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Urgent Care Utilization

INTRODUCTION

To help beneficiaries get care more easily when they needed it right away, TRICARE implemented a pilot program in May 2016 that allowed non-active duty Prime enrollees to go to an urgent care facility without a referral up to two times per year. This brief compares urgent care utilization of non-active duty Prime enrollees to other TRICARE and non-TRICARE beneficiaries' urgent care utilization.

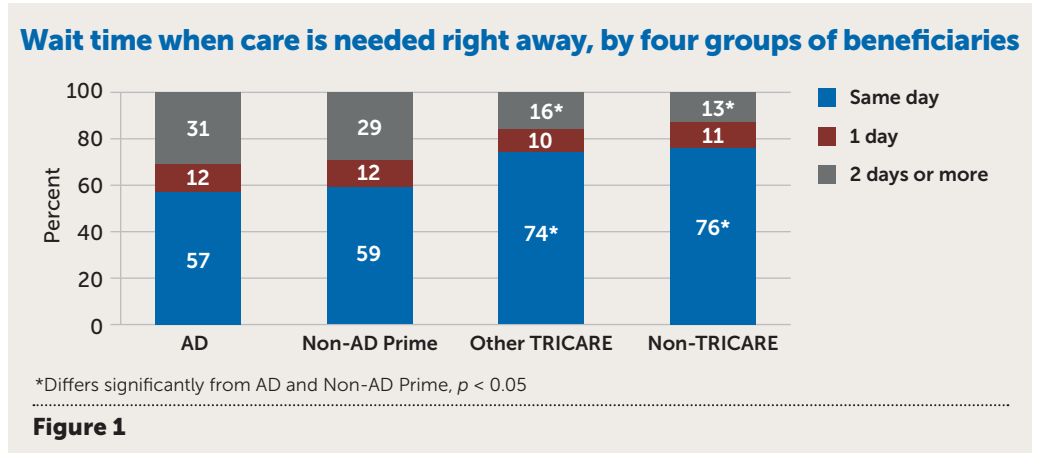
An urgent care pilot program was implemented in May 2016 in which non-active duty beneficiaries enrolled in Prime could go to an urgent care facility without a referral up to two times per year. This pilot program was implemented to help beneficiaries get care more easily when they needed it right away. It may improve patient satisfaction and lower costs because beneficiaries will use more expensive options, such as an emergency room (ER), less often (“Pilot Program” 2016). The pilot program may also help to ensure that TRICARE meets its access standard for urgent care, which states that beneficiaries should be seen within 24 hours.

The purpose of this issue brief is to assess how urgent care utilization of non-active duty Prime beneficiaries, who were eligible for the pilot program, compares to other TRICARE and non-TRICARE beneficiaries' urgent care utilization. The assessment is based on data from the Health Care Survey of Department of Defense Beneficiaries (HCSDB). We focused on four groups of beneficiaries: active duty (AD) service members, non-AD Prime enrollees, beneficiaries in other TRICARE plans¹, and beneficiaries in non-TRICARE plans². To ensure that we had enough survey respondents in each of the four groups, we combined data from the first quarters of fiscal years 2017 and 2018. We analyzed the distributions for how often beneficiaries needed care right away and where they go for care, including urgent care centers, the ER, and the doctor's office. We assessed the wait time for the four groups to determine how often the 24-hour standard is being met. In addition, we examined the beneficiaries' reasons for choosing urgent care centers and whether they used a nurse's line.

WAIT TIME

About 33 percent of non-AD Prime enrollees, beneficiaries who use other TRICARE plans, and beneficiaries who do not use TRICARE plans reported that they needed care right away in an urgent care center, an ER, or a doctor's office in the past six months, compared with 24 percent of AD members

(not shown). Of those, approximately 30 percent of AD and non-AD Prime enrollees waited two days or more to be seen (Figure 1). Beneficiaries enrolled in other TRICARE plans or in non-TRICARE plans more frequently saw a provider the same day, but 16 percent and 13 percent of them, respectively, still waited two or more days for an appointment.



