Running Head: BAMC PHARMACY UTILITATION CHANGES RESULTING FROM TSRx

Pharmacy Utilization: A Study to Predict BAMC Outpatient Pharmacy Usage by Dual-Eligible Military Retiree/Medicare-Eligible Beneficiaries Resulting From Implementation of the TRICARE Senior Pharmacy Program (TSRx)

A Graduate Management Project
Submitted to:

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14. ABSTRACT
On April 1, 2001 a new outpatient pharmacy benefit called the TRICARE Senior Pharmacy Program (TSRx) was extended to all Medicare part B eligible age 65 and over non-TRICARE Senior Prime military healthcare system authorized beneficiaries. The problem that confronted Brooke Army Medical Center (BAMC) was the lack of knowledge about the effect that the TSRx program might have on utilization of the hospitals outpatient pharmacies. A survey (Appendix C) of these beneficiaries was conducted to predict the impact of the TSRx program. The survey revealed that these beneficiaries would reduce their usage of BAM Coutpatient pharmacies by 12% to 13%. Eighty seven percent will continue to get their refill prescriptions and 88% their new prescriptions at BAMC. Usage of the mail order, TRICARE network retail, and TRICARE non-network retail pharmacies amounted to 4%, 8%, and 1% respectively for refill, and 0%, 11%, and 1% respectively for new fill prescriptions. Beneficiaries who decided to use one of the new pharmacy venues to get refill prescriptions are under utilizing the mail order option. Since this is the most cost effective new option for both the beneficiary and the government BAMC should develop a marketing program to encourage them to use the mail order option.

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Abstract

On April 1, 2001 a new outpatient pharmacy benefit called the TRICARE Senior Pharmacy Program (TSRx) was extended to all Medicare part B eligible age 65 and over non-TRICARE Senior Prime military healthcare system authorized beneficiaries. The problem that confronted Brooke Army Medical Center (BAMC) was the lack of knowledge about the effect that the TSRx program might have on utilization of the hospital's outpatient pharmacies.

A survey (Appendix C) of these beneficiaries was conducted to predict the impact of the TSRx program. The survey revealed that these beneficiaries would reduce their usage of BAMC outpatient pharmacies by 12% to 13%. Eighty seven percent will continue to get their refill prescriptions and 88% their new prescriptions at BAMC. Usage of the mail order, TRICARE network retail, and TRICARE non-network retail pharmacies amounted to 4%, 8%, and 1% respectively for refill, and 0%, 11%, and 1% respectively for new fill prescriptions. Beneficiaries who decided to use one of the new pharmacy venues to get refill prescriptions are under utilizing the mail order option. Since this is the most cost effective new option for both the beneficiary and the government BAMC should develop a marketing program to encourage them to use the mail order option.

List of Tables

Table of Contents

Introduction

Conditions Which Prompted the Study (Background)

On October 30, 2000 President Clinton signed Public Law 106-398. This new law, known as the Floyd D. Spence National Defense Authorization Act (NDAA), will result in significant changes to the TRICARE benefit provided to Department of Defense (DOD) health care beneficiaries (Clinton, 2000).

The first major change to TRICARE implemented by this legislation will take effect on April 1, 2001 with the implementation of a multi-option pharmacy prescription drug benefit for all Medicare-eligible 65 and over beneficiaries. Currently, only 600,000 of the 1.4 million Medicare eligible beneficiaries have access to low or no cost outpatient drugs paid for by the Defense Health Program (DHP) and the military services. The majority of these personnel are space available beneficiaries or TRICARE Senior Prime (TSP) enrollees that live near a military treatment facility (MTF) outpatient pharmacy. A smaller group of these beneficiaries have access to the National Mail Order Pharmacy (NMOP), TRICARE network, and non-network pharmacies through the Uniformed Services Family Health Plan or the Base Realignment and Closure (BRAC) pharmacy program (Congressional Budget Office, [CBO], 2000).

In order to address the needs of the 800,000 dual eligible beneficiaries who live too far from an outpatient military pharmacy a multi-option benefit, formally named the TRICARE Senior Pharmacy Program (TSRx), was created. The program is a component of the larger "TRICARE for Life" legislation which is due to be implemented on October 1, 2001. This new benefit allows all dual eligible beneficiaries continued use of MTF outpatient pharmacies while expanding coverage to three other outlets including: the NMOP, TRICARE network, and non-network retail pharmacies (CBO, 2000).

Under the TSRx program dual-eligible beneficiaries who elect to use a MTF pharmacy will continue to enjoy receiving prescriptions contained on the MTF formulary at no cost. Those who choose not to utilize a MTF pharmacy or require medicine that is not on the MTF's formulary can choose to have their prescriptions filled through one of three sources: the NMOP, TRICARE network, and non-network retail pharmacies. These options do not have enrollment fees or annual premiums, but will require varying degrees of co-payments and or deductibles. The co-payments associated with each of these options differ (DOD/TRICARE Senior Pharmacy Program Brochure, 2001).

The NMOP benefit entitles any eligible beneficiary to a 90-day supply of pharmaceuticals for only a small co-payment of $3 per prescription for generic drugs and $9 per prescription for brand name drugs. Costs associated with the use of TRICARE network pharmacies are the same as those for the NMOP, except that only a 30-day supply of drugs is provided. The most expensive choice for the beneficiary is the non-network retail pharmacy option. Beneficiaries who choose to use this option must pay the full price for their medication and then file a Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) claim to receive reimbursement. The actual costs borne by the beneficiary will be either be $9 or 20% of the total cost (whichever is greater) for each prescription after the annual deductible of $150 for an individual or $300 per family is met (DOD/TRICARE Senior Pharmacy Program Brochure, 2001).

The Congressional Budget Office (CBO) estimates the costs associated with the TSRx portion of "TRICARE for Life" for the last half of fiscal year 2000 at $94 million. For the period 2001-2005, the CBO estimates the costs of the program will be in excess of $2 billion (CBO, 2000). No additional costs associated with TSRx are anticipated for individual MTFs. This is

because those 65 and over currently using the MTF outpatient pharmacies will be given additional non-military pharmacy outlets to choose from. No cost benefit analyses (CBAs) have been done to determine what decreases in MTF outpatient pharmacy usage may have on MTF pharmacy budgets. Both the MTF pharmacies and contractors running the NMOP and retail pharmacies share patient populations that are highly interrelated. The lack of any studies looking at potential utilization change as a result of new programs, such as TSRx, have resulted in an inability to accurately predict costs to the various venues comprising the DOD pharmacy system.

In 1997 the average cost per prescription at a military outpatient pharmacy was $18 (Department of Defense/TRICARE Management Activity [DOD/TMA], 1999). For the first half of fiscal year (FY) 2001 the average cost prescription for all BAMC age 65 and over beneficiaries was $31.34 (Composite Healthcare System [CHCS], 2001). The NMOP obtains most of their prescription drugs through the Defense Supply Center Philadelphia (DSCP). Since the NMOP is allowed to take advantage of statutorily authorized distribution and pricing agreements (DAPA), its average cost per prescription is similar to the cost incurred by MTF pharmacies. At the NMOP the government pays the contractor a $9.85 dispensing fee for each prescription. This cost is shared by all beneficiary categories, except active duty personnel, through co-pays. Costs of drugs obtained from TRICARE network and non-network pharmacies are about two to three times greater per prescription than at MTFs. This is because the managed care support contractors are not able to take advantage of statutorily authorized distribution and pricing agreements (DOD/TMA, 1999).

Implementation of the TSRx benefit on April 1, 2001 was expected to result in significant changes in the utilization, budgeting, and reimbursement streams for many DOD military treatment facilities. These changes are expected to be particularly evident for those facilities that

provide pharmacy services to a large population of over 65 dual eligible beneficiaries. In order to continue the provision of customer focused pharmacy services, military treatment facilities must begin planning for these changes now. One facility that falls into this category is Brooke Army Medical Center (BAMC). The impact on the utilization of BAMC pharmacy services, once the NMOP and retail pharmacies are opened to the non-enrolled 65 and over beneficiaries who currently use BAMC outpatient pharmacies, is not understood.

In order to develop a plan which will result in more efficient and cost effective healthcare services for BAMC and its beneficiaries, it is important to know what changes to current pharmacy utilization patterns can be expected as a result of this new program.

Statement of the Problem

The immediate problem confronting BAMC is the lack of knowledge about the effect that the TSRx program will have on utilization levels at the hospital's outpatient pharmacies. Two specific questions to be answered are: What utilization changes can be expected at BAMC's outpatient pharmacies and what factors are responsible for these changes? Ultimately, the anticipated utilization changes and factors that impact these changes can be used by the pharmacy to provide more efficient and cost effective pharmacy operations. At the same time BAMC can then concurrently educate and market to its beneficiaries the pharmacy option that best supports a particular group of beneficiaries' needs.

Literature Review

For over four decades the Veterans Health Administration (VHA) has provided a mail order prescription benefit to its beneficiaries. In the 1970s and 1980s the VHA began to shift its

mail order prescription services from individual medical centers to centralized operations centers. In 1994 the VHA opened its first Consolidated Mail Outpatient Pharmacy (CMOP) in Leavenworth Kansas (Ogden, 2000)

The DOD foray into mail order pharmacy services began much later. When TRICARE started to come on line in 1995, the managed care support contractors in each of the TRICARE regions began to offer mail order and retail pharmacy services. It wasn't until 1998 that DOD replaced the TRICARE contractors' mail order pharmacy services with a separate contract for a National Mail Order Pharmacy (NMOP). Merck-Medco Managed Care L.L.C. Pharmaceutical Services currently holds this contract. While mail order pharmacy service was consolidated into one contract, responsibility for managing retail pharmacy services remained with the individual managed care support contractors hired to provide health care services to each of the 12 TRICARE regions (U.S. Government Accounting Office [GAO], 1998).

