

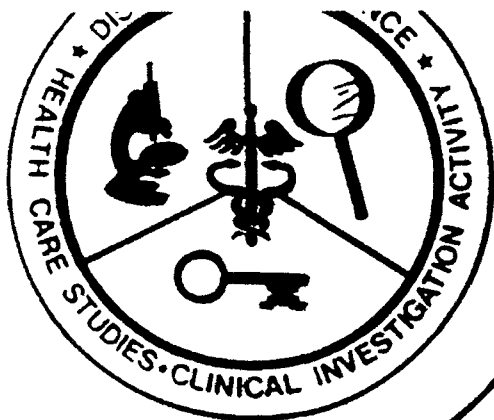
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UNITED STATES ARMY

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HEALTH CARE STUDIES AND
CLINICAL INVESTIGATION ACTIVITY



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PATIENT SATISFACTION SURVEY
1991-1992

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TABLE OF CONTENTS

DISCLAIMER	i
REPORT DOCUMENTATION PAGE (DD 1473)	ii
TABLE OF CONTENTS	iii
ACKNOWLEDGMENTS	iv
BACKGROUND	1
METHOD	1
RESULTS	
Demographics	2
Category of Beneficiary Users	2
Branch of Service	2
Gender	3
Rank	3
Psychometrics	4
Comparative Analyses	4
Scoring of Content Categories	4
Overview	4
Category of Beneficiary Users	4
Type of Nearest DoD Facility	5
Type of Health Care Program Used	5
Who Uses the DoD Health System?	5
Why Beneficiaries Do Not Use MMTF	6
Level of Satisfaction: Ratings	6
Comments	6
Level of Satisfaction: Comments	6
Coordinated Care Program: Gateway To Care	6
DISCUSSION	
Areas Needing Change	7
What Do These Findings Mean?	7
Comparisons With Previous Studies	7
CONCLUSIONS	8
RECOMMENDATIONS	8
TABLES	
1 Descriptive Statistics For Items	9
2 Comparisons of Health Program Used	16
3 Comparison of Time Use With Health Care Programs	17
4 Means and One-way ANOVA Comparisons For GHAA Content Categories	18
5 Five-way ANOVA Comparisons on GHAA Content Categories	19
6 Patient Satisfaction Comments	20
7 Coordinated Care Program: Gateway To Care	21
REFERENCES	22
APPENDIX A Patient Satisfaction Survey	24
APPENDIX B Psychometrics	36
Factor Analysis	36
Reliability Estimates: Coefficient Alphas of GHAA Content Categories	36
DISTRIBUTION LIST	37

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PATIENT SATISFACTION SURVEY

BACKGROUND

The patient satisfaction survey tasking came from Headquarters, U.S. Army Health Services Command (HQ HSC) requesting the Group Health Association of America (GHAA) Consumer Satisfaction Survey instrument be used to survey potential users of DoD medical treatment facilities (HSC Task Number 2293).

The Patient Satisfaction Survey project was begun in June 1989 with the request to the GHAA for permission to modify GHAA Consumer Satisfaction Survey items for use with a military population. With GHAA's permission, the survey items were staffed with the U.S. Army Soldier Support Center National Capitol Region (NCR) in accordance with AR 600-46. A survey control number was assigned by Soldier Support Center NCR (ATNC-AO-89-26, RCS:MILPC-3). The 1989-1990 study (n=2874) resulted in a report (Mangelsdorff, 1990) on patient attitudes and behaviors in Army medical treatment facilities (MTFs). It was recommended by the Commander, HQ HSC that patient satisfaction surveys be conducted each year with the results provided to HQ HSC. In 1990, GHAA modified the Consumer Satisfaction Survey instrument; accordingly the 1990-1991 survey used the modified items. The 1990-1991 study (n=3050) resulted in a summary report (Mangelsdorff, 1991).

A tri-service survey working group was formed in 1992 to develop a patient satisfaction survey which would be acceptable to the Assistant Secretary of Defense (Health Affairs). The Army survey developed and incorporated items reflecting attitudes toward care received at military medical treatment facilities (MMTFs), as well as that funded by CHAMPUS, private, and other treatment programs. In addition, attitudes toward Gateway To Care, the Army's coordinated care program, were assessed. The present report documents the 1991-1992 survey effort.

METHOD

Patient Satisfaction Surveys were mailed to 9,400 eligible beneficiaries at 38 Army MMTFs. For each of the medical centers, 400 individuals were selected; for the other medical activities, 200 individuals were chosen. Subjects were randomly selected from Defense Eligibility Enrollment Reporting System (DEERS) data lists using zipcodes in the MMTF catchment areas. The distribution of subjects from Army, Navy/Marine, and Air Force populations reflected the distribution in the DEERS data lists.

A survey control number was assigned by the Soldier Support Center NCR (PERI-AO-92-18, RCS:MILPC-3). Control numbers were used to identify the MMTF and the category of beneficiary (Active Duty, Active Duty Dependent, Retired, or Retired/Deceased Dependent); this became the "anticipated" category of beneficiary. Subjects reported their own category of beneficiary; this became the "self reported" category of beneficiary. The lists of eligible beneficiaries were determined from the DEERS patient populations at the selected Army MMTFs. Mailing labels were developed from the DEERS lists sorted by zipcode areas around the Army MMTFs. Problems with the format of the DEERS lists, missing or incomplete addresses, and coordination with the tri-service survey effort delayed the mailing until May 1992.

Survey instruments were sent out from May 1992 through June 1992. As surveys were returned, the contents were compiled and comments coded. Content categories were: developed using the GHAA criteria. The ten GHAA content categories were access, finances, technical quality, communication, choice and continuity, interpersonal care, outcomes, overall quality, time spent, and general satisfaction. The survey instrument is contained in Appendix A and average item responses in Table 1.

Descriptive statistics were computed for respondents' demographics as to category of beneficiary, branch of service, gender, and rank. Psychometrics on the GHAA content categories for the rated items were examined using factor analyses and reliability estimates. Comparative analyses were conducted by category of beneficiary (Active Duty, Active Duty Dependent, Retired, Retired/Deceased Dependent), type of nearest DoD facility (MEDCEN, MEDDAC), type of health care program used (MMTF Only, care funded by CHAMPUS Plus, Private/Other), and use patterns. Comments written by respondents were analyzed for content.