PLACE OF SERVICE

Although the ER is the most popular choice for urgent care for all beneficiaries—particularly AD members, who go to the ER much more frequently than any other place of service—there are also some significant differences in the reported use of urgent care centers and doctor’s offices

(Figure 2). AD beneficiaries and beneficiaries who do not use TRICARE say they use their doctor’s office for urgent care as much as they use urgent care centers. In contrast, non-AD Prime enrollees and other TRICARE beneficiaries report they are more likely to go to an urgent care center than to their doctor’s office.

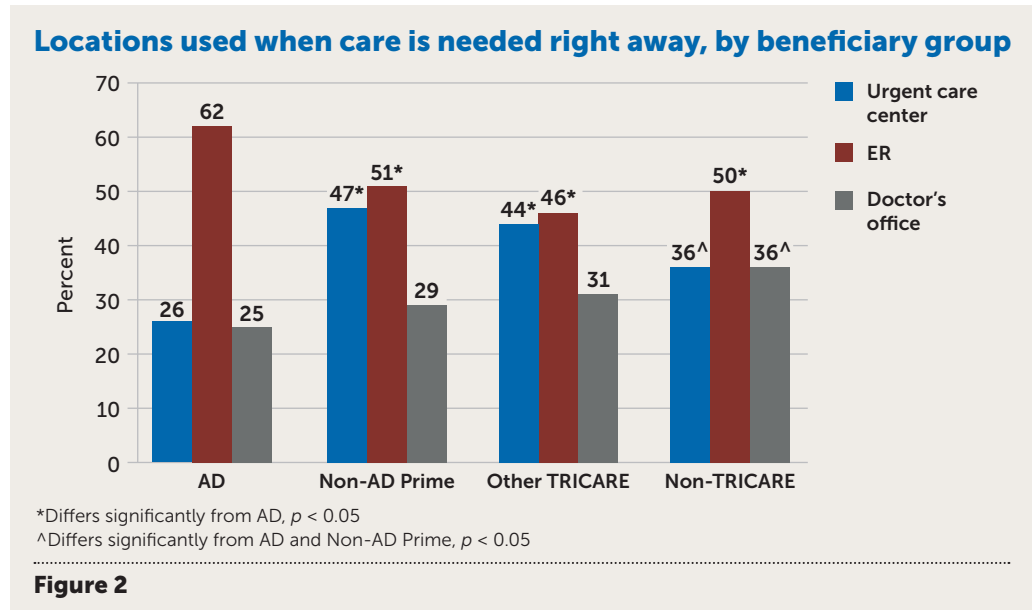


Figure 2

NURSE LINE

Many health plans provide beneficiaries with a nurse line to call for medical advice on their need for urgent care. Many of the AD members and non-AD Prime enrollees use this service before their visit to an urgent care center (41 and 35

percent, respectively) (Figure 3). A higher percentage of beneficiaries who use other TRICARE plans or non-TRICARE plans reported that their plans do not offer a nurse line. This finding was unexpected for the other TRICARE group, since all TRICARE plans offer a nurse line (“Nurses Provide Assistance by Telephone” 2018).

