TRICARE Military Healthcare System Marketing Survey (Toll-free Call Centers and Web Sites)

Final Report

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EXECUTIVE SUMMARY

This survey was the second in a series of telephone surveys designed to collect information from TRICARE beneficiaries regarding the sources they use to obtain information about their TRICARE benefits and services. The survey was administered in April-May of 2005. The focus of this survey was to gather TRICARE beneficiaries' views regarding their use of TRICARE information sources, primarily the toll-free call centers and the TRICARE websites.

Survey participants were randomly selected from a list of recent TRICARE benefit users supplied by the TRICARE Management Activity. They represented the three TRICARE regions (North, South, and West) and four beneficiary groups (Active Duty members and Spouses, Reserve Component, Retirees under age 65, and Retirees age 65 and older). A total of 3,360 TRICARE beneficiaries responded to the telephone survey.

Overall, 63.3% of respondents reported they had used the call centers and 41.5% had visited the TRICARE websites at some time prior to the survey. The remainder (27%) reported they had never used either source. Of note is that just over half of Retirees age 65 and over reported they had never accessed the world-wide web at all and 75% had not accessed a TRICARE website, while the Active Duty and Reserve Component groups reported almost daily web use.

Respondents' use of the TRICARE telephone call centers was relatively high, with almost two-thirds reporting they had used the call centers. One-third replied they had never used it. The primary reasons reported for call center use included:

- Resolving a TRICARE claim or billing issue
- Scheduling an appointment
- Finding a TRICARE health care provider

Overall ratings of call center representative courtesy, information accuracy, ease of getting through, and general satisfaction with the call centers were very positive.

Visits to the TRICARE websites were reported by less than half of the total respondents and less than one-fourth of Retirees age 65 and over. The primary reasons for visiting the TRICARE websites were:

- Obtaining information about TRICARE
- Obtaining information about one's benefits
- Finding a TRICARE health care provider

When compared to reasons for contacting a call center, it would appear that beneficiaries access the TRICARE websites to obtain "factual" information, while they use call centers to interact with representatives for appointments and negotiate claims/bills. In fact, one primary reason respondents who had not accessed the websites cited was their preference to "talk to someone on the phone."

In addition to reporting they did not need to go to a website to get the information they needed and a preference to speak with someone on the phone, one-fourth of respondents indicated they did not access a TRICARE website because they were unaware it existed.

1. BACKGROUND AND PURPOSE OF STUDY

In response to the challenge of maintaining medical combat readiness while providing the best health care for all eligible personnel, the U.S. Department of Defense (DoD) introduced TRICARE. TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE brings together the health care resources of the Army, Navy, and Air Force and supplements them with networks of civilian health care professionals to provide better access and high-quality service while maintaining the capability to support military operations.

The purpose of this study was to conduct collect information from recent TRICARE benefit users about their experiences with TRICARE Call Centers and the use of TRICARE web based marketing and educational material. This information will be used to improve the procedures and content within the call centers and TRICARE web sites so as to improve the level of TRICARE health care services available to military service members and families.

This report describes the design, operations, and results of the TRICARE Phone and Web Study in five chapters:

1. Background and Purpose
2. Survey Method
3. Data Collection
4. Data Preparation
5. Study Findings

The survey questionnaire is located in Appendix A of this report for reference.

2. SURVEY METHOD

2.1 Sample Design and Selection

The population of the TRICARE Marketing Study was defined as the universe of TRICARE beneficiaries who used TRICARE services from November 2004 through February 2005. Four population strata were of interest in this study:

1. Active duty Service members and spouses;
2. Reserve component and spouses;
3. Retirees under age 65 and spouses; and
4. Retirees age 65 years and over and spouses.

The data collection requirement for this project was to collect a total of 2,750 completed interviews from the population, with a target number of 688 completed interviews set for each of the four groups. To meet these requirements, Westat constructed a sample frame for each of these beneficiary groups and drew probability samples of sufficient size to meet data collection goals. Sample frame construction and sample selection are described below.

Sample Frame Construction. Standard Technology, Inc., under the direction of TMA, supplied Westat with sample frame files. Files included the name and contact information of eligible active duty Service members, spouses of active duty Service members, retirees and their spouses, and the spouses of activated Reservists. Eligibility was defined as beneficiaries who, according to records, used the TRICARE benefit (either an inpatient disposition or an ambulatory professional encounter) within the November to February period. Information from the following four files, provided by TMA, was used to identify eligible beneficiaries:

1. Standard Inpatient Data Record (SIDR);
2. Standard Ambulatory Data Record (SADR);
3. Health Care Service Record – Institutional (HCSRI); and
4. Health Care Service Record – Non-Institutional (HCSRN).

Table 2-1. Sample Population Files: Counts by Population Group

Population Group	Record Count
Active duty Service members and spouses	2,127,680
Reserve component and spouses	51,445
Retirees age 65 and over and spouses	1,078,171
Retirees under age 65 and spouses	1,339,968
Total	4,597,264

Files contained TRICARE user name, address, telephone number, gender, age, military rank, beneficiary category, identification number (ID), and DEERS Dependent Suffix (DDS). Table 2-1 presents population counts by population group from the STI provided frame. Initial file inspection checked the admissibility of telephone numbers[1] and identified duplicate records associated with a single ID.

Table 2-2 presents final sample frame counts after initial data inspection. Approximately 15 percent of the cases were dropped at this stage, the majority of which were duplicate cases. The number of duplicate records differed by population group, with the largest number of duplicate records found among spouses of active duty Service members. Nearly 30 percent of the records in this file were removed. The primary reason for removal of these records was due to multiple spouse listings associated with an active duty Service member. In these cases, the DEERS Dependent Suffix indicator was used to retain only the most recent spouse record. The number of duplicate records was lowest among retirees under age 65, where only 3 percent of records were removed because of duplication.

[1] Admissible telephone numbers contained 10 digits. Blank fields, zero-filled, or other constant-filled telephone numbers were evaluated as inadmissible and dropped from the frame file.

Table 2-2. TRICARE Marketing Survey Sample Frame

Population Group	Sample Frame Records Retained
Active duty Service members and spouses	1,653,587
Reserve component and spouses	48,642
Retirees age 65 and over and spouses	991,503
Retirees under age 65 and spouses	1,232,959
Total	3,926,691

Sample Selection. Assumptions were made regarding expected sample yields. TMA estimated that approximately 25 percent of sample frame telephone numbers would be correct and current. Westat's experience with surveying military members, family, and retiree populations led to an estimate of a 0.45 cooperation rate (i.e., about 45% of the respondents contacted would agree to complete the survey). Together, these assumptions indicated that a sample size of at least 30,222 (3,400*1/.25*1/.45) would be required to meet the objective of 2,750 completed interviews. (That is, approximately nine sample members would have to be called to yield one completed interview.) For the four sample groups requiring 688 completed interviews, a target sample size of 6,667 was calculated.

These sampling assumptions, however, were considered less than precise. Because of the lack of firm information regarding the incidence of correct and current telephone numbers and the expected cooperation rate, a larger sample was decided upon as a hedge. A total sample of 69,867 cases was drawn from the sample frame. Table 2-3 presents the sample by population groups.

Table 2-3. Total TRICARE Marketing Survey Sample

Population Group	Sample Count
Active duty Service members and spouses	30, 798
Reserve component and spouses	8,107
Retirees age 65 and over and spouses	15,423
Retirees under age 65 and spouses	15,539
Total	69,867

All samples were drawn using systematic random sampling. Once the frame files were deduplicated and cases with inappropriate or missing phone numbers eliminated, the files were concatenated into a master frame file sorted by the original ID contained on the file. Each case was then assigned a new randomly generated eight-digit identification number, and the old ID was stripped from the record. Once this operation was completed, the master frame was divided into subfiles for each of the five population groups. These files were sorted by the new ID number, then they were systematically sampled. Sampled cases from each beneficiary group were then concatenated and sorted by the random ID, to thoroughly randomize the order of sampled cases.[2]

Next, the randomly sorted sample was divided into replicate samples. The first 20,000 sample cases were designated as the initial release group, and 10 replicate samples of 5,000 cases each were successively formed from the remaining sample (the last replicate sample had fewer than 5,000 cases). This formation of initial and replicate samples provided administrative flexibility in releasing and working the sample. If the initial sample is not likely to yield the required number of completed interviews, replicates can be released for work as needed. In the present study, yields greatly exceeded expectations and the replicate samples were not used.

2.2 Questionnaire Development

The TRICARE Marketing Survey Questionnaire was designed to collect information that would help TMA improve the access to benefit information to TRICARE beneficiaries by both phone and web and builds on the experience and findings using a similar survey instrument fielded in January and February 2004. More specifically, the objective was to collect data to answer the following research questions:

[2] This randomization assures that the composition of any part of the sample is the same as any other portion. This method is central to Westat's use of an adaptive sample release strategy.

- How do beneficiaries obtain information on TRICARE benefits or services?
- How often do beneficiaries use the Web, and in particular, how do they get to the TRICARE Web site? What are beneficiary computer-use habits?
- How often do beneficiaries use the TRICARE call center? How do they get the phone number for the call center? What are beneficiary call-center use habits?
- What information do beneficiaries obtain (or would they like to obtain) when they visit TRICARE Web sites, call TRICARE call centers, visit non-TRICARE Web sites, and/or call non-TRICARE help lines?
- What information would beneficiaries like to get when visiting the TRICARE Web site or calling the TRICARE call center?
- How would beneficiaries rate their experiences using the Web or call center to obtain TRICARE information?
- What clinical advice services are offered by the beneficiary's local medical clinic or doctor's office?

A major consideration in designing the questionnaire was the relatively short administration time (10 minutes) allotted for the survey. Demographic items were excluded from the survey because of the need to keep the questionnaire short and because this information was in the TRICARE user file used for sample selection.

Developing the questionnaire was an iterative process. Westat initially received questions from TMA for possible inclusion in the questionnaire. Team members then reduced the number of items to those deemed most likely to produce analytically useful answers to the research questions listed earlier and a survey introduction was written. Once the list of questions was reduced, TMA added additional questions.

An in-house pretest was done to test for actual administration time and flow of the questionnaire. Administration time during the pretest was within the allotted 10 minutes. The revised draft was then sent to TMA for a final review.

The structure of the final survey instrument is shown in Table 2-4.

Table 2-4. Structure of Final TRICARE Phone and Web Survey Questionnaire

Research Question	Related Question Number
How do beneficiaries obtain information on TRICARE benefits or services?	A1
How often do beneficiaries use the Web, and in particular, how do they get to the TRICARE Web site? What are beneficiary computer-use habits?	A2, A2, A4, A5, A6, A7, A8, A9, A10, A11, A12, B1, B4, B4_aov, B5, B5_a, B7
How often to beneficiaries use the TRICARE call center? How do they get the phone number for the call center? What are beneficiary call-center use habits?	C2, C3, C10, C10_a, C11, C12, C13, D1a, D1b, D1c
What information do beneficiaries obtain (or would they like to obtain) when they visit TRICARE Web sites, call TRICARE call centers, visit non-TRICARE Web sites, and/or call non-TRICARE help lines?	B2, B2a, B6, B6_a, C1, C1_a
What information would beneficiaries like to get when visiting the TRICARE Web site or calling the TRICARE call center?	B3
How would beneficiaries rate their experiences using the Web or call center to obtain TRICARE information?	C3, C4, C5, C6, C7, C8, C9, C14
What services are offered by the beneficiary's local medical clinic or doctor's office?	D1
How does the beneficiary identify him/her-self ?	R1

3. DATA COLLECTION

3.1 Interviewer Training

Two Westat Telephone Research Centers, Chambersburg, PA, and Rockville, MD, were assigned to conduct the TRICARE Marketing Survey interviews. Interviewer training was conducted on April 2, 2005, at both sites. Twenty-six interviewers completed the 4-hour training course.

The interviewer training materials developed by Westat included an introduction to the project, Questions and Answers (Q&As), a handout on TRICARE basics, interactive scenarios, and role play booklets. Q&As provide information to interviewers that prepare them in answering questions they may receive during interviews. The TRICARE basics handout provided interviewers with a general background on the various TRICARE options available to beneficiaries (e.g., Prime, Prime Remote, Extra, Standard, TRICARE for Life).

