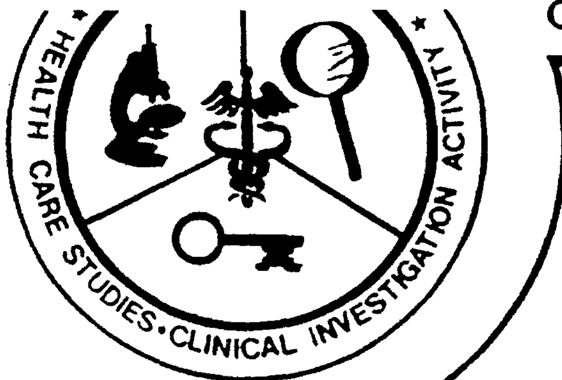
(2)

AD-A264 999

UNITED STATES ARMY

HEALTH CARE STUDIES AND

CLINICAL INVESTIGATION ACTIVITY



DTIC
ELECTE
MAY 2 6 1993
S C D

PATIENT SATISFACTION SURVEY 1991-1992

EXECUTIVE SUMMARY

A. David Mangelsdorff, Patricia A. Twist,
Karin W. Zucker, Janice Ware, and James George

U.S. Army Health Care Studies and Clinical Investigation Activity
U.S. Army Health Services Command
Fort Sam Houston, Texas 78234-6060

93-11551

Health Care Studies and Clinical Investigation Activity
Consultation Report CR92-005A

September 1992

DISTRIBUTION STATEMENT A
Approved for public release;
Distribution Unlimited

93 5 25 159

UNITED STATES ARMY

HEALTH SERVICES COMMAND

FORT SAM HOUSTON, TEXAS 78234

Accesion For		
NTIS CRA&I		☑
DTIC TAB		☑
Unannounced		☐
Justification		
By		
Distribution /		
Availability Codes		
Dist	Avail and / or Special	
A-1		

NOTICE

The findings in this report are not to be construed as an official Department of the Army position unless so designated by other authorized documents.

* *

Regular users of services of the Defense Technical Information Center (per DOD Instruction 5200.21) may purchase copies directly from the following:

Defense Technical Information Center (DTIC)
ATTN: DTIC-DDR
Cameron Station
Alexandria, VA 22304-6145

Telephones: DSN 284-7633, 4 or 5
COMMERCIAL (703) 274-7633, 4, or 5

All other requests for these reports will be directed to the following:

U.S. Department of Commerce
National Technical Information Services (NTIS)
5285 Port Royal Road
Springfield, VA 22161

Telephone: COMMERCIAL (703) 487-4650

REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

1a. REPORT SECURITY CLASSIFICATION Unclassified	1b. RESTRICTIVE MARKINGS
2a. SECURITY CLASSIFICATION AUTHORITY	3. DISTRIBUTION/AVAILABILITY OF REPORT Distribution unlimited; Available for Public use.
2b. DECLASSIFICATION/DOWNGRADING SCHEDULE	
4. PERFORMING ORGANIZATION REPORT NUMBER(S) CR 92-005A	5. MONITORING ORGANIZATION REPORT NUMBER(S)
6a. NAME OF PERFORMING ORGANIZATION Health Care Studies & Clinical Investigation 6b. OFFICE SYMBOL (If applicable) HSHN-T	7a. NAME OF MONITORING ORGANIZATION
6c. ADDRESS (City, State, and ZIP Code) Bldg 2268 Fort Sam Houston, TX 78234-6100	7b. ADDRESS (City, State, and ZIP Code)
8a. NAME OF FUNDING/SPONSORING ORGANIZATION Health Services Command 8b. OFFICE SYMBOL (If applicable)	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER
8c. ADDRESS (City, State, and ZIP Code)	10. SOURCE OF FUNDING NUMBERS PROGRAM ELEMENT NO. / PROJECT NO. / TASK NO. / WORK UNIT ACCESSION NO.