RESULTS

DEMOGRAPHICS

As of 1 September 1992, responses had been received from 2,317 individuals, with an additional 1,030 surveys returned as undeliverable. The usable return rate was 24.6%.

Category of Beneficiary Users

The distribution of eligible beneficiary categories of the 9,400 sent out was Active Duty (35.4%), Active Duty Dependents (18.5%), Retired (25.9%), and Retired/Deceased Dependents (20.3%). Of the 2,317 respondents analyzed, the proportions as "self reported" by the respondents were Active Duty (21.7%), Active Duty Dependents (11.7%), Retired (41.5%), Retired/Deceased Dependents (25.1%). The "self reported" category of beneficiary was used for all analyses.

Branch of Service

The distribution of respondents and category of beneficiary by branch of service follows.

	<u>Category of Beneficiary of Population Sent Out</u>			
	<u>Act Duty</u>	<u>ActDuDep</u>	<u>Retired</u>	<u>Ret/Dec Dep</u>
Branch of Service				
Army	2561	1333	1313	1047
Air Force	340	190	645	519
Navy/Marines	422	213	477	340

	Category of Beneficiary of Respondents				
	<u>Act</u> <u>Duty</u>	<u>Act</u> <u>Du</u> <u>Dep</u>	<u>Retired</u>	<u>Ret/Dec</u> <u>Dep</u>	<u>Else</u>
Branch of Service					
Army	366	209	550	321	0
Air Force	76	39	260	165	0
Navy/Marines	61	22	133	89	0
Unidentified	0	1	19	6	0

	Category of Beneficiary of Undeliverable/Returns			
	<u>Act</u> <u>Duty</u>	<u>Act</u> <u>Du</u> <u>Dep</u>	<u>Retired</u>	<u>Ret/Dec</u> <u>Dep</u>
Branch of Service				
Army	430	262	67	26
Air Force	27	10	26	10
Navy/Marines	86	48	25	10
Unidentified	0	0	3	0

Gender

The distribution of respondents, category of beneficiary, and gender by branch of service follows.

Branch of Service	Category of Beneficiary of Respondents								
	<u>Act Duty</u>		<u>ActDuDep</u>		<u>Retired</u>		<u>Ret/Dec Dep</u>		<u>Else</u>
	Male	Fmle	Male	Fmle	Male	Fmle	Male	Fmle	
Army	303	63	10	199	521	25	4	306	0
Air Force	62	14	1	38	218	12	0	156	0
Navy/Marines	51	10	1	21	121	6	1	87	0
Unidentified	0	0	0	0	0	0	0	0	36

Rank

The distribution of respondents, category of beneficiary, and rank by branch of service follows.

	Category of Beneficiary of Respondents											
	<u>Act Duty</u>						<u>ActDuDep</u>					
	E1-5	E6-9	WO	01-3	04-6	Gen	E1-5	E6-9	WO	01-3	04-6	Gen
Branch of Service												
Army	105	133	18	53	57	0	51	77	9	40	31	1
Air Force	18	23	0	20	15	0	12	10	0	6	10	1
Navy/Marines	9	22	2	11	15	2	5	9	0	2	5	1
Unidentified	0	0	0	0	0	0	0	0	0	0	0	0

	Category of Beneficiary of Respondents													
	<u>Retired</u>							<u>Retired/Deceased</u> <u>Dep</u>						
	Else	E1-5	E6-9	WO	01-3	04-6	Gen	Else	E1-5	E6-9	WO	01-3	04-6	Gen
Branch of Service														
Army	0	15	302	52	13	159	5	0	7	188	25	8	81	1
Air Force	0	8	130	4	4	82	2	0	7	93	2	7	46	1
Navy/Marines	0	8	59	2	5	52	1	0	8	44	3	3	30	0
Unident	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PSYCHOMETRICS

The GHAA survey instrument consists of 35 items rated using a 5-point Likert scale. For the present study, one additional scale point was added to the GHAA 5-point scale, that of "Have Not Used; it was scored as a missing value.

A series of analyses were conducted to determine the psychometric properties of the items. Separate analyses were conducted for the attitudes toward the MMTFs and for care funded by CHAMPUS, Private, Other means (C/P/O). The details are contained in Appendix B. The analyses included principal components factor analyses of the 35 rated items; the amount of variance accounted for was 68.0% for the MMTF items and 72.1% for the C/P/O items. The GHAA content categories were subjected to reliability estimates using the Kuder Richardson procedure to calculate coefficient alphas. Inter-item Pearson product moment correlation coefficients were calculated between selected items. In general, the GHAA content area items had quite acceptable psychometric properties, with coefficient alphas ranging from .748 to .949.

COMPARATIVE ANALYSES

Scoring of Content Categories

GHAA recommended transformation of the data by adding all of the items in a content category, subtracting the lowest possible score, and dividing the result by the range of scores possible. This assumes all subjects use all services and answer all questions; the GHAA scoring system was not practical as not all respondents used all the services or answered all of the items. The scoring method chosen for each content category was calculating a mean of all of the items responded to by the subject. Mean content category responses for each respondent were the dependent measures. Table 1 summarizes item responses within content categories.

Overview

Analysis of variance (ANOVA) comparisons were made on the ten GHAA content categories; comparisons were made for Category of Beneficiary, Type of Nearest DoD Facility, Type of Health Care Program Used, and use patterns. Means of the content category responses for each respondent were the dependent measures. One-way ANOVA comparisons are summarized in Table 4, while five-way ANOVA findings for main effects and interactions are shown in Table 5. The findings follow.

Category of Beneficiary Users

The proportions as "self reported" by the respondents were Active Duty (21.7%), Active Duty Dependents (11.7%), Retired (41.5%), Retired/Deceased Dependents (25.1%). Table 4 contains a summary of the means and one-way analysis of variance comparisons. There were significant differences between the categories of beneficiaries for each of the content categories. In general, the Retired were significantly more satisfied, while the Active Duty Dependents were least satisfied.