Interviewer training included sessions that covered voice quality issues, Q&A practice, contact procedures, refusal avoidance, interactives, and role plays. Interactive sessions involved the lead trainer acting as respondent and selecting interviewers from the training class to read survey questions and record responses appropriately on the computer. The primary use of interactives in training is to introduce the interviewers to the survey instrument, response categories, and general flow of the survey instrument. Role-play training involves pairing up interviewers and having one act as interviewer while the other acts as respondent in order to become familiar with the survey instrument, response categories, probing techniques, and so forth. Role plays also give interviewers practice in voice dictation and recording skills and are normally the last training session mastered before interviewers "go live" on the project.

Trainers and supervisors monitored all interviewer actions during the training classes to determine the correct pace for training and to identify interviewers that required additional training or reinforcement.

3.2 Data Collection Period

Final approval was given to begin data collection after assignment of the Report Control Symbol (RCS)[3] for the survey from TMA. CATI interviewing was conducted between April 4 and May 8, 2005. A total of 3,360 interviews were completed during the 5-week field period.

3.3 Data Collection Management

Data collection progress was monitored throughout the field period by tracking results of all calls made to sample cases within the four population groups. Each of the four groups had targets of 688 completed interviews, for an overall goal of 2,750 interviews. A total of 3,360 completed interviews were achieved.

The cooperation rates from sample members were quite high. The overall cooperation rate was 81.3 percent, ranging from 76.9 percent for retirees 65 and older and spouses to 82.9 percent for activated reservists and spouses. Because of high cooperate rates, we were able to conduct additional interviews beyond the targets with all groups. Table 3-1 presents the number of completed interviews by beneficiary group.

Table 3-1. Number of Completed Interviews, By Population Group

Population Group	Count
Active duty Service members and spouses	790
Reserve component and spouses	892
Retirees age 65 and over and spouses	912
Retirees under age 65 and spouses	766
Total	**3,360**

[3] The RCS for this study is **DD-HA (OT) 2173**.

4. DATA PREPARATION

4.1 Data Cleaning and Coding

These activities are conducted at the close of data collection and include reviewing, editing, and cleaning the survey data and the administrative variables used to track the disposition of all sample cases within the CATI environment.

The first step in tracking the disposition of each sampled case is to finalize an interim result code for each sampled case released for calling. This procedure is done to account for each sampled case, whether it results in a completed interview or not. The final result code is assigned based on the call history and interviewer comments associated with the interim cases. Next, "other specify" responses to survey items A4, A7, A8, A9, A10, A12, B1, B2, B2A, B3, B5, B5_A, B6, B6_A, B7, C1, C1_A, C2, C10, C10_A, C11, C12, C14, and R1 were analyzed and back coded into existing response categories if possible. A one-way frequency review was then conducted for each survey variable on the CATI database. The primary goal of this review is to check the subpopulations receiving each survey item to determine if responses were stored correctly in the survey database. The final closeout activity was to convert the CATI dataset into a SAS dataset for survey analysis.

4.2 Sample Weighting

The samples drawn for the four beneficiary groups ranged in size from slightly over 2,000 to somewhat over 3,000. The number of survey respondents for the beneficiary groups varied from a low of 766 to a high of 912. Taking everything into consideration, the sample yields (number of respondents) across the four beneficiary groups were roughly equal (see Table 4-1). The total number of individuals in the different beneficiary groups as reflected in the frame (population), however, varies greatly.

Table 4-1. Frame, Sample, and Respondent Counts and Percentages

Beneficiary Group	Frame		Sample		Respondent	
	Count	%	Count	%	Count	%
Active Duty/spouses	546,390	36.3%	3,302	33.7%	790	23.5%
Reserve/spouses	104,916	7.0%	2,359	24.1%	892	26.5%
Retirees < 65/spouses	412,213	27.4%	2,064	21.1%	912	27.1%
Retirees >= 65/spouses	443,618	29.4%	2,064	21.1%	766	22.8%
Total	1,507,137		9,789		3,360	

If an analyst were to combine unweighted responses from all beneficiary groups and report a population percentage, that percentage would be biased. In the unweighted percentage, the Reserve beneficiary group contribution is approximately one-quarter of the population estimate. As Table 4-1 demonstrates, the Reserve beneficiary group constitutes only 7 percent of the population. Unweighted population estimates do not take into account the relative sizes of the different beneficiary groups. Weights were developed for the TRICARE Marketing Survey data to account for differential sampling among the beneficiary groups (base weight adjustment) as well as differential response rates (nonresponse adjustment). After these adjustments were made, a further adjustment was made to scale the weights so that weighted totals would equal the total number of respondents. These adjustments are detailed below.

Base Weights. The TRICARE Marketing sample was stratified into the four beneficiary groups identified in Table 4-1. From each stratum a systematic random sample was selected without replacement. As a result, the probabilities of selection varied by sample stratum. The frame was divided into H non-overlapping beneficiary strata with N_h units in each stratum so that

$$N = \sum_{h=1}^{H} N_h$$

where N is the total frame count (1,507,137).

Within each stratum a base weight was calculated for each member. The base weight for the i^{th} sample member in stratum h was calculated as:

$$w_{hi} = \frac{N_h}{n_h}$$

where n_h is the sample size and N_h is the frame count for the H^{th} stratum.

Nonresponse Adjustment. Adjustment for survey nonresponse is very similar to the method used for calculating base weights. For the H^{th} stratum a ratio is formed between the sample drawn and the number of respondents. This adjustment is calculated as:

$$wnr_{hi} = \frac{n_{sh}}{n_{rh}}$$

where n_{sh} is the sample size and n_{rh} is the number of respondents in the H^{th} stratum. The product of these two adjustments (base and nonresponse), that is,

$$fullwgt_{hi} = w_{hi} * wnr_{hi}$$

is the weight that should be used for estimating population counts and other descriptive statistics.

This weight, *fullwgt*, should not be used for statistical testing, though. For example, a table crossing beneficiary group with a survey question using *fullwgt* would provide valid population counts and percentages (descriptive information). However, performing statistical tests on the table such as a chi square test would be inappropriate. This is because *fullwgt* inflates the degrees of freedom for the test to that of the population (1.5 million) thereby assuring that nearly all tests will yield significant results.

For statistical testing a weight must be used that scales the weighted N to reflect the actual number of survey respondents while retaining the relative contribution of each beneficiary group in the population. This scaled weight was computed as:

$$scalewgt = fullwgt * \frac{n_r}{N}$$

where n_r is the total number of survey respondents and N is the total population size. When this weight is used for statistical testing the procedure uses the correct number of degrees of freedom.

5. STUDY FINDINGS

The target population for the TRICARE Web and Telephone Survey was eligible members who had a professional encounter (either as an inpatient or outpatient) within the TRICARE direct care or purchased system. Members who had an encounter between November, 2004 to February, 2005 period were eligible (N=3.9 million).

Table 5-1 summarizes the proportion of respondents in each of the beneficiary categories. As shown, the proportions are relatively equal, with each group representing approximately one-fourth of the total number of surveys.

Table 5-1. Respondent Composition by Beneficiary Group

Beneficiary Group	**N**	**% of Sample**
Active Duty and spouses	790	23.5
Reserve Component and spouses	892	26.6
Retirees < 65 and spouses	912	27.1
Retirees over 65 and spouses	766	22.8
Total	3,360	100.0

Table 5-2 depicts the regions where respondents reside. As shown, the proportion of respondents from each region is also approximately equal, with roughly one-third from each of the three TRICARE regions.

Table 5-2. Respondent Composition by TRICARE Region

TRICARE Region	**N**	**% of Sample**
North	1,061	31.6
South	1,225	36.4
West	1,074	32.0
Total	3,360	100.0

Table 5-2a presents the sample distribution by enrollment in TRICARE Prime. As shown, a slight majority of survey respondents are enrolled with the proportion enrolled nearly equal in the North and South regions, and slightly higher in the West region.

Table 5-2a. Respondent Composition by TRICARE Prime Enrollment Status and Region

Enrollment Status	Region			Total
	North	South	West	
Enrolled	53.9	53.6	57.5	54.9
Not Enrolled	46.2	46.4	42.6	45.1

The survey queried respondents on their use of the TRICARE toll-free call centers; reasons for not using the toll-free call centers; assessment of the call center service received; use of the TRICARE websites; reasons for not using the TRICARE websites; and general computer use, including access to the web. The findings are grouped into those major sections from the survey, though not necessarily in the same order that questions were asked.

Results are presented for all respondents and then by beneficiary group and region, where appropriate. It is important to note that findings presented overall, by region, and by enrollment status are weighted to represent the actual representation of the beneficiary groups in the population (the procedures used to weight the data are presented in Section 4-2).

5.1 Overall Use of TRICARE Sources

Respondents were asked if they used any of the primary five types of TRICARE information sources available to beneficiaries within the past 90 days, over 90 days, or never. Use of the sources for the two time periods (within and over 90 days) were combined (and labeled "Yes") due to the similarity of responses. The following tables summarize the sources used.

Table 5-3. Overall Use of TRICARE Sources

Source	Yes	Never	Don't Know/ Refused
TRICARE written materials	69.8	29.3	0.9
TRICARE beneficiary advisors	58.1	40.6	1.3
Medical staff	70.1	29.1	0.9
TRICARE toll-free call centers	63.3	35.9	0.8
TRICARE websites	41.5	58.2	0.3

As shown, the proportion of respondents who use written materials and medical staff at TRICARE clinics is very high. Almost two-thirds reported using the toll-free call centers and only 41.5 percent visited the TRICARE websites.

Overall use of the toll-free call centers and the websites also showed that many respondents use both sources. Table 5-4 depicts the proportion of respondents who reported using both TRICARE websites and toll-free call centers, only a toll-free call center, only the websites, or neither. As shown, almost one-third (31.5%) used both the call centers and web while approximately one-fourth used neither source.

Table 5-4. Proportion of Respondents Using TRICARE Phone and/or Web Sources

Source Used		TRICARE Websites		
		Yes	No	Total
Toll-free call center	**Yes**	31.5	31.8	63.3
	No	10.1	26.6	36.7
	Total	41.5	58.5	100.0

All respondents were asked a number of questions about general computer use, including how frequently they typically use the web (i.e., daily, 1 to six times per week, etc.). Twenty-one percent reported they never use the web. Table 5-5 summarizes this group by region and by beneficiary group.

Table 5-5. Respondents Reporting They Never Use the Web (for any reason)

		%
Region	North	19.2
	South	24.2
	West	19.3
Group	Active Duty/Spouses	3.5
	Reserve Component	4.9
	Retirees under 65	15.4
	Retirees 65 and over	51.8

As shown, those who reported having never used the web are relatively consistent across regions. When viewed by beneficiary group, however, it is apparent the majority of respondents who reported never having used the web are in the Retirees aged 65 and over group, while use among the

other groups web use is much more prevalent. In fact, virtually all Active Duty and Reserve Component respondents use the web on a daily or near daily basis. This finding is important to remember for the remainder of the report, as use of TRICARE websites is discussed. While summaries of website use are presented by beneficiary group, note that only half of the Retirees aged 65 and over are included in those discussions.

The remainder of the report focuses only on use of the TRICARE toll-free call centers and the websites.

5.2 Use of TRICARE Toll-free Call Centers

Respondents were queried about their use of the "Customer Service Agents at their Regional TRICARE toll-free Call Center." Tables 5-6 and 5-7 present their overall use by Beneficiary Group and by Region.

Table 5-6. Use of Call Centers by Region

	Contacted Call Center (percent)		
Region	Yes	Never	Refused/ Don't Know
North	68.6	30.8	0.6
South	64.5	34.5	0.9
West	62.7	37.1	0.3

As shown above, approximately two-thirds of respondents had used the TRICARE toll-free call centers either within the last 90 days or over 90 days. Slightly over one-third had reported never using the toll-free call centers.

Table 5-7. Use of Call Centers by Beneficiary Group

	Contacted Call Center (percent)		
Beneficiary Group	Yes	Never	Refused/ Don't Know
Active Duty/ Spouses	68.0	31.4	0.6
Reserve Component	69.0	28.8	0.2
Retirees under 65	71.6	28.1	0.3
Retirees 65 and over	48.1	50.5	1.4

When summarized by Beneficiary Group, a similar trend is evident. Approximately two-thirds of respondents have used a toll-free call center. Usage patterns are very similar, except for the group of retirees aged 65 and older, which indicated a reported much lower rate of use. Half of the respondents in this group reported never using the toll-free call centers.

Respondents were also asked why they contacted the call centers and the primary reason for the most recent call.

Overall, the reasons given for calling are presented in Table 5-8. The proportions are computed for each reason and sum to more than 100% since each respondent could cite more than one reason for calling. This summary and those that follow are based only on the respondents who reported they have contacted the call centers.