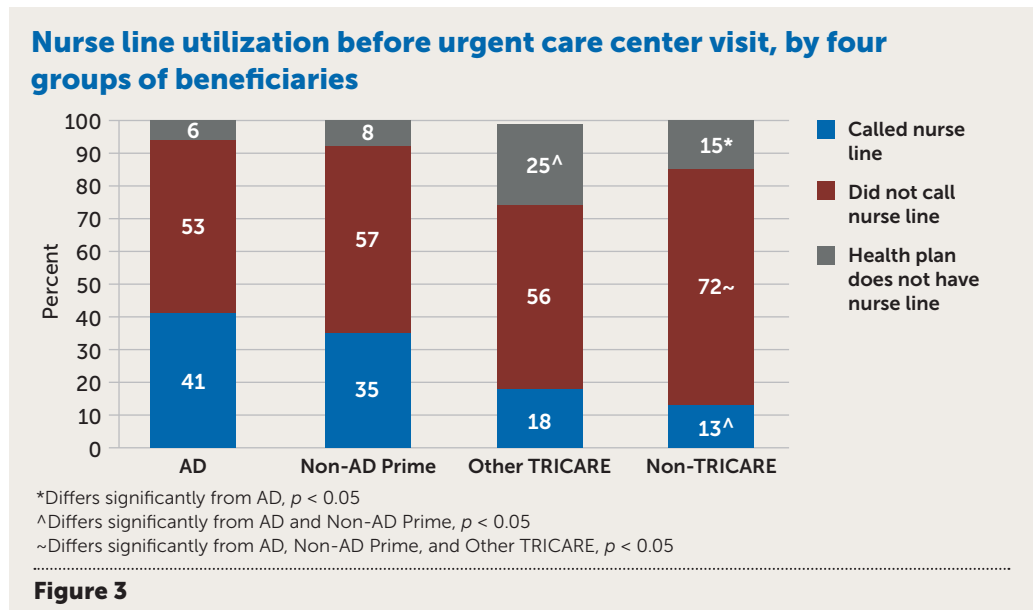


Figure 3

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¹ Other TRICARE plans include TRICARE Plus (CHAMPUS/TFL Eligible), TRICARE Plus (without civilian health care), TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Extra or Standard (CHAMPUS).

² Non-TRICARE plans include civilian insurance, Medicare, Medicaid, Uniformed Services Family Health Plan, and care received through the Veterans Administration.

REASONS FOR USING URGENT CARE CENTERS

To better understand the use of urgent care centers, it is important to know why they are being used. For the four groups of beneficiaries, a new health condition was the most common main reason for going to

an urgent care center for their most recent visit (41 to 52 percent of beneficiaries across the four groups reported this reason, Figure 4). Non-AD Prime enrollees, beneficiaries who use other TRICARE plans, and beneficiaries who do not use TRICARE reported similar proportions of the main reason for going to an urgent care center. AD members,

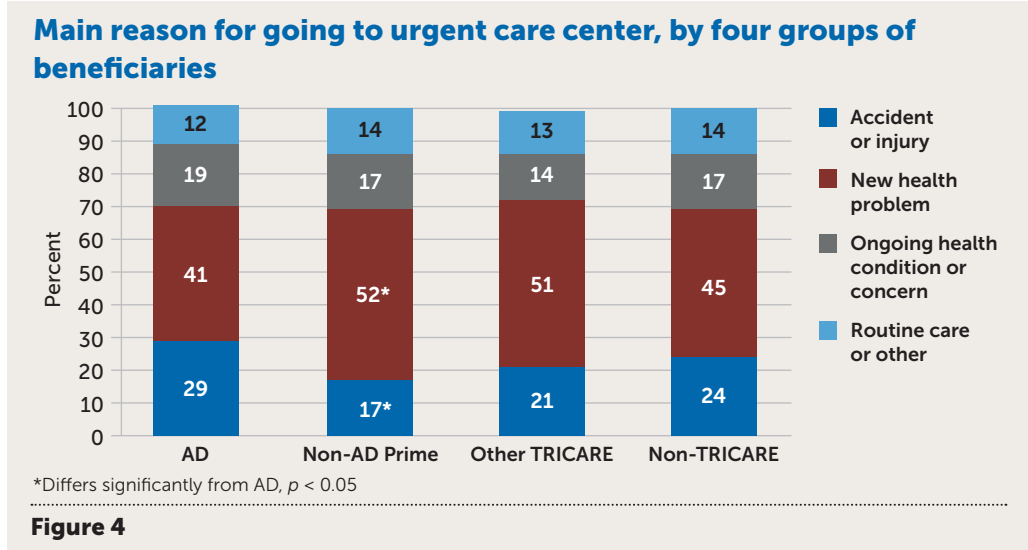


Figure 4

however, were significantly more likely than non-AD Prime enrollees to report that they went to an urgent care center for an accident or an injury.

