JOINT OUTPATIENT EXPERIENCE SURVEY (JOES)

SURVEY SUITE – 0720-JOES

<u>SUPPORTING STATEMENT – PART B</u>

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Description of the Activity

The Joint Outpatient Experience Survey (JOES), JOES-CHAPS Direct Care (DC), JOES-Dental, and JOES-Ambulatory employ rigorous stratified random sampling methodology to elicit generalizable insights across the diverse Military Health System (MHS) landscape. Sampling rates align with visit volumes at each Military Treatment Facility (MTF) to facilitate proportional representation. The overarching aim is meeting target annual response volumes per MTF for robust statistical analysis. Dynamically calibrated sampling protocols factor in facility-level response tendencies, increasing selection where response rates are lower. This balances representation and mitigates non-response bias.

Large MTFs garner proportional allocation to ensure ≥ 50 completes monthly. Small facilities group into a collective stratum with shared allocation based on their overall visit share, ensuring representation. This framework couples scalable automated sampling with nuanced adjustments to optimize inclusion and uphold statistical validity. Overall, JOES, JOES-CAHPS, JOES-Dental, and JOES-Ambulatory sampling rigor yields actionable insights to inform patient-centered improvements across the diverse Military Health System.

The following are the expected and realized response rates for the four surveys:

Survey	Expected Response Rate	Realized Response Rate Calendar Year 2024 as of 5/31/2024
JOES	10%	7%
JOES-CAHPS DC	17%	14%
JOES Dental	4%	2%
JOES-Ambulatory	4%	2%

The following is the estimated sample plan by facility:

Parent DMIS	Facility Name	Allocation %
0001	AHC FOX-REDSTONE ARSENAL	0.33%
0003	AHC LYSTER-RUCKER	0.51%
0004	42nd MEDGRP-MAXWELL	0.36%
0005	ACH BASSETT-WAINWRIGHT	0.49%
0006	673rd MEDGRP-JBER ELMNDRF-RICH	0.51%
8000	AHC R W BLISS-HUACHUCA	0.17%

0009	56th MEDGRP-LUKE	0.26%
0010	355th MEDGRP-DAVIS-MONTHAN	0.26%
0013	19th MEDGRP-LITTLE ROCK AFB	0.26%
0014	60th MEDGRP-TRAVIS	0.56%
0015	9th MEDGRP-BEALE	0.17%
0018	30th MEDGRP-VANDENBERG	0.17%
0019	412th MEDGRP-EDWARDS	0.17%
0024	NH CAMP PENDLETON	1.40%
0028	NHC LEMOORE	0.33%
0029	NMC SAN DIEGO	2.10%
0030	NH TWENTYNINE PALMS	0.33%
0032	ACH EVANS-CARSON	1.35%
0033	10th MEDGRP-ACADEMY	0.34%
0036	436th MEDGRP-DOVER	0.32%
0038	NHC PENSACOLA	1.49%
0039	NH JACKSONVILLE	2.06%
0042	96th MEDGRP-EGLIN	1.66%
0043	325th MEDGRP-TYNDALL	0.26%
0045	6th MEDGRP-MACDILL	1.07%
0046	45th MEDGRP-PATRICK	0.33%
0047	AMC EISENHOWER-FT GORDON	1.88%
0048	ACH MARTIN-FT BENNING	2.00%
0049	ACH WINN-FT STEWART	1.99%
0050	23rd MEDGRP-MOODY	0.33%
0051	78th MEDGRP-ROBINS	0.42%
0052	AMC TRIPLER-SHAFTER	1.64%
0053	366th MEDGRP-MOUNTAIN HOME	0.17%
0055	375th MEDGRP-SCOTT	0.67%
0056	JAMES A LOVELL FED HEALTH CARE CENTER	1.39%
0057	ACH IRWIN-RILEY	0.55%
0058	AHC MUNSON-LEAVENWORTH	0.26%
0059	22nd MEDGRP-MCCONNELL	0.17%
0060	ACH BLANCHFIELD-FT CAMPBELL	3.10%
0061	AHC IRELAND-KNOX	0.63%
0062	2nd MEDGRP-BARKSDALE	0.26%
0064	ACH BAYNE-JONES-POLK	0.45%
0066	316th MEDGRP-MALCOLM GROW	1.08%
0067	WALTER REED NATIONAL MILITARY MEDICAL CNTR	3.79%
0068	NHC PATUXENT RIVER	0.33%
0069	FT MEADE MEDDAC	1.68%
0073	81st MEDGRP-KEESLER	0.93%
0074	14th MEDGRP-COLUMBUS	0.17%
0075	ACH LEONARD WOOD	0.60%
0076	509th MEDGRP-WHITEMAN	0.17%

