DHA Defense Health Agency

Issue BRIEF

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Referrals to Specialists

Specialists are a vital component of the health care system in the United States, as many patients rely on specialty care that they might not be able to receive from their primary care manager (PCM). Many health plans, including TRICARE Prime, civilian health maintenance organizations (HMOs), and Department of Veterans Affairs (VA) plans, require a referral from a PCM to see a specialist.

Many TRICARE beneficiaries experience long wait times and long-distance travel to see a specialist and report poor coordination of care between PCMs and specialists.

Prior research has indicated that many TRICARE beneficiaries face obstacles in the referral process, including long wait times to obtain appointments, long-distance travel to see specialists, and poor coordination of care between PCMs and specialists.[1] In particular, more beneficiaries with TRICARE Prime have reported problems regarding referrals than beneficiaries with other TRICARE plans.[2] In 2014, the Secretary of Defense ordered a review of the military health system (MHS) to see if the system was meeting standards for access and quality of care. The review found that, in fiscal year 2013, only 68 percent of referrals to specialists met the MHS access standard, which states that appointments for specialists must be within 28 days of the referral date.[3]

Using data from the 2015 Health Care Survey of Department of Defense Beneficiaries (HCSDB), this issue brief investigates patients' experiences selecting specialists, obtaining referrals, and coordinating with PCMs 12 months prior to the survey (per Consumer Assessment of Health Plans and Systems—CAHPS, protocol). The analysis is limited to MHS beneficiaries who live within the continental United States, and compares the experiences of military health beneficiaries by four health plans—TRICARE Prime, other TRICARE, civilian, and VA.[4]

SELECTING A SPECIALIST

Overall, 63 percent of MHS beneficiaries reported needing a referral to see a specialist. Among the beneficiaries who saw a specialist, one-third reported that they picked their specialist on their own or through the recommendation of a friend or relative; over half (54 percent) saw a specialist who was chosen by their primary care doctor; and 14 percent chose a specialist from a list supplied by their health plan (Figure 1). The method of choosing a specialist varied by health plan (Table 1). Beneficiaries who primarily use civilian insurance or TRICARE plans other than Prime were more likely to choose a specialist on their own (39 percent and 40 percent, respectively), compared to beneficiaries who primarily use TRICARE Prime or VA health care (21 percent and 19 percent, respectively).

Beneficiaries who could choose their own specialist were more likely to give their health plan a high rating (a rating of 8 or higher on a 0-to-10 scale; Figure 2). Among those who could choose their own specialist, 77 percent gave their health plan a high rating. In contrast, 72 percent of beneficiaries who saw a specialist chosen by their doctor and 70 percent of those who chose a specialist from a list provided by their health plan gave their health plan a high rating.

MHS beneficiaries' method of choosing specialist

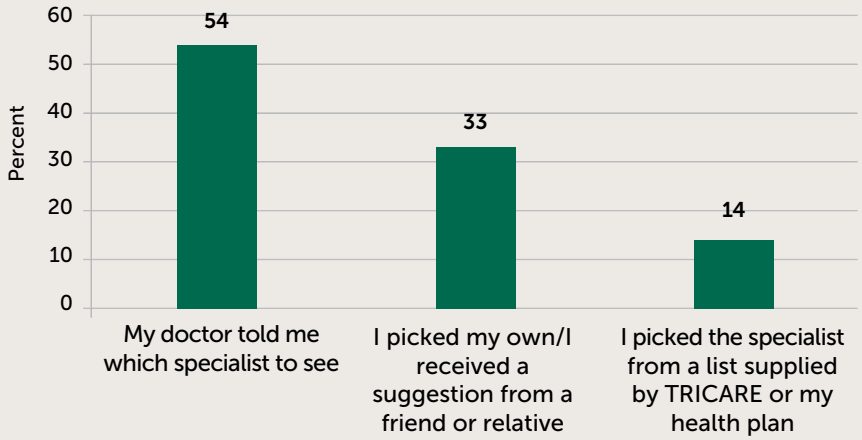


Figure 1

MHS beneficiaries' method of choosing specialist, by plan

Method	TRICARE Prime (%)	TRICARE Other (%)	Civilian (%)	VA (%)
My doctor told me which specialist to see	59+	45	53	72*
I picked on my own/I received a suggestion from a friend or relative	21*+	40	39	19*+
I picked the specialist from a list supplied by TRICARE or my health plan	20+	15	8	10

*Statistically significant difference from TRICARE Other ($p<0.05$).

+Statistically significant difference from Civilian ($p<0.05$).

