COAST GUARD HEALTH CARE

Additional Actions Could Help Ensure Beneficiaries’ Access

What GAO Found

GAO found that the location of Coast Guard units may contribute to challenges accessing medical and dental care through TRICARE—the Department of Defense’s health plan, administered by the Defense Health Agency (DHA). For instance, Coast Guard active duty personnel and their dependents are more than twice as likely as the personnel and dependents from the other military services to be enrolled in TRICARE Prime Remote (see figure). Such enrollment means they are stationed in an area that is more than 50 miles away from a military medical treatment facility. Almost 40 percent of Coast Guard clinics (17 of 43 clinics) are located in medically underserved areas, which indicate a shortage of primary care services. Additionally, 25 percent (11 of 43 clinics) are located in areas with at least one type of health provider shortage (primary care, mental health, or dental).

Why GAO Did This Study

In support of its missions, the Coast Guard is tasked with providing health care to its active duty personnel and ensuring the availability of health care for their dependents. Coast Guard personnel have access to limited outpatient care at Coast Guard clinics. These personnel and their dependents may also obtain medical care and dental care from military facilities and civilian providers through TRICARE.

The William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 included a provision for GAO to review the Coast Guard health care system. This report examines, among other objectives, challenges Coast Guard beneficiaries face accessing medical and dental care through TRICARE, the extent to which the Coast Guard monitors TRICARE access, and what data show about beneficiaries’ TRICARE access.

GAO reviewed relevant Coast Guard and TRICARE documents and analyzed access-to-care data for Coast Guard beneficiaries for 2018 through 2021 (most recent available). GAO also interviewed Coast Guard and DHA officials as well as officials from six Coast Guard clinics selected for variation in geographic location and number of medical staff.

What GAO Recommends

GAO is making seven recommendations, including that the Coast Guard and DHA agree to share access data and that the Coast Guard monitor access to TRICARE for Coast Guard beneficiaries. The Department of Homeland Security concurred with our recommendations. The Department of Defense did not provide comments.

View GAO-23-105574. For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov

Percent of U.S. Coast Guard Beneficiaries Enrolled in TRICARE Prime Remote Compared to Beneficiaries of Other Military Services, as of October 2022

<table>
<thead>
<tr>
<th>Branch of service</th>
<th>Personnel (in percentage)</th>
<th>Dependents (in percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coast Guard</td>
<td>15.8</td>
<td>16.9</td>
</tr>
<tr>
<td>All other services</td>
<td>6.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>16.9</td>
<td>4.9</td>
</tr>
<tr>
<td>All other services</td>
<td>4.9</td>
<td>4.9</td>
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Source: GAO analysis of TRICARE managed care support contractor data. | GAO-23-105574

GAO found that the Coast Guard conducts ad hoc monitoring of its beneficiaries’ access to TRICARE, but it does not routinely analyze data from DHA and its contractors to monitor access. No formal agreement exists between the Coast Guard and DHA to facilitate the sharing of data for care provided at DHA medical facilities. Obtaining and routinely monitoring TRICARE access data would better position the Coast Guard to identify and address potential access concerns to help ensure that its beneficiaries are receiving timely care.

GAO analyzed DHA and contractor data on Coast Guard beneficiaries’ access to care through TRICARE, and found that their access to primary and dental care generally met DHA’s access standards. However, access to specialty care varied by source and type of care. Specifically, beneficiaries accessed routine specialty care from DHA medical facilities within its standard of 28 days, but access to such care from civilian providers sometimes took longer. For example, the average days to care for obstetrics and gynecology services ranged from 27 to 40 days, and the average for dermatology ranged from 31 to 41 days. Similarly, Coast Guard beneficiaries’ accessed mental health care at DHA medical facilities within 28 days, but it took on average up to 41 days to be seen by a civilian psychiatrist for routine care. When referred for urgent psychiatric care, where care is expected to be received within 3 days, average days to care ranged between 18 and 32 days. TRICARE contractors told GAO access may exceed standards for reasons such as provider availability and beneficiary preference.