0077	341st MEDGRP-MALMSTROM	0.17%
0078	55th MEDGRP-OFFUTT	0.33%
0079	99th MEDGRP-NELLIS	0.68%
0083	377th MEDGRP-KIRTLAND	0.17%
0084	49th MEDGRP-HOLLOMAN	0.33%
0085	27th SPECIAL OPS MEDGRP-CANNON	0.17%
0086	ACH KELLER-WEST POINT	0.44%
0089	AMC WOMACK-BRAGG	2.86%
0090	4th MEDGRP-SEYMOUR JOHNSON	0.26%
0091	NMC CAMP LEJEUNE	1.68%
0092	NHC CHERRY POINT	0.37%
0093	319th MEDGRP-GRAND FORKS	0.17%
0094	5th MEDGRP-MINOT	0.17%
0095	88th MEDGRP-WRIGHT-PATTERSON	1.42%
0096	72nd MEDGRP-TINKER	0.33%
0097	97th MEDGRP-ALTUS	0.17%
0098	AHC REYNOLDS-FT SILL	0.76%
0100	NHC NEW ENGLAND	0.86%
0101	20th MEDGRP-SHAW	0.36%
0103	NHC CHARLESTON	0.35%
0104	NH BEAUFORT	0.71%
0105	AHC MONCRIEF-JACKSON	1.21%
0106	28th MEDGRP-ELLSWORTH	0.17%
0108	AMC WILLIAM BEAUMONT-FT BLISS	2.71%
0109	AMC BAMC-FSH	2.12%
0110	AMC DARNALL-FT HOOD	2.68%
0112	7th MEDGRP-DYESS	0.17%
0113	82nd MEDGRP-SHEPPARD	0.33%
0114	47th MEDGRP-LAUGHLIN	0.17%
0117	59th MDW-WHASC-LACKLAND	1.25%
0118	NHC CORPUS CHRISTI	0.17%
0119	75th MEDGRP-HILL	0.26%
0120	633rd MEDGRP JBLE-LANGLEY	0.94%
0121	AHC MCDONALD-EUSTIS	1.02%
0122	AHC KENNER-LEE	0.79%
0123	FORT BELVOIR COMMUNITY HOSPITAL	3.94%
0124	NMC PORTSMOUTH	5.15%
0125	AMC MADIGAN-FT LEWIS	2.14%
0126	NH BREMERTON	0.56%
0127	NHC OAK HARBOR	0.26%
0128	92nd MEDGRP-FAIRCHILD	0.17%
0129	90th MEDGRP-FE WARREN	0.17%
0131	ACH WEED-IRWIN	0.26%
0203	354th MEDGRP-EIELSON	0.17%

0248	61st MED SQ-LOS ANGELES	0.17%
0252	21st MEDGRP-PETERSON	0.26%
0280	NHC HAWAII	0.44%
0287	15th MEDGRP-JBHP HCKM-PEARL HRBR	0.26%
0306	NHC ANNAPOLIS	0.40%
0310	66th MEDICAL SQUADRON-HANSCOM	0.26%
0326	87th MEDGRP-JB MCGUIRE-DIX-LAKEHURST	0.61%
0330	AHC GUTHRIE-DRUM	1.28%
0338	71st MEDGRP-VANCE	0.17%
0356	628th MEDGRP-JB-CHARLESTON	0.33%
0364	17th MEDGRP-GOODFELLOW	0.17%
0385	NHC QUANTICO	0.64%
0607	LANDSTUHL REGIONAL MEDCEN	2.14%
0609	BAVARIA MEDDAC-VILSECK	1.37%
0610	AHC BG CRAWFORD F SAMS-CAMP ZAMA	0.17%
0612	ACH BRIAN D ALLGOOD-PYEONGTAEK	1.33%
0615	NH GUANTANAMO BAY	0.17%
0617	NH NAPLES	0.26%
0618	NH ROTA	0.33%
0620	NH GUAM	0.47%
0621	NH OKINAWA	1.32%
0622	NH YOKOSUKA	0.95%
0624	NH SIGONELLA	0.37%
0633	48th MEDGRP-LAKENHEATH	0.79%
0635	39th MEDGRP-INCIRLIK	0.17%
0637	8th MEDGRP-KUNSAN	0.17%
0638	51st MEDGRP-OSAN	0.33%
0639	35th MEDGRP-MISAWA	0.26%
0640	374th MEDGRP-YOKOTA	0.33%
0802	36th MEDGRP-MARIANAS GUAM	0.26%
0804	18th MEDGRP-KADENA	0.36%
0805	52nd MEDGRP-SPANGDAHLEM	0.33%
0806	86th MEDGRP-RAMSTEIN	0.47%
0808	31st MEDGRP-AVIANO	0.33%
5537	AIR FORCE LINE MEDICAL UNITS	0.17%
7139	1st SPCL OPS MEDGRP-HURLBURT	0.56%
7200	460th MEDGRP-BUCKLEY	0.17%