Table 1

High health plan rating

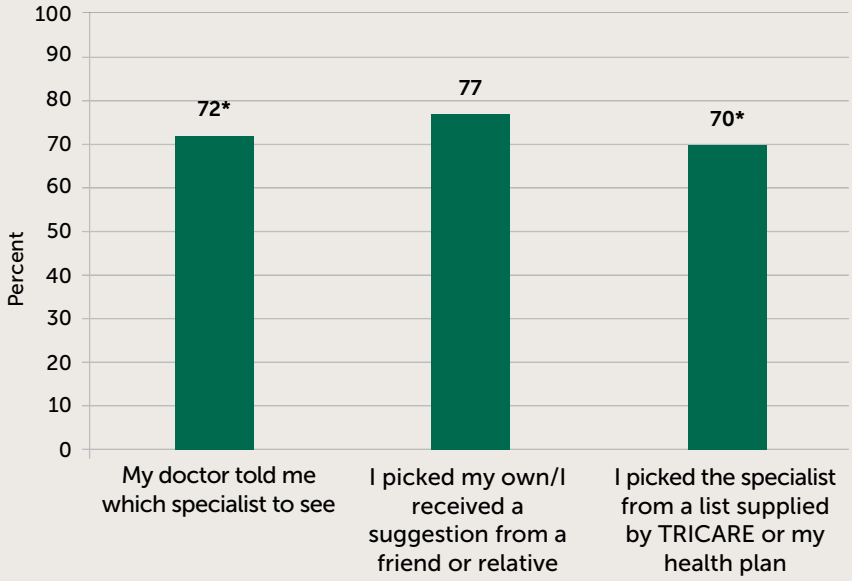


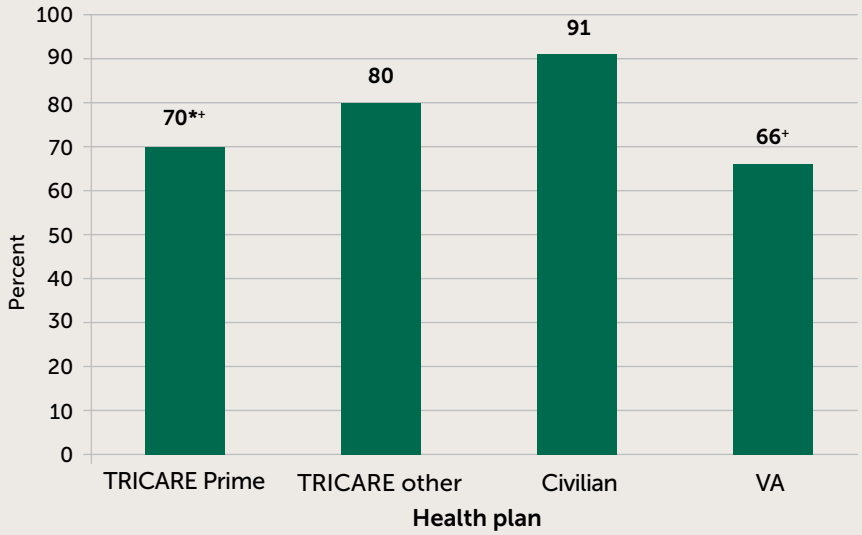
Figure 2

*Statistically significant difference from I picked on my own/I received a suggestion from a friend or relative ($p < 0.05$)

PROCESS OF MAKING A SPECIALIST APPOINTMENT

Beneficiaries' understanding of the process needed to make a referral varied by health plan, as shown in Figure 3. Beneficiaries who primarily used a civilian plan were most likely to report that they had no problem understanding the process (91 percent), followed by beneficiaries who primarily used a TRICARE plan other than Prime (80 percent). Significantly smaller proportions of TRICARE Prime beneficiaries and those who received care through the VA reported that they had no problem understanding the referral process (70 percent and 66 percent, respectively).

No problem understanding referral process, by plan



Note: Civilian plans includes Medicare, Medicaid, Federal Employees Health Benefit Program, civilian HMOs, other civilian health insurance, and government health insurance from another country. TRICARE Other includes Standard/Extra (S/E), Plus, Reserve Select, Retired Reserve, TRICARE Young Adult S/E, and Continued Health Care Benefit Program.

*Statistically significant difference from TRICARE Other ($p<0.05$).

+Statistically significant difference from Civilian ($p<0.05$).

