

2011 Military Health System Conference

Results of Three Ongoing Beneficiary Surveys

The Quadruple Aim: Working Together, Achieving Success

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OASD(HA)/TMA-TPOD



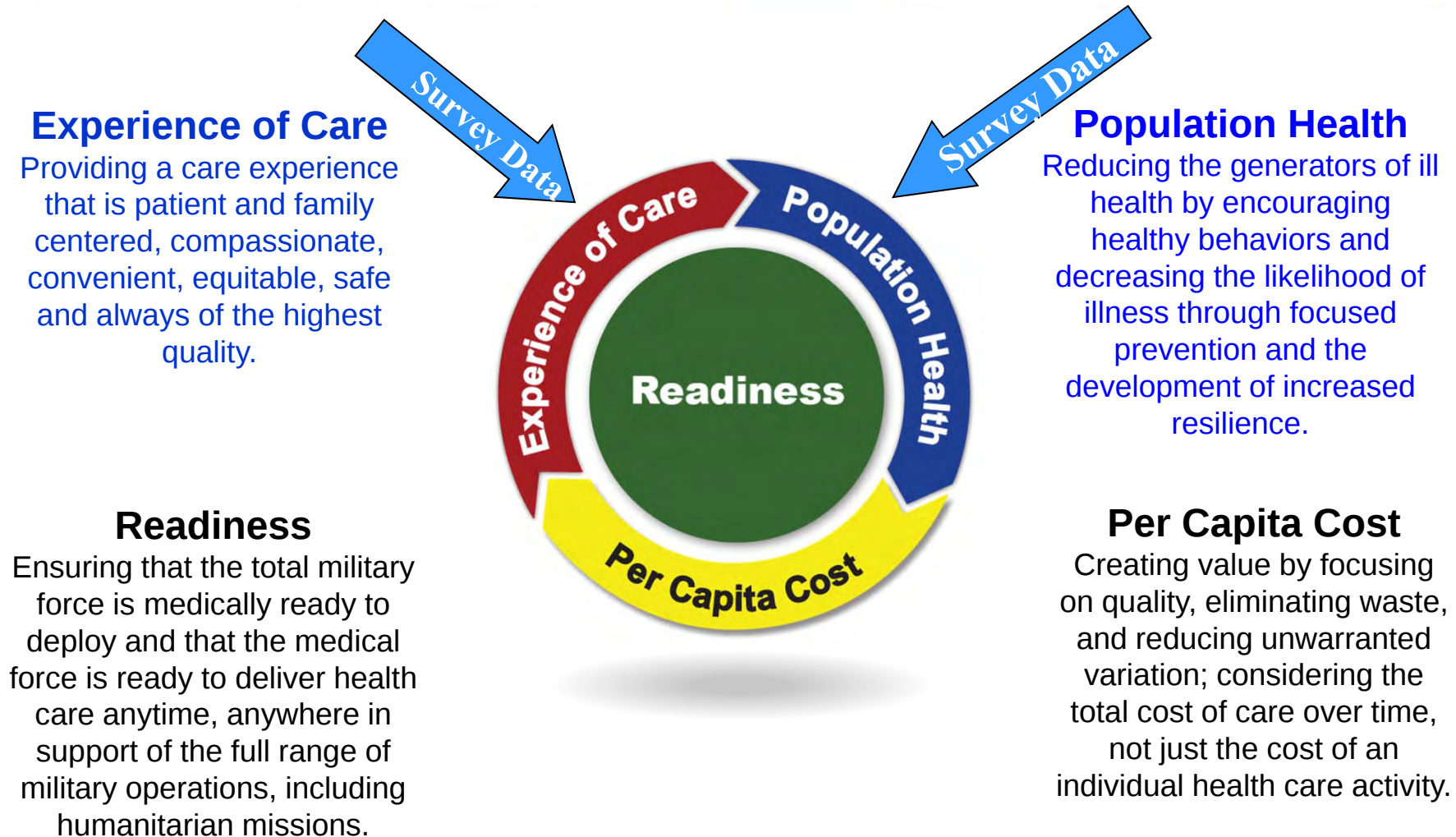
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Purpose of This Briefing



- Provide an overview of inpatient, outpatient and plan MHS surveys
 - TRICARE Inpatient Satisfaction Survey
 - TRICARE Outpatient Satisfaction Survey
 - Healthcare Survey of DoD Beneficiaries
- Discuss survey results and key drivers of satisfaction- comparison of all three surveys
- Provide recommendations on ways to improve the patients' healthcare experience throughout the MHS

The Quadruple Aim: The MHS Value Model



OASD(HA)/TMA Core Survey Program



- **Event-Based (episode of care) Surveys**
 - Outpatient surveys:
 - TRICARE Outpatient Satisfaction Survey (TROSS)
 - Direct Care & Purchased Care, Over Time, Across Services
 - Inpatient surveys:
 - TRICARE Inpatient Satisfaction Survey (TRISS)
 - Direct Care & Purchased Care, Over Time, Across Services

OASD(HA)/TMA Core Survey Program



■ Population Surveys

- Healthcare Survey of DoD Beneficiaries (HCSDB)
 - Direct and Purchased Care; Sample of ALL eligible beneficiaries, MHS users or not.
- DoD Survey of Health Related Behaviors (HRB)
- “Wounded Warrior” surveys: HA/TMA Ill or Injured survey and Army OTSG Warrior Transition Unit (WTU)
- Survey of Civilian Provider Acceptance of TRICARE Standard

Health Care Survey of DoD Beneficiaries (HCSDB)



- **Purpose:** Assesses all eligibles (users/nonusers) to measure health care status and access to and satisfaction with care in the MHS.
- **Data:** Percentages are calculated using weighted data. Weighting accounts for sampling method.
- **Frequency:** Quarterly to adults, annually to children
- **Annual Sample Size:** ~51,000 adults per quarter, ~36,000 children
- **Mode:** Mail or online

Health Care Survey of DoD Beneficiaries (HCSDB)

