

## Military Families with TRICARE Less Satisfied with Health Care Quality and Access for Children

**Philadelphia, Pa. – August 5, 2019** – Military families covered by TRICARE, the health care program for uniformed service members and their families, report lower access to care and satisfaction with the quality of care than civilian families who have private or public coverage for their kids, according to a [new study](#) in the August issue of *Health Affairs*.

Using a national data set from 2007-2015, researchers analyzed families' reported experiences with TRICARE coverage for nearly 85,000 youth ages 0-17. They found that TRICARE-covered families were less likely than families with private insurance to report accessible care (35% vs. 50%) or responsive care (47% vs. 54%) for their children. Accessibility of care for children with TRICARE was comparable to that of uninsured children or those covered by Medicaid or the Children's Health Insurance Program (CHIP).

Concerns with the adequacy of TRICARE coverage were deepest among families who have children with special physical or behavioral health needs. Military children—who experience frequent moves, separation from their parents when they are deployed and stress related to their parent's exposure to military experiences—are at greater risk for experiencing behavioral health needs than their civilian peers.

“Military families in our study reported concern, particularly when their children have special health care needs, that their access to care is not as good as it should be,” said senior author David Rubin, MD, MSCE, director of PolicyLab at Children's Hospital of Philadelphia, a pediatrician and former member of the Pentagon's Military Family Readiness Council. “It is critically important that health benefits provided through TRICARE meet the unique needs of all children, otherwise, as our data suggests, it can be easy for those who require specialty care to fall through the cracks.”

While TRICARE provides comprehensive coverage to service members and their dependents for treatment in both military and civilian settings, military families continue to face unique challenges to accessing health care services. For example, military families frequently relocate, disrupting ongoing care and requiring them to establish new relationships with pediatric providers in unfamiliar communities. Furthermore, families can face significant challenges to accessing pediatric specialty care, particularly when living on military installations in medically underserved communities.

“While frequent relocations and remote duty stations may contribute to dissatisfaction with access or quality of care, we should not place all of the blame on the military lifestyle,” said study author Karen Ruedisueli, government relations deputy director for the National Military Family Association and former member of the Pentagon's Military Family Readiness Council. “Our study highlights the need for Department of Defense leaders and policymakers to address structural issues that are hindering access to care for military kids' needs, including appointment availability at facilities where most active duty families receive care and a shortage of pediatric behavioral health providers in the TRICARE network.”

In 2017, nearly 1.7 million children had a parent in the U.S. military. All of these youth—in addition to children of military retirees and children of those killed on active duty—are eligible for pediatric benefits through TRICARE, which is managed by the Defense Health Agency.

**Limitations:** From the survey data, researchers could only hypothesize not determine causality between military culture/challenges of accessing specialty care on and off-base and families' concerns with TRICARE. Additionally, the results did not examine whether disparities between military and non-military families' satisfaction with their children's health coverage improved or worsened over time.

Seshadri R, Strane D, Matone M, Ruedisueli K, Rubin, D. Families with TRICARE Report Lower Health Care Quality and Access Compared to Other Insured and Uninsured Families. *Health Affairs*. 2019. doi.org/10.1377/hlthaff.2019.00274

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