



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL - 9 2010

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to Section 721 (a) of the National Defense Authorization Act for Fiscal Year 2010, which requires a study of the health care needs of our Active Duty families. The report reveals that most of the top 14 conditions for which our families seek medical care are acute in nature and most of the care is provided in an appropriate setting. This report also reveals the access to mental health care for family members outside of the United States is on par with access rates in the United States TRICARE system. However, satisfaction with access to care in the United States falls below civilian benchmarks, and we are taking actions to improve ease of access.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink that reads "Charles L. Rice".

Charles L. Rice, M.D.
President, Uniformed Services University of
the Health Sciences
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable Lindsey O. Graham
Ranking member



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WASHINGTON, DC 20301-1200

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HEALTH AFFAIRS

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Howard P. "Buck" McKeon
Ranking Member



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JUL - 9 2010

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

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The Honorable Joe Wilson
Ranking Member



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HEALTH AFFAIRS

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

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The Honorable Thad Cochran
Ranking Member



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The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
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The Honorable Jerry Lewis
Ranking Member



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HEALTH AFFAIRS

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
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Ranking Member



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The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
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DEPARTMENT OF DEFENSE



Health Care Needs of Active Duty Families

Health Care Needs of Active Duty Families

Background

Section 721(a) of the National Defense Authorization Act for Fiscal Year (FY) 2010 directed the Secretary of Defense to submit a report on the health care needs of active duty family members. It also directed the study to include an analysis of the type of health care facilities in which family members sought care, the ten most common medical conditions for which they seek care, the availability and access to health care providers for those medical conditions, potential shortfalls, and recommendations on how to improve access to care to include access to mental health care for family members outside of the United States.

Study

To address this request, we examined the site of care for active duty family members (ADFMs) for each of the 14 most common conditions. Because we expect different sources of care for beneficiaries who are enrolled and by enrollment site (medical treatment facility (MTF) or civilian), we divided ADFMs into three groups and looked at the source of care in FY 2009 for each type:

- MTF Prime enrollees (Table 1)
- Civilian Prime enrollees (Table 2)
- Non-Prime enrollees (Table 3)

For each of the three beneficiary groups, we examined the number of visits in each of the following six settings:

- MTF Emergency Room
- MTF “Other” (non-emergency room)
- Civilian Emergency Room
- Civilian physician office
- Civilian Hospital Outpatient Department (HOPD)
- Civilian “Other”

Findings

In FY 2009, approximately 53 percent of ADFMs were MTF Prime enrollees, 28 percent were civilian Prime enrollees, and 19 percent were non-enrolled. For the top 14 conditions, we found that MTF enrollees had a total of 2.3 million visits, civilian enrollees had 1.2 million visits and non-enrollees had 0.6 million visits. As a percentage

of the total number of ADFM visits for these 14 conditions, the MTF enrollees had 56 percent of the visits, the civilian enrollees had 29 percent of the visits, and the non-enrolled ADFMs had 15 percent of the visits. Thus, the percentage of total visits was slightly higher for the enrolled populations and lower for the non-enrolled beneficiaries. We expect this relationship because some of the non-enrolled ADFMs are not users of the military health system.

We also found that there were different sources of care by type of beneficiary. For example, Table 1 shows that for otitis media (PDX 382), MTF Prime enrollees received 76 percent of their care from the MTF (12 percent from the MTF emergency room and 64 percent from other parts of the MTF). For this same condition, civilian Prime enrollees received only 3 percent of their care from the MTF and 97 percent from civilian sources (see Table 2) and non-Prime enrollees received about 5 percent of their visits at the MTF and 95 percent from purchased care (see Table 3). For some other conditions, a lower percentage of care is delivered at the MTF. For example, for MTF Prime enrollees with acute bronchitis (PDX 466), 62 percent of the MTF Prime enrollee visits were received at the MTF and 38 percent in purchased care. For civilian Prime and non-Prime enrollees, about 2-5 percent of the visits were received at the MTF for this condition.