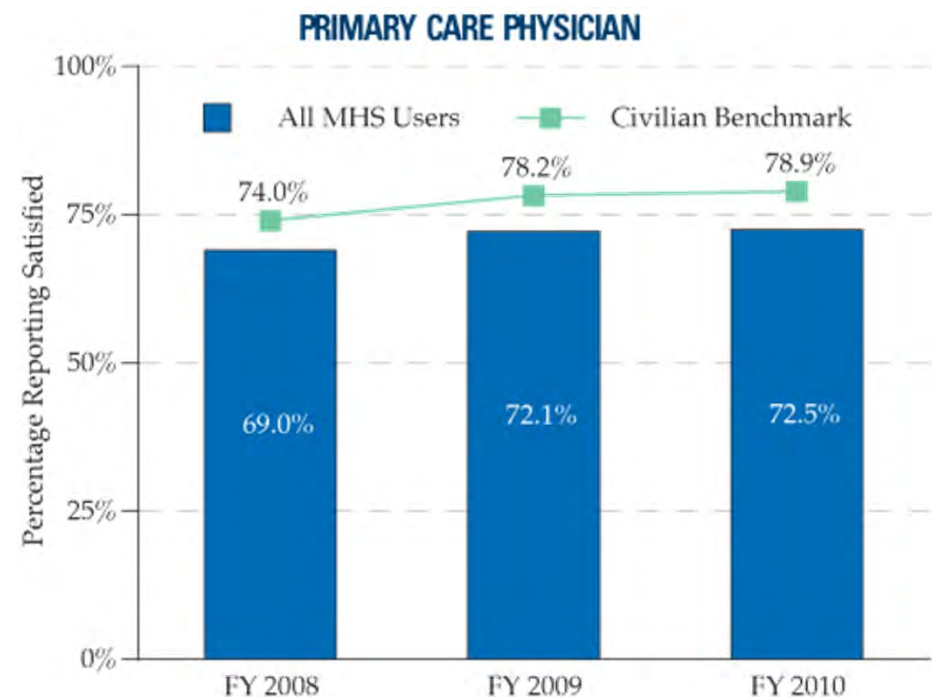
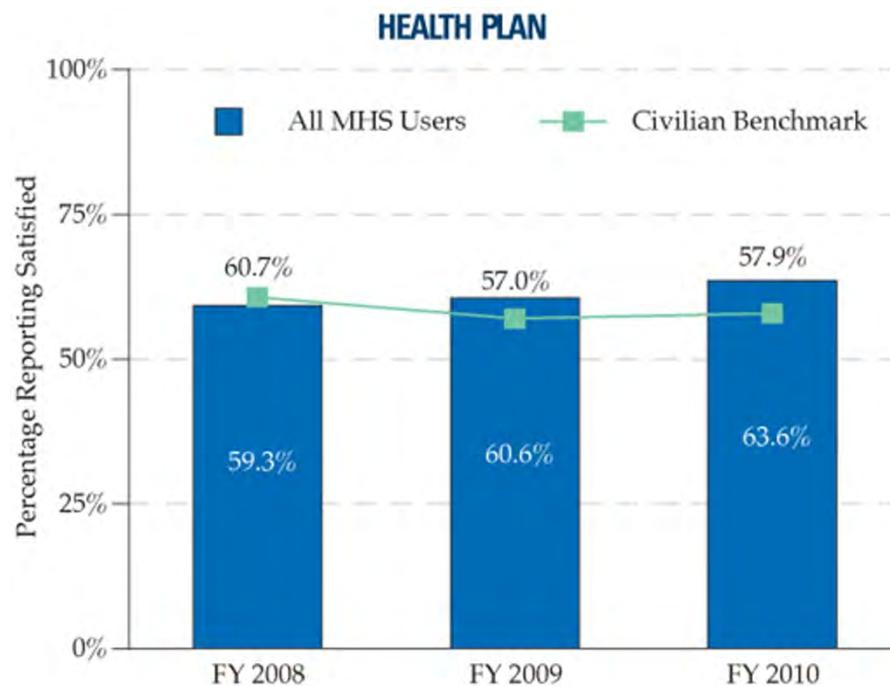


- National benchmark: **Consumer Assessment of Healthcare Providers & Systems (CAHPS)**
- **Key Indicators of Satisfaction**
 - Access, Customer Service, Communication
 - Ratings of doctors, health care, plan
 - Preventive care
- **Special Topics**
 - Other health insurance
 - Unhealthy behavior (tobacco use, obesity, nutrition, exercise), preventive services (flu shots, mammography, colorectal cancer screening)

Trends in Global Ratings of Key Aspects of the Health Plan



TRENDS IN SATISFACTION RATINGS OF KEY HEALTH PLAN ASPECTS



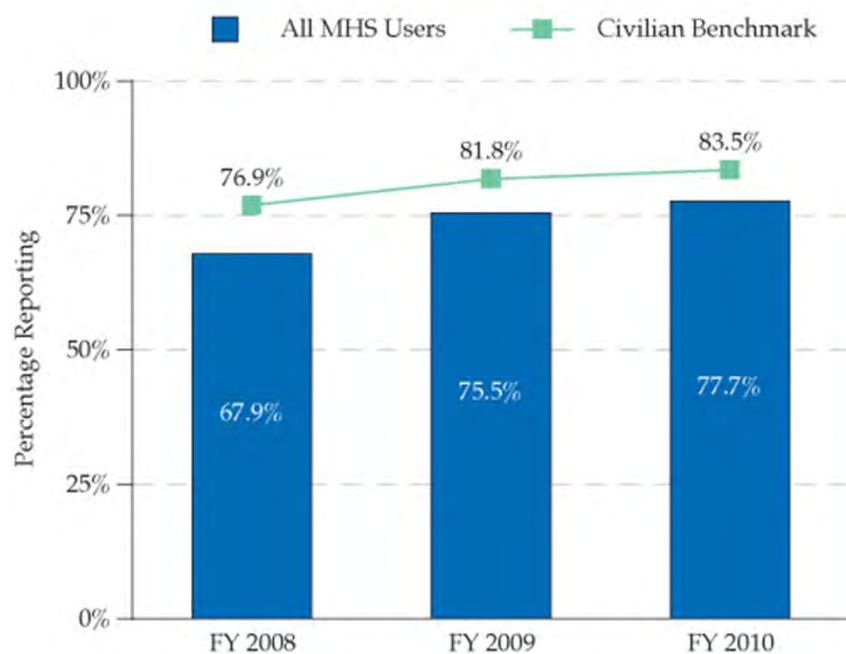
MHS ratings of global measures increased from FY08 to FY10; lagged Civilian benchmark except for “Health Plan”

Trends in Measures of Access for All MHS Users (HCSDDB)

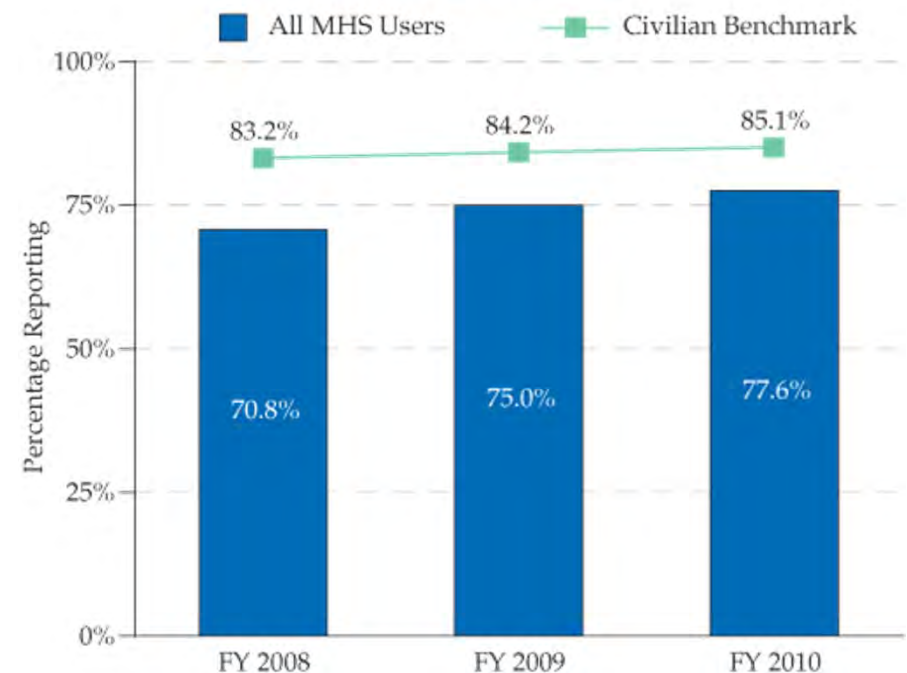


TRENDS IN MEASURES OF ACCESS FOR ALL MHS BENEFICIARIES (ALL SOURCES OF CARE)