Type of Nearest DoD Facility

Comparisons were made between eligible beneficiaries in the zipcode areas near Army Medical Centers (MEDCENS) and Army Medical Activities (MEDDACs). Of the surveys analyzed, 38.5% were returned from MEDCENS, the remainder from MEDDACs. Table 4 contains a summary of the means and one-way analysis of variance comparisons. There were significant differences between eligible beneficiaries near MEDCENS versus those near MEDDACs; those near MEDCENS reported being significantly more satisfied.

Type of Health Care Program Used

Comparisons were made between the types of health care program used in response to Q37. Responses were collapsed as follows: MMTF only (40.0%), CHAMPUS or some combination with CHAMPUS (32.4%), private health insurance (26.6%), and self pay (1.0%). Table 4 contains a summary of the means and one-way analysis of variance comparisons. There were significant differences between the types of health care program used.

Who Uses the DoD Health System?

In response to Q41, 80.7% of respondents reported using the MMTF in the last 12 months. The distribution of recent users by category of beneficiary was Active Duty (91.4%), Active Duty Dependents (95.4%), Retired (73.4%), and Retired/Deceased Dependents (75.9%).

In response to Q41, 58.6% of respondents reported using care funded by CHAMPUS or a Private or Other (C/P/O) means in the last 12 months. The distribution of recent users by category of beneficiary was Active Duty (33.3%), Active Duty Dependents (56.5%), Retired (66.3%), and Retired/Deceased Dependents (66.9%).

In response to Q42, 13.6% reported an overnight admission for medical care at the MMTF during the last 12 months. The distribution of inpatient admissions by category of beneficiary was Active Duty (17.02%), Active Duty Dependents (21.4%), Retired (16.1%), and Retired/Deceased Dependents (13.1%).

In response to Q42, 10.0% reported an overnight admission for medical care which was funded by C/P/O means during the last 12 months. The distribution of inpatient admissions by category of beneficiary was Active Duty (3.0%), Active Duty Dependents (9.4%), Retired (14.1%), and Retired/Deceased Dependents (8.9%).

Response to Q44 showed that 77.2% made one or more outpatient visits for medical care at the MMTF during the last 12 months. The distribution of outpatient visits by category of beneficiary was Active Duty (87.7%), Active Duty Dependents (92.7%), Retired (69.0%), and Retired/Deceased Dependents (73.6%).

Response to Q44 showed that 54.8% made one or more outpatient visits for medical care funded by C/P/O means during the last 12 months. The distribution of outpatient visits by category of beneficiary was Active Duty (24.5%), Active Duty Dependents (54.3%), Retired (62.8%), and Retired/Deceased Dependents (65.0%).

Why Beneficiaries Do Not Use MMTF

There were a variety of responses to Q39 "If you do not receive the majority of your health care from a military medical treatment facility, which one reason best explains why not?" The most frequently cited reasons for not using the MMTF were as follows: "Too difficult to get appointment" (22.0%), "MMTF lacks services" (18.2%), "Other" (18.1%), and "Live too far away from MMTF" (10.9%). The Q39 responses were matched with those from Q37 "Basic health benefits or insurance programs used most;" Table 2 shows the findings. The Q37 responses were matched with Q2 "Percent of health care receive from MMTF, CHAMPUS, Private/Other sources; Table 3 presents the results.

Level of Satisfaction: Ratings

The overall level of satisfaction reported was good (mid-point on a 5-point scale). Table 1 summarizes the findings for individual items. For the categorical mean clusters, the most positive attitudes towards care provided at MMTFs were the areas dealing with "interpersonal care," "communication," "outcomes," "technical quality," and "finances." The lowest mean cluster was "choice and continuity." The lowest item ratings were "choice of personal doctor" and "telephone access to information" at the MMTFs.

For the categorical mean clusters, the most satisfaction with care funded by C/P/O means was with "communication," "outcomes," "technical quality," "access," "finances," and "interpersonal care." The most positive item was (Q13), "Services available for getting prescriptions filled." In general, there was more satisfaction reported with the care received outside the MMTFs than with the MMTFs.

COMMENTS

Level of Satisfaction: Comments

The comments added by the respondents supported a moderate level of general satisfaction with the medical care received. The most positive comments dealt with specific MMTFs. There were emphatic negative comments offered about several areas. Specific negative comments dealt with the appointment system, access to specialty care, the waiting time at the office to see the doctor, a particular clinic or service, and specific physicians. Table 6 summarizes the content of the comments offered in the major categories.

COORDINATED CARE PROGRAM: GATEWAY TO CARE

Questions about the planned coordinated care program: Gateway To Care were asked. Only 9.2% of the respondents to Q69 were familiar with the program, the highest percentage being the Active Duty Dependents (16.2%). When asked the probability of enrolling in the program when it becomes available, the responses indicated a low to moderate probability of enrolling in Gateway To Care.

DISCUSSION

AREAS NEEDING CHANGE

Among the areas rated needing attention were those dealing with the appointment system, waiting times, the choice of a particular provider, and telephone access to care. The specific issues with the lowest satisfaction ratings at the MMTF were with (Q23) "Arrangements for choosing a personal doctor," (Q24) "Ease of seeing the doctor of your choice," (Q11) "Availability of medical information or advice by phone," (Q22) "Number of doctors you have to choose from," (Q10) "Length of time you wait between making an appointment for routine care and the day of your visit," and (Q8) "Arrangements for making appointments for medical care by phone." The comments added by the respondents were specifically negative about the appointment systems, particular clinics or programs, and the waiting times.

These were almost the identical areas that were reported as showing dissatisfaction in the 1989-1990 and 1990-1991 surveys. Similarly, the areas of satisfaction reported in 1989-1990 and 1990-1991 paralleled those of 1991-1992.

WHAT DO THESE FINDINGS MEAN?

The majority of the respondents are using outpatient care services at MMTFs. Individuals who have used the DoD health system are generally satisfied with the care provided by the doctors and staff, particularly the interpersonal dynamics (the friendliness, courtesy, respect, reassurance, and support given to the patients). Once the patient got into the system, the MMTF staff was perceived as providing good health care. This has been consistent through the 1989-1990, 1990-1991, and 1991-1992 surveys. The problems were in obtaining access to the system or telephone information about specific problems. The Retired patients were most satisfied with the care provided, while the Active Duty Dependents were least. The Retired users were most likely to add comments about their experiences. Of note, the care funded by C/P/O means was rated as more satisfying than was MMTF care.