Table 5-8. Reasons Given by Respondents for Contacting TRICARE Call Centers (Overall)

Reason for Calling	%
Resolve claim/billing issue	44.9
Obtain information about TRICARE	40.2
Find a TRICARE health care provider	35.7
Schedule an appointment	35.1
Learn which benefits one is eligible for	29.3
Obtain information about prescriptions	17.4
Resolve another problem (not claims or billing)	16.7
Enroll in TRICARE	15.7
Obtain clinical advice	13.4
Obtain medical advice	9.0
Other	9.0

As shown, the top five reasons TRICARE beneficiaries used the call center were to resolve claims or billing issues, obtain information about TRICARE, find a health care provider, schedule an appointment, or learn about benefit eligibility.

Respondents were also asked the primary reason for their most recent call. The following table shows the distribution of responses.

Table 5-9. Primary Reason for Most Recent Call to Toll-free Call Centers

Primary Reason for Calling	%
Resolve claim/billing issue	27.5
Schedule an appointment	23.1
Find a TRICARE health care provider	10.7
Learn which benefits one is eligible for	7.5
Obtain information about TRICARE	6.0
Enroll in TRICARE	4.5
Resolve another problem (not claims or billing)	4.2
Obtain medical advice	3.5
Obtain information about prescriptions	3.4
Obtain clinical advice	1.1
Other[4]	8.4

As shown, the primary reasons beneficiaries reported contacting the toll-free call centers mirrors the reasons cited (Table 5-9). One-half of the TRICARE beneficiaries reported their primary reason for calling the toll-free call centers was to resolve a claim or billing issue, or schedule an appointment. The next three reasons – locating a TRICARE health provider or learning about benefits or TRICARE in general accounted for another 25% of the calls.

Since the top five reasons account for 75% of the primary reasons for the beneficiary contacts, they will be the focus of the subsequent analyses/summaries.

5.3 Ratings of Call Center Performance

The following tables summarize how respondents rated calls to the call centers on measures of Ease of Getting Through, Phone Representative Courtesy, Accuracy of the Information Received, and Overall Satisfaction with the call experience. The tables present the ratings by each of the top 5 primary reasons and summarize the ratings by TRICARE region and by beneficiary group. The ratings that are shown represent the percentage of respondents whose answers were at the positive end of the scale (i.e., Very Courteous plus Somewhat Courteous). In addition, overall ratings are also presented.

[4] Responses in the "Other" category were varied and included responses such as "getting pre-authorization," "obtaining referrals," and "just to complain." Responses from this category were not coded nor included in the analysis.

Table 5-10. Ratings of Ease of Getting Through to TRICARE Call Center (percent who responded "very easy" or "somewhat easy")

		Primary Reason for Call				
		Resolve claim or bill	Schedule appointment	Find health care provider	Learn about benefits	Obtain TRICARE information
Region	North	61.0	70.3	51.2	58.9	57.1
	South	55.6	52.0	61.9	69.4	57.6
	West	59.5	65.9	62.5	69.3	66.8
Enrollment Category	Enrolled					
	Not Enrolled					
Group	Active Duty/ spouses	55.0	62.4	57.8	75.0	56.5
	Reserve Component/spouses	50.3	62.0	63.6	63.6	65.1
	Retirees under 65/spouses	56.7	68.6	56.8	60.0	53.9
	Retirees 65 and over/spouses	64.3	80.0	60.0	62.5	70.0
	Overall	56.6	65.4	60.1	64.8	61.5

As shown in Table 5-10, respondents' rating of experiences for ease of getting through to the call centers was near 60%. Different regions' and beneficiary groups' ratings showed a range of ratings, depending on the reason for the call. For the Southern and Western regions, highest ratings were given for calls to learn about TRICARE benefits while the Northern region respondents rated scheduling an appointment easiest.

Table 5-11. Ratings of Information Accuracy from TRICARE Call Center (percent who responded "very accurate" or "somewhat accurate")

		Primary Reason for Call				
		Resolve claim or bill	Schedule appointment	Find health care provider	Learn about benefits	Obtain TRICARE information
Region	North	85.1	81.8	83.1	77.2	83.4
	South	79.5	84.3	86.8	87.0	86.8
	West	82.7	85.1	80.8	88.4	91.7
Enrollment Category	Enrolled					
	Not Enrolled					
Group	Active Duty/ spouses	79.1	81.2	85.9	83.3	87.0
	Reserve Component/spouses	79.0	82.0	85.5	83.3	83.7
	Retirees under 65/spouses	76.6	84.5	78.4	82.0	84.6
	Retirees 65 and over/spouses	90.9	94.3	93.3	91.7	93.3
	Overall	81.1	83.4	84.0	84.1	86.7

Table 5-11 summarizes beneficiaries' ratings of the accuracy of the information they received after speaking with someone at the call center. As seen, the proportion of positive ratings are greater for this measure. This is especially true for Retirees over 65 whose accuracy ratings are very high across all reasons for calling. Ratings for the different regions were very similar to each other, indicating the information given by the representatives is perceived as accurate and consistent by respondents across the region.

Table 5-12. Ratings of Call Center Representatives' Courtesy (percent who responded "very courteous" or "somewhat courteous")

		Primary Reason for Call				
		Resolve claim or bill	Schedule appointment	Find health care provider	Learn about benefits	Obtain TRICARE information
Region	North	92.1	89.3	89.7	98.8	97.9
	South	93.1	88.3	94.2	86.2	91.8
	West	92.1	85.4	87.0	90.7	98.8
Enrollment Category	Enrolled					
	Not Enrolled					
Group	Active Duty/ Spouses	89.0	85.5	87.5	86.1	91.3
	Reserve Component	91.1	87.0	87.3	95.5	88.4
	Retirees under 65	89.1	90.0	95.6	90.0	100.0
	Retirees 65 and over	99.3	97.1	93.3	100.0	96.7
	Overall	92.1	87.9	90.1	92.6	94.1

Table 5-12 presents beneficiary ratings for courtesy among call center representatives. Ratings in this category are very high across the regions and the beneficiary groups. In fact, all Retirees under 65 rated their experience with representatives when obtaining TRICARE information as positive as did Retirees 65 and over who called to learn about benefits.

Table 5-13. Ratings of Overall Satisfaction with TRICARE Call Centers (percent who responded "very satisfied" or "somewhat satisfied")

		Primary Reason for Call				
		Resolve claim or bill	Schedule appointment	Find health care provider	Learn about benefits	Obtain TRICARE information
Region	North	87.5	79.3	79.9	89.1	89.0
	South	76.5	79.1	84.5	86.2	86.8
	West	81.1	80.1	75.9	93.4	89.2
Enrollment Category	Enrolled					
	Not Enrolled					
Group	Active Duty/ Spouses	78.0	79.0	79.7	88.9	82.6
	Reserve Component	71.3	81.0	80.0	89.4	81.4
	Retirees under 65	73.6	78.8	82.4	88.0	89.7
	Retirees 65 and over	93.7	85.7	80.0	91.7	93.3
	Overall	78.6	80.0	80.6	89.2	86.7

Table 5-13 summarizes respondents overall satisfaction ratings of the call centers. While not as positive as ratings of accuracy or courtesy, these ratings indicate that the majority of TRICARE beneficiaries seem to be satisfied in their interactions with the TRICARE toll-free call centers. Ratings from Retirees 65 and over are generally very high (over 80%). In addition, ratings for calls that request information – about benefits or TRICARE in general – are higher than for those calls that involve providing a service or resolving claims.

Finally, respondents were asked if they were likely to call the call centers again. As shown in Table 5-14, only about one-half to sixty percent would use the call centers again. This is somewhat surprising for the Retirees over 65 since their ratings of the call centers were generally positive for most reasons. In general, the findings are relatively consistent across regions and across beneficiary groups, except for the oldest Retiree group.

Table 5-14. Respondent Likelihood to Call the TRICARE Call Centers Again (percent who responded "very likely" or "somewhat likely")

		%
Region	North	56.9
	South	50.0
	West	52.8
Enrollment Category	Enrolled	
	Not Enrolled	
Group	Active Duty/spouses	58.0
	Reserve Component/spouses	60.9
	Retirees under 65/spouses	61.2
	Retirees 65 and over/spouses	37.6

Respondents who had not accessed the TRICARE toll-free call centers were asked to indicate the primary reasons why they had not used the call centers. Again, responses by region showed a high degree of consistency between the regions and the beneficiary groups. Table 5-15 depicts the responses.

Table 5-15. Primary Reasons Why Respondents Had Not Called the TRICARE Toll-free Call Centers (by beneficiary group)

Reason for not using the toll-free call centers	%
Did not need to call	62.5
Did not know there was a toll-free call center	20.2
Did not have the phone number	4.0
Tried to use it but could not get through	2.2
Did not know who to call	2.0
Received incorrect information in the past	1.1
Representatives were rude	0.3
Did not have access to a telephone	0.2
Other	6.9

It seems apparent that the respondents' choice to not use the toll-free call centers is due to a perceived lack of need although one-fifth did report they were unaware that the service existed.

To explore that issue, respondents were asked what TRICARE could do to encourage their use of the toll-free call centers. The majority of respondents reported that TRICARE could keep

them informed of the toll-free call services (70.4%) and do a better job of specifying which services each center provides (60.6%). These recommendations were consistent across regions and beneficiary groups.

Medical Advice/Assistance Telephone Service that Operates 24 Hours/7 Days a Week

Respondents were asked if they were aware of a local medical clinic that offered advice and assistance 24 hours a day, 7 days a week. One-fifth of respondents reported they did not know if the service was offered; while an equal proportion (38%) reported either they knew the service was offered ("Yes") or they knew it was not offered ("No").

The proportion of those who responded "Yes" or "No" was consistent across regions as well as beneficiary groups.

Those who reported that their local clinic offered the service were asked if they had ever used the service. Approximately one-half reported they had used the service, as shown in Table 5-16. As seen, usage rates were similar across regions though, when presented by beneficiary group, a lower proportion of retirees over 65 reported having used this service.

Table 5-16. Usage Rates of the 24-Hour Medical Advice Telephone Service (for those who were aware of the service)

		%
Region	North	52.1
	South	48.9
	West	49.9
Group	Active Duty/spouses	61.3
	Reserve Component/spouses	53.7
	Retirees under 65/spouses	48.4
	Retirees 65 and over/spouses	34.2

Ratings of the 24-hour medical advice telephone service were very high for both ease of getting through and usefulness of the information. Eighty-two percent of respondents who used the service rated it as easy to access; ninety-one percent rated the information as useful. These proportions were similar across both region and beneficiary groups.

USE OF THE TRICARE WEBSITE

As mentioned earlier, 41.5% of respondents reported they had used the TRICARE websites. The following section summarizes the experiences of those who reported having accessed the sites. The findings presented in this section are based on the subsample of those who did access the sites.

Table 5-17. Overall Proportion of Respondents Who Visited Each TRICARE Website

Website	%
Military Health System (tricare.osd.mil)	54.3
TRICARE Home Site (tricareonline.com)	68.7
West Region Home Site (triwest.com)	24.4
South Region Home Site (humana-military.com)	27.2
North Region Home Site (healthnet-federal services)	16.8
TRICARE North and South Region Claims Site (mytricare.com)	25.8
TRICARE West Region Claims Site (tricare4u.com)	8.6

As shown above, the most frequently visited sites included the TRICARE site, and the Military Health System. The West and South regions were visited at approximately the same rate, while the North region's visit rate was slightly lower. In addition, respondents also visited the North and South region claims site relatively frequently. It should be noted that respondents were given the option to indicate which sites they visited – many reported visits to multiple sites, such as the national sites as well as a regional site.

When viewed by region and by beneficiary group, the following tables show that beneficiary group usage is relatively equal for each site, though it does decrease when considering each of the regional sites in relation to the national sites. Retirees, especially those over 65, also visited sites to a lesser extent than the other beneficiary groups.

Web usage by region also shows high rates of usage for the national sites. For those respondents who did visit TRICARE websites, the vast majority of visits were to the Military Health System website (tricare.osd.mil) and to the TRICARE Home site (tricareonline.com).