In 1997 the military health care system spent $796 million on pharmaceuticals. Military treatment facilities spent $521 million on 55 million prescriptions while the remaining $275 million was spent by the NMOP, TRICARE retail network and non-network retail pharmacies. The NMOP dispensed 600,000 prescriptions while the TRICARE retail network and non-network dispensed 8 million prescriptions (DOD/Pharmacy Benefit Report, 1999). In 1998 outlays for the DHP funded pharmaceutical services ballooned to $1.32 billion. This accounted for 9% of the DHP budget (GAO, 1998).

At BAMC pharmacy costs represent the largest discretionary portion of the hospital's budget. For FY 2001, out of an anticipated expenditure of $170 million, BAMC has tentatively budgeted $39.2 million for both inpatient and outpatient pharmacy services. This represents approximately 23% of the MTF budget (Brooke Army Medical Center [BAMC], 2000). An

analysis of actual expenditures for the first half of FY 01 (October 2000 through March 2001) was conducted. Outpatient pharmacy usage for persons 65 and older amounted to 235,336 prescriptions, which amounted to 42.8% of all outpatient prescriptions written. The total cost for all prescriptions provided to all categories of 65 and over beneficiaries for the first half of FY 01 amounted to $7,375,591. Further analysis, revealed that non-enrolled space available 65 and over beneficiaries accounted for 129,574 prescriptions, at a fill cost of $4,220,166.29. Non-enrolled space available 65 and over beneficiaries accounted for 23.6% of all outpatient prescriptions written at BAMC (Composite Health Care System, [CHCS], 2001).

The significantly greater ratio of pharmacy expenditures, in relation to all other healthcare expenditures, experienced by BAMC is attributed to the large 65 and over retiree population living in the San Antonio area. Within the 40 mile catchment area of MTF facilities in the San Antonio community, 19% (39,887) of all eligible beneficiaries are age 65 and older. This percentage is exceeded only by the Little Rock, Arkansas military community, which has 22% of eligible beneficiaries who are age 65 and older (TRICARE Lead Agent Region 6, 2001). Except for those enrolled in the TRICARE Senior Prime demonstration project, beneficiaries 65 and over are not eligible for enrollment in TRICARE. This will change with the implementation of the “TRICARE for Life” program on 1 October 2001, when all beneficiaries who have MEDICARE Part B will be eligible to receive TRICARE benefits.

The lack of a Medicare outpatient prescription drug benefit creates a demand for outpatient prescription drugs at DOD MTFs. This is because DOD MTF's are either the lowest cost and/or only option available to Medicare eligible military retirees for outpatient prescription drugs (DOD/Pharmacy Benefit Report, 1999).

The main objective of the TSRx program is to provide an outpatient prescription drug benefit for those dual-eligible beneficiaries who live too far away from an outpatient MTF pharmacy by offering them use of the NMOP, TRICARE network, and non-network retail pharmacies. At the same time those beneficiaries who live close enough to an outpatient pharmacy can also choose from these new options. Determining what utilization changes BAMC outpatient pharmacies will experience as a result of the TSRx program will allow BAMC to understand the shifting utilization patterns and develop a marketing plan to encourage use of the pharmacy options that benefit both the MTF and the beneficiary.

In FY 1997 the DOD estimated that the mail order pharmacies run by the individual TRICARE contractors accounted for only 3% of drug costs. The reasons for these low numbers included lack of acceptance of mail order pharmacies, beneficiary preference toward retail drug stores, first-fill prescription needs, and the lack of education and counseling on the availability of other options. The consequence of this utilization pattern is that the greatest overall drug costs for the DOD pharmacy benefit remain at the MTF level. Since BAMC is predicted to spend almost a quarter of its budget for FY 2001 on pharmacy services (BAMC, 2000), this cost is of particular interest to the BAMC command group. The sooner BAMC can develop a model to predict utilization pattern changes as a result of the implementation of TSRx, the sooner it can develop a plan to encourage beneficiaries to shift to other outlets that may better serve their needs. This will allow BAMC outpatient pharmacies to provide more efficient and responsive service to those beneficiaries who choose to continue to fill their prescriptions at BAMC.

Purpose (Variables/Working Hypothesis)

The objectives of this project were to determine the extent of outpatient pharmacy utilization changes and the factors that responsible for determining the pharmacy venue preference choices of BAMC 65 and over non-TSP beneficiaries resulting from the implementation of TSRx on April 1, 2001.

The methodology selected to determine the extent and predictors of outpatient pharmacy utilization changes was through a survey of current BAMC outpatient pharmacy users (see Appendix C). The dependent variables included in the survey were refill pharmacy and new fill pharmacy venue preferences. These included military outpatient, mail order, TRICARE network, and TRICARE non-network pharmacies. The null hypothesis is that there will be no statistically significant change in the number of dual eligible beneficiaries accessing BAMC outpatient pharmacies for refill and new prescriptions. The alternate hypothesis is that there will be a significant change in the number of dual eligible beneficiaries accessing BAMC outpatient pharmacies for refill and new prescriptions. A significant change is defined as a reduction of 10% usage by the non-TSP 65 and over beneficiaries.

The independent variables anticipated to impact which of the four pharmacy options beneficiaries will utilize include: number of refill and new fill prescriptions obtained in the last 12 months; refill and new fill sensitivities to cost, distance, wait time, and convenience; distance from home to a BAMC pharmacy, BAMC Main and Refill pharmacy wait times, age, pay grade, gender, and knowledge of the TSRx program through receipt of an information packet mailed by the TRICARE contractor.

Limitations and Assumptions

President Bush and Democratic members of Congress have proposed competing plans that offer a Medicare prescription drug benefit. Neither plan will be implemented in time to impact how BAMC's 65 and over eligible beneficiaries will utilize any of the new options available to them under TSRx. Any future Medicare plan will not be as generous as TSRx. This assumption coupled with the fact that TRICARE will be a second payer to MEDICARE, means that any potential Medicare outpatient prescription drug plan will have little if any impact on dual-eligible beneficiary use of the four venue locations DOD beneficiaries have to receive prescription drugs.

Even though a significant number of 65 and over beneficiaries may choose to utilize some of the new pharmacy options available to them military outpatient pharmacy costs might still increase. This is based upon the premise that there is a segment of the 65 and population who have supplemental and other health insurance (OHI) whose policies reimburse BAMC for prescriptions provided by the outpatient pharmacy under the Third Party Collection Program (TPCP). Discussions with beneficiaries and insurance professionals indicate that when the TRICARE for Life program starts on October 1, 2001 most beneficiaries will drop their supplemental and OHI policies. Thus, even though MTF outpatient pharmacy utilization may decrease, costs could increase if beneficiary TPCP payments are reduced. The impact of changes due to possible reduced TPCP payments was not addressed as part of this project.

Methods and Procedures

Sample Selection and Size

Cooper and Schindler (1998) state that there are several decisions that must be made when securing a sample. What is the relevant population? For this project the population studied was the age 65 and over non-TRICARE Senior Prime (TSP) Medicare eligible beneficiaries who currently get their prescriptions filled at a BAMC outpatient pharmacy. According to data obtained from the TRICARE Executive Information Decision Support (EIDS) All Region Server Bridge (All Region Server Bridge [ARS Bridge, 2001]), the size of the 65 and over non-TRICARE Senior Prime population residing within the 40 mile catchment areas of BAMC and Wilford Hall Air Force Medical Center (WHMC) in December 2000 was 32,305 persons (ARS Bridge, 2001). A convenience sample of 60 beneficiaries was selected from this population.

In many cases surveys of military healthcare system beneficiaries need to be approved by the Army Survey Office or OASD/HA. In accordance with OASD/HA policy and DODI 1100.12 "Surveys of DOD Personnel" this survey does not require OASD/(HA)/TMA level review and approval. OASD/HA allows MTFs to conduct local level surveys of beneficiaries that address the need for more specific information on services within that specific MTF. These surveys must be administered on site and the results are intended for use only at the local level. This project's survey met the intent of DODD 8910.1 and DODI 1100.13 of protecting individual privacy and will not present an undue burden on respondents (Martin, 1996).

A pilot test using six retired volunteers from the BAMC Retirees Activity Group (BRAG) was conducted. Feedback received from the pilot test indicated that the survey was adequately designed to capture the variables that might reveal which pharmacy options non-TRICARE Senior Prime 65 and over beneficiaries would use when the TSRx program started on 1 April

200l. It took an average of five minutes for each BRAG member to complete the survey. The survey was deliberately designed to take five minutes or less to execute, so that beneficiaries could complete the survey while they were waiting to get their prescriptions filled.

The survey was completed over a six-week period from 11 March to 20 April 2001. During early part of March the first group of 60 beneficiaries were surveyed. A problem was identified with the survey instrument that was not detected during the pilot study. Survey respondents mentioned that question #4 and question #6 locked them into choosing only one pharmacy option. Many respondents felt that they would use a combination of the two or more of the four available pharmacy options. As a result of this input the survey was redesigned to allow respondents to select the percentage that planned to use for each option. An additional 60 beneficiaries were sampled in late March and early April using the redesigned questionnaire.

The Statistical Package for the Social Sciences (SPSS) version #10 was used to analyze the results of the 60 beneficiaries answering the revised survey. The survey used multiple choice single response and multiple rating list scales. The alpha level for this study is less than or equal to .05.

