

Effective Provider-Patient Partnerships

Authority: The survey instrument was deemed minimal risk for human subjects and exempted from Institutional Review Board (IRB) review by the DoD IRB exempt review determination authority, reviewed by the Defense Manpower Data Center and conducted under Report Control Symbol DD-HA(M)2178 assigned by the Washington Headquarters Service in compliance with Office of Management and Budget requirements and the Paperwork Reduction Act of 1995.

Background: The TMA-chartered Delphi Council is a geographically and demographically diverse group of volunteers and is roughly representative of all beneficiary categories and enrollment options. The council was recruited as a convenience sample and does not represent a random sample of beneficiaries. This was the 8th survey fielded since the group was established in 2004.

Survey Administration: This survey was fielded on July 17, 2006 to 291 council members via an e-mail invitation to Web survey and via mail to 13 without internet access. An e-mail reminder was sent on July 28th and the survey was concluded on August 4th. Six bad e-mail address notifications were received and no mailed surveys were returned undelivered indicating likely delivery to 298 members. 190 responses were received via the Web site (e-mail response rate = 67%) and 8 mail responses were received (mailed response rate = 62%) for an overall response rate of 66% which compares favorably with the previous pharmacy survey response rate of 55%.

How to read the tables: Questions are shown in the order in which they were asked. The most common response(s) is (are) highlighted in yellow. "Civilian" indicates the number and percentage of council members who said they receive most of their healthcare at civilian hospitals and clinics, while "military" refers to the direct care system. "Unknown" are respondents who either failed to provide their name on this survey or who at registration declined to indicate either their age or whether they use primarily civilian or military healthcare. "Polarity" is the sum percentage of respondents who either strongly or somewhat agreed (highlighted in green if a majority) and the sum who either strongly or somewhat disagreed (highlighted in red if a majority).

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	98	36	24	158	79%	80%	83%	80%	
Somewhat agree	24	8	3	35	19%	18%	10%	18%	97%
Neither agree nor disagree	1	1	2	4	1%	2%	7%	2%	
Somewhat disagree	1			1	1%	0%	0%	1%	
Strongly disagree					0%	0%	0%	0%	1%
Total	124	45	29	198					
									_
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree	26	65	42	25	76%	77%	86%	81%	
Somewhat agree	6	18	7	4	18%	21%	14%	13%	
Neither agree nor disagree	2			2	6%	0%	0%	6%	
Somewhat disagree		1			0%	1%	0%	0%	
Strongly disagree					0%	0%	0%	0%	
Total	34	84	49	31					
		-			 -				
2) Doctor's aren't perfect ev	en when it	t comes to	medical d	ecisions.					
Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity

2) Doctor's aren't perfect even when it comes to medical decisions.												
Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity			
Strongly agree	74	27	16	117	60%	60%	55%	59%				
Somewhat agree	41	15	10	66	33%	33%	34%	33%	92%			
Neither agree nor disagree	6	2	3	11	5%	4%	10%	6%				
Somewhat disagree	2	1		3	2%	2%	0%	2%				
Strongly disagree	1			1	1%	0%	0%	1%	2%			
Total	424	45	29	400								
Total	124	45	25	198								
TOTAL	124	45		190								
Age Group:	ı	46 - 64		Unknown	65 & +	46 - 64	< 45	Unknown				
	ı				65 & + 59%				1			
Age Group:	65 & +	46 - 64	< 45	Unknown		57%	63%	58%				
Age Group: Strongly agree	65 & +	46 - 64	< 45	Unknown 18	59%	57% 38%	63% 27%	58% 32%				
Age Group: Strongly agree Somewhat agree	65 & + 20	46 - 64 48 32	< 45 31 13	Unknown 18 10	59% 32%	57% 38% 4%	63% 27% 6%	58% 32% 10%				
Age Group: Strongly agree Somewhat agree Neither agree nor disagree	65 & + 20 11	46 - 64 48 32	< 45 31 13	Unknown 18 10	59% 32% 6%	57% 38% 4% 1%	63% 27% 6% 2%	58% 32% 10% 0%				

3) It's important that I be involved in my own medical decisions.										
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity
Strongly agree	117	43	26	186		94%	96%	90%	94%	99%
Somewhat agree	7	2	2	11		6%	4%	7%	6%	
Neither agree nor disagree						0%	0%	0%	0%	
Somewhat disagree						0%	0%	0%	0%	
Strongly disagree						0%	0%	0%	0%	0%
(blank)			1	1		0%	0%	3%	1%	
Total	124	45	29	198						
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown	

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Strongly agree	30	81	47	28	88%	96%	96%	90%
Somewhat agree	4	3	2	2	12%	4%	4%	6%
Neither agree nor disagree					0%	0%	0%	0%
Somewhat disagree					0%	0%	0%	0%
Strongly disagree					0%	0%	0%	0%
(blank)				1	0%	0%	0%	3%
Total	34	84	49	31				

Comment: This was the statement that resonated best with respondents--in fact no one disagreed. Followed closely by very similar Q # 5.