For some of these 14 conditions, most of the care is provided by civilian providers. For example, for adjustment reaction (PDX 309, a mental health condition which includes Post-traumatic Stress Disorder (PTSD), about 80 percent of the care for MTF-enrolled ADFMs was provided by civilian providers. Similarly, for disorders of refraction (PDX 367, eye care), about 80 percent of the visits for MTF Prime enrollees were provided in the civilian sector. On the other hand, only 16 percent of the care for normal pregnancy (PDX V22) for MTF Prime enrollees was provided in a civilian care setting.

We examined the degree to which the three different categories of ADFMs used emergency rooms for these 14 conditions. ADFM MTF enrollees received about 7 percent of their visits from emergency rooms, while civilian Prime enrollees received 4 percent of their care from emergency rooms, and non-enrolled beneficiaries received 5 percent of their care from emergency rooms.

Availability

In our FY 2009 report to Congress on the evaluation of the TRICARE program, we reported that access to, and use of, outpatient services remains high, with 85 percent of all Prime enrollees (with military as well as civilian providers) reporting having at least one visit in FY 2008. However, we also reported that active duty family member satisfaction with the ability to obtain care was stable from FY 2006-FY 2008 at around 64 percent but was lower than the 77 percent civilian benchmark for satisfaction with access to care.

Because many of the top 14 conditions are acute in nature, and we consider the active duty family members' use of emergency rooms to be too high, we are evaluating reinstating some limited health care finder functionality to refer and authorize care at urgent care or "minute" clinics for acute conditions when a Prime enrollee cannot be seen within 24 hours at the MTF.

Shortfalls

There are certain locations in the United States where access to care can be problematic for the top 14 or any other conditions. Alaska is an example. Here we have taken several specific actions. We have approved a variety of locality based waivers to increase TRICARE reimbursement; we are evaluating the concept of recruiting civilian primary care managers in the State; and we plan on extending our current reimbursement demonstration in Alaska. This will allow us to continue our existing reimbursement methodology while working with the Federal Task Force as they explore a common federal reimbursement strategy.

Overall, we also evaluated active duty family member use of MTF providers, network providers, non-network participating providers, and non-network non-participating providers for all outpatient visits in FY 2009. We found that only 0.1 percent of family members received care from non-network, non-participating providers, which indicates that once family members obtain an appointment or a referral, access to MTF, network and non-network participating providers is excellent.

Access Improvements

As discussed earlier, we are evaluating improved referral and authorization processes for acute care. In addition, we expect significant improvement in access with the implementation of the "Patient-Centered Medical Home" model of primary care in MTFs. In September, 2009, the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) Performing the Duties of the Assistant Secretary of Defense (Health Affairs) directed the Services to implement this model of primary care that is designed to improve continuity of primary care and enhance access.

Under the Patient-Centered Medical Home model, each TRICARE Prime ADFM assigned to an MTF is assigned a primary care manager (PCM) and each PCM is part of a team practice. The PCM team is to ensure their patients have access to advice and provider continuity 24 hours per day, 7 days a week. A cornerstone of this policy is that PCM teams reinforce patient-provider communication, and they optimize continuity and accountability when the individual's assigned PCM is unavailable.

Access to Mental Health Services Overseas

The National Defense Authorization Act for Fiscal Year, 2010, also requires a report, with respect to dependents accompanying a member stationed at a military installation outside of the United States (OCONUS), on the need for and availability of mental health care. Herein, our study and findings are included.

Military Treatment Facility OCONUS Mental Health Access to Care (January 2009 – December 2009)

Table 4 shows 83 percent of Active Duty Family Members (ADFM) first visits with a mental health provider occurred within 7 days of making an appointment at an OCONUS military treatment facility (MTF). About 66 percent of these first visits occurred within 1 day of making an appointment. This compared to 87 percent of ADFM first visits occurring within 7 days of making an appointment at a CONUS MTF; 75 percent of first visits with a mental health provider occurred within 1 day of making an appointment at a CONUS MTF.

Military Treatment Facility OCONUS Mental Health Access to Care (January 2009–December 2009)

About 80 percent of ADFM Prime first visits with a non-mental health provider (e.g., a PCM) for a mental health condition (i.e., principal diagnosis is mental health (MH)) occurred within 7 days of making an appointment at an OCONUS MTF. About half of these first visits for MH conditions occurred within 1 day of making an appointment.