GETTING NEEDED CARE



GETTING CARE QUICKLY



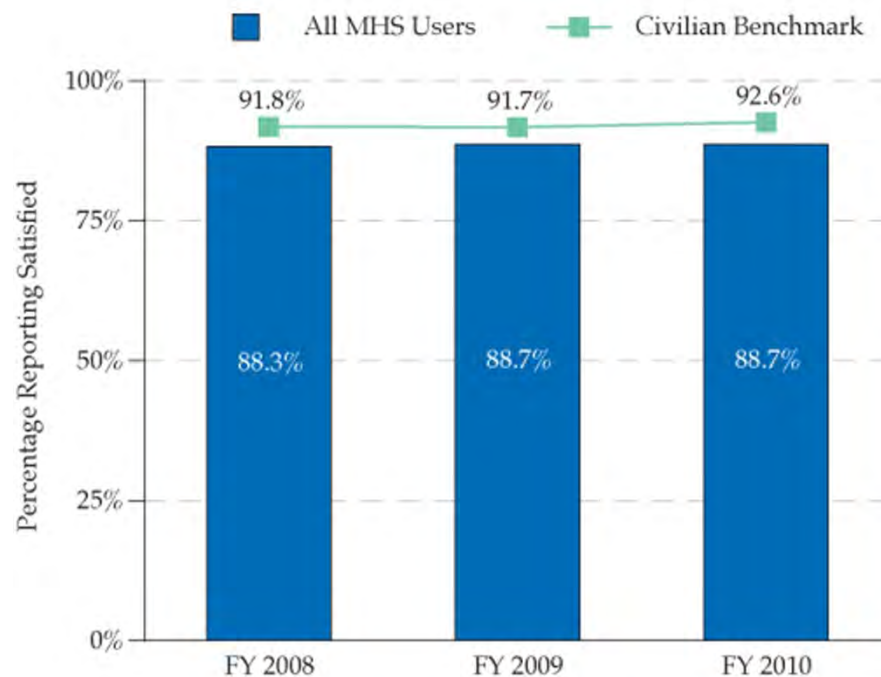
MHS ratings of key measures of access increased from FY 2008 to FY 2010, but lagged civilian benchmark

Trends in Beneficiary Ratings of Doctors' Communications (HCSDDB)

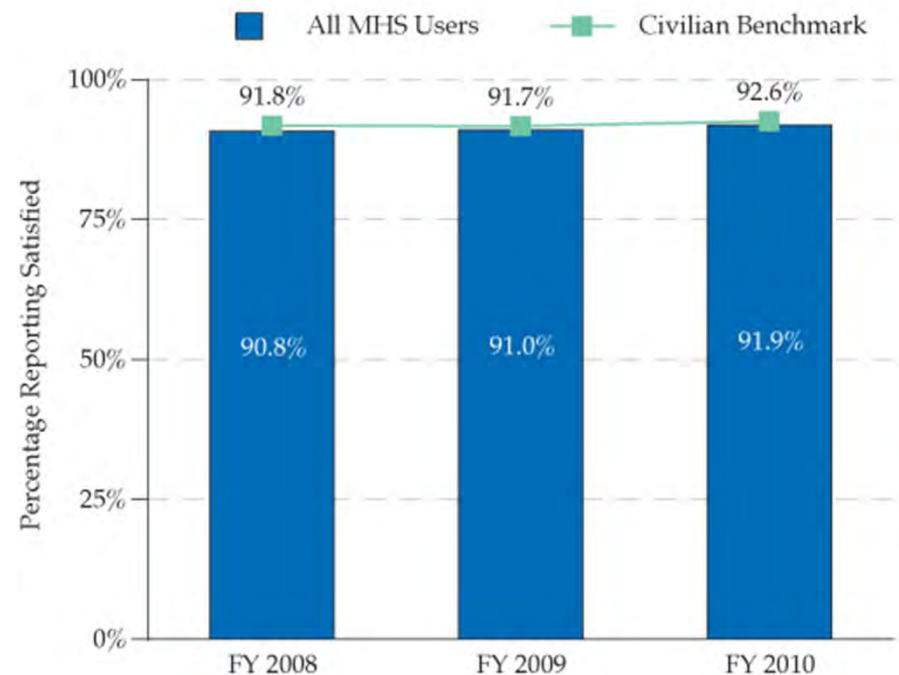


TRENDS IN SATISFACTION WITH DOCTORS' COMMUNICATION

PRIME: MILITARY PCM



PRIME: CIVILIAN PCM



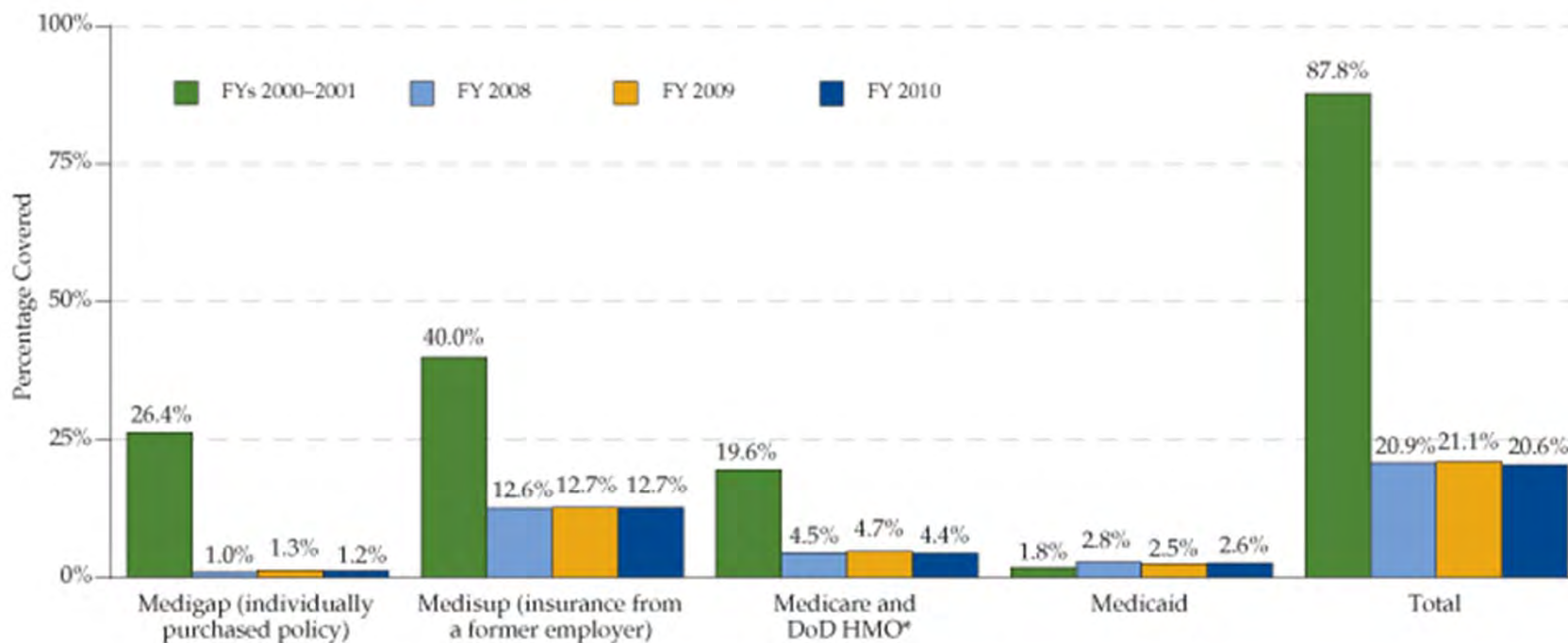
Beneficiaries rated their doctor's communication equal to or exceeding the civilian benchmark