4) I'd rather be given many choices about what's best for my health than to have the doctor make the decision for me.												
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity		
Strongly agree	87	26	19	132		70%	58%	66%	67%			
Somewhat agree	27	18	9	54		22%	40%	31%	27%	94%		
Neither agree nor disagree	8	1		9		6%	2%	0%	5%			
Somewhat disagree	2		1	3		2%	0%	3%	2%	2%		
Strongly disagree				0		0%	0%	0%	0%			
Total	124	45	29	198								
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown			
Strongly agree	21	52	37	22		62%	62%	76%	71%			
Somewhat agree	11	28	7	8		32%	33%	14%	26%			
Neither agree nor disagree	2	2	5			6%	2%	10%	0%			
Somewhat disagree		2		1		0%	2%	0%	3%			
Strongly disagree						0%	0%	0%	0%			
Total	34	84	49	31								

5) Participating in my healtl	h care deci	isions is g	ood for my	health.					
Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	102	41	24	167	82%	91%	83%	84%	
Somewhat agree	20	4	4	28	16%	9%	14%	14%	98%
Neither agree nor disagree	1		1	2	1%	0%	3%	1%	
Somewhat disagree					0%	0%	0%	0%	0%
Strongly disagree					0%	0%	0%	0%	
(blank)	1			1	1%	0%	0%	1%	
Total	124	45	29	198					
									_
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree	27	70	44	26	79%	83%	90%	84%	
Somewhat agree	7	12	5	4	21%	14%	10%	13%	
Neither agree nor disagree		1		1	0%	1%	0%	3%	
Somewhat disagree					0%	0%	0%	0%	
Strongly disagree					0%	0%	0%	0%	
(blank)		1			0%	1%	0%	0%	
Total	34	84	49	31					

6) I tend to want to get a se	cond expe	rt opinion	when face	d with a se	riou	s medical	decision.			
Primary Source of Care:			Unknown				Military	Unknown	Total	Polarity
Strongly agree	87	32	18	137		70%	71%	62%	69%	
Somewhat agree	29	8	8	45		23%	18%	28%	23%	92%
Neither agree nor disagree	4	4	2	10		3%	9%	7%	5%	
Somewhat disagree	3	1		4		2%	2%	0%	2%	2%
Strongly disagree						0%	0%	0%	0%	
Does not apply	1		1	2		1%	0%	3%	1%	
Total	124	45	29	198						
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown	
Strongly agree	21	58	38	20		62%	69%	78%	65%	
Somewhat agree	12	18	8	7		35%	21%	16%	23%	
Neither agree nor disagree	1	5	2	2		3%	6%	4%	6%	
Somewhat disagree		2	1	1		0%	2%	2%	3%	
Strongly disagree						0%	0%	0%	0%	
Does not apply		1		1		0%	1%	0%	3%	
Total	34	84	49	31						

7) I trust health professiona	ls to make	e health ca	re decisior	s for me.					
Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	6	3	2	11	5%	7%	7%	6%	
Somewhat agree	58	18	18	94	47%	40%	62%	47%	53%
Neither agree nor disagree	17	7	5	29	14%	16%	17%	15%	
Somewhat disagree	25	8	2	35	20%	18%	7%	18%	32%
Strongly disagree	18	9	2	29	15%	20%	7%	15%	
Total	124	45	29	198					
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree	6		3	2	18%	0%	6%	6%	
Somewhat agree	14	40	20	20	41%	48%	41%	65%	
Neither agree nor disagree	5	12	8	4	15%	14%	16%	13%	
Somewhat disagree	4	18	11	2	12%	21%	22%	6%	
Strongly disagree	5	14	7	3	15%	17%	14%	10%	
Total	34	84	49	31					

Comment: A bare majority are generally trusting of provider decisions and yet from Q # 6, nearly all want a 2nd opinion for serious issues.

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	3	•	2	5	2%				
Somewhat agree	16	10	8	34	13%	22%	28%	17%	20%
Neither agree nor disagree	16	5	4	25	13%	11%	14%	13%	
Somewhat disagree	28	7	4	39	23%	16%	14%	20%	64%
Strongly disagree	57	21	10	88	46%	47%	34%	44%	
Does not apply	4	2	1	7	3%	4%	3%	4%	
Total	124	45	29	198					
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree		3		2	0%	4%	0%	6%	
Somewhat agree	3	10	14	7	9%	12%	29%	23%	
Neither agree nor disagree	9	8	3	5	26%	10%	6%	16%	
Somewhat disagree	3	25	7	4	9%	30%	14%	13%	
Strongly disagree	15	36	25	12	44%	43%	51%	39%	
Does not apply	4	2		1	12%	2%	0%	3%	
		84		31					1

9) I lack the expertise to make my own health care decisions.										
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity
Strongly agree	7	1		8		6%	2%	0%	4%	
Somewhat agree	29	13	7	49		23%	29%	24%	25%	29%
Neither agree nor disagree	18	3	10	31		15%	7%	34%	16%	
Somewhat disagree	38	10	4	52		31%	22%	14%	26%	55%
Strongly disagree	31	18	8	57		25%	40%	28%	29%	
(blank)	1			1		1%	0%	0%	1%	
Total	124	45	29	198						
						-				
Ago Group:	6E 8 ±	16 - 61	< 15	Hinknown		65 & ±	16 - 61	< 15	Hinknown	

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Strongly agree	4	2	2		12%	2%	4%	0%
Somewhat agree	9	17	16	7	26%	20%	33%	23%
Neither agree nor disagree	7	7	6	11	21%	8%	12%	35%
Somewhat disagree	9	27	12	4	26%	32%	24%	13%
Strongly disagree	5	30	13	9	15%	36%	27%	29%
(blank)		1			0%	1%	0%	0%
Total	34	84	49	31				

Comment: There's a natural tendency for people to respond affirmatively to survey questions. So it's of particularly note they responded negatively as to whether time or lack of expertise should preclude them from being involved in treatment decisions. Clearly they want to be involved.