In comparison, 74 percent of ADFM Prime first visits with a non-mental health provider for a MH condition occurred within 7 days of making an appointment at a CONUS MTF. About 47 percent of these visits occurred within 1 day of making an appointment at a CONUS MTF.

Thus, on these two core measures of access to care for mental health conditions, for Prime ADFMs in CY09, OCONUS MTFs were slightly lower than CONUS MTFs on the first measure and slightly higher on the second measure.

Utilization of Services for Mental Health Conditions (October 2008-September 2009)

Table 5 reports that there were 44,543 outpatient visits for MH conditions among OCONUS ADFM enrollees (direct care and purchased care). Among OCONUS ADFM Prime enrollees who utilized outpatient services for a MH condition, these patients averaged 4.2 visits per person for MH services, as compared to 8.2 visits per person among CONUS ADFM Prime enrollees who had mental health visits.

This lower volume of visits per person (across the total number of individuals with a mental health diagnosis) is likely explained by the screening process that occurs before family members are relocated to overseas assignments. If a family member's medical needs cannot be met in an overseas location, this screening precludes them from relocation. Therefore, family members with mental health conditions requiring more intensive treatment (e.g., children with autism) would not normally be assigned overseas.

More than half of outpatient visits for MH conditions among OCONUS ADFM Prime enrollees was for attention deficit/conduct/disruptive behavior disorders (29%) and mood disorder (i.e., depression) (26%). Nearly 44 percent of outpatient visits for OCONUS Prime ADFM MH conditions occurred among enrollees younger than 18 years old.

Utilization of Services for Mental Health Conditions (October 2008-September 2009)

Table 6 shows there were less than 300 hospital stays for MH conditions among OCONUS ADFM enrollees (direct care and purchased care). Among OCONUS ADFM Prime enrollees who utilized inpatient services for a MH condition, these patients averaged 1.3 hospital stays per person for MH services, which was comparable to the 1.4 hospital stays per person among CONUS ADFM Prime enrollees. More than half of all hospital stays for MH conditions among OCONUS ADFM Prime enrollees was for mood disorder (i.e., depression) (26%) or alcohol-related disorders (24%).

Utilization of Services for Mental Health Conditions (October 2008-September 2009)

Table 7 reports in FY 2009, OCONUS ADFM Prime enrollees had 428 outpatient visits per 1,000 enrollees for MH conditions. Overall, the utilization rate of outpatient visits for MH conditions was considerably lower among OCONUS ADFM Prime enrollees – about one-third the rate experienced by CONUS ADFM Prime enrollees (428 vs. 1,237 outpatient visits per 1,000 enrollees). This lower utilization of outpatient services was particularly evident for specific MH conditions: development disorders, disorders diagnosed in childhood (e.g., pervasive developmental disorders), suicide attempts and intentional self-inflicted injury, schizophrenia/other psychotic disorders, and impulse control disorders. This is likely explained by the screening process that occurs before family members are relocated to overseas assignments. If a family member's medical needs cannot be met in an overseas location, this screening precludes them from relocation.

Utilization of Services for Mental Health Conditions (October 2008-September 2009)

Table 8 shows in FY 2009, OCONUS ADFM Prime enrollees had 2.8 hospital stays per 1,000 enrollees for MH conditions. Overall, the utilization rate of inpatient stays for MH conditions was considerably lower among OCONUS ADFM Prime enrollees – less than half the rate experienced by CONUS ADFM Prime enrollees (2.8 vs. 6.8 hospital stays per 1,000 enrollees). Again, this is likely explained by the screening process that occurs before family members are relocated to overseas assignments.

Utilization of Services for Mental Health Conditions (October 2008-September 2009)

Tables 9 and 10 report overall, 97 percent of outpatient visits for MH conditions among OCONUS ADFM enrollees occur in the MTF. In comparison, only 20 percent of outpatient visits for MH conditions among CONUS ADFM enrollees occur in the MTF. 28 percent of hospital stays for MH conditions among OCONUS ADFM enrollees occur in the MTF. Only 7 percent of hospital stays for MH conditions among OCONUS ADFM enrollees occur in the MTF. Given both the volume of MH conditions that are treated during outpatient visits and the large percentage of MH visits for OCONUS Prime ADFMs that occur within the MTF, evaluating performance on the access to care standards at OCONUS MTFs appears to be a valuable tool in assessing access to MH services for family members living overseas.