Table 5-18. Proportion of Respondents Who Visited eAch TRICARE Website by Beneficiary Group

Website	Beneficiary Group			
	Active Duty	Reserve Component	Retirees under 65	Retirees 65 and over
Military Health System (tricare.osd.mil)	55.9	56.0	52.0	54.0
TRICARE Home Site (tricareonline.com)	70.1	69.2	71.1	59.8
West Region Home Site (triwest.com)	23.6	28.7	27.9	16.7
South Region Home Site (humana-military.com)	25.2	27.3	32.7	20.7
North Region Home Site (healthnet-federal services)	17.5	18.0	19.1	9.2
TRICARE North and South Region Claims Site (mytricare.com)	23.0	23.0	30.3	25.3
TRICARE West Region Claims Site (tricare4u.com)	3.8	9.5	11.8	13.2

This is consistent across regions.

Also of note, *as shown in Table 5-19, is that visits by respondents from each region* showed higher rates of access for the regional sites that serve their region. For instance, almost fifty percent of respondents from the South reported they visited the South Region site, compared to 19.2% of those from the North region and 10.1% of those from the West who visited the South Region site.

Table 5-19. Proportion of Respondents Who Visited Each TRICARE Website by Region

Website	Region		
	North	South	West
Military Health System (tricare.osd.mil)	55.2	57.3	49.6
TRICARE Home Site (tricareonline.com)	68.3	67.0	71.3
West Region Home Site (triwest.com)	8.5	14.8	55.2
South Region Home Site (humana-military.com)	19.2	48.6	10.1
North Region Home Site (healthnet-federal services)	34.2	9.0	5.5
TRICARE North and South Region Claims Site (mytricare.com)	31.7	26.6	16.5
TRICARE West Region Claims Site (tricare4u.com)	4.6	6.5	15.9

Information Used to Access the Web

When asked how they obtained the website addresses for the sites, respondents reported they used a number of sources, as shown below. The top sources of information or web addresses included using printed materials received from TRICARE, using a Search Engine such as Yahoo or Google, or calling a TRICARE call-center.

Table 5-20. Source for Obtaining TRICARE Website Addresses for Those Who Accessed TRICARE Sites by Region

Source	Region			Total
	North	South	West	
Link from another site	16.5	19.7	18.6	18.3
Search Engine	46.7	44.7	45.4	45.6
TRICARE toll-free call center	28.2	26.7	28.0	27.6
TRICARE printed material	63.5	61.7	60.6	62.0
TRICARE staff	16.2	19.7	17.8	17.9
Friends/relatives	7.8	9.0	8.9	8.6
Other	7.2	10.5	10.9	9.5

Regions showed very similar patterns of use for the different sources of website addresses. This same pattern was obtained when summarizing website address sources by

beneficiary groups. All groups reported using the TRICARE printed material the most, but many (almost half) also relied on Search Engines, including both retiree groups.

Table 5-21. Source for Obtaining TRICARE Website Addresses for Those Who Accessed TRICARE Sites by Beneficiary Group

	Beneficiary Group			
Source	Active Duty	Reserve Component	Retirees under 65	Retirees 65 and over
Link from another site	21.2	20.5	14.6	17.0
Search Engine	49.2	42.7	42.6	44.7
TRICARE toll-free call center	29.4	31.2	25.1	25.8
TRICARE printed material	54.2	63.1	65.2	74.8
TRICARE staff	18.9	19.1	16.8	17.0
Friends/relatives	9.3	11.4	7.2	7.6
Other	7.1	12.1	9.6	13.8

Reasons for Visiting the TRICARE Websites

Respondents indicated they visited the sites for a number of different reasons, though Table 5-22 below indicates that the majority of visits were for learning about general TRICARE benefits, finding health care providers, and learning about benefit eligibility. These reasons are in contrast to the top two reasons reported for calling the TRICARE toll-free call-centers, which were resolving a billing issue and scheduling an appointment. The following table presents the proportion who identified each reason. Since each respondent could choose more than one reason, the percentages are greater than 100%.

Table 5-22. Reasons Given by Respondents for Visiting TRICARE Websites

Reason for Visiting TRICARE Website	%
Obtain information about TRICARE	56.3
Learn which benefits one is eligible for	48.9
Find a TRICARE health care provider	48.1
Resolve a claim/billing issue	16.0
Enroll in TRICARE	15.2
Research medical issue	15.2
Schedule an appointment	13.2
Obtain clinical advice	4.9
Resolve another problem (not claims or billing)	3.8
Other reason	16.6

The overall patterns _____ for visiting. TRICARE websites were similar among respondents by region. When summarized by beneficiary group, however, some differences did emerge. As shown below, searching for information about TRICARE and TRICARE benefits was high across all groups. The percentage of respondents searching for a provider was also high, except for the Retirees over 65. This group shows a higher incidence of visiting the web to obtain medical advice. Active duty personnel and their spouses use the web to schedule an appointment more than other groups.

Table 5-23. Reasons Given by Respondents for Visiting TRICARE Websites by Beneficiary Group

	Beneficiary Group			
Reason for Visiting TRICARE Website	Active Duty	Reserve Component	Retirees under 65	Retirees 65 and older
Obtain information about TRICARE	50.6	64.3	57.4	63.5
Learn which benefits one is eligible for	44.9	61.6	49.3	49.7
Find a TRICARE health care provider	55.4	59.5	48.0	20.8
Resolve a claim/billing issue	10.5	11.7	23.3	17.6
Enroll in TRICARE	16.1	25.1	12.6	11.3
Research medical issue	14.1	11.2	15.9	19.5
Schedule an appointment	20.9	10.5	9.2	3.1
Obtain clinical advice	5.1	4.1	3.1	8.8
Resolve another problem (not claims or billing)	2.8	3.1	4.3	4.8
Other reason	16.1	13.0	15.9	22.0

When asked for the primary reason why beneficiaries last visited the website, response patterns generally reflected the overall reasons given for visiting the site. As shown below (Table 5-24), the top five primary reasons almost exactly match the order for the general visits.

Table 5-24. Primary Reason Given by Respondents for Visiting TRICARE Websites (most recently)

Reason for Visiting TRICARE Website	%
Find a TRICARE health care provider	26.0
Obtain information about TRICARE	15.0
Learn which benefits one is eligible for	14.4
Resolve a claim/billing issue	8.8
Schedule an appointment	7.5
Enroll in TRICARE	5.4
Research medical issue	3.5
Resolve another problem (not claims or billing)	1.3

Obtain clinical advice	0.8
Other reason	17.4

Results for the primary reasons across the different regions were very similar, however differences were apparent for the beneficiary groups. As Table 5-25 shows, finding a health care provider, obtaining TRICARE information, and learning about benefit eligibility are the most frequent reasons cited. Retirees over 65, though, rely on the web to a much lesser extent than other beneficiary groups for finding a health care provider. In fact, respondents in this age group reported they primarily access the TRICARE websites for "Other" reasons. Some of these other reasons included checking on pre-authorization for treatment, asking about prescriptions or dental care, or updating the status of a dependent. A review of these "other" responses, however, revealed no pattern (in fact, most did not specify a reason when asked).

Table 5-25. Primary Reason Respondents Visited TRICARE Websites by Beneficiary Group

	Beneficiary Group			
Primary Reason for Visiting TRICARE Website	Active Duty	Reserve Component	Retirees under 65	Retirees 65 and older
Find a TRICARE health care provider	30.5	34.8	26.7	6.3
Obtain information about TRICARE	15.0	14.1	11.4	19.5
Learn which benefits one is eligible for	10.7	15.9	16.6	22.0
Resolve a claim/billing issue	5.4	5.6	12.8	11.3
Schedule an appointment	11.3	4.3	6.1	2.5
Enroll in TRICARE	7.1	8.3	3.6	3.1
Research medical issue	2.3	1.6	4.3	6.3
Resolve another problem (not claims or billing)	0.9	1.1	2.0	1.3
Obtain clinical advice	0.9	0.5	0.2	1.9
Other reason	16.1	13.9	16.4	25.8

Reasons for Not Accessing the TRICARE Websites

A proportion of respondents (21%) reported they have never used the web or did not have access to a computer or the web. This section focuses on the reasons given by those who never visited the TRICARE websites, but did have access to the web.

Respondents were queried about the reasons they did not visit the TRICARE websites. Table 5-26 below summarizes their responses. As shown, the most frequently cited reasons were that respondents did not need to visit the site and they preferred to speak to someone on the phone. More than one-fourth of the respondents also reported they did not know there was a TRICARE website.

Table 5-26. Reasons Cited for Not Accessing a TRICARE Website (overall)

Reason	%
Knew there was a website but did not need to visit it	76.5
Prefer to talk to someone on the phone	75.7
Did not know there was a website	27.3
Tried to access it in the past but the information was confusing	6.5
Takes too long to access the site	6.1
Could not find the site	5.0
Tried to access it in the past but the information was incorrect	2.8
Another reason	10.8

Table 5-27. Reasons Reported for Not Accessing TRICARE Websites by Beneficiary Group

	Beneficiary Group			
Reason for not visiting a TRICARE website	Active Duty	Reserve Component	Retirees under 65	Retirees age 65 and over
Knew there was a website but did not need to visit it	75.5	75.6	78.2	76.7
Prefer to talk to someone on the phone	74.7	71.8	80.1	73.8
Did not know there was a website	28.6	25.4	24.6	28.2
Tried to access it in the past but the information was confusing	4.6	7.9	9.4	6.9
Takes too long to access the site	3.8	5.8	7.2	9.9
Could not find the site	5.1	5.2	5.0	5.0
Tried to access it in the past but the information was incorrect	3.6	4.1	2.5	1.0
Another reason	10.2	17.2	11.5	9.4

Respondents were also to report the primary reason they did not access a TRICARE website. The pattern of primary reasons closely matched Table 5-27 above. The pattern of responses by region were very similar as were the responses by beneficiary group (Table 5-28). However, one-half of the older Retiree group reported they were aware of the site but did not need to visit. Also, the proportion of this group choosing the option, "would prefer to talk to someone on the phone," was also lower than the other groups.

Table 5-28. Primary Reason Respondents Did Not Visit a TRICARE Website by Beneficiary Group

Primary Reason for Not Visiting a TRICARE Website	Beneficiary Group			
	Active Duty	Reserve Component	Retirees under 65	Retirees 65 and older
Knew there was a website but did not need to visit it	37.0	31.6	36.5	51.5
Prefer to talk to someone on the phone	37.5	38.1	42.7	27.2
Did not know there was a website	14.5	12.7	10.3	11.9
Tried to access it in the past but the information was confusing	1.5	2.1	0.9	1.5
Takes too long to access the site	0.5	1.7	0.6	0.5
Could not find the site	0.7	0.3	0	0
Tried to access it in the past but the information was incorrect	0.5	1.0	0	0
Another reason	7.4	11.7	8.4	6.4

When asked the primary reason they would visit a TRICARE website, if they had access to the web, the most frequent responses among all beneficiaries included finding a health care provider, learning about benefits, scheduling an appointment, and learning about TRICARE. Although results were similar across regions (Table 5-29), slight variations were evident between beneficiary groups.

Table 5-29. Primary Reasons Respondents Would Go to a TRICARE Site (for those who had never visited one) by beneficiary group

Reason one would go to a TRICARE website	Beneficiary Group			
	Active Duty	Reserve Component	Retirees under 65	Retirees age 65 and over
Find a TRICARE health care provider	32.8	33.7	27.4	8.3
Obtain information about TRICARE	10.2	17.4	13.9	21.5
Learn which benefits one is eligible for	13.8	20.2	14.4	16.8
Resolve a claim/billing issue	0.7	1.3	2.0	3.0
Schedule an appointment	21.8	9.1	12.1	4.1
Enroll in TRICARE	3.6	3.6	1.8	1.8
Research medical issue	1.9	2.9	4.8	4.1
Resolve another problem (not claims or billing)	7.0	4.0	7.5	11.2
Obtain clinical advice	3.6	3.0	3.7	5.0

The general pattern of why respondents might visit a TRICARE site is similar to the pattern for those who actually have visited the sites. However, there are exceptions. Retirees 65 and over reported they would be far less likely to use the site to find health care providers and, like Reserve Component respondents, to schedule an appointment.

Finally, respondents were asked how they would characterize their relationship with TRICARE. When read a list of different relationships, Table 5-30 summarizes their responses. The most frequently chosen term was "Beneficiary," followed by "Member," "User," and "Patient."

Table 5-30. How Respondents Would Characterize Their Relationship with TRICARE

Term	%
Beneficiary	39.6
Member	18.4
User	15.4
Patient	11.0
Customer	8.8
Other	5.4

General Web/Computer Usage

This section will discuss major findings on respondent web and computer usage. Supporting tables that reflect the items queried on the survey are included in Appendix C.