10) There is continual, oper	n, and hon	est commu	ınication b	etween me	and	d the medi	cal staff.			
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity
Strongly agree	36	18	6	60		29%	40%	21%	30%	
Somewhat agree	58	12	15	85		47%	27%	52%	43%	73%
Neither agree nor disagree	12	6	4	22		10%	13%	14%	11%	
Somewhat disagree	15	7	3	25		12%	16%	10%	13%	15%
Strongly disagree	3	2		5		2%	4%	0%	3%	
(blank)			1	1		0%	0%	3%	1%	
Total	124	45	29	198						
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown	1
Strongly agree	14	27	12	7		41%	32%	24%	23%	
Somewhat agree	11	36	24	14		32%	43%	49%	45%	
Neither agree nor disagree	3	10	5	4		9%	12%	10%	13%	
Somewhat disagree	6	9	5	5		18%	11%	10%	16%	
Strongly disagree		2	3			0%	2%	6%	0%	
(blank)				1		0%	0%	0%	3%	
Total	34	84	49	31						

Comment: If anything, persons using MTFs feel a little more strongly about enjoying open communication--contrary to the stereotypical expectation that military staff would simply "give them their orders."

or via a computer system.									
Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Always	31	17	9	57	25%	38%	31%	29%	
Nearly always	58	16	11	85	47%	36%	38%	43%	72%
Sometimes	20	9	3	32	16%	20%	10%	16%	
Seldom	13	3	3	19	10%	7%	10%	10%	11%
Never	2			2	2%	0%	0%	1%	
(blank)			3	3	0%	0%	10%	2%	
Total	124	45	29	198					

11) My doctors and nurses have appropriate access to my record of previous health care encounters, either a paper copy

A	ge Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Always		13	25	10	9	38%	30%	20%	29%
Nearly always		14	38	21	12	41%	45%	43%	39%
Sometimes		4	16	10	2	12%	19%	20%	6%
Seldom		3	4	7	5	9%	5%	14%	16%
Never			1	1		0%	1%	2%	0%
(blank)					3	0%	0%	0%	10%
Total		34	84	49	31				

12) During a typical stay or visit, my provider asks if I have any questions.												
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity		
Always	64	22	13	99		52%	49%	45%	50%			
Nearly always	38	12	10	60		31%	27%	34%	30%	80%		
Sometimes	14	9	3	26		11%	20%	10%	13%			
Seldom	7			7		6%	0%	0%	4%	5%		
Never		1	1	2		0%	2%	3%	1%			
(blank)	1	1	2	4		1%	2%	7%	2%			
Total	124	45	29	198								
						-				-		
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown			
Always	14	49	21	15		41%	58%	43%	48%			
Nearly always	13	19	18	10		38%	23%	37%	32%			
Sometimes	6	9	8	3		18%	11%	16%	10%			
Seldom	1	4	2			3%	5%	4%	0%	1		
Never		1		1		0%	1%	0%	3%	1		
(blank)		2		2		0%	2%	0%	6%	1		
Total	34	84	49	31						1		

13) My provider checks with					my					
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity
Always	35	16	8	59		28%	36%	28%	30%	
Nearly always	51	15	11	77		41%	33%	38%	39%	69%
Sometimes	29	11	7	47		23%	24%	24%	24%	
Seldom	8	1	1	10		6%	2%	3%	5%	7%
Never	1	2		3		1%	4%	0%	2%	
(blank)			2	2		0%	0%	7%	1%	
Total	124	45	29	198						
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown	
Always	9	29	13	8		26%	35%	27%	26%	
Nearly always	15	32	17	13		44%	38%	35%	42%	
Sometimes	9	14	16	8		26%	17%	33%	26%	
Seldom	1	6	3			3%	7%	6%	0%	
Never		3				0%	4%	0%	0%	
(blank)				2		0%	0%	0%	6%	
Total	34	84	49	31						

Comment: In order to have an affirmative response to #13, #12 would have to be true.

14) My provider checks with Primary Source of Care:		Military	Unknown		Ci	vilian	Military	Unknown	Total	Polarity
Always	42	17	8	67	- •	34%	•	28%		1 Oldiney
Nearly always	50	16	12	78		40%	36%	41%		73%
Sometimes	24	9	6	39		19%	20%	21%	20%	
Seldom	8	1		9		6%	2%	0%	5%	6%
Never		2	1	3		0%	4%	3%	2%	
(blank)			2	2		0%	0%	7%	1%	
Total	124	45	29	198						
	•	•			•				•	•
Age Group:	65 & +	46 - 64	< 45	Unknown	65	.	46 - 64	< 45	Unknown	
Always	11	32	15	9		32%	38%	31%	29%	
Nearly always	15	34	17	12		44%	40%	35%	39%	
Sometimes	7	10	15	7		21%	12%	31%	23%	
Seldom	1	6	2			3%	7%	4%	0%	
Never		2		1		0%	2%	0%	3%	
(blank)				2		0%	0%	0%	6%	
()										

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	43	14	8	65	35%	31%	28%	33%	
Somewhat agree	53	11	12	76	43%	24%	41%	38%	719
Neither agree nor disagree	11	4	1	16	9%	9%	3%	8%	
Somewhat disagree	12	12	4	28	10%	27%	14%	14%	20%
Strongly disagree	5	4	2	11	4%	9%	7%	6%	
(blank)			2	2	0%	0%	7%	1%	
Total	124	45	29	198					
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	I
Strongly agree	16	26		9	47%			29%	
				4.0	0.50/	200/	39%	39%	
• • •	12	33	19	12	35%	39%	39 /0	39 /0	
Somewhat agree	12 2	33 9	19 4	12	6%		8%	3%	
Somewhat agree Neither agree nor disagree				12		11%			
Somewhat agree Neither agree nor disagree Somewhat disagree Strongly disagree	2	9	4	1	6%	11% 13%	8%	3%	
Somewhat agree Neither agree nor disagree Somewhat disagree	2	9 11	4	1	6% 12%	11% 13% 6%	8% 16%	3% 16%	

16) Who should make treatment decisions?

