New Research Illuminates Real-world Challenges for Military Families with TRICARE

Population Health Sciences

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When I married my husband, an active duty Army officer, I knew my life was going to change. We were a nation at war, so I understood my husband would deploy and face combat. I also understood frequent moves were part of the bargain and, as someone who lived in the same Chicago apartment building for 10 years because I dreaded the idea of moving, I braced myself for a life of packing and unpacking. What I did not understand is that I would have to learn to navigate a whole new world of health care. Over the years, I was shocked at the many barriers I encountered accessing quality health care for my military kids.

Being a seasoned Army wife and advocate for military families, I was excited to partner with PolicyLab on a novel study comparing experiences of TRICARE-covered families to those of civilian families with private or public coverage for their children. What we found wasn't that surprising to me: TRICARE-covered families were less likely than the civilian families in our study to report accessible or responsive care. Aside from the problems I've experienced myself, I've collected many stories from families who have encountered barriers to accessing quality health care as part of my work in advocating for Military Health System improvements. These problems tend to fall under three main categories: military lifestyle, military treatment facilities and pediatrics issues within TRICARE.

Military Lifestyle

When you move every two to three years, you sacrifice continuity of care—there is no way around it—and many families find this impacts the quality of their health care. Military families must take charge of relaying medical histories and keeping track of medical records. Even something as simple as kids' vaccine records can become problematic. I faithfully carried my kids' vaccine records from one pediatric office to the next—seven in total—only to recently learn my daughter has received too many doses of three different vaccines over the years.

Finding and establishing care with new medical providers, including lengthy wait times for new patient appointments, in unfamiliar communities can lead to disruptions in care. Having to manage this with every relocation inconveniences families with healthy children, but it can become a significant burden and create critical gaps in care for families with children who require multiple specialists. Finally, many military families are stationed in rural areas where children's specialty care is nonexistent. This can mean significant travel time for families with special needs kids.

Military Treatment Facilities

Military Treatment Facilities (MTFs), military hospitals and clinics where most active duty families receive their care, also pose unique challenges for military families. MTFs have a dual mission—ensuring readiness of the

fighting force and uniformed medical providers and providing the earned health care benefit to military family members, retirees and survivors. This dual mission creates a lack of focus on the patient experience across military hospitals and clinics leading to crushing levels of inconvenience for some military families, particularly those dealing with stressful military life events such as deployments or permanent change of station moves.

For example, clinics close for four-day federal holiday weekends leaving military kids without access to their primary care providers. Clinic phones go unanswered even when the clinic is open and the process for scheduling an appointment varies from one MTF to another, sometimes necessitating multiple phone calls. Appointment shortages are not uncommon and tend to occur more frequently in the summer when many families and uniformed medical providers experience permanent change of station moves. Also, filling a prescription at the military pharmacy can take hours.

When patients encounter problems with access or quality of care, it is often difficult to find the right person to help. Most of these MTF issues are relatively minor, but I believe the cumulative impact of these barriers to access is a contributing factor to our study results.

Pediatrics Issues Within TRICARE

When families need to access care in the civilian community, they utilize TRICARE, the health care program for service members and their families. TRICARE provides comprehensive coverage with low out-of-pocket costs—a generous benefit commensurate with the sacrifices associated with military service. Families are generally satisfied with TRICARE, but there are problem areas. For example, after 17 years of war, military family demand for behavioral health care outstrips the supply and we find the TRICARE behavioral health provider network inadequate in many geographic areas, particularly for kids.

Another problem related to pediatric care is TRICARE coverage policies are based on Medicare—a system designed for senior adults—creating coverage gaps for pediatric care. Since TRICARE policy is governed by statute, updating coverage can literally require an act of Congress. Our association, together with the TRICARE for Kids Coalition, recently fought to change TRICARE's policy prohibiting hospice coverage for pediatric patients receiving curative treatments. TRICARE's policy was inconsistent with that of Medicaid and most commercial payers, which evolved to cover concurrent hospice care for kids. Congress included a provision in the fiscal year 2018 National Defense Authorization Act requiring TRICARE to cover pediatric concurrent hospice, and we are anxiously waiting for the Military Health System to implement that policy update.

Our study results support what we have been telling the Department of Defense and Capitol Hill for years: The Military Health System presents barriers to accessing quality medical care. These barriers create problems for military families that are unlike those faced by their civilian counterparts covered by commercial health plans. As the Military Health System undertakes massive reform efforts mandated by Congress and focuses, rightfully so, on optimizing combat casualty care and controlling costs, it is imperative that policymakers and Congress also consider military family needs. We must fix these systemic problems to bring military family access to quality medical care on par with those covered by private insurance.

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