This survey attempted to project the extent to which BAMC outpatient pharmacy users will use the four pharmacy outlets now available to them. Respondents were asked identical questions on which pharmacy outlet they intended to use to get their refill and new fill prescriptions. Nearly all beneficiaries sampled had refill and new fill prescriptions filled by a BAMC outpatient pharmacy with the preceding 12 months.

In order to select a sample that closely reflected the 65 and over non-TSP dual-eligible population, two elements were taken into account. First, all four locations where beneficiaries can acquire outpatient prescriptions were scheduled to be surveyed. These locations were: the

BAMC Outpatient and Urgent Care Clinic Pharmacies, Ft. Sam Houston Refill Pharmacy, and McWethy Troop Medical Clinic (TMC) Pharmacy. After consulting with BAMC's Chief Pharmacist the decision was made to only sample at the Main and Refill pharmacies. The decision was based on two factors. First, the small number of 65 and over non-TRICARE Senior Prime beneficiaries getting prescriptions filled at the Urgent Care and McWethy Pharmacies would make it difficult and time consuming to complete the survey. Second, both the Main and Refill Pharmacies were deemed adequate enough to capture a random sample of the 65 and over non-TRICARE Senior Prime beneficiaries.

In order to insure that the sample did not include beneficiaries that were not part of the sample population, such as TRICARE Prime and Senior Prime beneficiaries, there were two mechanisms built into the survey process to prevent their inclusion. The first mechanism was a statement attached to the survey, which said, "In order to participate in this survey you must be: age 65 or over and authorized to use a military outpatient pharmacy. If you are enrolled in TRICARE Senior Prime or are a hospital volunteer please do not participate in this survey." The second mechanism was a question built into the survey itself that asked for the beneficiary's age. It allowed for exclusion of any individual who inadvertently completed the survey that was under age 65.

The type of sample used for this study was a stratified sample. As mentioned earlier, the two locations where beneficiaries received outpatient pharmacy services, namely the Main and Refill Pharmacies, was where beneficiaries were surveyed. Surveying occurred during normal outpatient pharmacy operating hours. Selection of the survey respondents was initially intended to be accomplished using a random number generator. During the first sample of 60 beneficiaries it was quickly realized that this was too difficult to accomplish. Instead any beneficiary that

appeared to be age 65 or over was questioned about their age and whether they were enrolled in TRICARE Senior Prime. If the beneficiary indicated that they were enrolled in TRICARE Senior Prime they were thanked for their willingness to participate in the survey but were informed that only non-TRICARE Senior Prime beneficiaries were being surveyed. Asking the pharmacy beneficiary their age was a bit trickier. On a few occasions persons who appeared to be 65 or older who admitted to be under 65 caused a bit of awkwardness for the beneficiary and the questioner. For the most part however, most beneficiaries who were older than 65 seemed happy when they were queried as to whether they were 65 or older.

Validity and Reliability

A number of tools were employed to insure that the survey was validly constructed to measure changes in pharmacy venue preference choices for BAMC outpatient pharmacies and the variables that acted as the predictors of these changes. In order to ensure that the survey adequately covered the full range of independent variables that might affect pharmacy venue preference a panel of BAMC pharmacists was utilized to help design and review the proposed instrument to insure for content validity. A further check for content validity was done when a panel of 65 and over dual eligible beneficiaries, who belonged to BRAG, was used to pilot test the survey. The BRAG volunteers used in the pilot study did not reveal problems with the content of the survey. Problems with the original survey instrument were only found during the first sample of 60 beneficiaries conducted at the Main and Refill Pharmacies. As result of these findings questions #4 and #6 were updated to capture the percentage each beneficiary intended to use for each of the four options.

In order to ensure for reliability two samples of 30 beneficiaries were surveyed at two of BAMC's largest outpatient pharmacy venues, the pharmacy in the main hospital and the refill pharmacy on Ft. Sam Houston. Intrarater reliability was achieved by insuring that only one rater was used and that he followed a set pattern of distributing and collecting the surveys. Having a typed sheet explaining the administration of the survey helped eliminate any rater bias that may have been introduced in a verbal explanation of the survey.

An information packet (see Appendix A) was mailed to all 65 and over beneficiaries explaining the particulars of the TSRx program. This packet was mailed to the most current address listed in the Defense Eligibility Enrollment Reporting System (DEERS). The TRICARE Southwest managed care support contractor, Health Net Federal Services, mailed the packet out in mid-February 2001. In the event that a beneficiary did not receive this material or could not remember the particulars of the TSRx program an information sheet was provided with the survey instructions to inform eligible beneficiaries of the costs associated with each outpatient pharmacy option. This information sheet contains a privacy statement. A copy of this information sheet is listed in Appendix B. Additionally, the sheet explained the reasons for the survey, reiterated that participation was strictly voluntary, and explained how the information was to be used. The only identifying characteristic required for the survey was that the individuals must have acknowledged that they were age 65 or over and a military health care system eligible beneficiary.

Ethical Considerations

The most important ethical consideration impacting this survey was beneficiary privacy. The survey did not ask for any information that could identify the individual completing the

survey. The fact that participation in the survey was voluntary was stated up front in the survey information sheet. This was verbally stressed again prior to administration of the survey instrument. The reasons for the survey were clearly stated in the information sheet. This survey was uniquely designed to gauge the anticipated pharmacy utilization changes precipitated by the TSRx program as it applied to BAMC. The survey did not place any undue burden on its sampled beneficiary population by asking for redundant information. The survey was conducted while beneficiaries were in the queue waiting to get their prescriptions filled. The results of the survey and project were offered to the survey participants and any other interested personnel. The respondents were able to obtain results directly from the researcher. Participants in the survey kept the information sheet on the TSRx program. This information sheet had the researcher's name, phone number, and email address.

Discussion

Descriptive Statistics: Discussion of Dependent Variables

Upon implementation of TSRx on April 1, 2001 the number of 65 and over dual eligible beneficiaries receiving prescriptions from BAMC outpatient pharmacies was expected to decrease. This was intuitively obvious given that these beneficiaries now had a choice of four outlets where they could have their prescriptions filled instead of just one location. Even though the alternate hypothesis was that BAMC outpatient pharmacy usage would decrease, an informal survey of four pharmacists assigned to BAMC supported the null hypothesis. This panel believed that there would not be a significant decrease in the number of eligible beneficiaries who elected to choose any of the new options available to them. The major question all wanted to know was: how much of a change in utilization would BAMC outpatient pharmacies experience? The next

question asked was: what were the factors that influenced the choices of pharmacy venues(s) for BAMC beneficiaries.

Results of the survey outlined in Table 1 revealed beneficiaries currently using BAMC outpatient pharmacies will choose to continue using them 87% of the time for refill prescriptions and 88% of the time for new fill prescriptions. Assuming that these beneficiaries, previous to April 1, 2001, only used BAMC outpatient pharmacies to get their prescriptions filled this amounts to a 12% to 13% reduction in BAMC outpatient pharmacy usage for this group of beneficiaries. Given that the 65 and over non-TSP population accounts for 23.8% of all outpatient prescriptions written at BAMC this translates into an overall reduction in BAMC outpatient pharmacy usage of 3%.

Further analysis was conducted to determine utilization of the three new pharmacy venue options For refill prescriptions beneficiaries will respectively use the mail order, TRICARE network retail, and non-network retail beneficiaries 4%, 8%, and 1% of the time. For new fill prescriptions beneficiaries will respectively use the TRICARE network retail, and non-network retail pharmacies 88%, 0%, 11%, and 1% of the time. Zero percent mail order usage for new fill was understandable given the fact that no beneficiaries wanted to wait 11 days to get a prescription that they more than likely needed the same day.

Descriptive Statistics: Discussion of Independent Variables

The first question on the survey dealt with what beneficiaries reported as the number of refill prescriptions they had obtained at military outpatient treatment facility pharmacies in the San Antonio area. Beneficiaries reported that the average number of refill prescriptions they had processed at BAMC in the last 12 months was 13.9. For new fill prescriptions the reported

number was 3.5. This question proved to be a difficult one to answer for many beneficiaries for a number of reasons. First, many beneficiaries felt they could not accurately self report how many refill and new fill prescriptions they received in the past 12 months. This response may indicate reliability issues with this variable. Many beneficiaries started to provide the surveyor with the names of drugs they were currently taking, while still others pulled out and counted empty prescription bottles from their purses. When this occurred the surveyor mentioned to the beneficiary that only a best guess estimate was required.

The next problem encountered with this question was that beneficiaries wanted to define what constituted a new fill and refill prescription. The surveyor further clarified the question by stating that if this was the second time that a particular medication was being filled, then the prescription should be counted as a refill. Furthermore, if the medicine was filled every 90 days for the last year then four refills should be counted for this drug. If the medication was filled every 30 days, each instance where a refill was requested constituted an additional refill.

Only eight beneficiaries reported getting prescriptions filled in the past 12 months at military pharmacies other than those run by BAMC. At Randolph Air Force Base (AFB) one person acknowledged getting both refill and new fill prescriptions, while five persons mentioned having a new fill prescription filled at this venue. At WHMC one person acknowledged getting both refill and new prescriptions, while only one person mentioned having a refill prescription filled. Since the number of beneficiaries that reported getting prescriptions at these facilities was insignificant this data was not analyzed.

A better test for validity as to why beneficiaries choose a particular refill and new fill venue would have been to assess the following: whether the prescriptions beneficiaries were requesting to have filled were written by military or civilian providers and whether the requested

drug was on the hospital formulary. If the drug was on the hospital formulary the prescription was filled regardless of whether it was written by a military or civilian provider. If a military provider wrote the prescription and the drug was not on the formulary, the military physician would request the pharmacy to special order the drug. If a civilian provider requested a drug that was not on the formulary the prescription would not be filled by a military pharmacy.