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
After giving me all significant information about risks and benefits, the provider and I should come to a mutual agreement about my treatment	80	35	21	136	65%	78%	72%	69%	
After giving me all significant					0070	1070	1270	0070	
information about risks and benefits, the provider should allow me to make what I									
consider to be the right									
treatment decision.	14	1	2	17	11%	2%	7%	9%	77%
The provider always knows best and should simply tell me what to do	1			1	1%	0%	0%	1%	
The provider should decide, but should seriously consider			4	44	23%	20%	14%	21%	22%
my opinions and input	28	9		41					22%
(blank) Total	124	45	2 29	3 198	1%	0%	7%	2%	
Total	124	45	29	198					

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
After giving me all significant								
information about risks and								
benefits, the provider and I								
should come to a mutual								
agreement about my								
treatment	21	58	35	22	62%	69%	71%	71%
After giving me all significant								
information about risks and								
benefits, the provider should								
allow me to make what I								
consider to be the right								
treatment decision.	2	9	4	2	6%	11%	8%	6%
The provider always knows								
best and should simply tell								
me what to do		1			0%	1%	0%	0%
The constitute of the state of								
The provider should decide,								
but should seriously consider		4.5	40	_	000/	400/	000/	400/
my opinions and input	11	15	10	5	32%	18%	20%	16%
(blank)	0.4	1	40	2	0%	1%	0%	6%
Total	34	84	49	31				

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
After giving me all significant									
information about risks and									
benefits, the provider and I									
come to a mutual agreement									
about my treatment	77	25	17	119	62%	56%	59%	60%	
After giving me all significant					3270	0070	0070	0070	
information about risks and									
benefits, the provider allows									
me to make what I consider									
to be the right treatment									
decision.	9	2	2	13	7%	4%	7%	7%	67%
	9			13	1 70	4 70	1 70	1 70	0170
The provider always knows									
best and simply tells me	_			7	00/	00/	00/	40/	
what to do	3	4		/	2%	9%	0%	4%	
The provider decides, but									
seriously considers my									
opinions and input	35	14	7	56	28%	31%	24%	28%	30%
(blank)			3	3	0%	0%	10%	2%	
Total	124	45	29	198					

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
After giving me all significant information about risks and benefits, the provider and I come to a mutual agreement about my treatment		51	30	17	62%	61%	61%	55%
After giving me all significant information about risks and benefits, the provider allows me to make what I consider to be the right treatment decision.	1	7	3	2	3%	8%	6%	6%
The provider always knows best and simply tells me what to do	1	4	2		3%	5%	4%	0%
The provider decides, but seriously considers my opinions and input (blank)	11	22	14	9	32% 0%	26% 0%		
Total	34	84	49	31	0 70	070	0 70	1070

18) My provider makes it cle					lities	for my tr				
Primary Source of Care:	Civilian	Military	Unknown	Total	(Civilian	Military	Unknown	Total	Polarity
Strongly agree	41	13	6	60		33%	29%	21%	30%	
Somewhat agree	49	16	13	78		40%	36%	45%	39%	70%
Neither agree nor disagree	18	11	7	36		15%	24%	24%	18%	
Somewhat disagree	14	4	1	19		11%	9%	3%	10%	11%
Strongly disagree	2	1		3		2%	2%	0%	2%	
(blank)			2	2		0%	0%	7%	1%	
Total	124	45	29	198						
Age Group:	65 & +	46 - 64	< 45	Unknown		65 & +	46 - 64	< 45	Unknown	1
Strongly agree	11	33	9	7		32%	39%	18%	23%	
Somewhat agree	12	30	21	15		35%	36%	43%	48%	
Neither agree nor disagree	5	11	14	6		15%	13%	29%	19%	1
Somewhat disagree	6	8	4	1		18%	10%	8%	3%	
Strongly disagree		2	1			0%	2%	2%	0%	1
(blank)				2		0%	0%	0%	6%	1
Total	34	84	49	31						1

19) The hospital or clinic's information and educational materials (pamphlets, brochures, TRICARE Web pages) reinforce the fact that the patients are essential members of the health care team.

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	32	11	3	46	26%	24%	10%	23%	
Somewhat agree	47	13	16	76	38%	29%	55%	38%	62%
Neither agree nor disagree	30	10	8	48	24%	22%	28%	24%	
Somewhat disagree	8	9		17	6%	20%	0%	9%	13%
Strongly disagree	7	1		8	6%	2%	0%	4%	
(blank)		1	2	3	0%	2%	7%	2%	
Total	124	45	29	198					

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Strongly agree	11	21	10	4	32%	25%	20%	13%
Somewhat agree	9	36	14	17	26%	43%	29%	55%
Neither agree nor disagree	9	18	14	7	26%	21%	29%	23%
Somewhat disagree	3	5	8	1	9%	6%	16%	3%
Strongly disagree	2	3	3		6%	4%	6%	0%
(blank)		1		2	0%	1%	0%	6%
Total	34	84	49	31				

20) Hospital and clinic policies encourage my family's involvement in decision-making regarding my health care.