Conclusion

Most of the top 14 conditions are for acute care, and most of the care is received in the location where beneficiaries are enrolled. MTF enrollees received most of their care in MTFs, and those enrolled with civilian PCMs received most of their care in a civilian setting. Satisfaction with access to care is lower than civilian benchmarks, and MTF enrollees seek more care in an emergency department setting than those who are enrolled with a civilian PCM or those who are not enrolled in TRICARE Prime. The Patient-Centered Medical Home model of primary care is designed to improve access to care for MTF enrollees, and the Department is considering some referral and authorization improved functionality for enrollees with acute care conditions who cannot contact their PCMs.

Most mental health care for dependents accompanying a member stationed at an OCONUS military installation is provided by the MTF. There are significant cultural differences that affect the overseas mental health care environment, it is essential to continue proper overseas screening to ensure our beneficiaries get the care they need. Cultural difference will always be a hurdle when trying to expand to civilian mental health care providers overseas, however under the new TRICARE Overseas Contract we may have additional options in the future.

Table 1

ADD MTF Prime Enrollees: Number of Visits by Place of Service for 14 Common Conditions in FY09

Number of Visits		MTF Prime Enrollees						Total
PDX	Description	MTF ER	MTF NonER	Civ ER	Civ Off	Civ HOPD	Civ Oth	
079	Viral and chlamydial infection in conditions classified elsewhere	12,913	46,632	4,701	4,814	224	3,070	72,354
309	Adjustment reaction	388	49,207	194	208,315	1,075	6,031	265,210
367	Disorders of refraction and accommodation	2	41,486	1	197,925	311	7,174	246,899
372	Disorders of conjunctiva	8,703	45,672	3,126	10,201	336	4,031	72,069
382	Suppurative and unspecified otitis media	23,652	128,967	11,630	25,443	1,574	10,765	202,031
461	Acute sinusitis	2,839	28,097	1,610	12,257	357	4,694	49,854
462	Acute pharyngitis	14,861	96,084	6,735	13,733	463	7,150	139,026
465	Acute upper respiratory infections of multiple or unspecified sites	31,297	196,531	11,050	23,171	1,044	12,558	275,651
466	Acute bronchitis and bronchiolitis	5,606	28,630	5,122	9,114	472	6,330	55,274
477	Allergic rhinitis	1,453	97,383	372	52,953	415	1,513	154,089
493	Asthma	6,388	82,747	4,988	20,942	2,166	3,625	120,856
692	Contact dermatitis and other eczema	3,726	61,223	1,601	10,414	255	1,890	79,109
719	Other and unspecified disorders of joint	4,131	80,888	2,230	196,769	1,746	6,042	291,806
V22	Normal pregnancy	271	250,796	88	39,865	629	7,571	299,220

Percent of Total		MTF Prime Enrollees						Total
PDX	Description	MTF ER	MTF NonER	Civ ER	Civ Off	Civ HOPD	Civ Oth	
079	Viral and chlamydial infection in conditions classified elsewhere	18%	64%	6%	7%	0%	4%	100%
309	Adjustment reaction	0%	19%	0%	79%	0%	2%	100%
367	Disorders of refraction and accommodation	0%	17%	0%	80%	0%	3%	100%
372	Disorders of conjunctiva	12%	63%	4%	14%	0%	6%	100%
382	Suppurative and unspecified otitis media	12%	64%	6%	13%	1%	5%	100%
461	Acute sinusitis	6%	56%	3%	25%	1%	9%	100%
462	Acute pharyngitis	11%	69%	5%	10%	0%	5%	100%
465	Acute upper respiratory infections of multiple or unspecified sites	11%	71%	4%	8%	0%	5%	100%
466	Acute bronchitis and bronchiolitis	10%	52%	9%	16%	1%	11%	100%
477	Allergic rhinitis	1%	63%	0%	34%	0%	1%	100%
493	Asthma	5%	68%	4%	17%	2%	3%	100%
692	Contact dermatitis and other eczema	5%	77%	2%	13%	0%	2%	100%
719	Other and unspecified disorders of joint	1%	28%	1%	67%	1%	2%	100%
V22	Normal pregnancy	0%	84%	0%	13%	0%	3%	100%

