend on how patients get along with the doctor responsible for their basic care.

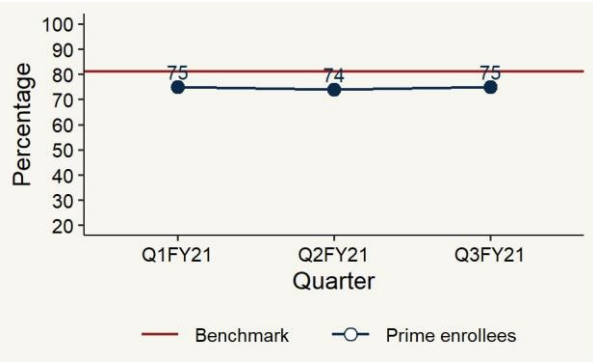
Figure 3. High rating of personal doctor



Specialist

Prime enrollees who have consulted specialist physicians were asked to rate the specialist they had seen most in the previous 12 months on a scale from 0 to 10, where 0 is the worst rating, and 10 is the best. For each reporting period, Figure 4 shows the percentage who gave their specialist a rating of 8 or higher. Specialist ratings depend on beneficiaries' access to doctors with the special skills they need.

Figure 4. High rating of specialty care



Health Care Topics

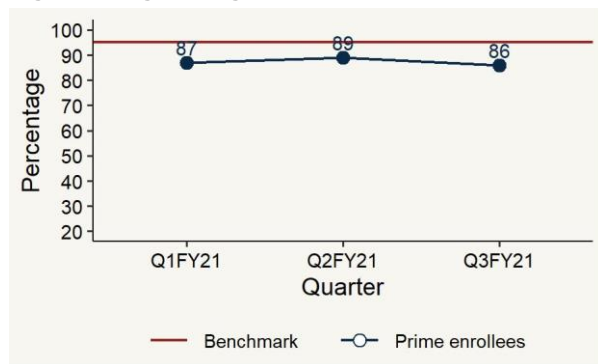
Health care topics scores are averages of the scores for sets of related questions. Each score is the percentage of Prime enrollees who “usually” or “always” got the treatment they wanted, or had “no problem” getting a desired service.

For each reporting period, Figure 5 shows the percentage of enrollees who were able to get needed care and to get care quickly. Scores for getting needed care are based on getting to see a specialist and getting needed treatments. Scores for getting care quickly reflect how long patients wait for an appointment or for urgent care.

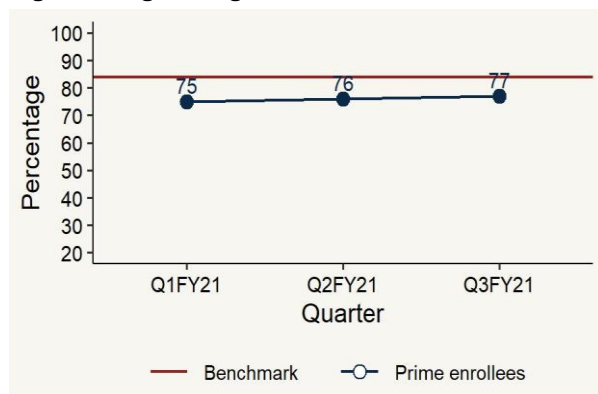
Figure 5. High rating of access composites



For each reporting period, Figure 6 shows the percentage of enrollees who gave a high rating for doctor communication. Scores in this composite are based on whether the personal doctor spends enough time with patients, treats them respectfully, listens to them, and explains things in an understandable way.

Figure 6. High rating of doctor communication

For each reporting period, Figure 7 shows the percentage of enrollees who gave a high rating for customer service. Scores in this composite reflect patients' ability to get courteous service and to get information about their health plan.

Figure 7. High rating of customer service

Preventive Care

Table 1 compares Prime enrollees' rates for diagnostic screening tests, smoking cessation, and obesity to goals from Healthy People 2020, a government initiative to improve Americans' health by preventing illness.

The mammography rate shown is the proportion of women age 40 or older who had a mammogram in the past two years. The pap smear rate refers to the proportion of adult women screened for cervical cancer in the past three years. The hypertension rate is the proportion of adults whose blood pressure was checked in the past two years, and who know whether their pressure is too high. The prenatal care rate is the proportion of women who are pregnant now or have been in the past 12 months who received prenatal care in their first trimester.

The percentage not obese is the proportion of adults with a body mass index below 30. The nonsmoking rate is the proportion of adults who currently do not smoke. The percentage counseled to quit is the proportion of smokers or tobacco users, with an office visit in the past 12 months, whose doctor advised them to quit smoking.

Table 1. Preventive care

Type of Care	Q1FY21	Q2FY21	Q3FY21	HP2020 Goal
Mammography	78	79	80	81
Pap smear	76 ^b	73 ^b	73 ^b	93
Hypertension	84 ^b	84 ^b	82 ^b	95
Prenatal care (in 1st trimester)	90	94 ^a	94 ^a	85
Percent not obese	76 ^a	77 ^a	73 ^a	69
Non-smokers (adults)	96 ^a	95 ^a	96 ^a	88
Counseled to quit (adults)	76	74	71	76

^a Significantly exceeded the Healthy People 2020 goal ($p < .05$).

^b Significantly fell short of the Healthy People 2020 goal ($p < .05$).

- Suppressed because of small sample size.

Appendix

Tables in the Appendix show the same information shown in Figures 1–7 and in Table 1.