The proportions of beneficiaries who agreed or disagreed with statements about their most recent visit to an urgent care center were fairly similar across the four groups of beneficiaries. Most beneficiaries, regardless of their health plan, see

urgent care centers as more convenient, both in wait times and location, than their regular doctor's office or the ER (Figure 5). There is one significant difference between the four groups: 58 percent of non-AD Prime enrollees versus 71 percent of beneficiaries enrolled in other TRICARE plans agreed that it would take less time to be treated in an urgent care center than in their usual place of care. It is also noteworthy that between 74 and 80

Percentage of beneficiaries who agreed or strongly agreed with the statements about their most recent visit to an urgent care center, by four groups of beneficiaries

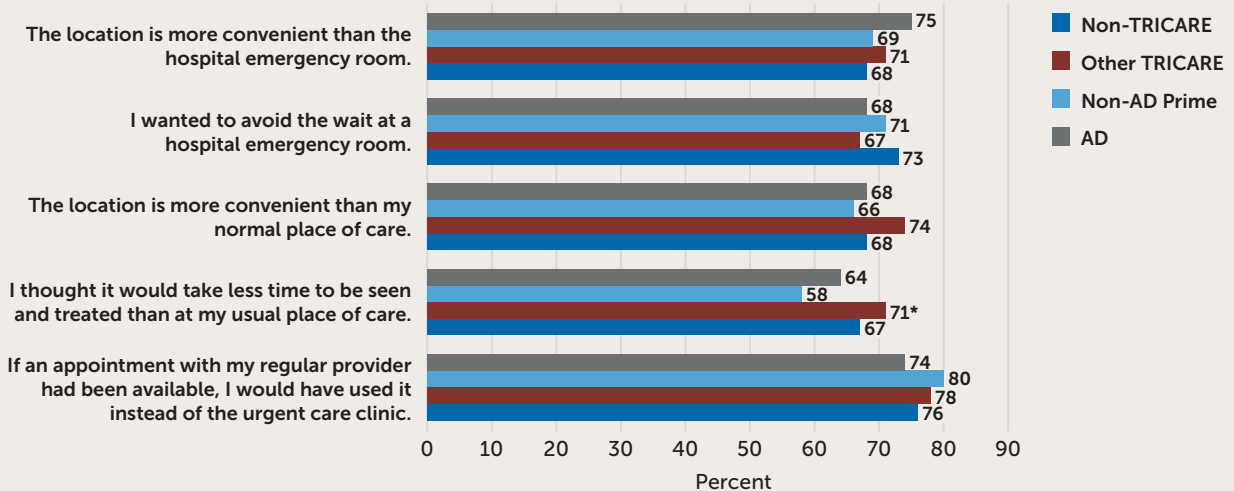
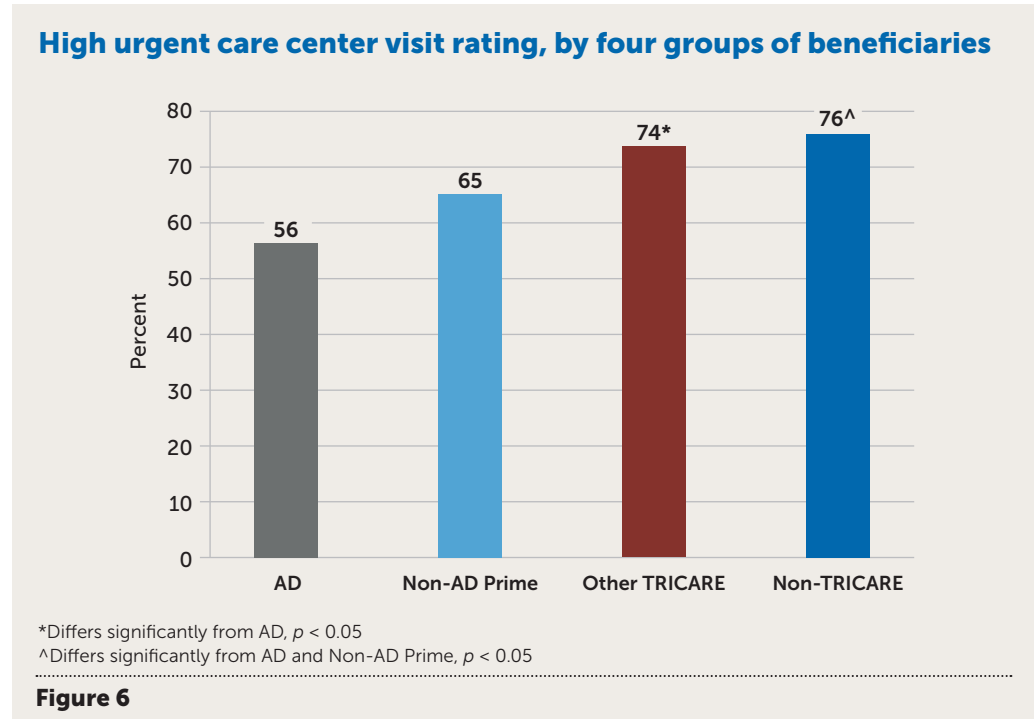