Table 2

ADD Civilian Prime Enrollees: Number of Visits by Place of Service for 14 Common Conditions in FY09

Number of Visits		Civilian Prime Enrollees						Total
PDX	Description	MTF ER	MTF NonER	Civ ER	Civ Off	Civ HOPD	Civ Oth	
079	Viral and chlamydial infection in conditions classified elsewhere	1,395	535	3,051	27,849	817	1,758	35,405
309	Adjustment reaction	56	1,674	110	118,360	952	2,743	123,895
367	Disorders of refraction and accommodation	-	1,505	-	99,313	691	309	101,818
372	Disorders of conjunctiva	910	557	2,144	31,046	651	1,705	37,013
382	Suppurative and unspecified otitis media	2,800	1,572	8,300	114,709	2,599	5,483	135,463
461	Acute sinusitis	359	233	1,146	59,594	866	3,135	65,333
462	Acute pharyngitis	1,898	730	5,418	69,153	1,067	4,567	82,833
465	Acute upper respiratory infections of multiple or unspecified sites	3,553	1,697	7,705	116,794	2,033	6,033	137,815
466	Acute bronchitis and bronchiolitis	690	274	3,783	42,475	793	3,898	51,913
477	Allergic rhinitis	160	1,280	287	102,390	1,218	1,151	106,486
493	Asthma	805	1,292	3,609	61,043	2,197	3,010	71,956
692	Contact dermatitis and other eczema	490	699	1,261	31,888	669	1,013	36,020
719	Other and unspecified disorders of joint	529	1,207	1,931	131,801	2,036	2,428	139,932
V22	Normal pregnancy	24	27,765	81	31,645	1,243	5,987	66,745

Percent of Total		Civilian Prime Enrollees						Total
PDX	Description	MTF ER	MTF NonER	Civ ER	Civ Off	Civ HOPD	Civ Oth	
079	Viral and chlamydial infection in conditions classified elsewhere	4%	2%	9%	79%	2%	5%	100%
309	Adjustment reaction	0%	1%	0%	96%	1%	2%	100%
367	Disorders of refraction and accommodation	0%	1%	0%	98%	1%	0%	100%
372	Disorders of conjunctiva	2%	2%	6%	84%	2%	5%	100%
382	Suppurative and unspecified otitis media	2%	1%	6%	85%	2%	4%	100%
461	Acute sinusitis	1%	0%	2%	91%	1%	5%	100%
462	Acute pharyngitis	2%	1%	7%	83%	1%	6%	100%
465	Acute upper respiratory infections of multiple or unspecified sites	3%	1%	6%	85%	1%	4%	100%
466	Acute bronchitis and bronchiolitis	1%	1%	7%	82%	2%	8%	100%
477	Allergic rhinitis	0%	1%	0%	96%	1%	1%	100%
493	Asthma	1%	2%	5%	85%	3%	4%	100%
692	Contact dermatitis and other eczema	1%	2%	4%	89%	2%	3%	100%
719	Other and unspecified disorders of joint	0%	1%	1%	94%	1%	2%	100%
V22	Normal pregnancy	0%	42%	0%	47%	2%	9%	100%

Table 3

ADD Non-Prime Enrollees: Number of Visits by Place of Service for 14 Common Conditions in FY09

PDX	Description	Non-Prime Enrollees						Total
		MTF ER	MTF NonER	Civ ER	Civ Off	Civ HOPD	Civ Oth	
079	Viral and chlamydial infection in conditions classified elsewhe	994	1,156	1,767	13,143	320	1,096	18,476
309	Adjustment reaction	31	1,631	76	52,731	547	2,094	57,110
367	Disorders of refraction and accommodation	-	1,429	2	32,190	198	94	33,913
372	Disorders of conjunctiva	704	1,280	1,087	14,686	266	967	18,990
382	Suppurative and unspecified otitis media	1,449	2,210	3,819	53,208	1,268	3,222	65,176
461	Acute sinusitis	283	433	612	31,886	419	2,138	35,771
462	Acute pharyngitis	1,105	1,278	2,599	33,400	456	2,812	41,650
465	Acute upper respiratory infections of multiple or unspecified si	2,859	5,114	4,358	56,936	1,058	3,688	74,013
466	Acute bronchitis and bronchiolitis	557	999	2,293	21,904	538	3,551	29,842
477	Allergic rhinitis	129	1,394	138	44,244	352	551	46,808
493	Asthma	412	1,482	1,916	26,668	1,102	2,001	33,581
692	Contact dermatitis and other eczema	378	1,551	715	15,773	251	701	19,369
719	Other and unspecified disorders of joint	375	2,069	1,304	77,973	2,471	1,987	86,179
V22	Normal pregnancy	37	11,901	75	21,773	962	4,541	39,289

