

Restructure or Realignment of Military Medical Treatment Facilities

Thank you for choosing to participate in the Defense Health Agency care transition survey. As always, your care is our top priority. By participating in this survey you are helping us to ensure that we provide the highest quality care and best care experience throughout the transition of health care to our network partners and well into the future. Survey participation is voluntary. You can skip questions you choose not answer, and you can stop participating at any time. If you have any questions about the survey, please contact Ms. Ginger Schwenkler (virginia.r.schwenkler.civ@mail.mil (mailto:virginia.r.schwenkler.civ@mail.mil)).

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0720-XXXX, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

There are 19 questions in this survey.

Your Transition from MTF Primary Care Manager PCM to Network PCM

Which of the following is your primary Military Health Plan?

Please choose **only one** of the following:

- ☐ TRICARE Prime (including most Active Duty, TRICARE Prime Remote and TRICARE Overseas)
- ☐ TRICARE Select (previously known as TRICARE Extra or Standard [CHAMPUS])
- ☐ TRICARE Plus
- ☐ Other TRICARE Plan
- ☐ Not sure

Did you encounter any problems during the transition from your military medical treatment facility (MTF) primary care manager (PCM) to your new Network PCM?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

What issues did you encounter during the transition from your MTF PCM to your new Network PCM?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G00Q02]' (Did you encounter any problems during the transition from your military medical treatment facility (MTF) primary care manager (PCM) to your new Network PCM?)

i Check all that apply

Please choose **all** that apply:

- ☐ The Network PCM was not who I chose.
- ☐ The Network PCM was too far from my residence.
- ☐ The Network PCM assigned was no longer accepting new patients.
- ☐ The Network PCM assigned was no longer practicing/moved/retired.
- ☐ Other. (Please do not include any personally identifiable information.)
- ☐ Other:

Your Care Since Transitioning to a Network PCM

Do you know who your Network PCM is?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ I currently do not have a Network PCM.

Since transitioning to a Network PCM, have you made any appointments for a check-up or routine care

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

How would you rate the ease of making the appointment for a check-up or routine care?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q05]' (Since transitioning to a Network PCM, have you made any appointments for a check-up or routine care)

Please choose **only one** of the following:

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

How many days did you have to wait for an appointment for a check-up or routine care?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q05]' (Since transitioning to a Network PCM, have you made any appointments for a check-up or routine care)

Please choose **only one** of the following:

- ☐ Same day
- ☐ 1 day
- ☐ 2 to 3 days
- ☐ 4 to 7 days
- ☐ 8 to 14 days
- ☐ 15 to 30 days
- ☐ More than 30 days

Please indicate how much you agree or disagree with the following statements about when you were seen by your new Network provider.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q05]' (Since transitioning to a Network PCM, have you made any appointments for a check-up or routine care)

Please choose the appropriate response for each item:

			Neither Agree nor Disagree			N/A, I have not met with the provider yet.
	Strongly Disagree	Somewhat Disagree		Somewhat Agree	Strongly Agree	
The provider explained things in a way that was easy to understand.	☐	☐	☐	☐	☐	☐
The provider listened carefully to me.	☐	☐	☐	☐	☐	☐
The provider seemed to know the important information about my medical history.	☐	☐	☐	☐	☐	☐
The provider spent enough time with me.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the healthcare I received from my new Network provider.	☐	☐	☐	☐	☐	☐

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate your new Network provider?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q05]' (Since transitioning to a Network PCM, have you made any appointments for a check-up or routine care)

Please choose **only one** of the following:

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

How does your healthcare with your Network PCM compare to your healthcare with your MTF PCM before the transition?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q05]' (Since transitioning to a Network PCM, have you made any appointments for a check-up or routine care)

Please choose **only one** of the following:

- ☐ My healthcare is worse now with a Network PCM.
- ☐ My healthcare is about the same with a Network PCM as with my previous MTF PCM.
- ☐ My healthcare is better now with a Network PCM.
- ☐ I currently do not have a Network PCM or I have not received care since transitioning to the Network PCM.

About the Transition from MTF PCM to Network PCM

Were you aware of the impending transition of your healthcare from MTF PCM to a Network PCM?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

How did you hear about the transition?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G03Q11]' (Were you aware of the impending transition of your healthcare from MTF PCM to a Network PCM?)

🔔 *Check all that apply*

Please choose **all** that apply:

- ☐ Communication from MTF
- ☐ The local news
- ☐ Family member, friend, or word of mouth
- ☐ Town hall
- ☐ Military organization

Did you contact the MTF and/or a member of the Beneficiary Transition Cell for assistance or more information about the transition?

Please choose **only one** of the following:

- ☐ Yes, I contacted the MTF.
- ☐ Yes, I contacted a member of the Beneficiary Transition Cell.
- ☐ No, but I contacted someone else.
- ☐ No, I did not contact anyone.

When you contacted the MTF and/or a member of the Beneficiary Transition Cell for assistance, did they answer all of your questions?

Only answer this question if the following conditions are met:

Answer was 'Yes, I contacted the MTF.' or 'Yes, I contacted a member of the Beneficiary Transition Cell.' at question ' [G03Q13]' (Did you contact the MTF and/or a member of the Beneficiary Transition Cell for assistance or more information about the transition?)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

Please indicate how much you agree or disagree with the following statement. When I contacted the MTF or member of the Beneficiary transition Cell for assistance, I was treated with courtesy and respect.

Only answer this question if the following conditions are met:

Answer was 'Yes, I contacted the MTF.' or 'Yes, I contacted a member of the Beneficiary Transition Cell.' at question ' [G03Q13]' (Did you contact the MTF and/or a member of the Beneficiary Transition Cell for assistance or more information about the transition?)

Please choose **only one** of the following:

- ☐ Strongly Disagree
- ☐ Somewhat Disagree
- ☐ Neither Agree nor Disagree
- ☐ Somewhat Agree
- ☐ Strongly Agree

Demographics

What is your age?

❶ Choose one of the following answers

Please choose **only one** of the following:

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-75
- ☐ 75 or older

What is your beneficiary category?

❶ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Active Duty
- ☐ Active Duty Family Member
- ☐ Retiree and Family Member under 65 years old
- ☐ Retiree and Family Member over 65 years old

Are you Hispanic or Latino?

Please choose **only one** of the following:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

What is your race?

🔔 *Check all that apply*

Please choose **all** that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Thank you for completing this survey.

Submit your survey.

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