Trends in TRICARE and Alternate Health Insurance Coverage, Age 65+ (HCSDB)



Beneficiaries 65+ reported dropping other health insurance the year after TRICARE for Life and senior pharmacy program began in FY 2001

MEDICARE SUPPLEMENTAL INSURANCE COVERAGE OF MHS SENIORS



Source: 2000-2001 and FYs 2008-2010 Health Care Surveys of DoD Beneficiaries.

* Insurance coverage for DoD HMOs includes TRICARE Senior Prime (until December 2001) and the Uniformed Services Family Health Plan.

TRICARE Inpatient Satisfaction Survey (TRISS)



- **Purpose:** Assesses beneficiary satisfaction with beneficiaries' inpatient care experience for medical, surgical and obstetric services
- **Data:** Satisfaction percentages are calculated using weighted data. Weighting accounts for mail survey design, and non-response.
- **Frequency:** “Before Jan 2011” Mail survey fielded annually ; Telephone survey fielded quarterly
- **Annual Sample Size:** “Before Jan 2011” ~45,000 (mail survey); ~620 (phone survey)
- **Mode:** Mail and phone

TRICARE Inpatient Satisfaction Survey (TRISS)



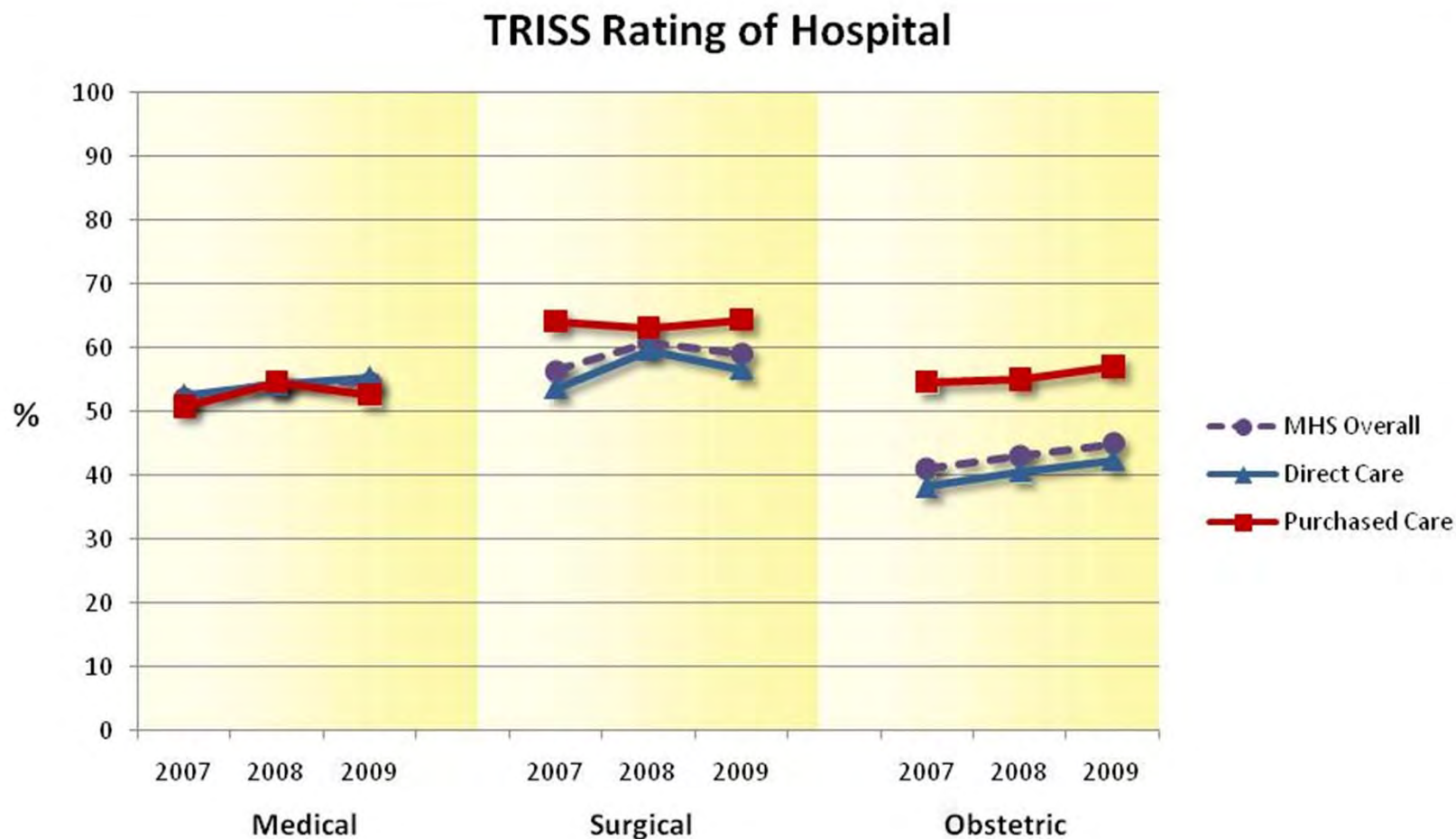
- **Results based on Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)**
 - National benchmarks are available for HCAHPS
- **Composites**
 - Communication with Nurses
 - Communication with Doctors
 - Communication about Medications
 - Responsiveness of Hospital Staff
 - Discharge Information
 - Pain Control

TRISS Course of Action begins Jan 2011



- Improve all aspects of survey time-frame
 - The mail survey is fielded monthly to ~168,000 MHS beneficiaries who have had an inpatient stay.
 - New improvements include changes in:
 - Survey fielding
 - Reporting
 - Mode
- Improvements to the TRISS questionnaire
 - Decrease in length
 - Revising Questions
 - Combination of HCAHPS and DoD questions

Rating of Hospital “Prime enrollees”