PDX	Description	Non-Prime Enrollees						Total
		MTF ER	MTF NonER	Civ ER	Civ Off	Civ HOPD	Civ Oth	
079	Viral and chlamydial infection in conditions classified elsewhe	5%	6%	10%	71%	2%	6%	100%
309	Adjustment reaction	0%	3%	0%	92%	1%	4%	100%
367	Disorders of refraction and accommodation	0%	4%	0%	95%	1%	0%	100%
372	Disorders of conjunctiva	4%	7%	6%	77%	1%	5%	100%
382	Suppurative and unspecified otitis media	2%	3%	6%	82%	2%	5%	100%
461	Acute sinusitis	1%	1%	2%	89%	1%	6%	100%
462	Acute pharyngitis	3%	3%	6%	80%	1%	7%	100%
465	Acute upper respiratory infections of multiple or unspecified si	4%	7%	6%	77%	1%	5%	100%
466	Acute bronchitis and bronchiolitis	2%	3%	8%	73%	2%	12%	100%
477	Allergic rhinitis	0%	3%	0%	95%	1%	1%	100%
493	Asthma	1%	4%	6%	79%	3%	6%	100%
692	Contact dermatitis and other eczema	2%	8%	4%	81%	1%	4%	100%
719	Other and unspecified disorders of joint	0%	2%	2%	90%	3%	2%	100%
V22	Normal pregnancy	0%	30%	0%	55%	2%	12%	100%

Table 4: MTF Mental Health Access to Care (January 2009 -December 2009)*

ADFM - TRICARE Prime (Days between when the first appointment was made and the visit)	Total	
	CONUS	OCONUS
Visit with mental health provider		
1 day	74.8%	66.2%
2-7 days	11.9%	16.7%
<=7 days	86.7%	82.9%
>= 8 days	13.3%	17.1%
Total appointments	40,839	8,032
Visit with non-mental health provider (where principle diagnosis is MH)		
1 day	46.5%	49.6%
2-7 days	27.1%	30.5%
<=7 days	73.7%	80.1%
>= 8 days	26.3%	19.9%
Total appointments	49,055	4,738

Table 5: ADFM - TRICARE Prime (continuously enrolled from Oct. 1, 2008-Sept. 30, 2009)

Outpatient Visits for MH Conditions	CONUS	OCONUS
<i>Total visits:</i>	1,794,563	44,543
<i>Unique patients:</i>	219,435	10,566
<i>Avg. number of visits per patient:</i>	8.2	4.2
<i>Diagnosis (principal):</i>		
Adjustment disorders	14.8%	11.8%
Anxiety disorders	12.3%	16.4%
Attention deficit, conduct, disrupt behavior	17.6%	29.1%
Delirium, dementia, amnestic	0.3%	0.2%
Developmental disorders	9.6%	1.2%
Disorders diagnosed in childhood	10.0%	3.8%
Impulse control, NEC	0.3%	0.2%
Mood disorders	28.4%	25.9%
Personality disorders	0.3%	1.1%
Schizophrenia and other psychotic disorders	0.8%	0.4%
Alcohol-related disorders	1.0%	1.5%
Substance-related disorders	1.0%	0.8%
Suicide and intentional self-inflicted injury	0.1%	0.1%
Screening and history of MH & SA	1.4%	3.8%
Misc. MH disorders	2.1%	3.8%
<i>Age on Oct. 1:</i>		
<18 years	54.1%	43.7%
18-44 years	42.7%	53.5%

45-64 years	3.2%	2.8%
>=65 years	0.0%	0.0%
<i>Gender:</i>		
Male	38.6%	33.3%
Female	61.4%	66.7%