COMPARISONS WITH PREVIOUS STUDIES

Literature searches of the Medline and the Defense Technical Information Center data bases revealed a number of citations on patient satisfaction. Patient expectations and satisfaction have been examined in numerous studies (Brooks, 1973; Davies and Ware, 1988; Fisher, 1971; Lebow, 1974, 1975, 1983; Houston and Pasanen, 1972; Hulka, Zyzanski, Cassel, and Thompson, 1970; Mangelsdorff, 1979, 1980; Ware, 1976; Ware, Davies-Avery, and Stewart, 1978; Ware and Hays, 1988; Ware and Snyder, 1975; Ware, Wright, Snyder, and Chu, 1975; Zyzanski, Hulka, and Cassel, 1974). Within the DoD health care system, major studies have included the DoD Report of the Military Health Care Study (December, 1975), the DoD 1984 Health Care Survey (April, 1985), the General Accounting Office (GAO) surveys of military hospital patients views (September, 1989), and the RAND Corporation Health Care Reform Evaluation Study (ongoing).

The GAO study (1989) findings are similar to the 1989-1990, 1990-1991, and 1991-1992 studies. The GAO results showed overall satisfaction with the care received in the MMTFs surveyed (three were Army facilities). The active duty personnel and dependents were somewhat less satisfied with the care than were retirees and their dependents. Patients generally considered the MMTF staff to be courteous and competent. Outpatient appointments often were difficult to obtain. Comments on outpatient care dealt with rude or impersonal staff, the need for more staff, and perceptions of staff as incompetent. Comments on inpatient care included rude or impersonal staff, compliments to hospital or staff, and staff perceived as incompetent.

The planned coordinated care program, Gateway To Care, was not well known to the respondents; only 9% recognized it. Clearly more publicity about the benefits of the Gateway To Care program and how to enroll must be provided to eligible beneficiaries.

CONCLUSIONS

There has been consistency between the findings of the 1989-1990, 1990-1991, and 1991-1992 studies. Eligible beneficiaries reported moderate satisfaction with the health care received in MMTFs. The Retired personnel reported the most satisfaction, while the Active Duty Dependents were least satisfied. Individuals who have used the military health care system are generally satisfied with the care. Individuals who use care funded by C/P/O means report higher levels of satisfaction. Specific reasons eligible beneficiaries do not use the MMTFs included problems or perceptions of problems with the appointment systems, access to services, lack of telephone information or advice, waiting times, choice of a personal physician, and difficulties with particular clinics or personnel. The majority of the respondents are using outpatient services. More information needs to be disseminated about Gateway To Care.

RECOMMENDATIONS

Periodic surveys of eligible beneficiaries need to be conducted to assess changes in the health care delivery system. Feedback should be provided to commanders, who can praise AMEDD personnel for the good work they are doing and, at the same time, enlist their assistance in seeking solutions to the systemic problems disclosed. A stepped-up public information campaign about Gateway To Care is needed.

TABLE 1
DESCRIPTIVE STATISTICS FOR ITEMS

CONTENT	MMTF			C/P/O		
	MEAN	MEDIAN	n	MEAN	MEDIAN	n
<u>ACCESS TO CARE</u>						
3. Convenience of location of the doctor's office	3.94	4 (VG)	1945	3.92	4 (VG)	1180
4. Hours when the doctor's office is open	3.85	4 (VG)	1924	3.91	4 (VG)	1154
5. Access to specialty care if you need it	2.98	3 (G)	1783	4.02	4 (VG)	1100
6. Access to hospital care if you need it	3.60	4 (VG)	1743	4.11	4 (VG)	996
7. Access to medical care in an emergency	3.63	4 (VG)	1759	4.08	4 (VG)	970
8. Arrangements for making appointments for medical care by phone	2.63	2 (F)	1934	4.02	4 (VG)	1080
9. Length of time spent waiting at the office to see the doctor	2.80	2 (F)	1956	3.47	4 (VG)	1144
10. Length of time you wait between making an appointment for routine care and the day of your visit	2.64	2 (F)	1923	3.71	4 (VG)	1098
11. Availability of medical information or advice by phone	2.47	2 (F)	1547	3.54	4 (VG)	938
12. Access to medical care whenever you need it	3.12	3 (G)	1934	3.91	4 (VG)	1109
13. Services available for getting prescriptions filled	3.69	4 (VG)	1952	4.09	4 (VG)	935
<u>FINANCES</u>						
14. Protection you have against financial hardship due to medical expenses	3.48	4 (VG)	1504	3.19	3 (G)	1047
15. Arrangements for you to get the medical care you need without financial problems	3.55	4 (VG)	1475	3.25	3 (G)	1019
<u>TECHNICAL QUALITY</u>						
16. Thoroughness of examinations and accuracy of diagnoses	3.46	4 (VG)	1938	4.01	4 (VG)	1143
17. Skill, experience, and training of doctors	3.59	4 (VG)	1935	4.14	4 (VG)	1160
18. Thoroughness of treatment	3.51	4 (VG)	1941	4.06	4 (VG)	1161
<u>COMMUNICATION</u>						
19. Explanations of medical procedures and tests	3.47	4 (VG)	1906	3.90	4 (VG)	1144
20. Attention given to what you have to say	3.35	3 (G)	1914	3.85	4 (VG)	1157
21. Advice you get about ways to avoid illness & stay healthy	3.40	3 (G)	1824	3.76	4 (VG)	1084