Use of the web was reported as more frequent for the Active Duty/Spouses and Reserve Component/Spouses than the other two groups. Almost 90% of each of these groups reported using the web on a daily or near daily basis. Of note is the Retirees over 65/Spouses group, 51.8% of whom reported they "have not used the web."

This finding may relate to access to a computer. Only 45.8% of the Retirees over 65/Spouses group reported having a computer in their house while approximately 75% of other beneficiary groups reported having a computer at home. Respondents reported that computers located in their homes were their primary means for accessing the web (78%), followed by computers at work (20%). The primary reasons given by respondents for not having a computer at home included a perception they did not need one or did not want one. These two reasons were especially evident for the older retiree group.

Of those who have a computer in their home, the vast majority, approximately 82%, reported that they have web connectivity and most report having a "fast" connection. The only exception to this is the older retiree group – just slightly over half (51.5%) reported having this type of connectivity.

For those who had access to a web-connected computer at a location other than home, the minority who did not access reported they "did not need to use the web" (29.5%). This reason, in fact, was also cited by respondents for not using the web more often. Other reasons given by respondents included that:

- They had a preference to talk to someone and get information from a person
- Other family members use the computer more frequently and it is difficult to "get on"
- They are not interested in using the computer

When asked what types of information they would like to see on the TRICARE website, respondents were consistent across regions, enrollment status, and beneficiary groups. Those information types most frequently identified included:

- Information on new benefits (95.7%);
- Benefit updates (95.7%);
- Tips on using benefits (87.4%); and
- Congressional news that could impact military healthcare (85.2%).

Other information respondents reported they would like to see on the TRICARE website included:

- Specific program and benefit information, such as prescriptions and dental care
- Timely information on facilities, health care professionals, and information on appointments
- Easier web navigation

APPENDIX A

2003 Military Healthcare System Marketing Survey

Final TRICARE Phone and Web Use Survey – July 15, 2005

This format of this version of the survey is different from previous versions. All references to skip patterns and respondent paths have been deleted. The skip patterns and respondent path logic are depicted on the flowcharts that accompany this version. Also, whereas the previous survey versions were formatted to mirror each respondent group's path (e.g., Web No/Phone Yes), this version is essentially and "Item Guide" to be used in conjunction with the flowcharts.

The flowcharts designate item numbers using the Section it is contained in (A, B, C, or D) and the item number. The sections relate to General Computer/Web Use (Section A), Use of the TRICARE Websites (Section B), Use of the Call Centers (Section C), and Use of the Medical Advice Assistance 24/7 Service (Section D).

On the survey, an identifier in the parentheses next to the item shows the original item number, when applicable. For instance, "A2 (GW1)" means that Item A2 in the flowchart is, in fact, item GW1 from the survey. This version of the survey includes both labels to allow for cross-referencing to the flowchart and previous survey versions. A few new items were generated as part of the specifications and flowchart development to "tighten up" the survey and ensure responses provided clear and unambiguous information. On the flowchart and in the survey, these items are designated as, for example, "A3 (New)." The new items were typically created by developing multiple items from previous single items to help define respondent paths more clearly. In addition, response choices for a few items that query respondent use of TRICARE information were changed slightly to produce consistency. Note that no previous items were dropped so no required or requested information will be lost.

The phrase "TRICARE 800 numbers" has been replaced by "[Contractor Name] toll-free call center." The contractor name will be supplied to interviewers based on the "region" field provided by STI where "N" = HealthNet, "S" = Humana, and "W" = TriWest. (STI needs to ensure that Alaska is coded as "W" rather than as "overseas.")

TRICARE TOLL-FREE PHONE AND WEB USE SURVEY

Introduction

Greeting: Hello, may I please speak to {Subject name} or {Spouse name}? My Name Is { }. We are conducting a survey on Behalf of the Department of Defense Tricare Program. Your participation is important and will help to improve Tricare benefit information.

The interview will take about 10 minutes. Any information you provide is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Your identity will not be released for any reason. Answering is voluntary, you may ask to skip any questions with which you are not comfortable, and you can stop the discussion at any time.

[IF R WANTS A COPY OF PRIVACY ACT NOTICE, USE CTRL/I TO CODE MAILOUT.]

[IF R WANTS TO SEND COMMENTS REGARDING ANY PART OF THIS STUDY TO THE DEPARTMENT OF DEFENSE, PROVIDE ADDRESS:

Health Program Analysis and Evaluation
Office of the Assistant Secretary of Defense/Health Affairs
5111 Leesburg Pike, Suite 810
Falls Church, VA 22041-3206]

SECTION A

A1 (S1.) As you may know, Tricare has several different sources for you to use to obtain information on TRICARE. I'm going to read a list of these sources and would like you to tell me when you last used any of them to obtain TRICARE information. How about...

a. TRICARE written materials such as letters, pamphlets, handbooks or brochures. Have you used this within the past 90 days, over 90 days ago, or never?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

b. TRICARE Beneficiary Advisors at your local hospital, clinic or TRICARE service center. Have you used this within the past 90 days, over 90 days ago, or never?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

c. [When did you last use this source to obtain TRICARE information?] Medical staff, including doctors, nurses or technicians at your local hospital or clinic.

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

d. [When did you last use this source to obtain TRICARE information?] Customer service agents at your regional TRICARE toll-free call center.

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

e. [When did you last use this source to obtain TRICARE information?] TRICARE websites.

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

A2. (GW1). Since TRICARE information is available on the web, I'd like to ask you some questions regarding your general computer use and your experience accessing the web.

First, about how frequently would you say you've used the web, for any reason in the past 12 months?

Would you say…

Every day	 1
1 to 6 days per week	 2
1 to 3 days per month	 3
Less than one day per month	 4
Have you not used the web	 5
REFUSED	..... -7
DON'T KNOW	..... -8

A3. (New). Do you have a computer at home that you can use?

YES	1
NO	2
HAVE A COMPUTER, BUT IT'S NOT WORKING	3
REFUSED	.....-7
DON'T KNOW	.....-8

A4. (WN2a.) What is the primary reason you don't have a computer?

I DON'T NEED ONE	 1
I DON'T WANT ONE	 2
THEY ARE TOO EXPENSIVE	 3
I MOVE TOO MUCH	 4
OTHER (SPECIFY)	 91
REFUSED	..... -7
DON'T KNOW	..... -8

A5. (New). Is the computer you use at home connected to the web?

Yes	 1
No	 2
REFUSED	..... -7
DON'T KNOW	..... -8

A6. (New). Is there another place where you could access the web, such as at work, at a friend's house, or at the public library?

Yes	 1
No	 2
REFUSED	..... -7
DON'T KNOW	..... -8

A7. (WNO1) Why don't you use the web {more often} when you are someplace else like at work, at a friend's house, or at a public library? [Check all that apply]

NOT ALLOWED TO ACCESS THE WEB AT WORK	 1
PUBLIC FACILITY TOO FAR AWAY	 2
PUBLIC FACILITY TOO CROWDED	 3
I DON'T HAVE THE TIME	 4
I DON'T LIKE USING THE WEB	 5
I DON'T NEED TO GO TO THE WEB	 6
IT'S TOO SLOW	 7
THE COMPUTER NOT WORKING	 8
OTHER (SPECIFY)	 91
REFUSED	..... -7
DON'T KNOW	..... -8

A8. (WNO1). Why don't you use the web more often? [Check all that apply]

IT'S INCONVENIENT	 1
IT'S TOO CONFUSING	 2
WEB SERVICE IS TOO EXPENSIVE	 3
I DON'T HAVE THE TIME	 4
I DON'T LIKE USING THE WEB	 5
I DON'T NEED TO GO TO THE WEB	 6
IT'S TOO SLOW	 7
THE COMPUTER IS NOT WORKING	 8
OTHER (SPECIFY)	 91
REFUSED	..... -7
DON'T KNOW	..... -8

A9. (WNO3). Why don't you like using the web? [Check all that apply]

IT'S TOO SLOW	 1
IT'S TOO CONFUSING	 2
I'D RATHER READ MATERIALS	 3
I'D RATHER TALK TO SOMEONE TO GET INFORMATION	 4
OTHER (SPECIFY)	 91
REFUSED	..... -7
DON'T KNOW	..... -8

A10. (GW2). Where is the computer located that you primarily use to access the web?

HOME	 1
WORK	 2
FRIEND OR FAMILY MEMBER'S HOUSE	 3
LIBRARY	 4
COMMUNITY CENTER	 5
SCHOOL	 6
SHIP	 7
OTHER (SPECIFY)	 91
REFUSED	..... -7
DON'T KNOW	..... -8

A11. (GW3). What type of connection you have for your primary web access? Would you say …

It's a fast connection?	 1
It's a slow connection?	 2
REFUSED	..... -7
DON'T KNOW	..... -8

A12. (GW4). What are some typical reasons you use the web? Do you use it for …. [Read each item and record all that apply]

Searching for general information and services?	 1
Researching products before buying them in a store?	 2
Reading the news?	 3
Banking?	 4
Shopping?	 5
Researching medical issues?	 6
Obtaining medical advice?	 7
Any other reason? (specify)	 8
REFUSED	..... -7
DON'T KNOW	..... -8

SECTION B

You mentioned earlier that you have visited the TRICARE website to get information about TRICARE. I'd like to ask you about your most recent experience using a TRICARE web site.

B1. (WY1). First, thinking back to your most recent visit to a TRICARE website, can you tell me if you used any of the following sources to get the correct web address? [Read each item and check all that apply]

Did you use …

A link from another Web site?	 1
A Web search engine such as Google or Yahoo?	 2
A TRICARE toll-free call center?	 3
Printed material from TRICARE?	 4
Staff from a TRICARE facility?	 5
Friends or relatives?	 6
Another source? (specify)	 7
REFUSED	..... -7
DON'T KNOW	..... -8

B2. (WY2). Again, thinking back to your most recent visit to the TRICARE website, please tell me if any of the following was a reason you visited the site?

Was it to … [Read each item, check all that apply]

Schedule an appointment?	 1
Learn which TRICARE benefits you're eligible for?	 2
Enroll in TRICARE?	 3
Find a health care provider?	 4
Obtain information about benefits?	 5
Resolve a claim or billing issue?	 6
Resolve a problem with TRICARE other than a bill or claim?	 7
Research a medical issue?	8
Obtain clinical advice about a medical condition?	9
Some other issue? (specify)	 10
REFUSED	..... -7
DON'T KNOW	..... -8

B2_A. (New) Of the reasons you told me about, which one was the primary reason you visited the site? {Insert primary reason based on set of reasons in B2)

Schedule an appointment?	 1
Learn which TRICARE benefits you're eligible for?	 2
Enroll in TRICARE?	 3
Find a health care provider?	 4
Obtain information about benefits?	 5
Resolve a claim or billing issue?	 6
Resolve a problem with TRICARE other than a bill or claim?	 7
Research a medical issue?	8
Obtain clinical advice about a medical condition?	9
Some other issue? (specify)	 10
REFUSED	..... -7
DON'T KNOW	..... -8

B3. (WY3). What types of updates or news would you like to see on the TRICARE web site?
[Read each item, check all that apply]

Would you like to see…

Messages from TRICARE leadership?	 1
Messages from the TRICARE organization?	 2
Information on new benefits?	 3
Updates on benefits?	 4
Congressional news that might impact military healthcare?	 5
Tips on how to use the benefit?	 6
Stories and information about health issues?	 7
Stories about military healthcare activities around the world?	 8
Other information? (Specify)	 9
REFUSED	..... -7
DON'T KNOW	..... -8

B4. (WY4). Please tell me when you last visited any of the following TRICARE web sites.

a. The Military Health System home site, that is, tricare.osd.mil? Have you visited it within the past 90 days, over 90 days ago, or never?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

b. The TRICARE home site: tricareonline.com. Have you visited it within the past 90 days, over 90 days ago, or never?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

c. The West Region TRICARE contractor site: triwest.com?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

d. The South Region TRICARE contractor site: humana-military.com?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

e. The North Region TRICARE contractor site: healthnet-federal services?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

f. The TRICARE claims site for the North and South region: mytricare.com?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

g. The TRICARE claims site for the West region: tricare4u.com?

WITHIN THE PAST 90 DAYS	1
OVER 90 DAYS AGO	2
NEVER	3
REFUSED	.....-7
DON'T KNOW	.....-8

B4A. (New) Have you visited one of the TRICARE websites but you're not sure which one?