Prior to the implementation of TSRx on April 1, 2001 the only fill choice beneficiaries had to get non-formulary drugs written by a civilian provider filled was to have it filled at commercial pharmacy. Beneficiaries either had to pay for these prescriptions as an out of pocket expense or had them covered by their other health insurance (OHI) or supplemental healthcare insurance policy. If another question, to ascertain whether the beneficiary had OHI or supplemental insurance had been asked, the answer might have indicated a correlation between beneficiaries' choice of refill and new fill venue preference.

Beneficiaries were asked to link their intended pharmacy venue preferences to cost, distance, wait time, and convenience using a five point Likert scale. The means for each variable are listed in Table 1. For both their refill and new fill prescription venue preferences beneficiaries respectively ranked cost (m = 4.53, 4.57) as the most important factor influencing their decision. This was respectively followed by convenience (m = 4.18, 4.10) and distance (m = 3.65, 3.65). The least important variable was wait time (m = 3.15, 3.18). Many retirees provided unsolicited feedback that wait time was their least important criterion. Varying reasons were given as to why wait time was not as important as the other variables, but most centered around comments that they the had time to wait or that they didn't mind waiting for a service that they didn't have to pay for.

The average distance surveyed beneficiaries lived from a BAMC outpatient pharmacy was 25 miles. The number beneficiaries living within the 40 mile BAMC inpatient catchment area amounted to 80% (n =48) of all respondents. The remaining 20% (n=12) of beneficiaries lived further than 40 miles from BAMC. Four were clustered to the northwest in the Boerne and Kerrville, Texas area; three were north along the New Braunfels/Austin Interstate 35 corridor; two were south of San Antonio in the Devine area; two came from the Rio Grande Valley; and one lived approximately 155 miles away in the Houston area.

In the survey, beneficiaries were asked to provide what they perceived was the average wait time it took from them to get a prescription filled at the main hospital pharmacy and the refill pharmacy. For the main pharmacy, 35 beneficiaries reported that the mean reported wait time was 35 minutes. By comparison for the month of May the main outpatient pharmacy automated queuing system (Q Matic) reported the average wait time as 45 minutes for beneficiaries who received a non-priority wait number. The Q Matic results are interesting in that even though the actual wait time was 45 minutes, 73.3% thought that it was less. At the refill pharmacy the average wait time reported by 51 beneficiaries was 16 minutes. The reason the wait time at the refill pharmacy is half that of the main pharmacy is that the refill pharmacy has a system in place whereby beneficiaries can call an automated system to order their prescription refill. The next day they can go to the refill pharmacy and pick their prescription from the call ahead window with little or no wait.

Unfortunately, the average wait time at the refill pharmacy is not a reliable indicator of wait time for the refill pharmacy for three reasons. First, many beneficiaries do not call ahead for their refills and instead choose to present their refill request for same day service. Second, many beneficiaries used the refill pharmacy to get first fill prescriptions and thus had to wait for the

refill pharmacy to process their prescription request. Third, the refill pharmacy wait time variable did not distinguish between those who called ahead and those who chose to get same day service for refill or new fill prescriptions.

The average age of surveyed beneficiaries was 74 years 8 months. Fifty five percent (n = 33) were male and 45% (n = 27) were female. Pay grade data were partitioned into four groups according to the highest pay grade that a beneficiary or beneficiary's sponsor achieved while in military service. Junior enlisted personnel, coded as pay grades E1 to E4 represented 3.3% (n = 2) of all respondents. Senior enlisted personnel, coded as pay grades E5 to E9 represented 45% (n= 27) of all respondents. The average pay grade for enlisted personnel was E7. Warrant and company grade officers in pay grades W1 to O3 represented 3.3% (n = 2) of all respondents. The remaining 48.3% (n = 29) were represented by field and general officer grade respondents. The average pay grade for officers was O5. Note: one W4 position was recoded as an O4 for comparison purposes.

Of the survey beneficiaries, 73.3% (n = 44) reported receiving the information packet on the TSRx program mailed by the contractor in February; 26.7% (n = 16) did not recall receiving the packet. A number of reasons might account for non-receipt of the information packets. First, these beneficiaries may not have updated their addresses with DEERS. As a result these information packets were returned back to the TRICARE contractor. Second, beneficiaries may have received the packet but either did not recall receiving it or did not even read it. Third, a spouse or family member may have failed to tell the beneficiary that a packet had been received.

There appears to be some validity issues with the information packet question, which was designed to measure beneficiary knowledge of the TSRx program. Beneficiary knowledge of the TSRx program actually came from many different sources. Although almost three-fourths of the

surveyed beneficiaries reported receiving information on the TSRx program, many could not distinguish to the surveyor if this was the information mailed by the TRICARE contractor. Other organizations, such as the Retired Officer's Association (TROA) mailed out their own information packets to their members, which beneficiaries could have confused with the TRICARE information packet.

In order to insure that all beneficiaries had the same knowledge about the TSRx program the program was reviewed with them prior to filling out the questionnaire. This practice ensured that the information they received about the program was reliable and fresh in their mind. While conducting the review with beneficiaries who agreed to participate in the survey, some beneficiaries were found that had no knowledge of the TSRx program. Two beneficiaries interviewed in early April were found to have had used civilian pharmacies after the start of TSRx and paid full price for their drugs. The surveyor reminded them that the TSRx program started on April 1, 2001 and that they were entitled to get reimbursement for their drug costs, less the applicable co-payment or deductible.

Inferential Statistics: Interpretation of Results

The descriptive statistics provided insight into the expected reduction in BAMC outpatient pharmacy venue use and predicted shift to the NMOP, TRICARE network retail, and non-network retail pharmacy venues. The next step was to determine the predictors that were responsible for influencing these changes. Tables 2 to 6 shows the results of hypothesis tests for the full-scale regression models as well as the variances uniquely attributed to each of the 12 independent variables. Three full-scale regression models were conducted for the following refill venue preferences (military, mail order, and TRICARE retail network). Two full-scale regression

models were conducted for the military outpatient and TRICARE retail network new fill prescription venue preferences. One way analysis of variance (ANOVA) comparisons were performed for the independent variables in each of the five hypothesis tests using Tukey's honestly significant difference test and the least significant difference (LSD) test.

Table 2 depicts the hypothesis tests of effects on refill pharmacy military venue preference uniquely attributed to independent variables. The full-scale regression model showed a shared variance of 53.2% (r^2=.532); however, the *p* value was not statistically significant. The only variable that had a *p* value that was statistically significant was refill pharmacy wait time. Unfortunately, as explained in the descriptive statistics section of this paper the refill pharmacy variable lacked validity because beneficiaries used the refill pharmacy to get new prescriptions as well as refills on a walk-in basis and call ahead basis. Analysis of variance comparisons for each independent variable were conducted both between and within groups but, none had a statistically significant *p* value.

Table 3 depicts the hypothesis tests of effects on refill pharmacy NMOP venue preference uniquely attributed to independent variables. The full-scale regression model showed a shared variance of 51.5% (r^2=.515); however, the *p* value was not statistically significant. The only variable that had a *p* value that was statistically significant was refill pharmacy wait time. Analysis of variance comparisons for each independent variable were conducted both between and within groups but, none had a statistically significant *p* value.

Table 4 depicts the hypothesis tests of effects on refill pharmacy TRICARE network venue preference uniquely attributed to independent variables. The full-scale regression model showed a shared variance of 52.1% (r^2=.521); however, the *p* value was not statistically significant. The only variable that had a *p* value that was statistically significant was pay grade.

Analysis of variance for pay grade indicated the mean difference of .1009 between the field/general officer subgroup (m = .138) and the senior enlisted subgroup (m = .037) was statistically significant. This meant that field grade and general officers are more likely to choose TRICARE network retail pharmacies to get their prescriptions filled than the senior enlisted subgroup. For the remaining 11 variables there were no significant *p* values.

Table 5 depicts the hypothesis tests of effects on new fill pharmacy military venue preference uniquely attributed to independent variables. The full-scale regression model showed a shared variance of 55.3% (r^2=.553); however, the *p* value was not statistically significant. The only variable that had a *p* value that was statistically significant was refill pharmacy wait time. Analysis of variance comparisons for each independent variable were conducted both between and within groups but, none had a statistically significant *p* value.

Table 6 depicts the hypothesis tests of effects on new fill pharmacy TRICARE network venue preference uniquely attributed to independent variables. The full-scale regression model showed a shared variance of 52.9% (r^2=.529); however, the *p* value was not statistically significant. The only variable that had a *p* value that was statistically significant was refill pharmacy wait time. Analysis of variance comparisons for each independent variable were conducted both between and within groups but, none had a statistically significant *p* value.

How does the survey's predicted utilization rates compare with actual utilization during the first month the TSRx program was in operation? Brooke Army Medical Center outpatient pharmacies write approximately 711 prescriptions per day for the non-TSP 65 and over population (CHCS, 2001). The number of NMOP prescriptions written for the same group of BAMC eligible beneficiaries from 1 to 30 April was 160. This amounted to approximately five prescriptions per day (ARS Bridge, 2001). The number of TRICARE network and non-network

retail pharmacy prescriptions written for non-TSP 65 and over BAMC eligible beneficiaries from 1 to 17 April was 504. This amounted to 29 prescriptions per day (ARS Bridge, 2001). Note: ARS Bridge claims data lists which retail pharmacies wrote the prescription but it does not break down those which were provided by network and non-network pharmacies. In order to do this the non-network pharmacies would have to be sorted out by hand using the senior pharmacy provider directory provided by Health Net Federal Services. Since most retail pharmacies are belong to the TRICARE network it is assumed that the number of non-network retail pharmacies that filled prescriptions is insignificant. Analyzing the number of prescriptions written by each of the three aforementioned pharmacy venues shows that 95% of the prescriptions filled during the first month of the TSRx program for BAMC eligible non-TSP 65 and over beneficiaries were filled by BAMC outpatient pharmacies. The balance of the prescriptions were filled by the NMOP (1%) TRICARE network and non-network retail pharmacies (5%).