Figure 5

percent of beneficiaries in each group agreed or strongly agreed that they would have gone to their regular provider instead of the urgent care center if they were able to get an appointment.

RATING

All beneficiaries who visited an urgent care center were asked to rate their most recent visit on a scale of 0 to 10, with 10 being the best care possible. We considered an 8 or more a “high” rating.



AD members were significantly less likely to rate their urgent care highly (56 percent), compared with beneficiaries who use other TRICARE plans and non-TRICARE plans (74 percent and 76 percent, respectively). The non-AD Prime group fell in the middle, at about 65 percent.

DISCUSSION

One-third of all responding non-active duty Prime beneficiaries in the military health care system needed care right away in the past six months, so this pilot program had the potential to impact a significant number of people. A majority of beneficiaries already believe that going to an urgent care center is faster and more convenient than other options. Non-AD Prime enrollees and beneficiaries who use other TRICARE plans are going to urgent care centers more often than are AD members and beneficiaries who do not use TRICARE. This pattern may become even stronger under a new policy implemented in 2018 that allows all non-active duty beneficiaries enrolled in TRICARE Prime, TRICARE Select, or any other TRICARE plan to go to an urgent care

center for an unlimited number of times without a referral (“Take Command” 2018). However, non-AD Prime enrollees, who were eligible for the pilot program, wait longer for an appointment and are less satisfied with their urgent care than are beneficiaries enrolled in other TRICARE and non-TRICARE plans, so there is still a need to shorten the wait time and improve patient satisfaction, particularly among AD and non-AD Prime enrollees.

Nurse lines, which offer beneficiaries assistance with health care questions and finding care, are offered by many health plans (including all TRICARE plans) and may help beneficiaries determine the best source of care for an urgent need, whether it be an urgent care center, the E.R., or a doctor’s office. Significantly fewer beneficiaries using TRICARE plans other than Prime were aware that their plan offered a nurse line, compared to Prime enrollees. Beneficiaries who use other TRICARE plans may have an improved experience with their care if more of them knew a nurse line option was available. In addition to already expanding access to urgent care through the new policy, officials at the

Department of Defense should focus on increasing awareness of benefits, such as the nurse line, in an effort to improve beneficiaries' experience with their care.

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SOURCES

"Q1 FY2018 Health Care Survey of Department of Defense Beneficiaries." N = 10,813. The response rate is 10.8 percent. The survey was fielded from October 18, 2017 to January 31, 2018.

"Q1 FY2017 Health Care Survey of Department of Defense Beneficiaries." N = 9,120. The response rate is 9.2 percent. The survey was fielded from October 12, 2016 to January 31, 2017.