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	18	7		25	15%	16%	0%	13%	
Somewhat agree	38	12	13	63	31%	27%	45%	32%	44%
Neither agree nor disagree	36	13	12	61	29%	29%	41%	31%	
Somewhat disagree	15	9	1	25	12%	20%	3%	13%	20%
Strongly disagree	10	4	1	15	8%	9%	3%	8%	
Does not apply	6			6	5%	0%	0%	3%	
(blank)	1		2	3	1%	0%	7%	2%	
Total	124	45	29	198					

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Strongly agree	7	13	4	1	21%	15%	8%	3%
Somewhat agree	12	23	16	12	35%	27%	33%	39%
Neither agree nor disagree	7	25	15	14	21%	30%	31%	45%
Somewhat disagree	6	9	9	1	18%	11%	18%	3%
Strongly disagree	2	8	4	1	6%	10%	8%	3%
Does not apply		5	1		0%	6%	2%	0%
(blank)		1		2	0%	1%	0%	6%
Total	34	84	49	31				

21) There is always open di	21) There is always open disclosure by staff, with me regarding all errors, whether or not adverse events occur.												
Primary Source of Care:	Civilian	Military	Unknown	Total		Civilian	Military	Unknown	Total	Polarity			
Strongly agree	7	4		11		6%	9%	0%	6%				
Somewhat agree	19	6	8	33		15%	13%	28%	17%	22%			
Neither agree nor disagree	39	14	10	63		31%	31%	34%	32%				
Somewhat disagree	16	10	4	30		13%	22%	14%	15%	32%			
Strongly disagree	25	6	2	33		20%	13%	7%	17%				
Does not apply	18	5	1	24		15%	11%	3%	12%				
(blank)			4	4		0%	0%	14%	2%				
Total	124	45	29	198									

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Strongly agree	3	5	3		9%	6%	6%	0%
Somewhat agree	6	14	5	8	18%	17%	10%	26%
Neither agree nor disagree	6	26	20	11	18%	31%	41%	35%
Somewhat disagree	6	13	7	4	18%	15%	14%	13%
Strongly disagree	7	16	7	3	21%	19%	14%	10%
Does not apply	6	10	7	1	18%	12%	14%	3%
(blank)				4	0%	0%	0%	13%
Total	34	84	49	31				

Comment: Likely many people don't have a way to assess this from the outside and thus "neither agree nor disagree" was the most common response. This would be a better question for medical staff than for patients.

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	7	1	1	9	6%	2%	3%	5%	
Somewhat agree	11	5	2	18	9%	11%	7%	9%	149
Neither agree nor disagree	29	13	12	54	23%	29%	41%	27%	
Somewhat disagree	5	6	3	14	4%	13%	10%	7%	26%
Strongly disagree	29	7	2	38	23%	16%	7%	19%	
Does not apply	43	13	7	63	35%	29%	24%	32%	
(blank)			2	2	0%		7%	1%	
Total	124	45	29	198					
	-	-							
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree	4	2	1	2	12%	2%	2%	6%	
Somewhat agree	4	9	3	2	12%	11%	6%	6%	
Neither agree nor disagree	4	25	13	12	12%	30%	27%	39%	
Somewhat disagree	4	6	2	2	12%	7%	4%	6%	
Strongly disagree	8	13	14	3	24%	15%	29%	10%	
Does not apply	10	29	16	8	29%	35%	33%	26%	
(blank)				2	0%	0%	0%	6%	1
(Dialik)					0 70	0 70	0 70	0 70	

Comment: A majority (59%) responded either "does not apply" or "neither agree nor disagree." Significant proportion of the council members may not have had occasion to deal with a complex medical issue. The question needs to be targeted to those who have in order to really assess this.

23) The medical staff collab	orates wit	h me to ma	anage pain						
Primary Source of Care:			Unknown		Civilian	Military	Unknown	Total	Polarity
Strongly agree	20	5	3	28	16%	11%	10%	14%	
Somewhat agree	39	15	12	66	31%	33%	41%	33%	47%
Neither agree nor disagree	14	11	4	29	11%	24%	14%	15%	
Somewhat disagree	11	2	1	14	9%	4%	3%	7%	12%
Strongly disagree	8	2		10	6%	4%	0%	5%	
Does not apply	32	9	7	48	26%	20%	24%	24%	
(blank)		1	2	3	0%	2%	7%	2%	
Total	124	45	29	198					
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree	9	12	3	4	26%	14%	6%	13%	
Somewhat agree	12	25	18	11	35%	30%	37%	35%	
Neither agree nor disagree	4	13	7	5	12%	15%	14%	16%	
Somewhat disagree	1	6	6	1	3%	7%	12%	3%	
Strongly disagree	1	5	3	1	3%	6%	6%	3%	
Does not apply	7	22	12	7	21%	26%	24%	23%	
(blank)		1		2	0%	1%	0%	6%	
Total	34	84	49	31					

24) Patients are encouraged to participate in making arrangements for the patient's continuing care from the hospital from
the beginning of hospitalization.