Conclusion

The purpose of this project was two fold: to predict, using a survey sample of 60 non-TSP 65 and over beneficiaries, the changes in BAMC outpatient pharmacy utilization as a result of implementation of the TSRx program and that factors which influenced these changes. The first part of the question dealing with the change in BAMC outpatient pharmacy utilization was fairly straightforward. The survey revealed that current non-TSP 65 and over users of BAMC outpatient pharmacies will continue using them 87% of the time for refill prescriptions and 88% of the time for new fill prescriptions. This is an expected reduction of 13% for refill and 12% for new fill prescriptions at the BAMC outpatient pharmacy outlets.

As the TSRx program matures, utilization data should be examined six and 12 months after program implementation to see if the reduction in BAMC outpatient pharmacy usage continues to decline to the predicted survey levels of 87% to 88%. In the mean time survey data indicates that for those beneficiaries selecting a pharmacy venue other than a BAMC military outpatient pharmacy, the number choosing to get their refills at the NMOP (4%) vice the TRICARE network retail pharmacies (8%) is too low.

Recommendation

Brooke Army Medical Center should develop an education and marketing campaign to convince eligible beneficiaries to use the NMOP instead of the TRICARE retail network pharmacy for refill prescriptions. It would be inappropriate for BAMC to try to convince beneficiaries choosing to use BAMC outpatient pharmacies to use the NMOP or TRICARE retail pharmacies just so it could shift costs from the hospital budget to the DHP. In fact if BAMC did this its TRICARE contractor could ask for additional money through a bid price adjustment (BPA) because they were filling more prescriptions than they had agreed to under the TRICARE contract. On the other hand it would not be considered inappropriate for BAMC to convince beneficiaries who choose not to use military outpatient pharmacies to use the NMOP instead of the TRICARE network retail pharmacies. This is because beneficiaries would save money by getting three times the number of refills for the same co-payment by taking advantage of the NMOP's ability to provide a 90 day supply of medicine versus only a 30 day supply at the retail pharmacies. At the same time the DHP would save money because the NMOP purchases pharmaceuticals at DAPA prices whereby the TRICARE retail pharmacies can not.

During the conduct of the survey anecdotal evidence was found during discussions with beneficiaries that there is a perception that the NMOP is harder to use than the TRICARE retail pharmacies. Beneficiaries had a number of concerns about using the NMOP. Some beneficiaries wanted to know how the potency and quality of the prescriptions are packaged to insure that the heat (or cold) does not affect them. Others had concerns about how to fill out the forms including the ordering and health, allergy, & medication registration forms. The low level of usage and concerns about using a mail order prescription service might be due to the fact that, compared to the VHA beneficiaries who have had access to mail service prescriptions for many years, DOD beneficiaries have only recently had this option available to them. It might be helpful and thus save the DOD, BAMC, and our beneficiaries time and money if BAMC incorporates an assistance program with the soon to be instituted concierge service to help our senior beneficiaries process applications for NMOP prescriptions. A small team of volunteers coordinated by the BAMC volunteer office, with support from the Pharmacy Department, could be teamed up with the concierge service to provide this support.

The second objective of this study was to determine the variables that predict which pharmacy venues that segments of our non-TSP 65 and over beneficiaries will use. A larger sample size and additional variables might possibly have had shed light on any significant relationship between the independent variables and pharmacy venue preference. As previously discussed including a variable that captured whether a beneficiary had supplemental or other health insurance might have shown that those that had such insurance were more likely to use an option other than an outpatient military pharmacy. If a variable had been included that assessed whether beneficiaries had prescriptions that were written by civilian and military providers and

whether the requested medicine was on the BAMC formulary, such a variable might have shown a significant correlation as to pharmacy venue preference.

Even though this survey did not definitively find any individual predictors as to why certain groups of non-TSP 65 and over beneficiaries selected a certain pharmacy venue, the survey did reveal one important discovery. The pharmacy venue preference data gleaned from the survey led to the discovery that the NMOP venue is an option that is under utilized by the non-TSP 65 and over beneficiary population obtain get refill prescriptions.

TABLE 1
Descriptive Statistics for Pharmacy Utilization Preferences (n = 60)

	BAMC Outpatient Pharmacies		
Variable	Range	Mean	Standard Deviation
Q #1 BAMC Refill Prescriptions Past 12 Months	48	13.9	11.84
None n = 5 8.3%			
1 to 10 prescriptions n = 24 40%			
11 to 20 prescriptions n = 17 28.3%			
21 to 30 prescriptions n = 9 15%			
31 to 40 prescriptions n = 4 6.7%			
40 or more n = 1 1.7%			
Q #2 BAMC New Prescriptions Past 12 Months	20	3.5	4.48
None n = 14 23.3%			
1 to 5 prescriptions n = 46 76.7%			
Q #4 Refill Prescription Venue Preference Military	.5	.87	.18
0% Usage n = 0 0%			
25% Usage n = 0 0%			
50% Usage n = 8 13.3%			
75% Usage n = 15 25%			
100% Usage n = 37 61.7%			
Q #4 Refill Prescription Venue Preference Mail Order	.5	.04	.10
0% Usage n = 51 85%			
25% Usage n = 8 13.3%			
50% Usage n = 1 1.7%			
75% Usage n = 0 0%			
100% Usage n = 0 0%			
Q #4 Refill Prescription Venue Pref. Tricare Network	.5	.08	.10
0% Usage n = 42 70%			
25% Usage n = 16 26.7%			
50% Usage n = 2 3.3%			
75% Usage n = 0 0%			
100% Usage n = 0 0%			
Q #4 Refill Prescription Venue Pref. Non Network	.25	.01	.13
0% Usage n = 58 96.7%			
25% Usage n = 2 3.3%			
50% Usage n = 0 0%			
75% Usage n = 0 0%			
100% Usage n = 0 0%			
Q #5 Refill Prescription Preference Cost	4	4.53	1.07
1 Unimportant n = 3 5%			
2 Somewhat Unimportant n = 2 3.3%			
3 Neutral n = 2 3.3%			
4 Somewhat Important n = 6 10%			
5 Important n = 47 78.3%			
Q #5 Refill Prescription Preference Distance	4	3.65	1.43
1 Unimportant n = 8 13.3%			
2 Somewhat Unimportant n = 5 8.3%			
3 Neutral n = 12 20%			
4 Somewhat Important n = 11 18.3%			
5 Important n = 24 40%			

TABLE 1
Descriptive Statistics for Pharmacy Utilization Preferences (n = 60)

	BAMC Outpatient Pharmacies		
Variable	Range	Mean	Standard Deviation
Q #5 Refill Prescription Preference Wait Time	4	3.15	1.44
1 Unimportant n = 11 18.3%			
2 Somewhat Unimportant n = 9 15%			
3 Neutral n = 15 25%			
4 Somewhat Important n = 10 16.7%			
5 Important n = 15 25%			
Q #5 Refill Prescription Preference Convenience	4	4.18	1.20
1 Unimportant n = 4 6.7%			
2 Somewhat Unimportant n = 2 3.3%			
3 Neutral n = 8 13.3%			
4 Somewhat Important n = 11 18.3%			
5 Important n = 35 58.3%			
Q #6 New Prescription Venue Preference Military	.75	.88	.20
0% Usage n = 0 0%			
25% Usage n = 2 3.3%			
50% Usage n = 5 8.3%			
75% Usage n = 12 20%			
100% Usage n = 41 68.3%			
Q #6 New Prescription Venue Preference Mail Order	0	0	0
0% Usage n = 60 100%			
25% Usage n = 0 0%			
50% Usage n = 0 0%			
75% Usage n = 0 0%			
100% Usage n = 0 0%			
Q #6 New Prescription Venue Pref. Tricare Network	.75	.11	.19
0% Usage n = 41 68.3%			
25% Usage n = 14 23.3%			
50% Usage n = 3 5 %			
75% Usage n = 2 3.3%			
100% Usage n = 0 68.3%			
Q #6 New Prescription Venue Pref. Non Network	.75	.01	.10
0% Usage n = 59 98.3%			
25% Usage n = 0 0%			
50% Usage n = 0 0%			
75% Usage n = 1 1.7%			
100% Usage n = 0 0%			
Q #7 New Prescription Preference Cost	4	4.57	1.03
1 Unimportant n = 3 5%			
2 Somewhat Unimportant n = 1 1.7%			
3 Neutral n = 3 5%			
4 Somewhat Important n = 5 8.3%			
5 Important n = 48 80%			

TABLE 1
Descriptive Statistics for Pharmacy Utilization Preferences (n = 60)