Table 6: ADFM - TRICARE Prime (continuously enrolled from Oct. 1, 2008-Sept. 30, 2009)

Inpatient Stays for MH Conditions	CONUS	OCONUS
<i>Total stays:</i>	9,836	291
<i>Unique patients:</i>	7,077	229
<i>Avg. number of stays per patient:</i>	1.4	1.3
<i>Total inpatient days:</i>	110,506	2,360
<i>Mean length of stay:</i>	11.2	8.1
<i>Diagnosis (principal):</i>		
Adjustment disorders	4.7%	8.2%
Anxiety disorders	3.3%	8.2%
Attention deficit, conduct, disrupt behavior	3.7%	3.1%
Delirium, dementia, amnestic	0.3%	0.3%
Developmental disorders	0.3%	3.8%
Disorders diagnosed in childhood	1.1%	0.7%
Impulse control, NEC	1.3%	0.0%
Mood disorders	62.9%	25.8%
Personality disorders	0.4%	2.4%
Schizophrenia and other psychotic disorders	4.5%	5.2%
Alcohol-related disorders	6.2%	24.4%
Substance-related disorders	6.5%	3.1%
Suicide and intentional self-inflicted injury	0.2%	0.0%
Screening and history of MH & SA	0.4%	1.0%
Misc. MH disorders	4.2%	13.7%
<i>Age on Oct. 1:</i>		
<18 years	40.8%	28.5%
18-44 years	55.8%	68.7%
45-64 years	3.4%	2.7%
>=65 years	0.0%	0.0%
<i>Gender:</i>		
Male	30.6%	25.4%
Female	69.4%	74.6%

Number of Outpatient Visits per 1,000 Enrollees	CONUS	OCONUS	C/O Ratio
<i>Total:</i>	1237.1	428.4	2.9
<i>Diagnosis (principal):</i>			
Adjustment disorders	182.5	50.4	3.6
Anxiety disorders	152.0	70.2	2.2
Attention deficit, conduct, disrupt behavior	218.2	124.8	1.7
Delirium, dementia, amnestic	3.4	1.0	3.5
Developmental disorders	118.7	5.2	22.9
Disorders diagnosed in childhood	124.3	16.3	7.6
Impulse control, NEC	3.7	0.7	5.2
Mood disorders	351.1	110.9	3.2
Personality disorders	3.8	4.5	0.8
Schizophrenia and other psychotic disorders	9.5	1.8	5.4
Alcohol-related disorders	12.2	6.5	1.9
Substance-related disorders	12.9	3.5	3.7
Suicide and intentional self-inflicted injury	1.8	0.3	6.1
Screening and history of MH & SA	16.9	16.1	1.0
Misc. MH disorders	26.2	16.3	1.6
<i>Age on Oct. 1:</i>			
<18 years	1123.3	318.6	3.5
18-44 years	1413.8	603.5	2.3
45-64 years	1300.8	371.3	3.5
>=65 years	772.3	71.4	--
<i>Gender:</i>			
Male	1368.3	427.7	3.2
Female	1166.8	428.8	2.7
Ratio not calculated if there were <10 visits/stays among ADFM Prime enrollees in CONUS or OCONUS			

Number of Inpatient Stays per 1,000 enrollees	CONUS	OCONUS	C/O Ratio
<i>Total:</i>	6.8	2.8	2.4
<i>Diagnosis (principal):</i>			
Adjustment disorders	0.3	0.2	1.4
Anxiety disorders	0.2	0.2	1.0
Attention deficit, conduct, disrupt behavior	0.2	0.1	--
Delirium, dementia, amnestic	0.0	0.0	--
Developmental disorders	0.0	0.1	--

Disorders diagnosed in childhood	0.1	0.0	--
Impulse control, NEC	0.1	0.0	--
Mood disorders	4.3	0.7	5.9
Personality disorders	0.0	0.1	--
Schizophrenia and other psychotic disorders	0.3	0.1	2.1
Alcohol-related disorders	0.4	0.7	0.6
Substance-related disorders	0.4	0.1	--
Suicide and intentional self-inflicted injury	0.0	0.0	--
Screening and history of MH & SA	0.0	0.0	--
Misc. MH disorders	0.3	0.4	0.7
<i>Age on Oct. 1:</i>			
<18 years	4.6	1.4	3.4
18-44 years	10.1	5.1	2.0
45-64 years	7.6	2.4	3.2
>=65 years	4.5	0.0	--
<i>Gender:</i>			
Male	6.0	2.1	2.8
Female	7.2	3.1	2.3
Ratio not calculated if there were <10 visits/stays among ADFM Prime enrollees in CONUS or OCONUS			