Yes	 1
No	 2
REFUSED	..... -7
DON'T KNOW	..... -8

B4_AOV. (New) Have you visited it…

Within last 90 days	 1
Over 90 days	 2
Never	 3
REFUSED	..... -7
DON'T KNOW	..... -8

B5. (TN1) Please tell me why you have not accessed a TRICARE website. [Read all items, check all that apply]

Was it because…

You did not know there was a Web site?	 1
You did not have a need to visit it?	 2
You could not find the site?	 3
You tried to use it in the past but the information was incorrect?	 4
You tried to use it in the past but it was confusing?	 5
It takes too long to access the website?	 6
You prefer to speak with someone on the phone?	 7
Some other reason? (specify)	 8
REFUSED	..... -7
DON'T KNOW	..... -8

B5_A. (New) Of the reasons you just told me about, which one was the primary reason you have not visited a TRICARE website? [Insert primary reason based on set of reasons in B5]

You did not know there was a Web site?	 1
You did not have a need to visit it?	 2
You could not find the site?	 3
You tried to use it in the past but the information was incorrect?	 4
You tried to use it in the past but it was confusing?	 5
It takes too long to access the website?	 6
You prefer to speak with someone on the phone?	 7
Some other reason? (specify)	 8
REFUSED	..... -7
DON'T KNOW	..... -8

B6. (WY5 AND TN2). For which of the following types of information would you visit the website? [Read each item, check all that apply]

Would you go to the TRICARE web site to …

Schedule an appointment?	 1
Learn which TRICARE options you're eligible for?	 2
Enroll in TRICARE	 3
Find a healthcare provider who takes TRICARE/	 4
Obtain information about benefits?	 5
Resolve a claim or billing issue?	 6
Resolve a problem with TRICARE other than a claim or bill?	 7
Research a medical issue?	 8
Obtain clinical advice about a medical condition?	 9
Some other reason? (specify)	 10
REFUSED	..... -7
DON'T KNOW	..... -8

B6_A. (New). Of the reasons you just told me about, which would be the primary reason you would visit the site? [Insert primary reason based on set of reasons in B6]

Schedule an appointment?	 1
Learn which TRICARE options you're eligible for?	 2
Enroll in TRICARE	 3
Find a healthcare provider who takes TRICARE/	 4
Obtain information about benefits?	 5
Resolve a claim or billing issue?	 6
Resolve a problem with TRICARE other than a claim or bill?	 7
Research a medical issue?	 8
Obtain medical advice?	 9
Some other reason? (specify)	 10
REFUSED	..... -7
DON'T KNOW	..... -8

B7. (WY5a). Why wouldn't you access the web for information in the future? [Read all items, check all that apply]

Is it because …

You didn't like the Web site?	 1
You did not find the information on the Web site helpful or useful?	 2
You have tried to use it in the past but the information was incorrect?	 3
You tried to use it in the past but it was confusing?	 4
It takes too long to access the Web site?	 5
You prefer to speak to someone on the phone?	 6
Other (specify)	 7
REFUSED	..... -7
DON'T KNOW	..... -8

SECTION C

C1 (PY1). You said that you have used the [TRICARE contractor] toll-free call center for TRICARE information. Please tell me if any of the following was a reason why you called the number.

Was it to …

Schedule an appointment?	 1
Learn which TRICARE benefits you're eligible for?	 2
Enroll in TRICARE?	 3
Find a health care provider who takes TRICARE?	 4
Obtain information about benefits?	 5
Inquire about a prescription?	 6
Resolve a claim or billing issue?	 7
Resolve a problem with TRICARE other than a claim or a bill?	8
Research a medical issue?	9
Obtain clinical advice about a medical condition?	 10
Some other issue? (specify)	 11
REFUSED	..... -7
DON'T KNOW	..... -8

C1_A. (New) Of the reasons you just told me about, which one was the primary reason you called the toll-free call center? [Insert primary reason based on set of reasons in C1]

Schedule an appointment?	 1
Learn which TRICARE benefits you're eligible for?	 2
Enroll in TRICARE?	 3
Find a health care provider who takes TRICARE?	 4
Obtain information about benefits?	 5
Inquire about a prescription?	 6
Resolve a claim or billing issue?	 7
Resolve a problem with TRICARE other than a claim or a bill?	8
Research a medical issue?	9
Obtain clinical advice about a medical condition?	 10
Some other issue? (specify)	 11
REFUSED	..... -7
DON'T KNOW	..... -8

C2. (PY2). Again, thinking back to your most recent call to the [TRICARE contractor] toll-free call center, did you used any of the following sources to get the correct toll-free call center to call? [Read all, check all that apply]

Did you use…..

The TRICARE Website?	 1
Printed material from TRICARE?	 2
Staff from a TRICARE facility?	 3
Another TRICARE call center?	 4
Friends or relatives?	 5
Any other source? (specify)	 6
REFUSED	..... -7
DON'T KNOW	..... -8

The following questions are about your most recent experience when calling the [TRICARE contractor] toll-free call center.

C3. (PY3A). When you called the [TRICARE contractor] toll-free call center, how easy was it for you to get through? Was it very easy, somewhat easy, neither easy nor difficult, somewhat difficult, or very difficult?

VERY EASY	 1
SOMEWHAT EASY	 2
NEITHER EASY NOR DIFFICULT	 3
SOMEWHAT DIFFICULT	 4
VERY DIFFICULT	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C4. (PY3B). When you called the [TRICARE contractor] toll-free call center, how useful was the information you received? Was it very useful, somewhat useful, neither useful nor useless, somewhat useless, or very useless?

VERY USEFUL	 1
SOMEWHAT USEFUL	 2
NEITHER USEFUL NOR USELESS	 3
SOMEWHAT USELESS	 4
VERY USELESS	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C5. (PY3C). Again, thinking back to your most recent call, can you tell me how accurate the information was that you received? Was it very accurate, somewhat accurate, neither accurate nor inaccurate, somewhat inaccurate, or very inaccurate?

VERY ACCURATE	 1
SOMEWHAT ACCURATE	 2
NEITHER ACCURATE NOR INACCURATE	 3
SOMEWHAT INACCURATE	 4
VERY INACCURATE	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C6. (PY3D). How up-to-date was the information that you received when you called the [TRICARE contractor] toll-free call center? Was it very up-to-date, somewhat up-to-date, neither up-to-date nor out-of-date, somewhat out-of-date or very out-of-date?

VERY UP-TO-DATE	 1
SOMEWHAT UP-TO-DATE	 2
NEITHER UP-TO-DATE NOR OUT-OF-DATE	 3
SOMEWHAT OUT-OF-DATE	 4
VERY OUT-OF-DATE	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C7. (PY3E). When you called the [TRICARE contractor] toll-free call center, how courteous was the representative on the line? Was the representative very courteous, somewhat courteous, neither courteous nor rude, somewhat rude, or very rude?

VERY COURTEOUS	 1
SOMEWHAT COURTEOUS	 2
NEITHER COURTEOUS NOR RUDE	 3
SOMEWHAT RUDE	 4
VERY RUDE	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C8. (PY3F). Thinking of your most recent call, can you tell me how you would rate your overall satisfaction with the [TRICARE contractor] toll-free call center service? Would you say you were very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED	 1
SOMEWHAT SATISFIED	 2
NEITHER SATISFIED NOR DISSATISFIED	 3
SOMEWHAT DISSATISFIED	 4
VERY DISSATISFIED	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C9. (PY3G). Can you tell me how likely is it you will call the [TRICARE contractor] toll-free call center again? Would you say very likely, somewhat likely, neither likely nor unlikely, somewhat unlikely, or very unlikely?

VERY LIKELY	 1
SOMEWHAT LIKELY	 2
NEITHER LIKELY NOR UNLIKELY	 3
SOMEWHAT UNLIKELY	 4
VERY UNLIKELY	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C10. (PN1). You said that you have <u>not</u> used the [TRICARE contractor] toll-free call center. please tell me if any of the following is a reason you haven't used it? [Read all items, check all that apply]

Was it because you …

Did not know there was a toll-free call center service?	 1
Did not have a need to call?	 2
Did not have the phone number?	 3
Did not know who to call?	 4
Tried to use it but could not get through?	 5
Used it in the past but did not get correct information?	 6
Used it in the past but the representatives were rude?	 7
Did not have access to a phone?	 8
Some other reason? (specify)	 9
REFUSED	..... -7
DON'T KNOW	..... -8

C10_A. (New). Of the reasons you just told me about, which would be the primary reason you called the number? [Insert primary reason based on set of reasons in C10]

Did not know there was a toll-free call center service?	1
Did not have a need to call?	2
Did not have the phone number?	3
Did not know who to call?	4
Tried to use it but could not get through?	5
Used it in the past but did not get correct information?	6
Used it in the past but the representatives were rude?	7
Did not have access to a phone?	8
Some other reason? (specify)	9
REFUSED	-7
DON'T KNOW	-8

C11. (PN2). What are the reasons you have used a toll-free call center or a phone help line in the past? [Record all that apply]

Was it for …

Bill paying or bank information?	1
Shopping?	2
Information on home or appliance repair?	3
Obtain medical advice?	4
Some other reason? (specify)	5
REFUSED	-7
DON'T KNOW	-8

C12. (PN3). What do you think is the most important thing a toll-free call center or a phone help line should have?

Would you say the most important thing is that it should …

Be easy to get through	1
Have useful information	2
Have accurate information	3
Have up-to-date information	4
Have courteous representatives	5
Be a secure line with confidentiality	6
Something else (specify)	91
REFUSED	-7
DON'T KNOW	-8

C13. (PN4). How likely is it that you will try to use the [TRICARE contractor] toll-free call center in the future? Would you say very likely, somewhat likely, neither likely nor unlikely, somewhat unlikely, or very unlikely?

VERY LIKELY	 1
SOMEWHAT LIKELY	 2
NEITHER LIKELY NOR UNLIKELY	 3
SOMEWHAT UNLIKELY	 4
VERY UNLIKELY	 5
REFUSED	..... -7
DON'T KNOW	..... -8

C14. (PN5). What could TRICARE do to help you use the [TRICARE contractor] toll-free number?

Could they .....

Do a better job of publicizing which customer service call center provides which service?	 1
Keep you informed of the toll-free call center services?	 2
Improve the representatives' attitudes or behavior?	 3
Something else? (specify)	 4
REFUSED	..... -7
DON'T KNOW	..... -8

SECTION D

Now, I'd like to shift focus from toll-free call centers to services that may be offered by your local medical clinic or doctor's office.

D1. Other than dialing 911, does your local medical clinic or doctor's office have a medical advice and assistance telephone service that operates 24 hours a day, 7 days a week?

Yes	 1
No	 2
REFUSED	..... -7
DON'T KNOW	..... -8

D2. Have you ever used the medical advice and assistance telephone service?

Yes	 1
No	 2
REFUSED	..... -7
DON'T KNOW	..... -8

D3. When you called the medical advice and assistance telephone service, how easy was it for you to get through to get the information you needed? Was it very easy, somewhat easy, neither easy nor difficult, somewhat difficult, or very difficult?

Was it ....

VERY EASY	 1
SOMEWHAT EASY	 2
NEITHER EASY NOR DIFFICULT	 3
SOMEWHAT DIFFICULT	 4
VERY DIFFICULT	 5
REFUSED	..... -7
DON'T KNOW	..... -8

D4. When you called the medical advice and assistance telephone service, how useful was the information you received? Was the information very useful, somewhat useful, neither useful nor useless, somewhat useless, or very useless?

Was it ….

VERY USEFUL	 1
SOMEWHAT USEFUL	 2
NEITHER USEFUL NOR USELESS	 3
SOMEWHAT USELESS	 4
VERY USELESS	 5
REFUSED	..... -7
DON'T KNOW	..... -8

D5. Finally, when thinking about your relationship with TRICARE, what one term would you use to identify yourself?

Would you say you are a TRICARE …

Beneficiary	 1
Customer	 2
Member	 3
Patient	 4
User	 5
Something else (specify)	 91
REFUSED	..... -7
DON'T KNOW	..... -8

Thank you for your time and participation. Goodbye.