11. TITLE (Include Security Classification)
(U) Patient Satisfaction Survey, 1991-1992; Executive Summary

12. PERSONAL AUTHOR(S) A. David Mangelsdorff, Patricia A. Twist, Karin W. Zucker, Janice Ware, & James George

13a. TYPE OF REPORT	13b. TIME COVERED	14. DATE OF REPORT (Year, Month, Day)	15. PAGE COUNT
Final	FROM Oct 91 TO Sep 92	92 Sep	5

16. SUPPLEMENTARY NOTATION

17. COSATI CODES			18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number)
FIELD	GROUP	SUB-GROUP	Patient Satisfaction, patient care, medical care beneficiary

19. ABSTRACT (Continue on reverse if necessary and identify by block number)

(U) Patient Satisfaction Surveys were developed from the Group Health Association of America Consumer Satisfaction Survey. Surveys were mailed to 9,400 eligible beneficiaries at 38 Army medical treatment facilities (MTFs). Subjects were randomly selected for DEERS data lists using zipcodes in the MTF catchment areas. Responses were received from 2,317 with an additional 1,030 surveys returned as undeliverable. The usable return rate was 24.6%. Respondents rated care received in military MTFs as well as in CHAMPUS, Private, or Other (C/P/O) funded programs. Moderate satisfaction was reported with the care provided at MTFs; higher levels of satisfaction were reported with the C/P/O care. Beneficiaries did not use the MTFs because it was too difficult to get an appointment (22%), services needed were lacking (18%), MTF too far away (11%), or not conveniently located (8%). Only 9% of respondents recognized the Gateway to Care program. The majority of respondents were using outpatient services. Recommendations are offered.

20. DISTRIBUTION/AVAILABILITY OF ABSTRACT ☒ UNCLASSIFIED/UNLIMITED ☒ SAME AS RPT. ☐ DTIC USERS	21. ABSTRACT SECURITY CLASSIFICATION Unclassified
22a. NAME OF RESPONSIBLE INDIVIDUAL A. David Mangelsdorff	22b. TELEPHONE (Include Area Code) (210) 221-0278 22c. OFFICE SYMBOL HSHN-H

PATIENT SATISFACTION SURVEY: 1991-1992

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. 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. The 1989-1990 study (n=2874) resulted in a report (Mangelsdorff, 1990) on patient attitudes and behaviors. It was recommended by the Commander, HQ HSC that patient satisfaction surveys be conducted each year and the results provided to HQ HSC. The 1990-1991 study (n=3050) resulted in a summary report (Mangelsdorff, 1991). The present report documents the 1991-1992 survey effort.

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 military medical treatment facility (MMTF) catchment areas. The distribution of subjects from Army, Navy/Marine, and Air Force populations reflected the distribution in the DEERS data lists.

Eligible beneficiaries were selected to capture responses of individuals who might not be users of the MMTFs; the reasons for not seeking care in the MMTFs were of concern. 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 and missing or incomplete addresses delayed the mailing until May 1992. 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%.

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.

There were significant differences between the categories of beneficiaries. In general, the Retired were significantly more satisfied, while the Active Duty Dependents were least satisfied.

Comparisons were made between the types of health care programs used. Responses were collapsed as follows: MMTF only (40.0%), CHAMPUS or some combination including CHAMPUS (32.4%), private health insurance (26.6%), and self pay (1.0%). There were significant differences between the types of health care programs used.

Who uses the DoD health system? 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 contrast, 58.6% of respondents reported using care funded by CHAMPUS, 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 terms of utilization practices, 13.6% stated they had had an overnight admission for medical care at the MMTF during the last 12 months. Only 10.0% indicated one or more admissions for medical care which was funded by C/P/O means during the last 12 months. 77.2% made outpatient visits for medical care at the MMTF during the last 12 months. 54.8% made outpatient visits for medical care funded by C/P/O means during the last 12 months.

There were a variety of responses to why patients did not receive the majority of their health care from a military medical treatment facility. 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 overall level of satisfaction reported was good (mid-point on a 5-point scale). 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 with "choice and continuity." The lowest item ratings were "choice of personal doctor" and "telephone access to information" at the MMTFs.

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

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, a particular clinic or service, specific physicians, and the waiting time at the office to see the doctor.

Questions about the planned coordinated care program: Gateway To Care were asked. Only 9.2% of the respondents 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.

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 "Arrangements for choosing a personal doctor," "Ease of seeing the doctor of your choice," "Availability of medical information or advice by phone," "Number of doctors you have to choose from," "Length of time you wait between making an appointment for routine care and the day of your visit," and "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.

WHAT DO THESE FINDINGS MEAN?

The majority of the respondents were 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 between 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 respondents 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.

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.

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.

REFERENCES

Mangelsdorff, A. D. (1990). Patient Satisfaction Survey 1989-1990 (Consultation Report No. 90-003). Fort Sam Houston, TX: U.S. Army Health Care Studies and Clinical Investigation Activity.

Mangelsdorff, A. D. (1991). Patient Satisfaction Survey 1990-1991 (Consultation Report No. 91-010). Fort Sam Houston, TX: U.S. Army Health Care Studies and Clinical Investigation Activity.