TABLE 1 continued

CONTENT	MMTF			C/P/O		
	MEAN	MEDIAN	n	MEAN	MEDIAN	n
<u>CHOICE AND CONTINUITY</u>						
22. Number of doctors you have to choose from	2.50	2 (F)	1808	3.78	4 (VG)	1099
23. Arrangements for choosing a personal doctor	2.16	2 (F)	1617	3.81	4 (VG)	1046
24. Ease of seeing the doctor of your choice	2.32	2 (F)	1685	3.87	4 (VG)	1075
<u>INTERPERSONAL CARE</u>						
25. Friendliness and courtesy shown to you by doctors and medical staff	3.65	4 (VG)	1934	4.07	4 (VG)	1159
26. Personal interest in you and your medical problems	3.31	3 (G)	1921	3.91	4 (VG)	1156
27. Respect shown to you, attention to your privacy	3.60	4 (VG)	1915	4.05	4 (VG)	1148
28. Reassurance and support offered to you by doctors and medical staff	3.46	4 (G)	1899	3.92	4 (VG)	1137
29. Friendliness and courtesy shown to you by administrative staff (e.g., receptionist)	3.32	3 (G)	1925	3.93	4 (VG)	1149
30. Amount of time you have with doctors and medical staff during a visit	3.24	3 (G)	1926	3.68	4 (VG)	1159
<u>OUTCOMES</u>						
31. The outcomes of your medical care (how much you are helped)	3.50	4 (G)	1917	3.94	4 (VG)	1154
32. Overall quality of care and services	3.44	4 (VG)	1916	3.97	4 (VG)	1154
<u>GENERAL SATISFACTION</u>						
#33. I am very satisfied with the medical care I receive.	3.36	4 (A)	1942	3.78	4 (A)	1183
34. There are some things about the medical care I receive that could be better.	2.16	2 (A)	1937	2.59	2 (A)	1156
#35. The medical care I have been receiving is just about perfect.	2.76	3 (NS)	1918	2.20	3 (NS)	1162
36. I am dissatisfied with some things about the medical care I receive.	2.59	2 (A)	1927	3.01	3 (NS)	1152

Notes:

reversed when scored for item clusters
 Military Medical Treatment Facility (MMTF)
 CHAMPUS, Private, Other (C/P/O)

TABLE 1 continued

2. Percent of health care you receive from:
- | | |
|---|-------|
| local military medical treatment facility | 56.8% |
| CHAMPUS | 9.9% |
| Private insurance/or other sources | 18.1% |
37. Which one of the following basic health benefits or insurance plans best describes the type you personally use most?
- | | |
|--|-------|
| 1 Department of Defense Medical Treatment Facility (MMTF) only | 40.0% |
| 2 CHAMPUS only | 3.0% |
| 3 Medicare only | 2.5% |
| 4 Private health insurance (Blue Cross, AARP, etc.) only | 6.6% |
| 5 Combination of MMTF and CHAMPUS | 17.5% |
| 6 Combination of MMTF and CHAMPUS and private insurance | 11.9% |
| 7 Combination of MMTF and Medicare | 5.9% |
| 8 Combination of MMTF and private insurance | 8.3% |
| 9 Pay for care myself | 1.0% |
| 0 Other | 3.3% |
38. What type of private health insurance plan does your spouse have through his/her job? (CHAMPUS and Medicare are not considered private health insurance plans.)
- | | |
|---|-------|
| 1 Does not apply, my spouse is active duty | 11.7% |
| 2 Does not apply, I am not married | 9.7% |
| 3 Does not apply, my spouse is not currently working | 30.4% |
| 4 No coverage through current job | 18.6% |
| 5 Private health insurance that reimburses for/pays part or all | 19.6% |
| 6 Prepaid plan, such as a health maintenance organization | 4.6% |
| 7 Other | 5.4% |
39. If you do not receive the majority of your health care from a military medical treatment facility (MMTF), which one reason best explains why not?
- | | |
|---|-------|
| 1 The MMTF lacks the services I need | 18.2% |
| 2 The MMTF is not conveniently located | 8.4% |
| 3 I am not treated courteously | 1.3% |
| 4 Providers are not thorough in their examinations | 4.7% |
| 5 It seems I see a different provider each time | 7.0% |
| 6 My schedule conflicts with the times the MMTF offers care | 2.3% |
| 7 It is too difficult to get an appointment | 22.0% |
| 8 I live too far away from the MMTF | 10.9% |
| 9 It takes too long to be seen | 7.1% |
| 0 Other (Explain) | 18.1% |
40. How long have you personally used the Department of Defense health care system such as the military medical treatment facility at this current location?
- | | |
|-----------------------------------|-------|
| 1 Does not apply, I have not used | 9.1% |
| 2 Less than 1 year | 4.2% |
| 3 1 - 2 years | 14.5% |
| 4 3 or more years | 72.2% |

TABLE 1 continued

41. Have you personally used any medical treatment facility in the last 12 months?

<u>MMTF</u>		<u>CHAMPUS/PRIVATE/OTHER</u>	
1	Yes	80.7%	1 Yes 58.6%
2	No	19.3%	2 No 41.4%

42. During the last 12 months, how many total admissions did you personally have for medical care (when you stayed OVERNIGHT in a treatment facility)?

<u>MMTF</u>		<u>CHAMPUS/PRIVATE/OTHER</u>	
1	Zero (no overnight st)	86.4%	1 Zero (no overnight stays) 90.0%
2	One	8.6%	2 One 6.1%
3	Two to four	3.8%	3 Two to four 3.0%
4	Five to nine	0.7%	4 Five to nine 0.5%
5	Ten or more	0.5%	5 Ten or more 0.4%

43. During the last 12 months, how many total admissions did other members of your family have for medical care (stayed OVERNIGHT in treatment facility)?

<u>MMTF</u>		<u>CHAMPUS/PRIVATE/OTHER</u>	
1	Does not apply, no other family members	10.8%	1 Does not apply, I have no other family members 10.5%
2	Zero (no overnight st)	77.2%	2 Zero (no overnight stays) 78.2%
3	One	7.5%	3 One 6.5%
4	Two to four	3.3%	4 Two to four 3.5%
5	Five to nine	0.7%	5 Five to nine 0.5%
6	Ten or more	0.5%	6 Ten or more 0.8%

44. During the last 12 months, how many total outpatient visits did you personally make for medical care? (DO NOT include medical visits when you stayed OVERNIGHT in the treatment facility.)