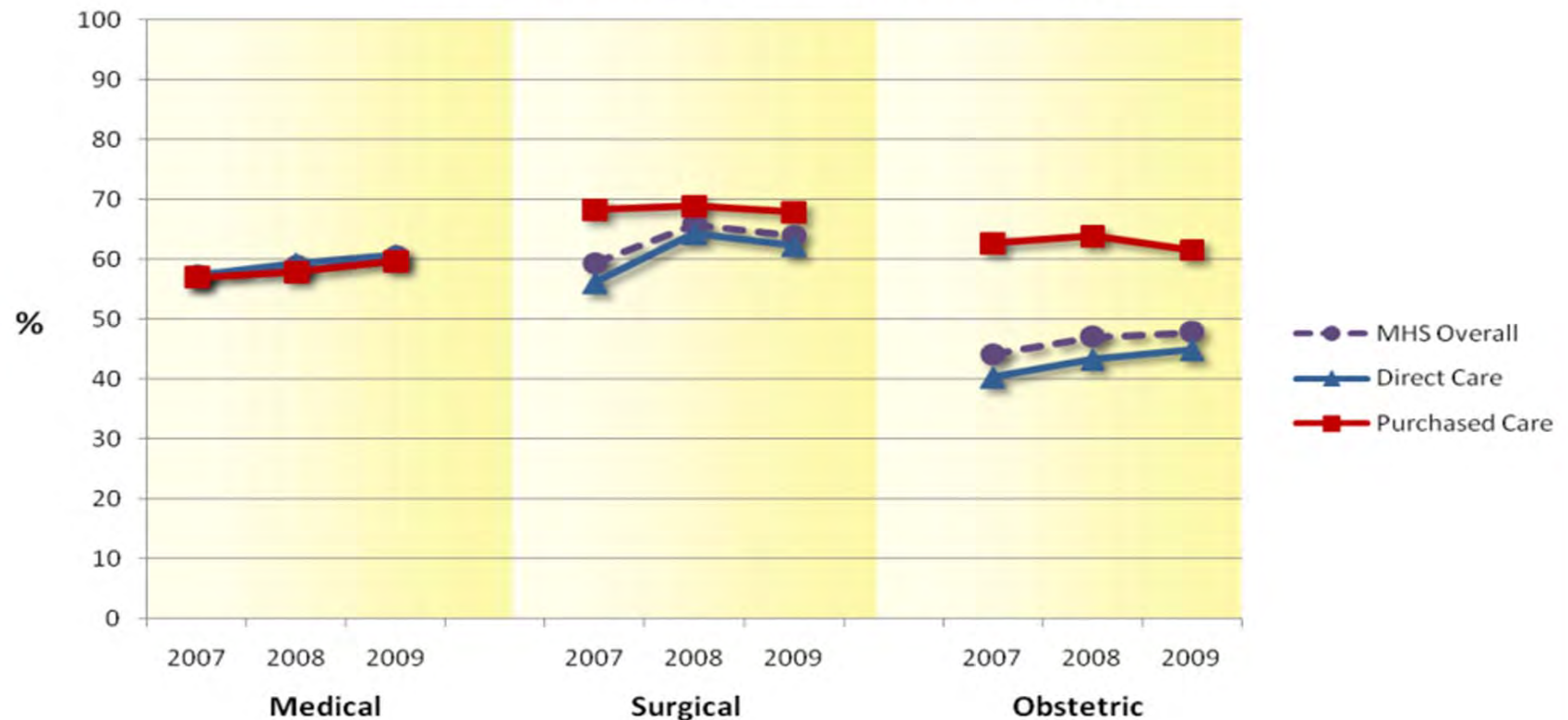


Obstetrics Direct Care ratings and recommendations of hospital are 20 percent lower than Purchased Care ratings

Willingness to Recommend Hospital among “Prime enrollees”



TRISS Recommendation of Hospital



Obstetrics Direct Care ratings and recommendations of hospital are 20 percent lower than Purchased Care ratings



HCAHPS and TRISS questions

RATE HOSPITAL 0-10

Rating Scale: 9-10

RECOMMEND THIS HOSPITAL

Rating Scale: Definitely yes

COMMUNICATION W/ NURSES

Rating Scale: Always

Nurses treat with courtesy/respect

Nurses listen carefully to you

Nurses explained things in way you understand

RESPONSIVENESS OF HOSP STAFF

Rating Scale: Always

Never pressed call button

Call button help soon as wanted it

Need help with bathroom/using bedpan

Help toileting soon as you wanted

COMMUNICATION W/ DOCTORS

Rating Scale: Always

Doctors treat with courtesy/respect

Doctors listen carefully to you

Doctors explained things in way you understand

HOSPITAL ENVIRONMENT

Rating Scale: Always

Room and bathroom kept clean

Area around room quiet at night

PAIN MANAGEMENT

Rating Scale: Always

Need medicine for pain

Pain well controlled

Staff do everything help with pain

COMMUNICATION RE: MEDICINES

Rating Scale: Always

Given medicine had not taken before

Tell you what new medicine was for

Staff describe medicine side effect

DISCHARGE INFORMATION

Rating Scale: Yes

Left hospital- destination

Staff talk about help when you left

Info re: symptoms/problems to look for

TRISS Current Findings/ Way Forward



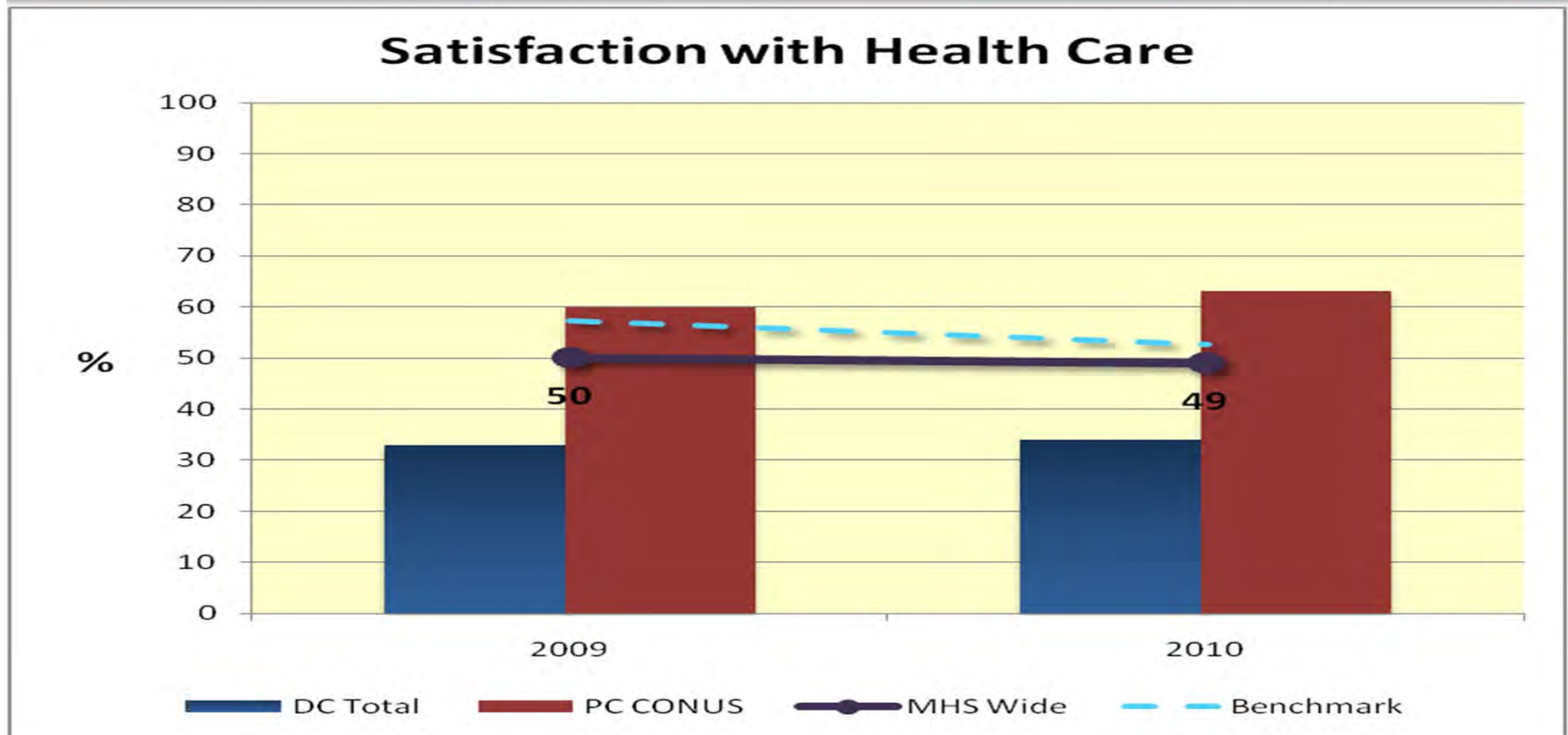
- Current Findings:
 - Direct Care obstetric ratings significantly lower than the benchmark for all services
 - Three of the top 5 categories of negative written comments (on survey)
 - Pain management, Postpartum care, Staff attitudes
- Way Forward:
 - Implement revised methodology to produce more timely and relevant results