Table A.1. High rating of health care

Group	Percentage	Significance
Benchmark Q3FY21	73	NA
Prime enrollees Q1FY21	55	Significantly lower than benchmark (p < .05)
Prime enrollees Q2FY21	53	Significantly lower than benchmark (p < .05)
Prime enrollees Q3FY21	56	Significantly lower than benchmark (p < .05)

Table A.2. High rating of health plan

Group	Percentage	Significance
Benchmark Q3FY21	57	NA
Prime enrollees Q1FY21	65	Significantly higher than benchmark (p < .05)
Prime enrollees Q2FY21	57	Value is not significantly different than benchmark
Prime enrollees Q3FY21	63	Significantly higher than benchmark (p < .05)

Table A.3. High rating of personal doctor

Group	Percentage	Significance
Benchmark Q3FY21	82	NA
Prime enrollees Q1FY21	66	Significantly lower than benchmark (p < .05)
Prime enrollees Q2FY21	63	Significantly lower than benchmark (p < .05)
Prime enrollees Q3FY21	65	Significantly lower than benchmark (p < .05)

Table A.4. High rating of specialty care

Group	Percentage	Significance
Benchmark Q3FY21	81	NA
Prime enrollees Q1FY21	75	Significantly lower than benchmark (p < .05)
Prime enrollees Q2FY21	74	Significantly lower than benchmark (p < .05)
Prime enrollees Q3FY21	75	Significantly lower than benchmark (p < .05)

Table A.5. High rating of access composites

Composite	Group	Percentage	Significance
Getting needed care	Benchmark Q3FY21	84	NA
Getting needed care	Prime enrollees Q1FY21	70	Significantly lower than benchmark (p < .05)
Getting needed care	Prime enrollees Q2FY21	68	Significantly lower than benchmark (p < .05)
Getting needed care	Prime enrollees Q3FY21	69	Significantly lower than benchmark (p < .05)
Getting care quickly	Benchmark Q3FY21	82	NA
Getting care quickly	Prime enrollees Q1FY21	68	Significantly lower than benchmark (p < .05)
Getting care quickly	Prime enrollees Q2FY21	70	Significantly lower than benchmark (p < .05)
Getting care quickly	Prime enrollees Q3FY21	66	Significantly lower than benchmark (p < .05)

Table A.6. High rating of doctor communication

Group	Percentage	Significance
Benchmark Q3FY21	95	NA
Prime enrollees Q1FY21	87	Significantly lower than benchmark (p < .05)
Prime enrollees Q2FY21	89	Significantly lower than benchmark (p < .05)
Prime enrollees Q3FY21	86	Significantly lower than benchmark (p < .05)

Table A.7. High rating of customer service

Group	Percentage	Significance
Benchmark Q3FY21	84	NA
Prime enrollees Q1FY21	75	Significantly lower than benchmark (p < .05)
Prime enrollees Q2FY21	76	Significantly lower than benchmark (p < .05)
Prime enrollees Q3FY21	77	Significantly lower than benchmark (p < .05)

Table A.8. Preventive care

Type of Care	Group	Percentage	Significance
Mammography	Benchmark Q3FY21	81	NA
Mammography	Prime enrollees Q1FY21	78	Value is not significantly different than benchmark
Mammography	Prime enrollees Q2FY21	79	Value is not significantly different than benchmark
Mammography	Prime enrollees Q3FY21	80	Value is not significantly different than benchmark
Pap smear	Benchmark Q3FY21	93	NA
Pap smear	Prime enrollees Q1FY21	76	Significantly lower than benchmark (p < .05)
Pap smear	Prime enrollees Q2FY21	73	Significantly lower than benchmark (p < .05)
Pap smear	Prime enrollees Q3FY21	73	Significantly lower than benchmark (p < .05)
Hypertension	Benchmark Q3FY21	95	NA
Hypertension	Prime enrollees Q1FY21	84	Significantly lower than benchmark (p < .05)
Hypertension	Prime enrollees Q2FY21	84	Significantly lower than benchmark (p < .05)
Hypertension	Prime enrollees Q3FY21	82	Significantly lower than benchmark (p < .05)
Prenatal care (in 1st trimester)	Benchmark Q3FY21	85	NA
Prenatal care (in 1st trimester)	Prime enrollees Q1FY21	90	Value is not significantly different than benchmark
Prenatal care (in 1st trimester)	Prime enrollees Q2FY21	94	Significantly higher than benchmark (p < .05)
Prenatal care (in 1st trimester)	Prime enrollees Q3FY21	94	Significantly higher than benchmark (p < .05)
Percent not obese	Benchmark Q3FY21	69	NA
Percent not obese	Prime enrollees Q1FY21	76	Significantly higher than benchmark (p < .05)
Percent not obese	Prime enrollees Q2FY21	77	Significantly higher than benchmark (p < .05)
Percent not obese	Prime enrollees Q3FY21	73	Significantly higher than benchmark (p < .05)
Non-smokers (adults)	Benchmark Q3FY21	88	NA
Non-smokers (adults)	Prime enrollees Q1FY21	96	Significantly higher than benchmark (p < .05)
Non-smokers (adults)	Prime enrollees Q2FY21	95	Significantly higher than benchmark (p < .05)
Non-smokers (adults)	Prime enrollees Q3FY21	96	Significantly higher than benchmark (p < .05)
Counseled to quit (adults)	Benchmark Q3FY21	76	NA
Counseled to quit (adults)	Prime enrollees Q1FY21	76	Value is not significantly different than benchmark
Counseled to quit (adults)	Prime enrollees Q2FY21	74	Value is not significantly different than benchmark
Counseled to quit (adults)	Prime enrollees Q3FY21	71	Value is not significantly different than benchmark