<u>MMTF</u>		<u>CHAMPUS/PRIVATE/OTHER</u>	
1	None	22.8%	1 None 45.2%
2	1 visit	8.6%	2 1 visit 9.4%
3	2 - 4 visits	36.8%	3 2 - 4 visits 24.2%
4	5 - 9 visits	19.3%	4 5 - 9 visits 12.1%
5	10 or more visits	12.5%	5 10 or more visits 9.1%

45. During the last 12 months, how many total outpatient visits did other members of your family make for medical care? (DO NOT include medical visits when they stayed OVERNIGHT in the treatment facility.)

<u>MMTF</u>		<u>CHAMPUS/PRIVATE/OTHER</u>	
1	Does not apply, I have no other family members	9.4%	1 Does not apply, I have no other family members 9.6%
2	None	25.7%	2 None 38.2%
3	1 visit	6.8%	3 1 visit 6.2%
4	2 - 4 visits	27.5%	4 2 - 4 visits 22.7%
5	5 - 9 visits	18.2%	5 5 - 9 visits 14.0%
6	10 or more visits	12.4%	6 10 or more visits 9.4%

TABLE 1 continued

46. How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider?

<u>MMTF</u>			<u>CHAMPUS/PRIVATE/OTHER</u>		
1	Does not apply, I have not used	16.5%	1	Does not apply, I have not used	37.4%
2	2 days or less	11.9%	2	2 days or less	26.4%
3	3 days to 1 week	14.0%	3	3 days to 1 week	19.1%
4	1 to 2 weeks	22.7%	4	1 to 2 weeks	10.9%
5	3 to 4 weeks	24.7%	5	3 to 4 weeks	4.6%
6	5 to 6 weeks	6.5%	6	5 to 6 weeks	0.9%
7	7 or more weeks	3.7%	7	7 or more weeks	0.7%

47. How long do you usually have to wait to see your provider when you have an appointment for care?

<u>MMTF</u>			<u>CHAMPUS/PRIVATE/OTHER</u>		
1	Does not apply, I have not used	15.9%	1	Does not apply, I have not used	35.9%
2	Less than 10 minutes	5.0%	2	Less than 10 minutes	10.8%
3	10 - 15 minutes	19.5%	3	10 - 15 minutes	23.1%
4	16 - 30 minutes	28.2%	4	16 - 30 minutes	19.5%
5	31 - 45 minutes	16.7%	5	31 - 45 minutes	6.0%
6	46 - 60 minutes	7.3%	6	46 - 60 minutes	2.7%
7	More than 60 minutes	7.4%	7	More than 60 minutes	1.9%

48. When you go for medical care, how often do you see the same doctor?

<u>MMTF</u>			<u>CHAMPUS/PRIVATE/OTHER</u>		
1	Does not apply, I have not used	14.9%	1	Does not apply, I have not used	35.5%
2	Always	13.3%	2	Always	42.8
3	Most of the time	26.3%	3	Most of the time	13.7%
4	Sometimes	18.5%	4	Sometimes	3.7%
5	Rarely	20.6%	5	Rarely	2.9%
6	Never	6.4%	6	Never	1.3%

PLEASE INDICATE HOW OFTEN YOU RECEIVE THE FOLLOWING PREVENTIVE CARE.

1 = Every visit; 2 = Most visits; 3 = Yearly; 4 = Every 2-5 years;
5 = Never; 6 = Have not used

	<u>MMTF</u>						<u>CHAMPUS/PRIVATE/OTHER</u>					
	1	2	3	4	5	6	1	2	3	4	5	6
49. Blood pressure check	60%	17%	5%	2%	4%	12%	39%	12%	4%	1%	5%	39%
50. Cholesterol test	3%	6%	27%	17%	27%	21%	3%	5%	20%	6%	16%	50%
51. Prostate exam	2%	2%	14%	15%	28%	40%	2%	2%	13%	6%	17%	61%
52. Mammography	1%	1%	19%	8%	23%	48%	1%	1%	16%	5%	12%	66%
53. PAP smear	2%	1%	32%	8%	14%	43%	1%	1%	22%	4%	8%	64%

TABLE 1 continued

THINKING ABOUT MENTAL HEALTH CARE, HOW WOULD YOU RATE THE FOLLOWING?

1 = Poor; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Excellent
(If you have not used a particular service, circle 6 = Have Not Used.)

	MMTF						CHAMPUS/PRIVATE/OTHER					
	1	2	3	4	5	6	1	2	3	4	5	6
54. Access to mental health care	6%	4%	6%	5%	5%	74%	1%	1%	4%	4%	6%	83%
55. Mental health care you received	2%	2%	3%	3%	2%	87%	1%	1%	2%	2%	3%	91%

PLEASE RESPOND TO THE FOLLOWING ITEMS ONLY IF YOU ARE 65 YEARS OF AGE OR OLDER.
IF YOU ARE LESS THAN 65 YEARS OF AGE, SKIP TO QUESTION 59.

RANK ORDER THE FOLLOWING CHOICES. (Mark from 1 to 3 with 1 being your first preference)

I prefer:

	1	2	3
56. To receive my health care at a military facility	72%	10%	18%
57. To receive care through a Medicare-managed contract program	16%	54%	30%
58. To purchase Medigap insurance to supplement Medicare coverage	20%	20%	61%

PERSONAL INFORMATION

59. What is your personal health status?

1 Excellent	21.7%
2 Very good	33.0%
3 Good	30.9%
4 Fair	23.2%
5 Poor	2.2%

60. What is your age group as of your last birthday?

1 Less than 21 years	0.6%
2 21 - 29 years	10.3%
3 30 - 39 years	16.3%
4 40 - 49 years	15.0%
5 50 - 59 years	20.0%
6 60 years or more	37.7%

61. Are you male or female?

1 Male	58.4%
2 Female	41.6%

TABLE 1 continued

62. What is your personal racial background?

1 White	88.9%
2 Black	7.6%
3 Asian or Pacific Islander	3.0%
4 American Indian, Aleut, Eskimo	0.5%

63. Are you of Hispanic/Spanish origin or descent?

1 Yes	4.4%
2 No	95.6%

64. What was the highest grade you completed in school? (Circle only one number for the category that includes the highest grade level you completed.)

1 Less than 8th grade	0.8%
2 Some high school	2.8%
3 High school graduate or GED	24.5%
4 Some college	31.8%
5 College graduate	18.2%
6 Post-graduate work or degree	21.8%

65. Specify your own pay grade or rank (if you are active duty or retired) or the pay grade of your sponsor (if you are a family member).