TRICARE Outpatient Satisfaction Survey (TROSS)



- **Purpose:** To assess the ambulatory care experiences of MHS beneficiaries who received care at an MTF or a civilian network provider.
- **Survey Instrument:** DoD specific & Clinician and Group CAHPS questions
 - Global indicators of satisfaction, -overall rating of health care, provider and health plan (scale 0-10, 10=best).
 - Composites (questions that focus on specific area)
 - Access to Care, Communication with Doctor, Office Staff and Mental Health
 - Civilian benchmarks are from Synovate's Consumer Opinion Panel
- **Mode:** 512K surveys mailed annually(55 questions), 15,000 phone surveys (20 questions)
- **Response rates:** DC 16%, PC 28%

Key indicator of satisfaction: overall rating of satisfaction with health care 2009 & 2010

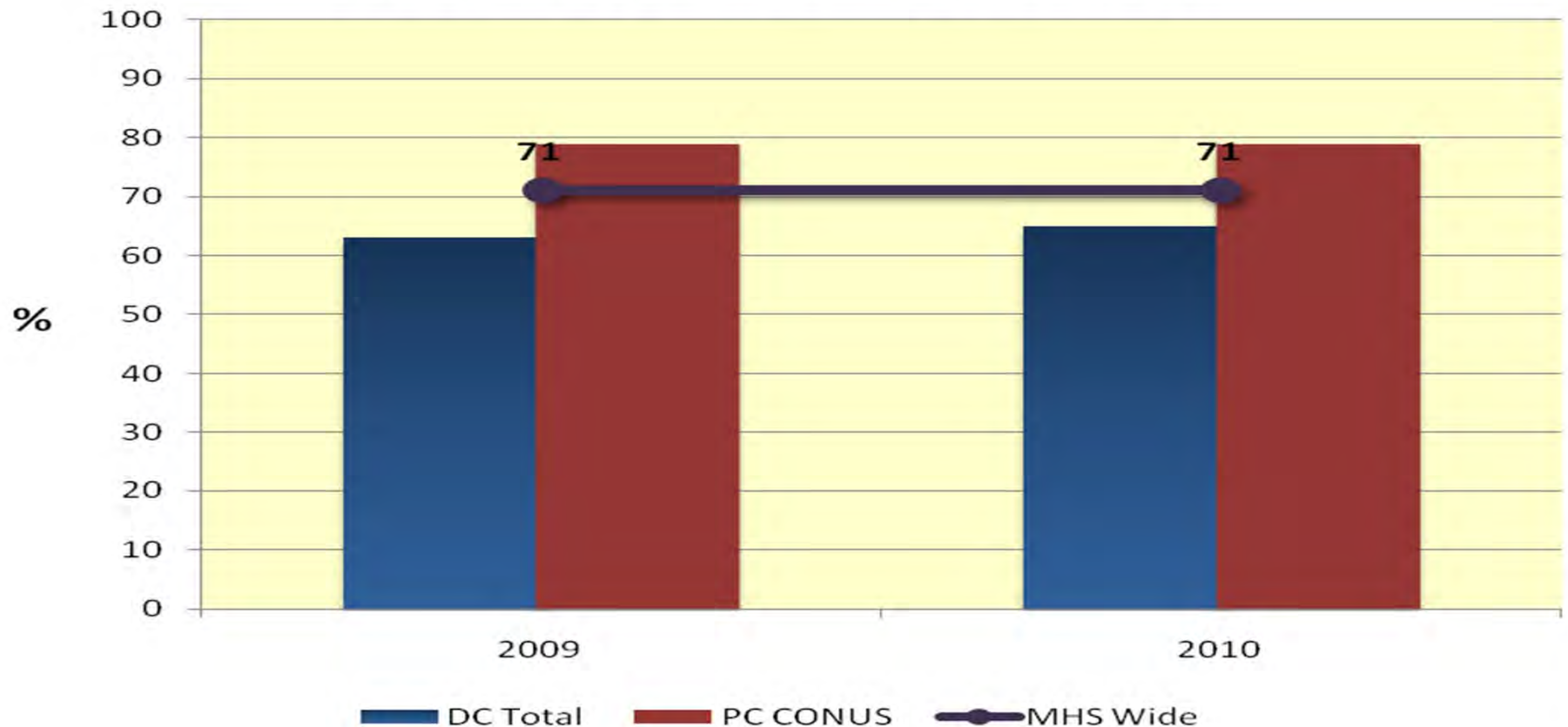


**Direct Care satisfaction ratings are lower than Purchased Care, with no significant change past two years.
Scale 0-10 (10=Best)**

Key indicator of satisfaction: overall rating of satisfaction with health plan 2009 & 2010