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total	Polarity
Strongly agree	17	5	1	23	14%	11%	3%	12%	
Somewhat agree	28	8	6	42	23%	18%	21%	21%	33%
Neither agree nor disagree	20	11	9	40	16%	24%	31%	20%	
Somewhat disagree	17	6	3	26	14%	13%	10%	13%	19%
Strongly disagree	4	4	3	11	3%	9%	10%	6%	
Does not apply	37	11	5	53	30%	24%	17%	27%	
(blank)	1		2	3	1%	0%	7%	2%	
Total	124	45	29	198					
									_
Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown	
Strongly agree	7	11	3	2	21%	13%	6%	6%	
Somewhat agree	7	17	12	6	21%	20%	24%	19%	
Neither agree nor disagree	5	15	11	9	15%	18%	22%	29%	
Somewhat disagree	8	10	5	3	24%	12%	10%	10%	
Strongly disagree		5	3	3	0%	6%	6%	10%	1

6

2

31

14

49

26

84

34

Does not apply

(blank)

Total

TMA/Communications 19

21%

0%

31%

0%

29%

2%

19%

6%

Primary Source of Care:	Civilian	Military	Unknown	Total	Civilian	Military	Unknown	Total
Skills training lab (for								
example on healthy cooking								
diabetes or hypertension								
management)	22	11	3	36	9%	13%	8%	10%
Useful audio or video tapes	17	8	3	28	7%	9%	8%	7%
Useful Web information sites	78	23	14	115	31%	27%	35%	31%
Useful live presentations			_					
briefings or training sessions	28	8	4	40	11%			
Useful written materials	91	32	16	140	37%	38%	40%	37%
OTHER [PLEASE								
COMMENT IN THE SPACE								
BELOW]	13	3		16	5%	4%	0%	4%
Total	249	85	40	375				

Age Group:	65 & +	46 - 64	< 45	Unknown	65 & +	46 - 64	< 45	Unknown
Skills training lab (for								
example on healthy cooking								
diabetes or hypertension								
management)	7	17	10	4	12%	10%	10%	10%
Useful audio or video tapes	3	16	6	3	5%	9%	6%	7%
Useful Web information sites	10	55	36	14	17%	31%	37%	33%
Useful live presentations briefings or training sessions	9	20	7	4	15%	11%	7%	10%
Useful written materials	25	64	34	17	42%	36%	35%	40%
OTHER [PLEASE COMMENT IN THE SPACE BELOW]	5	6	5		8%	3%	5%	0%
Total	59	178	98	42				

25) Other: [Note that free text comments are tagged with primary healthcare source.]

Usually written materials that are too technical for a lay-person to understand and are seldom, if ever, explained. The usual excuse is that there is insufficient time or that my comprehension is too limited. - Civilian

TRICARE Standard folks receive NOTHING in the way of useful information on a periodic basis. The only written communication is an EOB. This was brought to the attention of Congress in 2003, but nothing has been done to correct the problem yet. Only HMO (Prime) folks receive useful information other than EOB's. There is nothing sent to doctors to encourgage them to accept TRICARE Standard patients and no initiatives are underway to correct the lack of doctors or inaccurate, insufficient, information on websites which are supposed to help you find doctors. DOD maintains a virtually useless list of doctors which is nothing more than a list of doctors who may have filed a claim. It should be abolished. No one manages the lists or checks. Contractors should be required to verify information on their provider websites. It is disconcerting that I took the time to show in detail to the BCAC how the website to pick a TRICARE Standard doc was useless and incorrect, over a year ago. Nothing happened, and it is not clear other than writing a letter to Secy Windenwerder, who would/should do anything about it. (continued)

The yellow pages remain the most reliable, best source for TRICARE Standard patients, so why advertise a website if that is the case? Save the money if the customer isn't going to be served. Don't fake it. - Civilian

There should be a lot more. - Civilian

Phone bank - Civilian

Other than occasional newsletter, I am not aware of any other resources my health plan offers. - Civilian

One on one counseling - military

Nurse contact line for smaller health issues. - Civilian

Nothing on my last visit. - Civilian

MD or Staff verbal coordination or instructions - Civilian

Many options not available through the military clinic. - Civilian

Made sure that I could do things for myself without help. Cooking and taking a shower ETC - Civilian

Local patient support groups - Civilian

In home nursing care - Civilian

I have no idea, Tricare is not user friendly - Civilian

I go toa MTF. Most of the time I don't know of anything that is provided. The Breast Care Clinic is pretty good about keeping me informed though. - Military

I currently have Medicare+TFL, not sure that I would call any of the materials thus far received "useful." Previously I carried FEHB and I received an annual statement of benefits and I would consider their web site somewhat useful. - Civilian

I am not aware of any information being made available to us by TriCare for Life. - Civilian

I am a BCAC/DCAO as well as family member - Civilian

Health Prevention Clinic - Military

For Prime, yes, for TRICARE Standard, NO!!!! The info is often outdated, incomplete, unreliable, or not useful for the questions that a person needs answered. The beneficiary is referred to a "BCAC", who simply goes to the website or repeats the same "general" information, and is not as qualified or knowledgeable as the beneficiary. The information made available is often more of a "marketing" or "selling" nature than othe kind of specific information needed. For example, the comment "call your BCAC" avoids what is really needed, and the BCAC isn't readily available in a timely manner when needed. - Civilian

Dietetic counseling - Military

26) Briefly describe innovative initiatives, programs, or producs available at your hospital or clinic that reflect patient centered care or medical staff collaboration.