			BAMC Outpatient Pharmacies		
Variable			Range	Mean	Standard Deviation
Q #7 New Prescription Preference Distance			4	3.65	1.40
1 Unimportant	n = 7	11.7%			
2 Somewhat Unimportant	n = 6	10%			
3 Neutral	n = 12	20%			
4 Somewhat Important	n = 11	18.3%			
5 Important	n = 24	40%			
Q #7 New Prescription Preference Wait Time			4	3.18	1.40
1 Unimportant	n = 10	16.7%			
2 Somewhat Unimportant	n = 9	15%			
3 Neutral	n = 15	25%			
4 Somewhat Important	n = 12	20%			
5 Important	n = 14	23.3%			
Q #7 New Prescription Preference Convenience			4	4.10	1.23
1 Unimportant	n = 4	6.7%			
2 Somewhat Unimportant	n = 3	5%			
3 Neutral	n = 9	15%			
4 Somewhat Important	n = 11	18.3%			
5 Important	n = 33	55%			
Q #8 Distance to BAMC			178 miles	24.97 miles	35.53 miles
1 to 10 miles	n = 32	53.3%			
11 to 20 miles	n = 12	20%			
21 to 30 miles	n = 1	1.7%			
31 to 40 miles	n = 3	5%			
41 or more miles	n = 12	20%			
Q #10 BAMC Main Pharmacy Wait Time (N = 35)			105 minutes	35.43 minutes	20.41 minutes
1 to 15 minutes	n = 3	8.6%			
16 to 30 minutes	n = 18	51.4%			
31 to 45 minutes	n = 9	25.7%			
46 to 60 minutes	n = 3	8.6%			
61 or more minutes	n = 2	5.7%			
Q #10 Refill Pharmacy Wait Time (N = 51)			58 minutes	15.41 minutes	11.86 minutes
1 to 15 minutes	n = 37	72.5%			
16 to 30 minutes	n = 10	19.6%			
31 to 45 minutes	n = 3	5.9%			
46 to 60 minutes	n = 1	2%			
61 or more minutes	n = 0	0%			
Q #11 Age			31 years	74.68 years	5.85 years
65 to 74 years	n = 27	45%			
75 to 84 years	n = 31	51.7%			
85 to 94 years	n = 2	3.3%			

TABLE 1
Descriptive Statistics for Pharmacy Utilization Preferences (n = 60)

Variable			BAMC Outpatient Pharmacies		
			Range	Mean Median†	Standard Deviation
Q #12 Pay Grade					
Enlisted			5	E7†	1.29
E1 to E4	n = 2	3.3%			
E5 to E9	n = 27	45%			
Officer			5	O5†	1.07
W1 to O3	n = 2	3.3%			
O4 to O10	n = 29	48.3%			
Q #13 Gender			1	.45	.5
Male = 0	n = 33	55%			
Female = 1	n = 27	45%			
Q #14 Information Packet Receipt			1	.73	.45
No	n = 16	26.7%			
Yes	n = 44	73.3%			

TABLE 2

Hypothesis Tests of Effects on Refill Pharmacy Military Venue Preference Uniquely Attributed to Independent Variables

Effect Tested	R^2 Full Model	R^2 Reduced	Variance Uniquely Attributed	df1	df2	*F*	*p*
Main Pharmacy Wait Time	.532	.531	.001	1	33	.033	.856
Age	.532	.526	.006	1	58	.372	.544
BAMC Refill Prescriptions	.532	.524	.008	1	58	.452	.504
Gender	.532	.524	.008	1	58	.483	.490
Refill Venue Preference Convenience	.532	.520	.012	1	58	.720	.400
Refill Venue Preference Distance	.532	.513	.019	1	58	1.114	.296
Refill Venue Preference Cost	.532	.511	.021	1	58	1.219	.274
Refill Venue Preference Wait Time	.532	.507	.025	1	58	1.469	.230
Distance to BAMC	.532	.505	.027	1	58	1.633	.206
Information Packet	.532	.494	.038	1	58	2.320	.134
Pay Grade	.532	.481	.051	1	58	3.105	.083
Refill Pharmacy Wait Time	.532	.352	.180	1	49	10.734	.002

TABLE 3
Hypothesis Tests of Effects on Refill Pharmacy Mail Order Venue Preference Uniquely Attributed to Independent Variables

Effect Tested	R^2 Full Model	R^2 Reduced	Variance Uniquely Attributed	df1	df2	*F*	*p*
Refill Venue Preference Cost	.515	.514	.001	1	58	.037	.848
BAMC Refill Prescriptions	.515	.513	.002	1	58	.134	.716
Age	.515	.511	.004	1	58	.211	.648
Refill Venue Preference Convenience	.515	.510	.005	1	58	.312	.579
Pay Grade	.515	.507	.008	1	58	.482	.490
Information Packet	.515	.500	.015	1	58	.863	.357
Refill Venue Preference Wait Time	.515	.499	.016	1	58	.950	.334
Main Pharmacy Wait Time	.515	.488	.027	1	33	.921	.344
Distance to BAMC	.515	.482	.033	1	58	1.974	.165
Gender	.515	.474	.041	1	58	2.463	.122
Refill Venue Preference Distance	.515	.454	.061	1	58	3.742	.058
Refill Pharmacy Wait Time	.515	.314	.201	1	49	12.347	.001

TABLE 4

Hypothesis Tests of Effects on Refill Pharmacy Tricare Network Venue Preference Uniquely Attributed to Independent Variables

Effect Tested	R^2 Full Model	R^2 Reduced	Variance Uniquely Attributed	df1	df2	*F*	*p*
Refill Venue Preference Distance	.521	.520	.001	1	58	.050	.824
Refill Venue Preference Wait Time	.521	.519	.002	1	58	.110	.741
Refill Venue Preference Convenience	.521	.519	.002	1	58	.110	.742
Information Packet	.521	.519	.002	1	58	.127	.723
Refill Venue Preference Cost	.521	.519	.002	1	58	.139	.710
Main Pharmacy Wait Time	.521	.517	.004	1	33	.144	.707
Age	.521	.515	.006	1	58	.332	.573
Refill Pharmacy Wait Time	.521	.507	.014	1	49	.699	.407
Gender	.521	.505	.016	1	58	.916	.343
BAMC Refill Prescriptions	.521	.504	.017	1	58	.992	.323
Distance to BAMC	.521	.488	.033	1	58	1.997	.163
Pay Grade	.521	.379	.142	1	58	9.819	.003

TABLE 5
Hypothesis Tests of Effects on New Fill Pharmacy Military Venue Preference Uniquely Attributed to Independent Variables

Effect Tested	R^2 Full Model	R^2 Reduced	Variance Uniquely Attributed	df1	df2	*F*	*p*
Gender	.553	.553	.000	1	58	.017	.897
Age	.553	.553	.000	1	58	.009	.923
Main Pharmacy Wait Time	.553	.553	.000	1	33	.004	.950
New Fill Venue Preference Convenience	.553	.551	.002	1	58	.138	.712
BAMC New Prescriptions	.553	.548	.005	1	58	.316	.576
New Fill Venue Preference Wait Time	.553	.544	.009	1	58	.518	.474
New Fill Venue Preference Cost	.553	.543	.010	1	58	.599	.442
Distance to BAMC	.553	.542	.011	1	58	.651	.423
Information Packet	.553	.538	.015	1	58	.872	.354
Pay Grade	.553	.533	.020	1	58	1.205	.277
New Fill Venue Preference Distance	.553	.526	.027	1	58	1.628	.207
Refill Pharmacy Wait Time	.553	.433	.120	1	49	6.668	.013

TABLE 6

Hypothesis Tests of Effects on New Fill Pharmacy Tricare Network Venue Preference Uniquely Attributed to Independent Variables

Effect Tested	R^2 Full Model	R^2 Reduced	Variance Uniquely Attributed	df1	df2	*F*	*p*
New Fill Venue Preference Wait Time	.529	.529	.000	1	58	.001	.977
Main Pharmacy Wait Time	.529	.529	.000	1	33	.003	.960
New Fill Venue Preference Convenience	.529	.528	.001	1	58	.039	.844
New Fill Venue Preference Cost	.529	.528	.001	1	58	.085	.772
Age	.529	.527	.002	1	58	.130	.720
Information Packet	.529	.526	.003	1	58	.172	.680
Gender	.529	.526	.003	1	58	3.468	.068
BAMC New Prescriptions	.529	.518	.011	1	58	.624	.433
Distance to BAMC	.529	.503	.026	1	58	1.520	.223
New Fill Venue Preference Distance	.529	.502	.027	1	58	1.606	.210
Pay Grade	.529	.473	.056	1	58	3.468	.068
Refill Pharmacy Wait Time	.529	.425	.104	1	58	5.676	.021

Appendix A
TRICARE Senior Pharmacy Program Mail Out

Can I use more than one option for getting prescriptions filled?

Yes. You may obtain prescription drugs from any of the four pharmacies, at any time. For example, you may normally use the military hospital pharmacy for a certain prescription, but choose to fill another through the National Mail Order Pharmacy. For your protection, there is a system in place among network retail pharmacies, NMOP, and most MTF pharmacies to cross-check your prescriptions to help limit the potential for adverse drug reactions. This protection is not available in non-network pharmacies.

What if I have prescription drug coverage through another policy?

If you have prescription drug coverage by another health insurance plan, you cannot use the mail order program unless the medication is not covered under your other plan, or if you exceed the dollar limit of coverage under that other plan. Call Merck-Medco for specific instructions at 1-800-903-4680. When using a retail pharmacy, your other policy must be used first to cover any costs. You might be eligible for full or partial reimbursement from TRICARE for any uncovered out-of-pocket costs.

Want more information?

