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Improve Access to Health Care for Military Families With a Digital Access Assistance Platform

BACKGROUND

Military families rely on a complex health care system that integrates direct care from military treatment facilities (MTFs) with purchased care from TRICARE’s network of civilian providers. The mix of direct and purchased care varies by installation, so families often face a vastly different Military Health System (MHS) from one duty station to the next.

The MHS has policies to facilitate access to care — including [TRICARE access-to-care standards](#) — but these policies sometimes lack MTF compliance or do not address staffing and performance issues. Patients regularly encounter appointment shortages, unanswered phone calls, referral processing delays, and other hurdles to securing service-earned access to high-quality medical care.

Military families must have a more effective option for reporting such problems and finding help navigating the MHS — an option that also increases transparency to beneficiary challenges and leads to greater accountability and oversight of the MHS.

A DESTABILIZED MHS HAS AMPLIFIED ACCESS CHALLENGES

Congress has [acknowledged](#) timely access to quality care has been a longstanding problem in the MHS. Typical MTF appointment shortages have been magnified by congressionally directed MHS reforms and U.S. health care workforce volatility. This has led to MTF staffing shortages and a surge of patient complaints, as reported by a November 2023 DoD Inspector General [Management Advisory](#). DoD’s [strategy](#) to stabilize the MHS acknowledges MTFs cannot deliver timely care to patients at all times, yet puts forward plans to return 7% of beneficiary care to MTFs from the TRICARE network of civilian providers.

While the Defense Health Agency (DHA) cannot control all factors affecting access-to-care, fixable issues must be addressed as DHA returns beneficiaries to a destabilized MHS.

TRICARE ENROLLMENT POLICY TRAPS PATIENTS IN MTFs

TRICARE’s annual enrollment policy further complicates access and can trap TRICARE Prime families in MTFs

that don’t meet their needs. Patients with MTF access problems can’t simply change TRICARE plans to move their care to civilian providers — they must wait until the annual [open season](#) or a qualifying life event ([QLE](#)) such as a geographic move. While commercial health plans lock beneficiaries into coverage levels, TRICARE’s annual enrollment can lock beneficiaries into a single medical facility — making an effective reporting and resolution system vital to patients who can’t seek care elsewhere.

CURRENT OPTIONS ARE INSUFFICIENT

The [avenues of redress](#) for medical access-to-care issues at a military hospital or clinic, as outlined by the DHA Office of the Inspector General:

- Step 1:** Patient Advocate/Relations Office¹
 - Step 2:** Deputy Commander for Clinical Services
 - Step 3:** Commander (Privileging Authority)
- Quality and capacity of Patient Advocate/Relations

DOD HOUSING FEEDBACK SYSTEM: A PRECEDENT FOR TRANSPARENCY, ACCOUNTABILITY, AND OVERSIGHT

Military housing issues reached a crisis point in 2019, partly due to lack of leadership visibility on the severity of problems plaguing some residents such as black mold, unresolved repairs, and rodent infestations.

MOAA appreciates that as part of a broader effort to address housing problems, Congress mandated the creation of the [DoD Housing Feedback System](#) — a publicly available database allowing verified tenants to submit feedback about issues with their housing unit. The system is intended to improve oversight of military housing and ensure resident complaints are addressed in a timely and transparent manner.

In a closed health care system where military families cannot readily seek care elsewhere, it is imperative beneficiaries have robust systems for reporting and addressing access-to-care problems, along with transparency on access-to-care issues to support DoD and congressional oversight.



Congress: Servicemembers and military families must have a better option for reporting and getting assistance with access-to-care problems within the Military Health System (MHS).

Please consider submitting FY 2026 NDAA language to establish a Digital Access Assistance System for MHS patients.

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services vary greatly by MTF — there is no guarantee of receiving assistance at these offices. It is unreasonable and unrealistic to expect patients to seek out MTF leadership to address access problems, particularly in a rank-based environment.

Other avenues to address access concerns fall short: DoD’s Interactive Customer Evaluation (ICE) system, for instance, provides an online problem-reporting option for any military installation issue; some MTF patients use it to report access issues or other problems at military hospitals and clinics. However, ICE has low awareness among beneficiaries, and responses to ICE submissions vary.

Regardless of the redress option, there is almost no transparency regarding the issues patients encounter or the resolution process. It is unclear whether actionable data is compiled and reported to DHA so systemic access issues can be identified and addressed.