What fantasy land does this survey originate from? - Civilian

Wellness classes, disease management programs, Weight Watchers at the Workplace - Civilian

We have Civilian doctors and hospitals. - Civilian

Using items that strength my body so I could manage my care at home. - Civilian

Two diabetes information sessions were provided at initial diagnosis. One with a nurse and one with a dietician. - Civilian

They cut out the small talk and talk about why I am there and what they can do to help me. The are as interested in my mental health as well as my physical health. - Civilian

There is absolutely NO communication from this area (D.C. area) to beneficiaries from the local military hospital to TRICARE Standard beneficiaries. In general, Standard beneficiares are treated like poor stepchildren, have the impression that since they are not a "profit center" for the contractors, that they are to be ignored. Even at military hospitals (I met with a D.C. area hospital commander on the subject), the hospitals pay no attention to Standard patients. There is pressure in many ways to force people onto the PRIME HMO, regardless of patient needs and desire. Choice is not considered important by the contractors. The databases by TMA and the Healthnet database on "participating" physicians are grossly inadquate and misleading. Would be glad to provide specifics to anyone interested in fixing the problems with Standard, across the board, from cost to administrative issues, to problems from the doctor's perspective, to ICD/diagnosis code mismatch problems. - Civilian

We can call a number and get a Registered Nurse on the line to assist with non-emergency health questions. - Civilian

The only program available is referral to literature concerning each medical problem. - civilian

The office staff knows who I am and will either answer questions or make sure that I can ask the doctor directly.I am not just a "medical file" or an insurance number. - Civilian

The Birthing Center at my community hospital has many resources for pregnancy and delivery. - Civilian

Teaching hospital, trainee/s examine me and trainer comes in and is breifed by trainees. The trainer evaluates me and, in front of me, educates the trainee (and me in the process) about my condition. The best is when the trainee brings up questions about things the trainer may have overlooked. It is very interactive as a discussion between the three or more of us. - Civilian

Since my Primary Care Facility is the Veteran Administration, you are sometimes able to talk to the dr., to tell him something of his program, but there is no real follow through. I also have Medicare, and TFL, and when used, these definitely have more innovatives than the VA. You can ask the dr., questions, or the nurse, but in the VA, the dr., gives you no more than 5 minutes to ask questions, then sits in front of his computer, and for the next ten minutess, he doesn't ask anything elsel - Civilian

Revering doctors consult with each other - Civilian

Regular screenings for Mamograms, etc are automatically sent to my home to remind me to make those important appointments. They slip my mind and I believe them to be important aids in catching problems early. - Civilian

Prostrate treatment - Civilian

Plenty of info available. - civilian

Our Wellness Clinic have a fun run, smoking cessations classes, and a monthly display of whatever the prevention of the month is (ex. T.B., Diabetes, Kidney, fire safety, proper nutrition etc. - Civilian

Other than "Patient Rights" posted on the wall I have seen nothing. Patients are just a commodity run through the clinic like cattle at a slaughter house. - Civilian

Ongoing followup contacts and support, education groups concerning diabetes. - Civilian

one-on-one Physical therapy - Civilian

Oncology clinic program - Civilian

Off subject a bit, but this survey works for Dependants. But those Active Duty personnel in Remote sites, ie, Oregon, are at the "Mercy" of semi-qualified indiviudals at the Military Medical Support Office (MMSO) when it comes time for approval in treatment and preventative medicine. It is a losing battle at times and both the servicemember and civilian physician hit a brick wall trying to get pre-authorizaitons approved. This rolls right into Servicemember dental care in Remote locations also. There is no reasonable commute to an MTF for dental care, and approvals for simple procedures, ie, crowns are a struggle. Highly suggest you push a survey or three out on these areas if you want the truth from your resouces in the field. Education and Marketing are not the issues needing addressed. - civilian

None that come to mind. Most of my care is through the VA Medical Center. They offer various programs, but I haven't needed to particpate lately. I did attend a diet class several years ago that was beneficial. - Civilian

More pamphlets and information readily available. 1-800 lines to just ask questions, ability to talk to a nurse. The availability of a nurse to act as a patient advocate. - Civilian

Medical Library - Civilian

Lectures/seminars - Civilian

I use a private physician who accepts both my FEHP (BC/BS) and TRICARE STandard (secondary payee) insurance plans. I use this provider because she takes time with her patients to discuss medical conditions and answers questions, engages me in planning my medical care, makes an effort to know me as a person as well as patient. If specialty care is needed, she will recommend colleagues/facilities if I ask her to, but the choice is mine. - civilian

I have not really encountered any initiatives, programs or products other than allowing the patients to utilize samples before they need to purchase medications. - civilian

I don't know of any. This questionnaire is making me rethink my primary physican and his staff! I must be settling for lousy care! - Civilian

Hospital has the distinction of being one of the few "Magnet" hospitals in the nation; a designation for excellence in nursing. Medical staff always involve the patients with their health care decisions. There are numerous avenues of information available to the patients in the community to include classes, written or one on one. Medical community constantly confers with each specialty involved with a patient's treatment. - Civilian

Fortunately, I haven't had to seek medical care too often, however I am well pleased with my provider. He does offer brouchures on medication that he prescribes for me. - Civilian

Everyone is very friendly and this helps others that seem upset or uncomfortable. - civilian

Don't understand what this means - civilian

Community Lecture Series-open to the public and advertised in newspaper-offers lectures by physicians on different medical topics - Civilian