APPENDIX B

Questionnaire Flow-through for Various Respondents

Section A

* = All

TRICARE Phone & Web Survey
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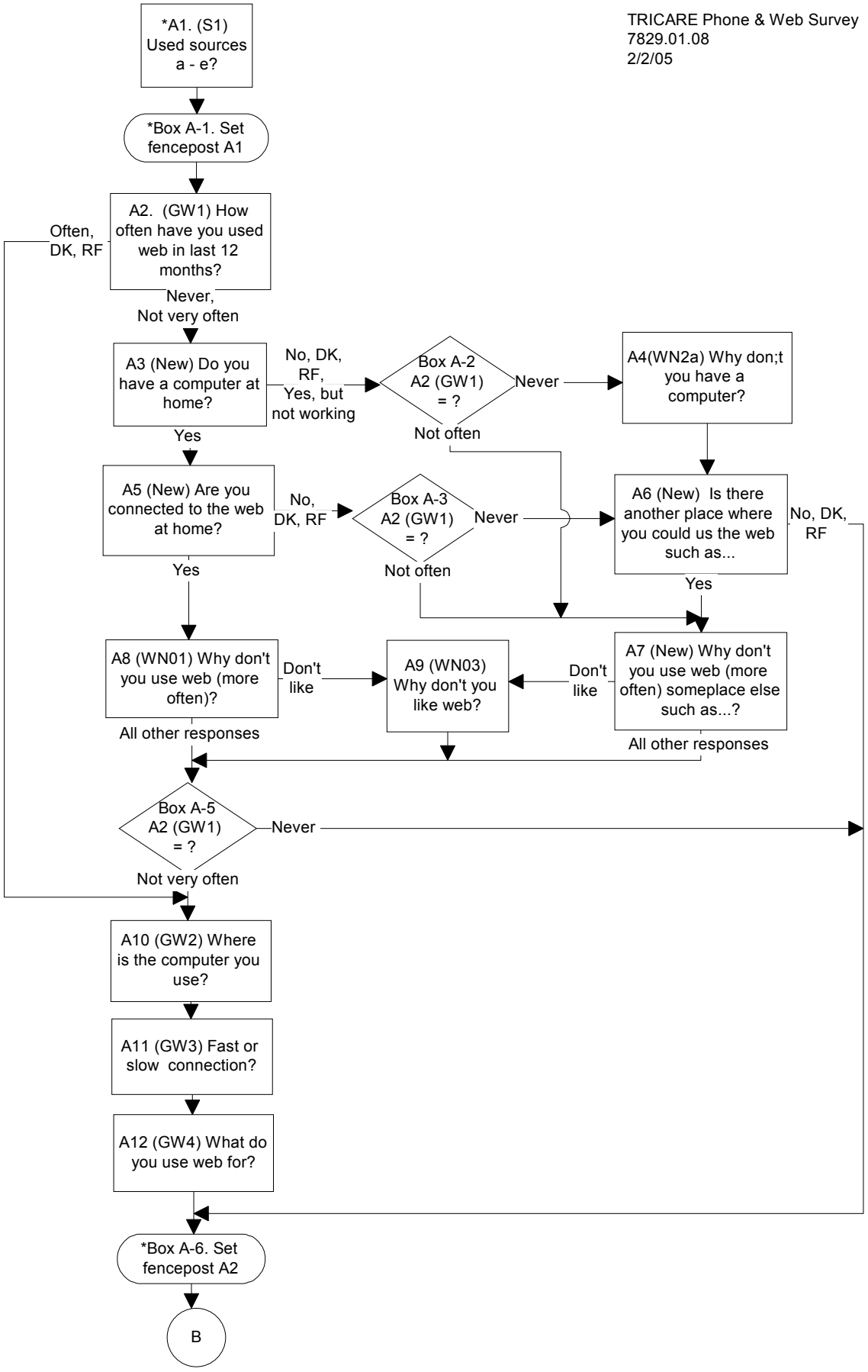
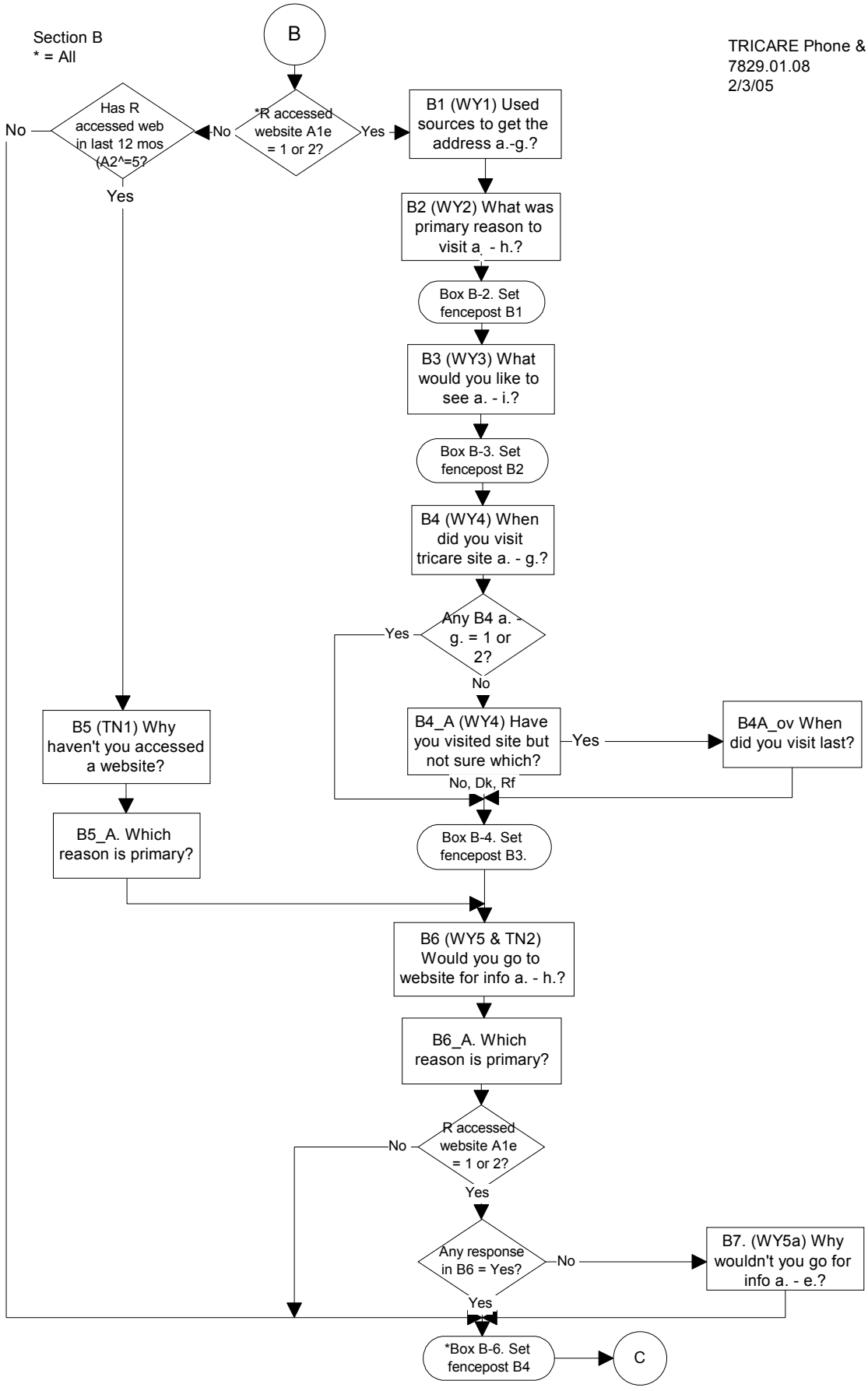
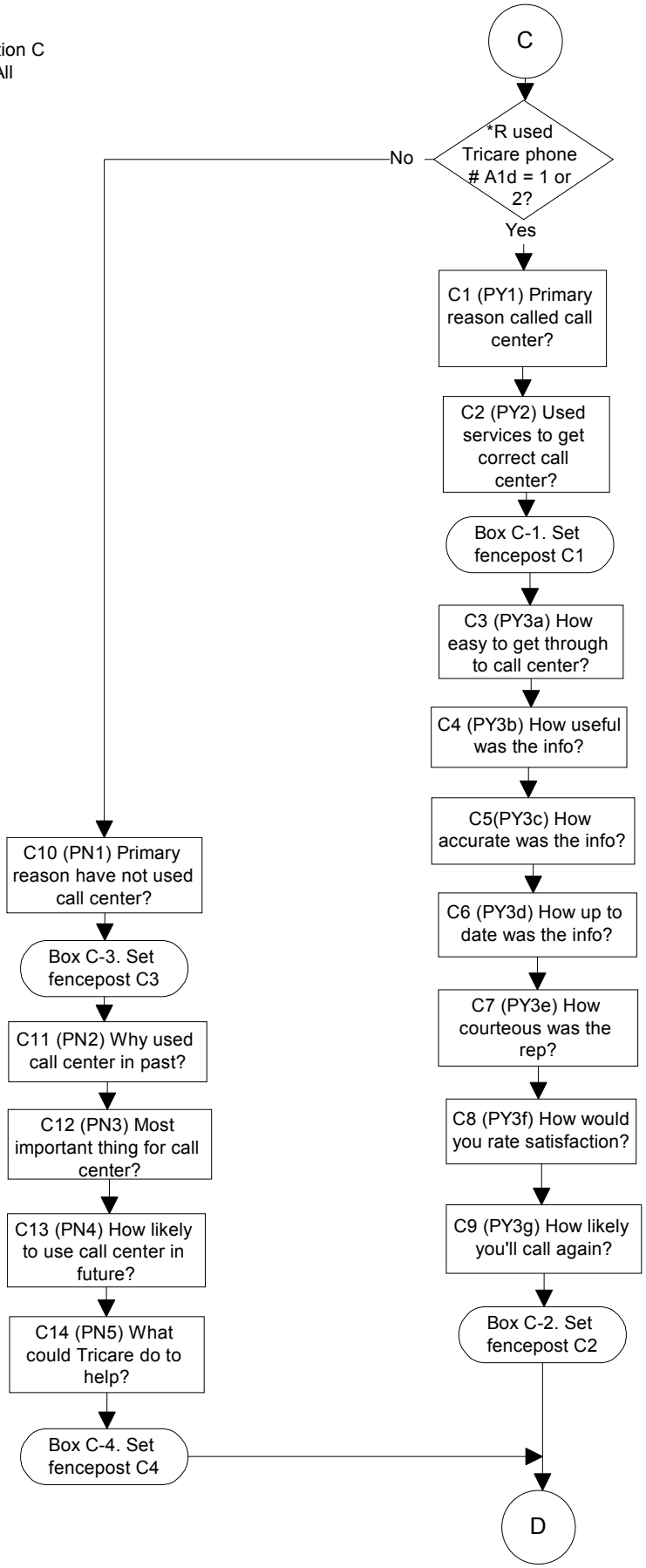
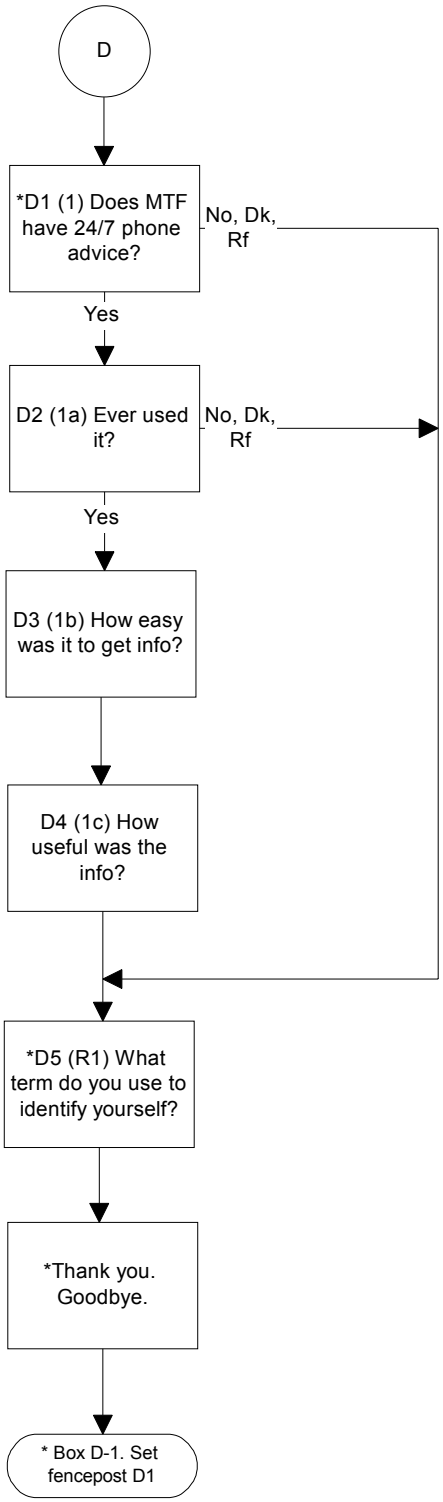