The JOES-CHAPS Private Sector Care (PC) surveys beneficiaries who access care through a robust network of civilian providers, facilitated by TRICARE regional networks. This expansive private sector care landscape encompasses over 224 Prime Service Areas across two overarching regions – East and West.

TRICARE private sector care encounters originate from reimbursement claims submitted

by providers after delivering services. A monthly file of closed claims provides the sampling frame, with encounters vetted using the same stringent business rules as the direct care component to uphold data integrity. The sampling methodology stratifies by region and dynamically calibrates selection rates to ensure representative inclusion across the national footprint. The East Region accounts for approximately 65% of the private sector care population while the West Region comprises the remaining 35%. This proportional allocation aligns sampling with beneficiary distribution and utilization patterns.

The JOES-Emergency Department survey employs a census methodology at Walter Reed National Military Medical Center, comprehensively sampling all eligible beneficiaries receiving outpatient emergency care. This total coverage approach provides granularity of feedback within this high-priority department.

The JOES Walk-in Contraceptive Clinic survey collects near real time insights using an innovative point of service modality. Via QR code, all patients can immediately provide feedback post-visit, offering unfiltered perspectives on their experience.

Together, these surveys exemplify targeted census and point-of-service data collection strategies that unlock uniquely detailed and timely insights. The JOES-Emergency Department census yields a comprehensive experiential profile of the entire beneficiary population seeking emergency services at Walter Reed National Military Medical Center. Meanwhile, the walk-in contraceptive clinic QR-based approach empowers rapid cycle learning by capturing near real time feedback.

2. Procedures for the Collection of Information

The JOES suite of surveys employs a sophisticated survey management system to enable real-time tracking of beneficiaries across all survey engagement touchpoints. This integrated data infrastructure consists of:

- Secure encounter data files containing patient identifiers to facilitate targeted sampling while protecting privacy.
- A sample disposition database recording major events and outcomes throughout the survey lifecycle for each beneficiary, providing a comprehensive engagement history. Disposition tables are hierarchically linked by unique IDs for dynamic calculation of current status.
- Real-time individual-level monitoring of survey progression, patient identifiers, and contact information to inform tailored engagement and outreach.
- Automated compilation of final member-level datasets at survey closeout, merging disposition history with response data from all collection modes.

Daily processing of mail survey returns and online responses continuously refreshes disposition flags, enabling ongoing tracking of duplications, undeliverable correspondence, and eligibility. The survey management system couples large-scale sampling frames with granular per-beneficiary tracking across time and channels.

3. Maximization of Response Rates, Non-response, and Reliability

The JOES suite of surveys apply carefully calibrated business rules to optimize response rates through targeted respondent engagement. Exclusion windows between survey instances mitigate participant burden and minimize opt-outs

For Primary Care encounters, a 90-day exclusion prevents mail re-contacts, while a 45-day exclusion applies for email and SMS. This balances broad reach with appropriate spacing. Specialty Care mailings enforce a 75-day exclusion, with a 45-day exclusion for email and SMS. Readiness Specialties narrow this further to 60 and 35 days respectively, maximizing their unique participation.

A 6-month provider-level exclusion limits repetitive sampling of patient populations. This reduces fatigue and sustains engagement among high-frequency MTF users. Overall, adaptive protocols promote survey completion by thoughtfully managing respondent burden. Tailored re-contact intervals give patients time to respond while encouraging follow-up for initial non-responders. Strategic sampling fosters participation across varied beneficiary subgroups. Ultimately, intelligently calibrated contact rules bolster involvement to generate insights from as many Military Health System users as possible.

4. Tests of Procedures

No tests of procedures or methods are currently planned.

5. Statistical Consultation and Information Analysis

Names and telephone number of individuals consulted on statistical aspects of the design.

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Names and organization of persons who will actually collect and analyze the collected information.

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