Figure 3

EXPERIENCES WITH MILITARY AND CIVILIAN SPECIALIST

TRICARE beneficiaries' experiences with specialists varied, depending on whether the specialist was civilian or military (Figure 4). A higher proportion of beneficiaries who saw a civilian specialist said that the wait time was not a problem, as opposed to those who saw a military specialist (77 percent versus 62 percent, respectively). Furthermore, MHS beneficiaries who saw a civilian specialist were more likely than those who saw a military specialist to report that their primary care doctor was usually or always up-to-date on the care they received from their specialists (76 percent versus 65 percent).

CONCLUSION

Although most MHS beneficiaries are required to obtain a referral to see a specialist, their experiences with seeing a specialist vary. Beneficiaries who use TRICARE Prime or VA health care are less likely to pick their specialist on their own and are more likely to report problems with understanding the referral process than patients covered by civilian plans or other TRICARE plans. Beneficiaries who can choose their own specialists are more likely to give their health plan a high rating than those whose specialists are chosen by their doctor or are selected

Civilian versus military specialists

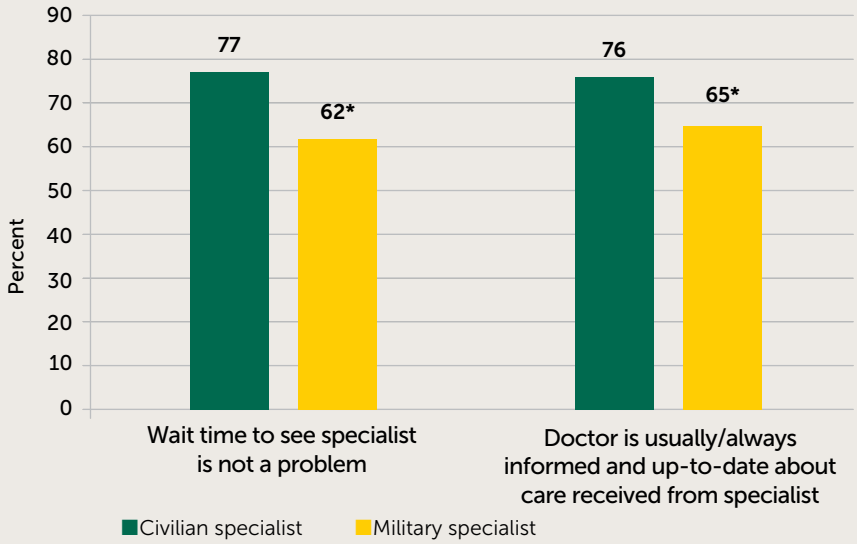


Figure 4

from a list supplied by their health plan. Furthermore, more MHS beneficiaries experience problems with wait times for military specialists than they do for civilian specialists, and beneficiaries more often report that their doctor is usually or always up-to-date on the care they receive from civilian specialists than the care they receive from military specialists. These results suggest that there are opportunities to improve specialty care within the MHS, particularly by increasing patients' understanding of referral processes, decreasing wait times for military specialists, and improving coordination with PCMs and military specialists through better communication.

NOTES

Health Care Survey of Department of Defense Beneficiaries, April 2015. N = 10,484. The response rate is 10.6 percent. The survey was fielded from April 1, 2015, to June 28, 2015.

[1]Azur, Melissa, Yonatan Ben-Shalom, Nancy Clusen, Amy Gehrke, Eric Morris, Jessica Nysenbaum, Stephanie Peterson, and Frank Yoon. "Issue Brief: Referral Practices." In *HCSDB Annual Report: Results from the 2011 Health Care Survey of DoD Beneficiaries.* Report submitted to TRICARE Management Activity. Washington, DC: Mathematica Policy Research, August 2013.

[2]Azur, Melissa, Yonatan Ben-Shalom, Nancy Clusen, Brenda Natzke, Kate Stewart, and Nyna Williams. "Issue Brief: Referrals to Specialists." In *HCSDB Annual Report: Results from the 2010 Health Care Survey of DoD Beneficiaries*. Report submitted to TRICARE Management Activity. Washington, DC: Mathematica Policy Research, August 2013.

[3]Defense Health Agency. "Military Health System Review." Final report to the Secretary of Defense. August 2014. Available at http://www.health.mil/mhsreview.

[4] TRICARE Prime includes Prime, TRICARE Young Adult (TYA) Prime, and U.S. Family Health Plan. Other TRICARE includes Standard/Extra (S/E), Plus, Reserve Select, Retired Reserve, TYA S/E, and the Continued Health Care Benefit Program. Civilian includes Medicare, Medicaid, Federal Employees Health Benefits Program, a civilian HMO, other civilian health insurance, and government health insurance from another country. The VA includes care received from the Veterans Health Administration.

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