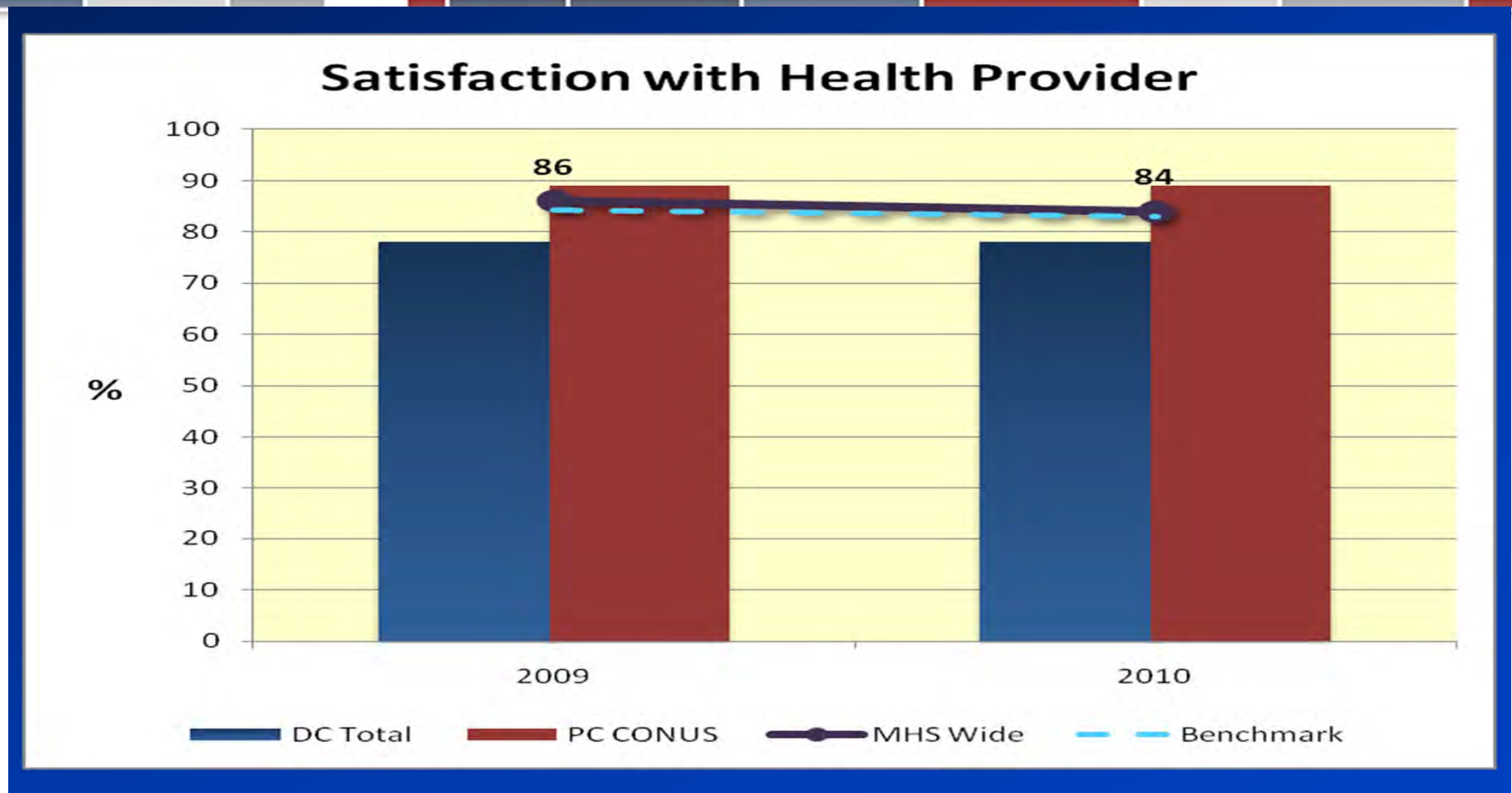


Satisfaction with Health Plan



Direct Care increasing slightly

Key indicator of satisfaction: overall rating of satisfaction with provider 2009 & 2010

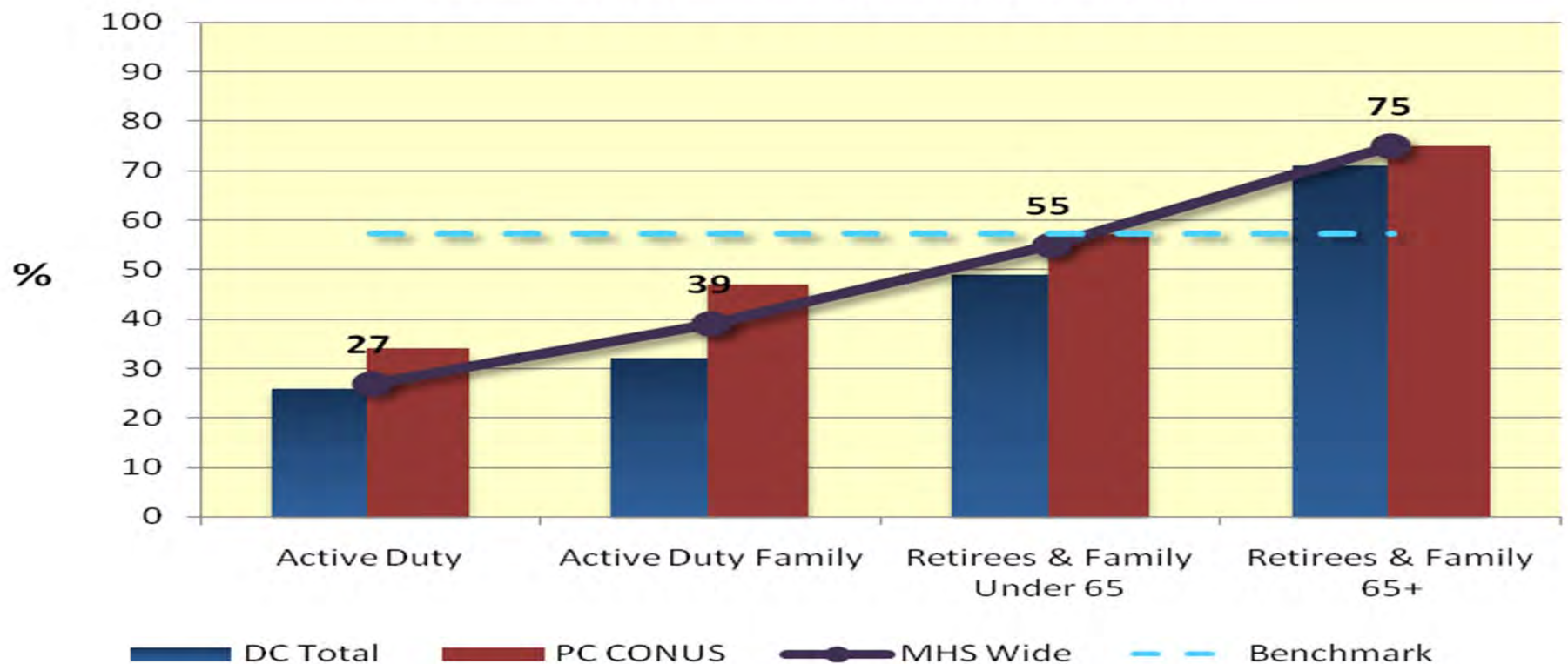


Purchased Care ratings are higher than Direct Care

Key indicator of satisfaction: overall rating of satisfaction with health care



Satisfaction with Health Care By Beneficiary Category (2010)



A similar pattern in beneficiary responses was found for all key indicators of satisfaction.