Table 9: ADFM - TRICARE Prime (continuously enrolled from Oct. 1, 2008-Sept. 30, 2009)

Number of Outpatient Visits per 1,000 Enrollees	CONUS			OCONUS		
	Direct	Purchase	%Direct	Direct	Purchase	% Direct
<i>Total:</i>	244.2	992.9	19.7%	416.6	11.9	97.2%
<i>Diagnosis (principal):</i>						
Adjustment disorders	23.7	158.8	13.0%	49.0	1.4	97.1%
Anxiety disorders	33.1	118.9	21.8%	68.1	2.2	96.9%
Attention deficit, conduct, disrupt behavior	71.9	146.3	33.0%	123.3	1.5	98.8%
Delirium, dementia, amnesic	0.5	2.8	15.9%	0.9	0.0	98.0%
Developmental disorders	5.7	113.0	4.8%	4.9	0.3	93.9%
Disorders diagnosed in childhood	14.0	110.2	11.3%	16.1	0.2	98.8%
Impulse control, NEC	0.5	3.2	13.0%	0.7	0.0	98.6%
Mood disorders	61.5	289.6	17.5%	107.0	3.8	96.5%
Personality disorders	1.3	2.5	34.9%	4.5	0.0	99.6%

Schizophrenia and other psychotic disorders	1.2	8.2	13.1%	1.7	0.0	98.4%
Alcohol-related disorders	2.8	9.4	22.7%	5.6	0.9	86.1%
Substance-related disorders	2.9	10.0	22.7%	2.7	0.8	77.4%
Suicide and intentional self-inflicted injury	0.3	1.5	15.4%	0.3	0.0	100.0%
Screening and history of MH & SA	14.1	2.8	83.4%	16.0	0.1	99.2%
Misc. MH disorders	10.7	15.5	40.7%	15.8	0.5	96.9%

Table 10: ADFM - TRICARE Prime (continuously enrolled from Oct. 1, 2008-Sept. 30, 2009)

Number of Inpatient Stays per 1,000 Enrollees	CONUS			OCONUS		
	Direct	Purchase	%Direct	Direct	Purchase	%Direct
<i>Total:</i>	0.5	6.3	7.2%	0.8	2.0	27.5%
<i>Diagnosis (principal):</i>						
Adjustment disorders	0.0	0.3	12.1%	0.1	0.1	58.3%
Anxiety disorders	0.0	0.2	16.8%	0.1	0.2	25.0%
Attention deficit, conduct, disrupt behavior	0.0	0.2	2.8%	0.0	0.1	--
Delirium, dementia, amnestic	0.0	0.0	65.4%	0.0	0.0	--
Developmental disorders	0.0	0.0	81.5%	0.1	0.0	54.5%
Disorders diagnosed in childhood	0.0	0.1	27.1%	0.0	0.0	--
Impulse control, NEC	0.0	0.1	0.0%	0.0	0.0	--
Mood disorders	0.1	4.2	2.6%	0.2	0.5	28.0%
Personality disorders	0.0	0.0	33.3%	0.0	0.0	--
Schizophrenia and other psychotic disorders	0.0	0.3	5.9%	0.0	0.1	13.3%
Alcohol-related disorders	0.1	0.3	19.4%	0.1	0.6	15.5%
Substance-related disorders	0.0	0.4	10.2%	0.0	0.1	--
Suicide and intentional self-inflicted injury	0.0	0.0	76.5%	0.0	0.0	--
Screening and history of MH & SA	0.0	0.0	31.8%	0.0	0.0	--
Misc. MH disorders	0.1	0.2	26.0%	0.1	0.3	30.0%

Direct care percentage not calculated if there were <10 visits/stays among ADFM Prime enrollees in CONUS or OCONUS