E1-E5	11.2%	01-03	7.5%
E6-E9	48.9%	04-06	26.6%
Warrant officers	5.2%	07+	0.6%

66. Which of the following best describes your current marital status?

1 Never married, single	4.7%	4 Divorced	4.0%
2 Married	87.6%	5 Widowed	2.4%
3 Separated	1.2%		

68. Which category of beneficiary best describes you?

1 Service member on active duty	21.7%
2 Family member of active duty service member	11.7%
3 Retired service member	41.5%
4 Family member of retired/or deceased service member	25.1%

69. Are you familiar with the planned Coordinated Care Program (GATEWAY TO CARE)?

Yes	9.2%
No	90.8%

70. To what extent are you willing to enroll in the Coordinated Care Program (GATEWAY TO CARE) when it becomes available?

1 = Low Probability; 7 = High Probability of Enrolling

1	2	3	4	5	6	7
19%	7%	10%	24%	13%	13%	16%

missing = 1097

TABLE 2
COMPARISONS OF HEALTH PROGRAM USED

DISTRIBUTION from Q37:

<u>HEALTH PROGRAM USED:</u>			
1	2	3	4
40.0%	32.4%	26.6%	1.0%

		<u>HEALTH PROGRAM USED:</u>			
		1	2	3	4
<u>REASON WHY NOT USING MMTF from Q39:</u>					
A	MMTF lacks services	20	94	61	0
B	MMTF not convenient location	4	27	44	3
C	not treated courteously	5	5	2	1
D	providers not thorough	3	20	18	2
E	see different provider	7	35	26	1
F	my schedule conflicts w MMTF	3	6	13	0
G	difficult to get appointment	18	94	89	3
H	live too far away from MMTF	4	30	57	4
I	takes too long to be seen	5	36	28	1
J	other	26	51	89	5

		<u>HEALTH PROGRAM USED:</u>			
		1	2	3	4
<u>CATEGORY OF BENEFICIARY from Q68:</u>					
	Active Duty	328	140	17	4
	Active Duty Dep	116	121	14	2
	Retired	255	261	356	12
	Retir/Deceased Dep	163	175	186	4

Notes:

Entries are frequencies

HEALTH PROGRAM USED from Q37

- 1 MMTF only
- 2 CHAMPUS &/or CHAMPUS combin
- 3 Private &/or combination
- 4 Pay for care myself

REASON NOT USING MMTF from Q39

- A MMTF lacks services
- B MMTF not convenient location
- C not treated courteously
- D providers not thorough
- E see different provider
- F my schedule conflicts w MMTF
- G difficult to get appointment
- H live too far away from MMTF
- I takes too long to be seen
- J other

TABLE 3

COMPARISON OF TIME USE HEALTH PROGRAMS WITH HEALTH PROGRAM USED

	<u>HEALTH PROGRAM USED</u>									
	1	2	3	4	5	6	7	8	9	10
<u>TIME USE (%) from Q2:</u>										
MILITARY MEDICAL TREATMENT FACILITY:										
0	75	45	38	103	53	62	7	25	15	45
1-20%	5	9	10	30	32	61	33	34	1	15
21-40%	3	0	3	3	20	30	6	17	1	3
41-60%	22	3	1	2	69	33	12	24	2	1
61-80%	48	2	0	2	69	24	28	26	2	4
81-100%	709	5	1	2	143	47	41	53	1	4
CHAMPUS:										
0	767	21	48	122	91	77	124	158	20	60
1-20%	73	4	2	14	135	93	2	17	0	9
21-40%	10	3	1	3	47	37	1	3	1	0
41-60%	10	3	0	2	61	26	0	1	0	1
61-80%	1	8	0	0	19	12	0	0	0	1
81-100%	1	25	2	1	23	12	0	0	1	1
PRIVATE INSURANCE/OTHER:										
0	766	57	28	47	322	83	30	38	12	26
1-20%	73	3	0	2	35	43	31	39	2	6
21-40%	12	3	0	1	12	26	17	22	2	2
41-60%	8	0	2	7	4	43	14	26	1	3
61-80%	1	0	6	12	1	38	10	18	1	5
81-100%	2	1	17	73	2	24	25	36	4	30

Notes:

Entries are frequencies

HEALTH PROGRAM USED from Q37

- 1 MMTF only
- 2 CHAMPUS only
- 3 Medicare only
- 4 Private health insurance only
- 5 Combination of 1 & 2
- 6 Combination of 1 & 2 & 4
- 7 Combination of 1 & 3
- 8 Combination of 1 & 4
- 9 Pay for care myself
- 10 Other

TABLE 4
MEANS AND ONE-WAY ANOVA COMPARISONS
FOR GHAA CONTENT CATEGORIES

ATTITUDES TOWARD CARE IN MMTF:

<u>CONTENT CATEGORIES</u> (n)	<u>CATEGORY OF BENEFICIARY</u>					ANOVA p	missing
	Ovr1 (2317)	ActDt (796)	AD Dp (356)	Retrd (1186)	Rtd Dp (712)		
<u>CONTENT CATEGORIES</u> (means)							
1 ACCESS	3.2	3.0	2.9	3.4	3.2	.0001	248
2 FINANCES	3.5	3.5	3.6	3.5	3.3	ns	724
3 TECHNICAL QUALITY	3.5	3.1	3.1	3.8	3.6	.0001	352
4 COMMUNICATION	3.4	3.2	3.0	3.6	3.3	.0001	378
5 CHOICE AND CONTINUITY	2.3	2.1	2.1	2.5	2.4	.0001	467
6 INTERPERSONAL CARE	3.4	3.1	2.9	3.7	3.5	.0001	352
7 OUTCOMES	3.5	3.2	3.1	3.7	3.5	.0001	400
8 OVERALL QUALITY	3.4	3.1	3.0	3.7	3.5	.0001	401
9 TIME SPENT	3.2	3.0	2.8	3.5	3.2	.0001	391
10 GENERAL SATISFACTION	2.8	2.5	2.4	3.1	2.9	.0001	225