Beginning with a diagnosis of non-Hodgkin's Lymphoma several years ago, I have become proactive in my health care ... a "knowledgeable patient" if you will. I interviewed three oncologists, rejected #1 because I had dealings with him before on a blood issue, rejected #2 because he failed to do his homework and wanted to talk about the blood issue, not the NHL. Settled with #3 because he laid all the facts on the table and I learned more in the first five minutes than I did with the first two combined. In the past two months, I fired my "god complex" cardiologist because he wanted to up my cholesterol meds to attempt to lower my HDL to below 70 when it was a very satisfactory 100. He also would not discuss issues, every thing is black and white "his way." My PCP agrees that 70 is desirable goal but not essential. The new cardiologist agrees that 70 is a lofty goal. I also learned that the first cardiologist lied to me about my cardiac event about six months later than my NHL diagnosis. ALWAYS GET A SECOND OPINION! - Civilian

At Denver Swedish there is a Trauma Team of Doctors (20) and Nurses (35) very highly skilled in all areas of Patient Trauma who collaberate with the patient receiving their care, and it is very effective(I was one of those affected by this highly motivated team, and I am VERY GRATIFIED). - Civilian

Always having diabetes, dieting, cholesterol counseling classes as well as grief and hospice connections. - Civilian Allowing family or close friends to remain with patient at all times possible. Especially important both before and after surgery. - Civilian

1. Electronic charting/records 2. Rapid physician dictation 3. Patient advocacy for issue resolution - civilian I'm sure such programs are available, but I have had no need to participate. - Civilian

The TRICARE Service center is very motivated in marketing new TRICARE policies and plans, combined with the Hospital BCAC's they are pretty good at educating the community. - military

The Self Care Class conducted by the Health Promotion Clinic provides participants with a drill down self care book as well as access to over-the-counter medication to help make me better thus avoiding a visit to the doctor. Nutrition classes that help us understand lables on foods and encourages us to make the correct decisions for our health through food. - Military

The Diabetic Clinic, Nutrition Care Seminars, TRICARE Prime brochures, briefing for beneficiary and staff, TRICARE Dental information/TRICARE For Life and TRICARE Plus briefings quarterly. Obstetric Care plays a lullaby each time a baby is born, Volunteers read to inpatients, provide wheel chair assistance. Pharmacy has improved its access by planning to open more stations for beneficiaries to get faster service. Besides handicap parking spaces, the command has created special parking spaces for pregnant mothers, that is closer to the Outpatient OB clinic. Beneficiaries are alerted to their responsibilities to Purchase Medicare Part B in order to maintain their TRICARE benefit. They are also given quarterly briefings on how Medicare and TRICARE For Life works to provide health care for them. Hospital has opened a new family medicine clinic to support the ever growing population on Ft. Lewis and to increase patients satisfaction with access. Patient are informed in writing, when their Primary Care Provider is changed. Injured soldiers are case managed and if appropriate, family members are allowed to accompany them when their injuries require non-medical attendants. The

their injuries require non-medical attendants. Their travel is coordinated by the hospital administrative departments. Patients are treated with respect, and staff members seem to believe that their co-workers are their customers and are respectful to each other. - Military

Specialized Clinic's - Military

Some departments make arrangements to notify you of your following appointment--up to one year. This is not possible with all departments, but very helpful in those that can. That way we don't keep bothering them. - Military

Self-referral mammography and an active Patient Centered Care program that has beneficiary's helping develop initiatives and serving on the team. - Military

Perhaps its because Brunswick NAS is on the closer list that base does't do more about keeping patients informed via email etc. My wife an I like the doctor that provides our care, but we live almost 50 miles away from the base so it would be nice to be better informed. Things like when flue shots will be given, and now I need a hearing test done and have been told that they don't know when they can do this check back in 90 days. That seems like very poor service. - Military Numerous classes re: to many health issues. Stop smoking, DM, HTN, Stress Mngnt etc. - Military

None that I am aware of. They cut their appointment hours and I'd do better going to Patient First - they're open 24/7 and you have the likelihood of seeing someone (quite often the same doctor) the day and time you need to see them. - Military

My medical care comes from a Military Hospital. Those doctors have always been most helpful to me and have always been glad to give advice on what I need to do about my diabetic condition and in prescribing medication for me. - Military

More interactive dialogue with Disease Management in managing asthma and diabetes. We also have a wellness center that works with our Disease Managment program. We also have a Better Breather's (oxygen users support group) and a gastric bypass surgery support groups that meet monthly at the hospital. - military

Labor and Delivery services and Family Faculty members - military

If you want to stop smoking they have programs. Other programs are available for cancer patients, heart patients, etc. I do not fall into any of those areas. - Military

I receive my medical care mostly from Bethesda Naval Hospital. I've seen ads around the halls about a virtual colonoscopy but none of my physicians have mentioned it to me. I'm sure they have many programs, but I don't know about them. - Military

I normally use the VA Clinic or Hospital, they have a great diabetic program. - Military

I like when the clinics have brochures available that explain procedures and treatments. - military

Heath Care Bulletin, RX Formulary (DoD), Postings/ Brochures in Clinics, Notices printed and distributed in Clinics - military

Healthy Lifestyles class, Back classes, and others in a group learning mode to help motivate learning and see that others have the same conditions/problems - military

Health Prevention Clinic has an array of meetings scheduled for nutrition, diabetic education - but there's no advertisement regarding this clinic unless you ask your provider. - Military

Discharge materials are always provided, usually with a detailed explanation. Medication information material is always provided. Followup is usually discussed with detailed instruction on future laboratory and xray directions prior to next visit - Military

Diabetic teachings - military

Blood sugar monitoring thru the use of computer - Military

My PCM is at a small clinic, it is the doctor and her excellent staff who create the patient centered care environment. - Unknown

Heart Program - Unknown