For any other questions about this program, you may:

- access the TRICARE Management Activity Web site at **www.tricare.osd.mil**
- call our Toll-Free Help Line at 1-877-DOD-MEDS (1-877-363-6337), or
- contact your local TRICARE service center

DEPARTMENT OF DEFENSE

TRICARE Senior Pharmacy Program

Toll-Free Help Line:
1-877-DOD-MEDS
(1-877-363-6337)
Mon. – Fri. 7 a.m. to 11 p.m.
Sat. 9 a.m. to 5 p.m.
Eastern Time

TRICARE

Appendix A
TRICARE Senior Pharmacy Program Mail Out

TRICARE SENIOR PHARMACY

Introducing ... the TRICARE Senior Pharmacy Program

Beginning April 1, 2001, uniformed services beneficiaries 65 years of age and over will have one of the best pharmacy benefits available in the United States to older Americans. The TRICARE Senior Pharmacy Program, provided by the 2001 National Defense Authorization Act, authorizes eligible beneficiaries to obtain low-cost prescription medications from the National Mail Order Pharmacy (NMOP) and TRICARE network and non-network civilian pharmacies. Beneficiaries may also continue to use military hospital and clinic pharmacies. The TRICARE Senior Pharmacy Program replaces the Base Realignment and Closure pharmacy benefit and the Pharmacy Redesign Pilot Program with a very robust benefit. Please read through this brochure to learn how the program works and how each option saves you money on prescription medications.

Eligibility Requirements and Medicare Part B

This pharmacy program is open to uniformed services beneficiaries age 65 and over. However, you must be registered in the Defense Enrollment Eligibility Reporting System (DEERS), and the new benefits may require you to be enrolled in Medicare Part B. Beneficiaries who will be 65 before April 1, 2001, do NOT have to enroll in Medicare Part B. Those who turn 65 on or after April 1, 2001, MUST be enrolled in Medicare Part B in order to use the mail order and retail pharmacy benefits. The Department of Defense encourages everyone to carefully consider enrollment in Medicare Part B so they will have comprehensive health care and will be eligible to take advantage of other TRICARE health benefits that will begin October 1, 2001.

Filling Your Prescriptions

You can use military treatment facilities (MTF) pharmacies, NMOP and Retail Pharmacies.

Military Treatment Facility Pharmacy
You can continue to get available medications at no charge through military treatment facility pharmacies. Simply present your written prescription to the pharmacist, or follow procedures established by your MTF.

Appendix A
TRICARE Senior Pharmacy Program Mail Out

Prescriptions by Mail

For prescriptions you take regularly, such as medication to reduce blood pressure, or to lower cholesterol or treat diabetes, a convenient TRICARE Senior Pharmacy option is the National Mail Order Pharmacy (NMOP). Through this program, you simply mail your health care provider's written prescription along with your payment, and you can receive up to a 90-day supply of most medications. (For some medications there are applicable quantity limits). After the military treatment facility, NMOP is the least expensive option for both you and the government. To fill your prescriptions, you will also need to register with the NMOP by completing and sending in a registration form, which you can obtain by calling toll free, 1-800-903-4680. In addition, you must ensure that the Defense Enrollment Eligibility Reporting System (DEERS) has your current address. To update your address in DEERS, call 1-800-538-9552 (for California, 1-800-334-4162; for Alaska and Hawaii, 1-800-527-5602), or visit our Web site at **https://www.tricare.osd.mil/DEERSAddress/**

Prescription drugs purchased through NMOP are only $3 for up to a 90-day supply of generic medications, or $9 for up to a 90-day supply of brand name medications. Credit card payment is encouraged and is one of the easiest ways to pay for prescriptions obtained through NMOP.

For additional information, or to download registration forms, please visit the Web site at **www.merckmedco.com** or call Merck-Medco member services, toll free, at 1-800-903-4680.

TRICARE Network Pharmacies

The TRICARE network pharmacies are retail pharmacies that have contracted with TRICARE to serve its beneficiaries. If you need a prescription filled immediately, such as an antibiotic or a pain medication, visit one of these approved network pharmacies. You can receive up to a 30-day supply of medication at a time for each prescription. You pay only $9 for a 30-day supply of brand-name prescription drugs, and $3 for a 30-day supply of generic prescription drugs — more than with NMOP, but far below the retail price. Simply present the pharmacist with your written prescription and military ID card.

For a list of TRICARE network pharmacies in your area, contact the TRICARE service center nearest you or visit the Web site at **www.tricare.osd.mil/pharmacy/retail_network.htm**

Non-Network Pharmacies

Non-network retail pharmacies are the most expensive option. Eligible beneficiaries usually receive reimbursement of 80% of the full retail price for medications, after you have met the TRICARE annual deductible amount ($150 per individual, $300 per family). In most cases, you must pay the full retail price at the pharmacy and then file a claim for appropriate reimbursement. The reimbursement form is called the *CHAMPUS Claim: Patient's Request for Medical Payment* (OMB No. 0720-0006). The form is available from a health benefits advisor at a military treatment facility, or by mail from TRICARE Management Activity, 16401 E. Centretech Parkway, Aurora, Colorado 80011-9043. For additional information on filing claims, visit **www.tricare.osd.mil/claims/**

Appendix A
TRICARE Senior Pharmacy Program Mail Out

The following chart shows an example of the costs for the same medication using each of the four options. This example uses the co-pay amount for brand name drugs. The savings will be even greater for generic drugs.

Annual Out-of-Pocket Cost Comparison

	MTF	NMOP	Network (Retail)	Non-Network
Example	Four 90-day Prescriptions	Four 90-day Prescriptions at $9 each	Twelve 30-day Prescriptions at $9 each	20% of total charges (after deductible is met)
Brand name cholesterol medication	$0	$36	$108	$275

Frequently Asked Questions

Is there an enrollment fee?
There is no enrollment fee for this new program.

What about co-pays or cost shares?
Co-payments or cost shares vary with each option and type of drug (brand name or generic brand). See the chart to the right. Note that the National Mail Order Pharmacy provides three times the value, with up to a 90-day supply, versus the retail network with up to a 30-day supply of medication.

DoD policy requires the use of generics when available, unless your provider justifies the brand name product as being medically necessary. Brand name products made by only one manufacturer for which no generic alternatives are available can be obtained at the Brand Name drug co-pay.

When can I begin using this program?
April 1, 2001

Your Costs

Place of Service	Generic Drugs	Brand Name Drugs
Military Treatment Facility	$0	$0
National Mail Order Pharmacy (up to a 90-day supply)	$3	$9
TRICARE Retail Networks (up to a 30-day supply)	$3	$9
Non-Network Pharmacies	$9 or 20% of total cost (whichever is greater). TRICARE deductibles apply ($150 per person/$300 per family)	

Appendix B
TRICARE Senior Pharmacy Program Survey Information Sheet

I am a graduate student in the US Army-Baylor University Graduate Program in Healthcare Administration. I have designed this survey as a tool to predict what changes in pharmacy utilization patterns BAMC can anticipate when the TRICARE Senior Pharmacy Program (TSRx) takes effect on 1 April 2001. The results you provide will help the BAMC Pharmacy Department plan for these changes and ultimately provide faster and more efficient service to all beneficiaries.

In order to participate in this survey you must

- **Be a military health care system authorized beneficiary**
- **Be age 65 or older**
- **Not be enrolled in TRICARE Senior Prime**
- **Not have previously taken this survey**

Please take a few minutes of your time to review the details explaining the benefit of the TRICARE Senior Pharmacy Program (TSRx) and then complete this questionnaire.

All information you provide will remain strictly confidential. Results of the survey can be obtained by calling Major Andy Lankowicz at (210) 916-2088 or emailing him at Andrew.Lankowicz@cen.amedd.army.mil

The TRICARE Senior Pharmacy Program (TSRx)

Beginning 1 April 2001 beneficiaries 65 years of age and over will be able to obtain prescription medications from the National Mail Order Pharmacy (NMOP) and TRICARE network and non-network pharmacies. Beneficiaries may also elect to continue using military outpatient pharmacies. The NMOP will provide up to a 90-day supply of drugs. Typical processing and mail time for the NMOP is 11 days. TRICARE network pharmacies are civilian pharmacies in your local area where TRICARE has contracts that allow you to get your prescription by only paying a copay. If you utilize this option you can get up to a 30-day supply of medicine. Non-network pharmacies are civilian pharmacies in your local area where there is no TRICARE contract. In order for you to get a prescription filled here you must pay the full amount for the prescription and then file a CHAMPUS claim to receive reimburse less the deductible.

Cost Per Prescription By Option

Pharmacy Options	Generic Drugs	Brand Name Drugs	Processing Time
Military Outpatient	$0 (90 day supply)	$ 0 (90 day supply)	Same day
National Mail Order	$3 (90 day supply)	$ 9 (90 day supply)	11 days
TRICARE Retail	$3 (30 day supply)	$ 9 (30 day supply)	Same day
Non-network Retail	$9 or 20% of total cost (whichever is greater) TRICARE deductibles apply ($150 per person/ $300 per family) 30 day supply		Same day

Appendix C
Pharmacy Survey

Question 1: Approximately how many prescriptions have you had filled at a BAMC outpatient military pharmacy within the last 12 months that were ***refill*** prescriptions?

_____ prescriptions

Question 2: Approximately how many prescriptions have you had filled at a BAMC outpatient military pharmacy within the last 12 months that were ***new****(first fill)* prescriptions?

_____ prescriptions

Question 3: Do you use other military outpatient pharmacies in the San Antonio area? If so, enter the number which corresponds to the pharmacy or pharmacies you have used in the past 12 months and indicate the total number of *refill* and *new* prescriptions you had filled there.