Predictors of satisfaction

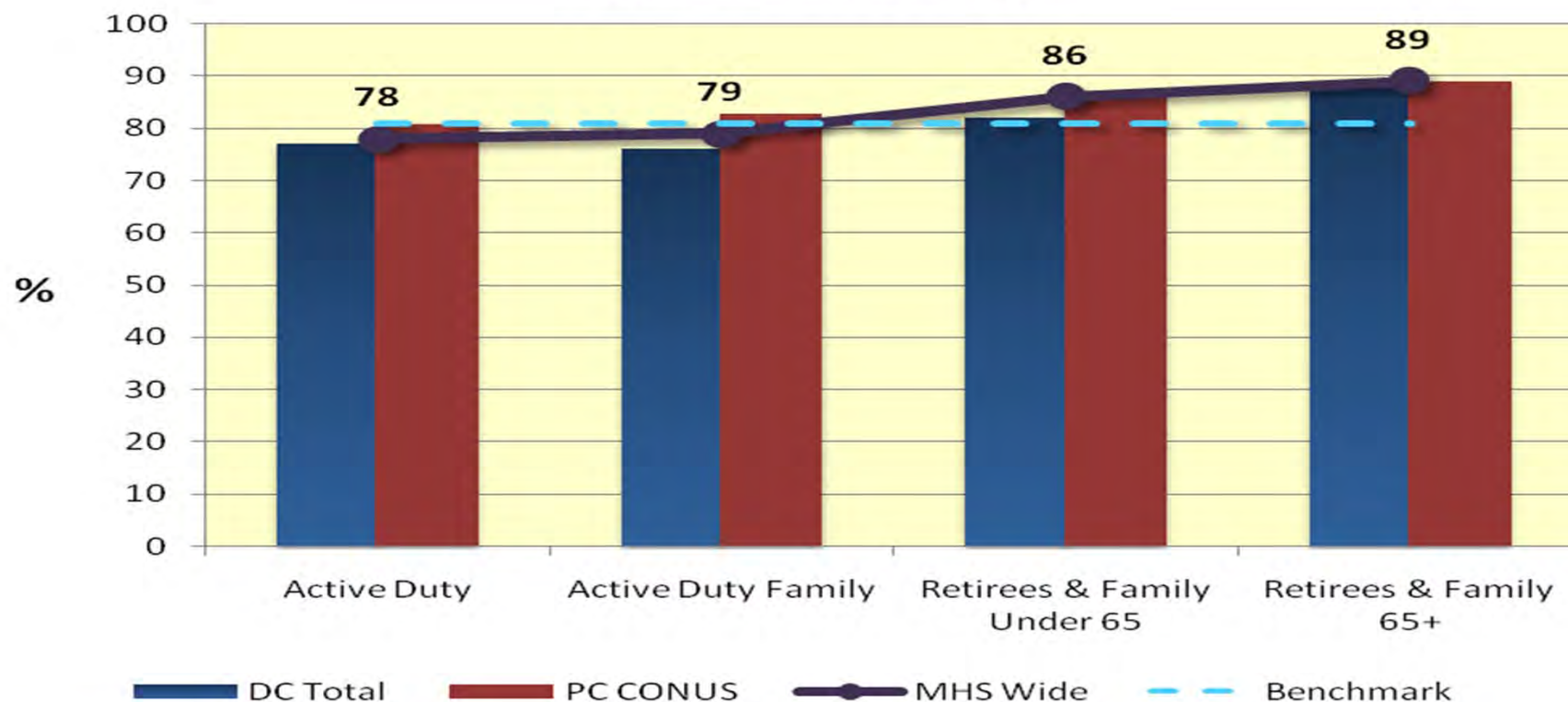


- Composites are questions that focus on specific area.
- TROSS Composites
 - Access to Care (timely appointment for routine care; got answer after hours)
 - Doctor Communication (provider knew important medical history)
 - Office Staff (treated with courtesy)
 - Mental Health (access to mental health care)

Composite indicators of satisfaction



Doctor Communication By Beneficiary Category (2010)



A similar pattern in beneficiary responses was found for all Composite questions

TROSS Drivers of Satisfaction with Health Care: All TRICARE Enrollees by Beneficiary Category (Direct Care)



2010 Rank	Active Duty	Active Duty Family Members	Retirees & Dependents < 65	Retirees & Dependents 65+
1	Doctor Communication	Doctor Communication	Doctor Communication	Doctor Communication
2	Office Staff	Office Staff	Office Staff	Office Staff
3	Access to Care	Access to Care	Mental Health*	Mental Health*

Doctor Communication remains the top driver of beneficiary satisfaction

TROSS Drivers of Satisfaction with Health Care: All TRICARE Enrollees by Beneficiary Category (Purchased Care)



2010 Rank	Active Duty	Active Duty Family Members	Retirees & Dependents < 65	Retirees & Dependents 65+
1	Mental Health	Doctor Communication	Doctor Communication	Doctor Communication
2	Doctor Communication	Office Staff	Office Staff	Office Staff
3	Office Staff	Access to Care	Access to Care	Mental Health*

Doctor Communication remains the top driver of beneficiary satisfaction

TROSS Summary



- Additional analysis was conducted September 2010 targeting the Active Duty population to better assess drivers of satisfaction as this population is generally less satisfied across all questions
- Less satisfied AD include:
 - Females
 - Younger ages (18-24)
 - Lower ranks

TROSS Summary



- Key areas of dissatisfaction for AD compared to civilian
 - Access to Care (Timely Appt, Answer After Hours, Answer Same Day, Saw Provider Quickly, Appt for Urgent Care)
 - Doctor Communication (Provider Knew Medical History)
 - Office Staff (Treated with Courtesy)

Overall Comparison of Survey Results



- The results of similar questions from three active surveys of MHS beneficiaries were compared
 - TROSS (TRICARE Outpatient Satisfaction Survey)
 - TRISS (TRICARE Inpatient Satisfaction Survey)
 - HCSDB (Health Care Survey of DoD Beneficiaries)
- Drivers of satisfaction were also compared for PRIME enrollees and Active Duty service members using logistic regression methods

Drivers of Satisfaction “Direct Care” Prime Enrollees



	HCSDB	TROSS	TRISS MED	TRISS Surg	TRISS OB
1	Doctor Communication	Office Staff	Family and friends	Doctor Communication	Nurse Communication
2	Getting Care Quickly	Doctor Communication	Pain control	Communication about Medicine	Family and friends
3	Getting Needed Care	Access to Care	Staff response	Discharge info	Doctor Communication

Overall - Doctor and Nurse

Communication top drivers of satisfaction 31

Drivers of Satisfaction “Purchased Care” Prime Enrollees



	HCSDB	TROSS	TRISS MED	TRISS Surg	TRISS OB
1	Doctor Communication	Doctor Communication	Family and friends	Family and friends	Nurse Communication
2	Getting Needed Care	Office Staff	Staff response	Pain control	Clean environment
3	Getting Care Quickly	Mental Health	Doctor Communication	Clean environment	Pain control

***(Doctor and Nurse)
Communication top driver***

Conclusions



- Throughout the surveys, satisfaction with Purchased Care was generally higher than satisfaction with Direct Care.
- The major drivers of satisfaction among MHS beneficiaries across all three surveys was staff communication

Recommendations



- Engaged front-line staff – embrace service excellence
- Provide training sessions within healthcare facilities to improve staff communication with patients
- Provide survey results to accountable units
- Increase transparency
- Spread successful practices

Questions?



If you have any further questions, please contact:

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