Section B
* = All
B
*R accessed website A1e = 1 or 2?
No
Yes
Has R accessed web in last 12 mos (A2^=5?
No
Yes
B1 (WY1) Used sources to get the address a.-g.?
B2 (WY2) What was primary reason to visit a. - h.?
Box B-2. Set fencepost B1
B3 (WY3) What would you like to see a. - i.?
Box B-3. Set fencepost B2
B4 (WY4) When did you visit tricare site a. - g.?
Any B4 a. - g. = 1 or 2?
Yes
No
B4_A (WY4) Have you visited site but not sure which?
Yes
B4A_ov When did you visit last?
No, Dk, Rf
B5 (TN1) Why haven't you accessed a website?
B5_A. Which reason is primary?
Box B-4. Set fencepost B3.
B6 (WY5 & TN2) Would you go to website for info a. - h.?
B6_A. Which reason is primary?
R accessed website A1e = 1 or 2?
No
Yes
Any response in B6 = Yes?
No
Yes
B7. (WY5a) Why wouldn't you go for info a. - e.?
*Box B-6. Set fencepost B4
C

Section C
* = All



Section D
* = All



APPENDIX C

Computer/Web Use Summary Tables

Table C.1. (Q A2 (GW1)) Frequency of Web Use by Region, Enrollment Status, Beneficiary Group

Group		Frequency of Use (%)				
		Every Day	Have Not Used the Web	1-6 Days Per Week	1-3 days Per Month	Less than 1 Day Per Month
Region	North	54.8	19.2	14.9	6.6	4.1
	South	51.1	24.2	14.8	5.8	4.0
	West	51.8	19.3	17.3	7.4	4.4
Enrollment Status	Enrolled	66.8	6.7	16.4	6.1	4.1
	Not Enrolled	35.0	38.6	14.8	7.1	4.2
Beneficiary Group	Active Duty/Spouses	72.0	3.5	16.1	5.6	2.8
	Reserve Component/ Spouses	64.1	4.9	19.1	6.5	5.4
	Retirees<65/Spouses	53.2	15.4	18.6	6.9	5.7
	Retirees >65/Spouses	24.8	51.8	11.5	7.4	4.1

Table C.2. (Q A3) "Computer at Home " by Region, Enrollment Status, Beneficiary Group

Group		% "Yes"
Region	North	61.9
	South	54.2
	West	60.6
Enrollment Status	Enrolled	78.3
	Not Enrolled	50.2
Beneficiary Group	Active Duty/Spouses	78.7
	Reserve Component/ Spouses	76.7
	Retirees<65/Spouses	74.9
	Retirees >65/Spouses	45.8

Table C.3. (Q A4 (WN2a)) Reason Respondent Does Not Have a Computer at Home by Region, Enrollment Status, Beneficiary Group

Group		%				
		Do Not Need One	Do Not Want One	Too Expensive	Move too Much	Other
Region	North	28.4	22.7	9.0	1.0	36.2
	South	27.7	28.9	3.3	0.1	38.1
	West	25.9	23.6	9.3	0.0	41.3
Enrollment Status	Enrolled	10.9	18.2	14.4	0.6	51.5
	Not Enrolled	29.4	26.7	5.6	0.3	37.0
Beneficiary Group	Active Duty/Spouses	11.1	11.1	22.2	0.0	44.4
	Reserve Component/ Spouses	5.3	5.3	36.8	5.3	474
	Retirees<65/Spouses	13.5	21.2	11.5	1.9	48.1
	Retirees >65/Spouses	30.5	27.4	4.6	0.0	36.7

Table C.4. (QA5) Home Computer Connected to the Web by Region, Enrollment Status, Beneficiary Group (Sample Consists of Those Who Responded They Have Not Used the Web, or Use it Infrequently)

Group		(% who answered "Yes")
Region	North	84.6
	South	79.2
	West	79.7
Enrollment Status	Enrolled	87.0
	Not Enrolled	77.2
Beneficiary Group	Active Duty/Spouses	91.9
	Reserve Component/ Spouses	87.0
	Retirees<65/Spouses	84.3
	Retirees >65/Spouses	73.9

Table C. 5. (A11 (GW3))Computer Connection Speed to Web, by Region, Enrollment Status, Beneficiary Group

Group		%	
		Fast	**Slow**
Region	North	73.6	25.0
	South	71.8	27.0
	West	75.3	22.5
Enrollment Status	Enrolled	79.3	19.6
	Not Enrolled	62.8	34.7
Beneficiary Group	Active Duty/Spouses	84.3	14.8
	Reserve Component/ Spouses	74.9	23.7
	Retirees<65/Spouses	70.3	28.2
	Retirees >65/Spouses	51.5	45.0

Table C. 6. (QA10 (GW2)) Location of Respondent's Primary Computer for Accessing the Web, by Region, Enrollment Status, Beneficiary Group

Group		%						
		Home	Work	Library	School	Ship	Community Center	Other
Region	North	77.1	20.4	0.2	0.0	0.0	0.0	1.4
	South	81.7	15.8	0.8	0.0	0.0	0.0	1.2
	West	76.9	19.7	1.2	0.3	0.0	0.0	1.1
Enrollment Status	Enrolled	74.3	23.1	0.7	0.1	0.0	0.0	1.4
	Not Enrolled	86.8	10.1	0.8	0.1	0.0	0.0	1.0
Beneficiary Group	Active Duty/Spouses	73.5	24.0	0.7	0.1	0.0	0.0	0.9
	Reserve Component/ Spouses	66.5	29.6	0.7	0.0	0.0	0.0	1.8
	Retirees<65/Spouses	80.4	16.2	1.0	0.0	0.0	0.0	1.8
	Retirees >65/Spouses	94.3	3.5	0.5	0.3	0.0	0.0	0.8

Table C.7. (Q A6) "Does Respondent Have Access to a Computer at Another Place if None at Home", by Region, Enrollment Status, Beneficiary Group

Group		% Yes
Region	North	67.0
	South	68.5
	West	64.0
Enrollment Status	Enrolled	68.8
	Not Enrolled	66.5
Beneficiary Group	Active Duty/Spouses	84.6
	Reserve Component/ Spouses	79.2
	Retirees<65/Spouses	71.2
	Retirees >65/Spouses	64.9

Table C.8. (Q A7) Reasons for Not Using the Web at Other Locations, by Region, Enrollment Status, Beneficiary Group

Group		%Yes							
		Do Not Need to Use Web	Do Not Have Time	Do Not Like Using Web	Public Facility Too Far	Not Allowed at Work	Web Is Too Slow	Computer is Not Working	Public Facility Too Crowded
Region	North	26.6	6.6	5.9	4.0	1.5	2.2	1.2	0.0
	South	31.6	4.6	10.3	2.5	1.2	0.0	0.0	0.0
	West	28.7	2.1	5.2	2.4	1.5	0.0	0.0	0.0
Enrollment Status	Enrolled	26.5	11.6	4.1	5.8	4.5	1.3	0.0	0.0
	Not Enrolled	30.2	2.6	8.5	2.1	0.6	0.4	0.4	0.0
Beneficiary Group	Active Duty/Spouses	12.5	12.5	0.0	8.3	8.3	0.0	0.0	0.0
	Reserve Component/ Spouses	13.3	13.3	4.4	6.7	11.1	0.0	0.0	0.0
	Retirees<65/Spouses	30.1	8.2	6.9	1.4	1.4	1.4	0.0	0.0
	Retirees >65/Spouses	32.2	1.9	9.0	2.4	0.0	0.5	0.5	0.0

Table C.9. (Q A8 (WNO1)) Reasons for Not Using the Web More Often, by Region, Enrollment Status, Beneficiary Group (Subsample of those who responded they use the web less than one per month or have not used web)

Group		% Yes								
		Do Not Need to Use Web	Do Not Have Time	Do Not Like Using Web	Is Confusing	Is Inconvenient	Web Is Too Slow	Computer is Not Working	Web is Too Expensive	Other
Region	North	31.8	15.4	13.8	4.8	3.8	0.2	0.8	0.0	47.3
	South	29.5	6.7	11.7	4.2	2.5	3.1	0.7	0.0	51.6
	West	27.2	15.9	10.2	2.7	1.8	1.0	1.9	0.0	49.7
Enrollment Status	Enrolled	31.0	18.0	11.0	4.0	4.0	2.2	0.9	0.0	45.2
	Not Enrolled	28.4	8.4	12.5	3.9	1.7	1.0	1.3	0.0	52.8
Beneficiary Group	Active Duty/Spouses	25.0	19.1	10.3	5.9	5.9	2.9	1.5	0.0	48.5
	Reserve Component/ Spouses	28.0	27.0	6.0	3.0	1.0	3.0	1.0	0.0	40.0
	Retirees<65/Spouses	32.9	12.4	11.8	3.1	4.4	0.6	0.0	0.0	46.6
	Retirees >65/Spouses	29.3	7.3	13.4	3.7	0.0	1.2	1.8	0.0	53.7

While almost half of the respondents indicated they did not use the web for "Other" reasons, very few actually reported the reason. For those who did elaborate there was no clear pattern of responses however, the most frequent stated were:

- Prefer to talk to someone; get information from a person; rather have "face to face"; easier to call
- Other family use the computer more frequently; I can't get on the computer
- Not interested in using the computer; I am computer illiterate

Table C.10. (Q B3) Types of Information Respondents Would Like to See on the TRICARE Website, by Region, Enrollment Status, Beneficiary Group

Group		%								
		Benefit Updates	Information on New Benefits	Tips on Benefits	Congressional News	Messages from TRICARE Organization	Information on Health Issues	World-wide Military Healthcare Activities	Messages from TRICARE Leadership	Other
Region	North	95.3	94.9	86.5	83.6	56.5	51.5	41.8	34.7	15.6
	South	96.9	97.0	88.4	85.8	61.3	58.8	44.0	37.9	13.9
	West	94.9	95.7	87.4	86.1	54.4	58.4	42.5	38.9	17.0
Enrollment Status	Enrolled	95.7	95.9	87.7	86.1	56.5	57.9	45.7	35.9	16.6
	Not Enrolled	95.7	95.9	86.8	83.2	59.9	52.4	36.9	39.5	12.9
Beneficiary Group	Active Duty/Spouses	95.8	95.2	88.5	86.2	53.9	54.8	48.0	35.4	13.5
	Reserve Component/ Spouses	97.2	97.0	90.3	86.5	58.2	51.1	48.3	36.0	17.3
	Retirees<65/Spouses	95.9	96.8	87.3	84.1	60.7	59.3	39.1	38.4	19.8
	Retirees >65/Spouses	94.3	94.9	82.8	83.4	60.5	56.1	33.1	39.5	9.6

Other information that respondents reported they would like to see on the TRICARE website included:

- Specific program and benefit information, such as prescriptions and dental care
- Timely information on facilities, health care professionals, and information on appointments
- Easier web navigation

Table C.11. (Q A12 (GW4)) Typical Reasons Why Respondents Use the Web by Region, Enrollment Status, Beneficiary Group

Group		%							
		Search for General Information	Research Medical Issues	Research Products	Shopping	Read the News	Banking	Obtain Medical Advice	Other
Region	North	89.9	73.3	66.8	66.7	66.7	62.1	28.5	53.1
	South	92.1	75.7	69.7	67.1	67.1	64.4	27.7	51.1
	West	90.8	67.7	63.4	61.0	61.0	66.2	25.3	50.7
Enrollment Status	Enrolled	91.8	73.8	70.3	69.2	69.2	71.1	28.1	49.7
	Not Enrolled	89.6	69.6	60.0	57.2	57.2	51.6	25.4	55.1
Beneficiary Group	Active Duty/Spouses	90.8	72.3	72.8	72.8	72.8	79.2	28.6	47.2
	Reserve Component/ Spouses	91.4	69.0	63.6	62.0	62.0	68.0	25.3	52.5
	Retirees<65/Spouses	92.9	75.0	67.1	64.3	64.3	56.6	27.6	54.0
	Retirees >65/Spouses	88.3	69.8	52.6	48.0	48.0	38.4	23.7	58.0

- The vast majority of respondents who reported they used the web for "Other" reasons stated they used it for email
- Additional answers focused on using the web for entertainment, hobbies, sports information, travel, and vacation