RECOMMENDATION: MHS DIGITAL ACCESS ASSISTANCE PLATFORM AND REPORTING REQUIREMENTS

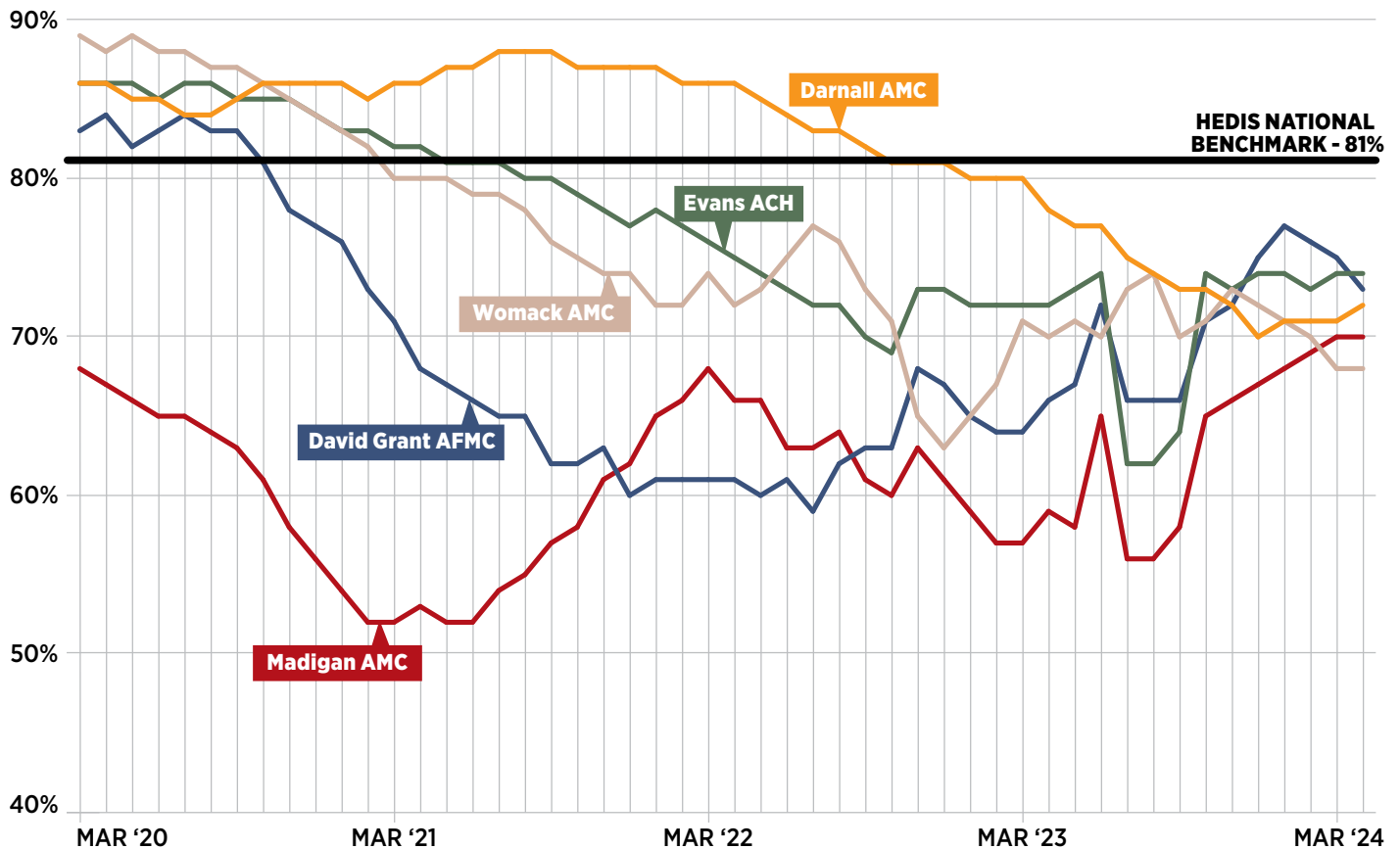
TRICARE policies that restrict access to the civilian network, combined with long-standing MHS access-to-care challenges, highlight the need for a widely accessible and user-friendly digital platform to report challenges in accessing care within the MHS.

MOAA has developed bill text, modeled off legislation for the VA’s [Patient Advocate Tracker Act](#), that would require DHA to establish an information technology system allowing beneficiaries to electronically file a complaint related to access to care and view the status of the issue, including actions taken by the patient advocate or MTF leadership. The system also must enable regular reporting to DHA and Congress on patient-reported problems so systemic issues can be addressed.

¹ DHA OIG ALSO LISTS THE [HEALTHCARE RESOLUTION PROGRAM](#) AS A FIRST-STEP REDRESS OPTION, BUT THIS PROGRAM DOES NOT ADDRESS ACCESS ISSUES. IT IS INTENDED TO RESOLVE PATIENT ISSUES RELATED TO UNEXPECTED OUTCOMES OR QUALITY-OF-CARE ISSUES SUCH AS MEDICAL ERRORS, MISDIAGNOSIS OR DELAYED DIAGNOSIS, OR UNEXPECTED DEATH.

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE — SELECT MTFs

Measure: % of babies who have six well-child visits in their first 15 months of life. Lower rates of military well-child visits versus the national average indicate potential access-to-care challenges.



KEY: **MADIGAN AMC** – Joint Base Lewis-McChord, WA; **DAVID GRANT AFMC** – Travis AFB, CA; **WOMACK AMC** – Fort Bragg, NC; **EVANS ACH** – Fort Carson, CO; **DARNALL AMC** – Fort Cavazos, TX

CHART DATA SOURCE: HEDIS NATIONAL BENCHMARK; MTF QUALITY AND SAFETY REPORTS – MADIGAN, DAVID GRANT, WOMACK, EVANS, DARNALL