ATTITUDES TOWARD CARE IN C/P/O:

<u>CONTENT CATEGORIES</u> (n)	<u>CATEGORY OF BENEFICIARY</u>					ANOVA p	missing
	Ovr1 (2317)	ActDt (796)	AD Dp (356)	Retrd (1186)	Rtd Dp (712)		
<u>CONTENT CATEGORIES</u> (means)							
1 ACCESS	3.8	3.4	3.6	4.0	3.9	.0001	1000
2 FINANCES	3.2	2.8	2.9	3.4	3.2	.0001	1220
3 TECHNICAL QUALITY	4.0	3.7	2.9	4.2	4.1	.0001	1136
4 COMMUNICATION	3.8	3.6	3.7	3.9	3.8	.0001	1137
5 CHOICE AND CONTINUITY	3.8	3.3	3.5	3.9	3.8	.0001	1177
6 INTERPERSONAL CARE	3.9	3.6	3.7	4.0	3.9	.0001	1139
7 OUTCOMES	3.9	3.7	3.8	4.0	3.9	.002	1163
8 OVERALL QUALITY	3.9	3.7	3.8	4.0	4.0	.0001	1163
9 TIME SPENT	3.6	3.4	3.4	3.7	3.7	.002	1158
10 GENERAL SATISFACTION	3.1	2.9	3.1	3.1	3.2	.034	1116

Notes:

Entries are means of items answered in content category

The GHAA five-point Likert format was used for content categories 1-9:
1=poor, 5=excellent;
6=have not used was treated as missing value;

Content category 10 General Satisfaction used the GHAA five-point Likert:
1=strongly agree, 5=strongly disagree;
6=have not used was treated as missing value;
items Q33 and Q35 were reverse scored to calculate a category mean

TABLE 5

FIVE-WAY ANOVA COMPARISONS ON
GHAA CONTENT CATEGORIES

ATTITUDES TOWARD CARE IN MMTF:

CONTENT	Main Effects		Interactions				Mult r	n
	Sv	CatBen	MMTF	HltPrg	Used	2x		
	1	2	3	4	5			
1 ACCESS	ns	0001	0001	0001	0001	yes	.120	1872
2 FINANCES	ns	028	ns	0001	ns	no	.022	1455
3 TECHNICAL QUALITY	ns	0001	0001	0001	0001	yes	.126	1796
4 COMMUNICATION	023	0001	0001	0001	001	yes	.089	1775
5 CHOICE AND CONTINUITY	022	0001	0001	0001	0001	yes	.092	1692
6 INTERPERSONAL CARE	0001	0001	001	0001	0001	yes	.128	1794
7 OUTCOMES	ns	0001	0001	0001	0001	yes	.095	1754
8 OVERALL QUALITY	013	0001	0001	0001	0001	yes	.130	1755
9 TIME SPENT	007	0001	0001	0001	0001	yes	.092	1767
10 GENERAL SATISFACTION	0001	0001	0001	0001	0001	yes	.140	1885

ATTITUDES TOWARD CARE IN C/P/O:

CONTENT	Main Effects		Interactions				Mult r	n
	Sv	CatBen	MMTF	HltPrg	Used	2x		
	1	2	3	4	5			
1 ACCESS	ns	0001	001	003	011	no	.089	1140
2 FINANCES	ns	ns	ns	0001	005	no	.071	950
3 TECHNICAL QUALITY	ns	0001	029	015	008	yes	.061	1011
4 COMMUNICATION	ns	002	001	008	007	no	.058	1017
5 CHOICE AND CONTINUITY	ns	003	ns	0001	050	no	.071	980
6 INTERPERSONAL CARE	ns	001	ns	014	041	yes	.050	1010
7 OUTCOMES	ns	ns	003	ns	ns	yes	.034	994
8 OVERALL QUALITY	ns	ns	ns	010	038	yes	.042	992
9 TIME SPENT	ns	ns	ns	ns	003	no	.037	998
10 GENERAL SATISFACTION	ns	ns	041	ns	017	no	.026	1031

Notes:

Entries for Main Effects are significance levels (decimals omitted,
ns=not significant)

Entries for Interactions are for significant two-way interactions
(yes, no)

Independent variables:

Sv = Branch of Service (Army, Navy, Air Force)

CatBen = Category of Beneficiary

(Active Duty, Active Duty Dependent, Retired, Retired/Deceased Dependent)

MMTF = Type Nearest DoD Facility (MEDCEN, MEDDAC)

HltPrg = Health Care Program Used Most (MMTF only, CHAMPUS, Private/Other)

Used = Used Local MMTF in last 12 months (yes, no)

TABLE 6
PATIENT SATISFACTION COMMENTS

CONTENT:	Q#	CATEGORY OF BENEFICIARY				Totals
		AD	ADD	Ret	RtD	
01 General Satisfaction	1,33	31	18	90	59	198
33 Pos Private Hlth Ins		0	0	22	8	30
53 General Dissatisfaction	34,36	16	20	22	11	69
54 Neg Convnc Location Office	3	5	3	21	18	47
56 Neg Accs to Spec Care	5	14	10	31	19	74
59 Neg Arrngmt Appointments	8	10	17	50	39	126
60 Neg Waiting Time Office	9	19	15	13	9	56
61 Neg Waiting Time Bet App	10	12	6	8	6	32
64 Neg Aval Prescrptn	13	1	0	26	16	43
65 Neg Finances	15	11	3	16	7	37
66 Neg Thoroughness Treatment	16	21	8	7	6	42
71 Neg See Dr of choice	24	6	7	15	8	36
76 Neg Frndl & Crt Staff	25	7	6	6	11	30
79 Neg Overall Qual Care	32	11	9	17	10	47
85 Neg Spec Clin/Sv/Dpt		5	5	14	8	32
92 Neg Dental comments		9	6	48	14	77
93 Neg Declining benefits		8	2	78	42	130
96 Neg Overcrowded/overworked		15	15	25	9	64
99 Other		55	39	122	69	285

Note:

Entries are frequencies

CATEGORY OF BENEFICIARY:

AD (Active Duty)

ADD (Active Duty Dependent)

Ret (Retired)

RtD (Retired/Deceased Dependent)