1. Randolph AFB
   a. _____ *refill* prescriptions b. _____ *new* prescriptions
2. Brooks AFB
   b. _____ *refill* prescriptions b. _____ *new* prescriptions
3. Wilford Hall (includes Kelly and Lackland AFB)
   a. _____ *refill* prescriptions b. _____ *new* prescriptions

Question 4: When the TRICARE Senior Pharmacy Program takes effect on 1 April 2001, circle the number that corresponds to the option that you plan to utilize the most to get ***refill*** prescriptions. (See the attached information paper for explanation of each option).

1.	Military outpatient pharmacy	0%	25%	50%	75%	100%
2.	National Mail Order Pharmacy	0%	25%	50%	75%	100%
3.	TRICARE retail network pharmacy	0%	25%	50%	75%	100%
4.	Non-network retail pharmacy	0%	25%	50%	75%	100%

Question 5: For the pharmacy option you selected above to get ***refill*** prescriptions please indicate the degree of importance each characteristic is to your anticipated decision.

		Unimportant				Important
A.	Cost	1	2	3	4	5
B.	Distance	1	2	3	4	5
C.	Wait Time	1	2	3	4	5
D.	Convenience	1	2	3	4	5

Question 6: When the TRICARE Senior Pharmacy Program takes effect on 1 April 2001, circle the number that corresponds to the option that you plan to utilize the most to fill your ***new (first fill)*** prescriptions.

1.	Military outpatient pharmacy	0%	25%	50%	75%	100%
2.	National Mail Order Pharmacy	0%	25%	50%	75%	100%
3.	TRICARE retail network pharmacy	0%	25%	50%	75%	100%
4.	Non-network retail pharmacy	0%	25%	50%	75%	100%

Question 7: For the pharmacy option you selected above to get ***new (first fill)*** prescriptions please indicate the degree of importance each characteristic is to your anticipated decision.

		Unimportant				Important
A.	Cost	1	2	3	4	5
B.	Distance	1	2	3	4	5
C.	Wait Time	1	2	3	4	5
D.	Convenience	1	2	3	4	5

Question 8: How far do you live from the nearest BAMC outpatient pharmacy?

_____ miles

Question 9: What is the five-digit zip code for your local home address?

_____

Question 10 What is the average time you have to wait to get your prescription filled at the BAMC outpatient pharmacies you use.

A. BAMC main outpatient pharmacy _____ minutes
B. Refill pharmacy on Ft. Sam Houston _____ minutes
C. McWethy TMC pharmacy _____ minutes
D. BAMC Urgent Care Clinic Pharmacy _____ minutes

Question 11 What is your age?

_____ years

Question 12 Circle the number below that corresponds the highest grade you or your sponsor attained in the military.

1. E1	10. W1	15. O1
2. E2	11. W2	16. O2
3. E3	12. W3	17. O3
4. E4	13. W4	18. O4
5. E5	14. W5	19. O5
6. E6		20. O6
7. E7		21. O7
8. E8		22. O8
9. E9		23. O9
		24. O10

Question 13 Indicate your gender by circling the appropriate number below.

1. Male
2. Female.

Question 14 In mid February the TRICARE contractor mailed an information packet on the TRICARE Senior pharmacy program to all 65 and over beneficiaries. Did you receive this packet?

1. Yes
2. No

Thank you for your time and input.

Andrew J. Lankowicz
MAJ, Medical Service Corps
Administrative Resident

Appendix D
Codebook

Question Number	Variable Number	Column Location	Code Descriptors	Software Variable Name
		001	Record Number 001 to 030 Refill Pharmacy 031 to 060 Main Pharmacy	RECNUM
1	1	01	Refill Prescriptions Last 12 Months 0 = 0 1 = 1 to 10 2 = 11 to 20 3 = 21 to 30 4 = 31 to 40 5 = 41 or more 999 = Missing	REFILLP
2	2	02	New Prescriptions Last 12 Months 0 = 0 1 = 1 to 5 2 = 6 to 10 3 = 11 to 15 4 = 16 to 20 5 = 21 or more 999 = Missing	NEWP
3	3	03	Randolph Pharmacy Refill Prescriptions 0 = 0 1 = 1 to 10 2 = 11 to 20 3 = 21 to 30 4 = 31 to 40 5 = 41 or more 999 = Missing	RANDRP
3	4	04	Randolph Pharmacy New Prescriptions 0 = 0 1 = 1 to 5 2 = 6 to 10 3 = 11 to 15 4 = 16 to 20 5 = 21 or more 999 = Missing	RANDNP

3	5	05	Brooks AFB Pharmacy Refill Prescriptions 0 = 0 1 = 1 to 10 2 = 11 to 20 3 = 21 to 30 4 = 31 to 40 5 = 41 or more 999 = Missing	BROOKSRP
3	6	06	Brooks AFB Pharmacy New Prescriptions 0 = 0 1 = 1 to 5 2 = 6 to 10 3 = 11 to 15 4 = 16 to 20 5 = 21 or more 999 = Missing	BROOKNP
3	7	007	Wilford Hall Outpatient Pharmacy Refill Prescriptions 0 = 0 1 = 1 to 10 2 = 11 to 20 3 = 21 to 30 4 = 31 to 40 5 = 41 or more 999 = Missing	WHRP
3	8	008	Wilford Hall Outpatient Pharmacy New Prescriptions 0 = 0 1 = 1 to 5 2 = 6 to 10 3 = 11 to 15 4 = 16 to 20 5 = 21 or more 999 = Missing	WHPNP
4	9	009	Refill Prescription Venue Preference Military Pharmacy 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	REFPPM

4	9	010	Refill Prescription Venue Preference Mail Order Pharmacy 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	REFPPMO
4	9	011	Refill Prescription Venue Preference TRICARE Network Pharmacies 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	REFPPTN
4	9	012	Refill Prescription Venue Preference Non Network Pharmacies 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	REFPPNN
5	10	013	Cost Degree of Importance Refill Venue Preference 1 = Unimportant 2 = Somewhat Unimportant 3 = Neutral 4 = Somewhat Important 5 = Important 9 = Missing	REFPPC
5	11	014	Distance Degree of Importance Refill Venue Preference 1 = Unimportant 2 = Somewhat Unimportant 3 = Neutral 4 = Somewhat Important 5 = Important 9 = Missing	REFPPD

5	12	015	Wait Time Degree of Importance Refill Venue Preference 1 = Unimportant 2 = Somewhat Unimportant 3 = Neutral 4 = Somewhat Important 5 = Important 9 = Missing	REFPPW
5	13	016	Convenience Degree of Importance Refill Venue Preference 1 = Unimportant 2 = Somewhat Unimportant 3 = Neutral 4 = Somewhat Important 5 = Important 9 = Missing	REFPPCV
6	14	017	New Prescription Venue Preference Military Pharmacy 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	NEWPPM
6	15	018	New Prescription Venue Preference Mail Order Pharmacy 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	NEWPPMO
6	15	019	New Prescription Venue Preference TRICARE Network Pharmacies 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	NEWPPTN

6	15	020	New Prescription Venue Preference Non Network Pharmacies 0 = 0% .25 = 25% .50 = 50% .75 = 75% 1.0 = 100% 9 = Missing	NEWPPNN
7	16	021	Cost Degree of Importance New Prescription Venue Preference 1 = Unimportant 2 = Mostly Unimportant 3 = Neutral 4 = Mostly Important 5 = Important 9 = Missing	NEWPPC
7	17	022	Distance Degree of Importance New Prescription Venue Preference 1 = Unimportant 2 = Mostly Unimportant 3 = Neutral 4 = Mostly Important 5 = Important 9 = Missing	NEWPPD
7	18	023	Wait Time Degree of Importance New Prescription Venue Preference 1 = Unimportant 2 = Mostly Unimportant 3 = Neutral 4 = Mostly Important 5 = Important 9 = Missing	NEWPPW
7	19	024	Convenience Degree of Importance New Prescription Venue Preference 1 = Unimportant 2 = Mostly Unimportant 3 = Neutral 4 = Mostly Important 5 = Important 9 = Missing	NEWPPCV

8	20	025	Distance from BAMC Pharmacy 1 = 1 to 10 miles 2 = 11 to 20 miles 3 = 21 to 30 miles 4 = 31 to 40 miles 5 = 41 or more miles 999 = Missing	DISTBAMC
9	21	26	Zip Code 99999 = Missing	ZIP
10	22	27	BAMC Main Pharmacy Wait Time 1 = 1 to 15 minutes 2 = 16 to 30 minutes 3 = 31 to 45 minutes 4 = 46 to 60 minutes 5 = 61 or more minutes	BAMCMW
10	22	28	Refill Pharmacy Wait Time 1 = 1 to 15 minutes 2 = 16 to 30 minutes 3 = 31 to 45 minutes 4 = 46 to 60 minutes 5 = 61 or more minutes	REFILLW
10	22	29	McWethy Pharmacy Wait Time 1 = 1 to 15 minutes 2 = 16 to 30 minutes 3 = 31 to 45 minutes 4 = 46 to 60 minutes 5 = 61 or more minutes	MCW
10	22	30	UCC Pharmacy Wait Time 1 = 1 to 15 minutes 2 = 16 to 30 minutes 3 = 31 to 45 minutes 4 = 46 to 60 minutes 5 = 61 or more minutes 9 = Missing	UCCWAIT
11	23	31	Age 1 = 65-74 years old 2 = 75 to 84 years old 3 = 85 to 94 years old 9 = Missing	AGE

12	24	32	Highest Pay Grade 0 = Missing 1 = E1 to E4 2 = E5 to E9 3 = W1 to O3 4 = O4 to O10	GRADE
13	25	33	Gender 0 = Male 1 = Female 9 = Missing	GENDER
14	26	34	Information Packet Receipt 0 = No 1 = Yes 9 = Missing	INFOPCKT

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