

### Health Care Provider Awareness of the Military Status of Patients: Asking the Question

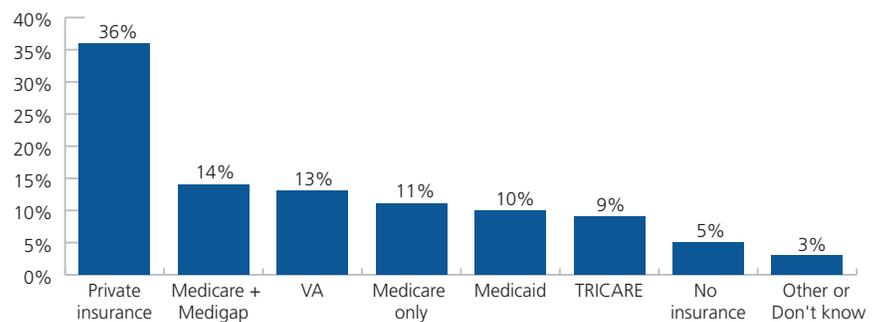
Physicians and other health professionals recognize the significance of understanding each patient's health, family, and social history. Military service, however, is often overlooked as part of a patient's personal history and recently has been dubbed the "unasked question."<sup>1</sup> How often this question goes unasked remains unexamined thus far, yet failing to ask about military service can have critical health care consequences, as current and former military personnel are at greater risk for poorer health and chronic physical and mental conditions.<sup>2</sup> Further, health care access barriers persist for a significant portion of active military personnel and veterans despite access to military health care, insurance, and use of the Department of Veterans Affairs (VA) health services.<sup>3,4</sup>

This *Analysis in Brief* (AIB) examines whether U.S. health care providers ask about their patients' military service and presents data on health care access for the nation's military personnel and veterans. Information about the prevalence of the "unasked question" may encourage medical educators in U.S. medical schools and teaching hospitals, where many current and former military service personnel receive their care, to introduce curricular or clinical experiences in medical training that address this important issue.

#### Methods

The data in this AIB come from the June 2013 AAMC Consumer Survey—a national biannual online survey focusing on health care access.<sup>5</sup> Recruited via email from an external firm's online panelists, a total of 8,220 people answered an initial filter question: "In

Figure 1: Percentage of military survey respondents by health insurance coverage\*



\* Military designation includes current and former active duty military and veterans; health insurance coverage was reported for the most recent time respondents needed health care.

the last 12 months, did you or a health care professional believe you needed any medical care?" To represent the U.S. adult population more accurately, data were weighted by key variables including sex, age, race and ethnicity, employment status, education, household income, and geographic region. Respondents who indicated they needed care were then prompted to complete the survey, resulting in a final weighted sample of 3,526. This final sample was stratified by age and insurance status with quotas for age-insurance combinations. Survey respondents were asked about their health care access, quality, and utilization; military service status; and whether they have ever been asked by a health provider if they have served in the military.

#### Results

Of the respondents who needed care, 17 percent reported that they were

current or former military.<sup>6</sup> Less than half (43 percent) of the military respondents recalled ever having been asked by a health provider if they had served in the military, and one-fifth (20 percent) of non-military respondents reported that a health provider had asked them this question (data not shown). A larger percentage of current and former military service personnel had private health insurance (36 percent) than any other type of coverage during the most recent time they needed health care, including either TRICARE<sup>7</sup> insurance or VA services (9 percent and 13 percent, respectively; see Figure 1). Yet, when compared with other insurance types, the privately insured were among the least likely to be asked about their military service (see Figure 2).

Obtaining care and having a usual source of care and health insurance are common access metrics. The majority

1. Brown JL. The unasked question. *JAMA*. 2012;308(18):1869-70.  
2. Smith TC, Jacobson IG, Hooper TI, LeardMann CA, Boyko EJ, Smith B, et al. Health impact of US military service in a large population-based military cohort: findings of the Millennium Cohort Study, 2001-2008. *BMC Pub Health*. 2011;11:69.  
3. United States Department of Veterans Affairs. Health benefits: veteran eligibility. Available from: <http://www.va.gov/healthbenefits/apply/veterans.asp> or <http://hbexplorer.vacloud.us/>; 2013.  
4. Himmelstein DU, Lasser KE, McCormick D, Bor DH, Boyd JW, Woolhandler S. Lack of health coverage among US veterans from 1987 to 2004. *Am J Pub Health*. 2007;97(12):2199-2203.  
5. For a more complete methodology of the survey, see <http://content.healthaffairs.org/content/32/6/1135.full.pdf+html?ijkey=HzczsCQ8Clow&keytype=ref&siteid=healthaff>.  
6. This number includes 101 National Guard and Reservists, 59 current active duty and 432 former active duty.  
7. TRICARE is a public-private health plan for military personnel operated under the auspices of the Assistant Secretary of Defense.

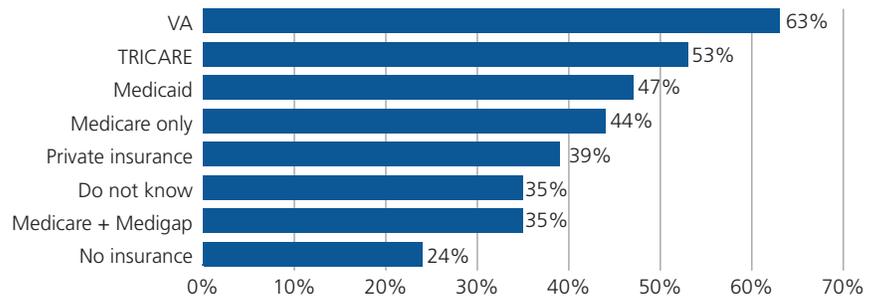
of the military respondents were always able to find care (88 percent). However, at least one in 10 (12 percent) was not able to get care when needed, and one-tenth of the military respondents (10 percent) reported that they had no usual source of care. Though less likely than non-military respondents to be without health insurance, 5 percent of current and former military respondents reported having had no health insurance during their last medical care episode (see Supplemental Information for comparative figure).

### Discussion

Findings from this survey suggest that as those who have served in the military move into the private sector health care system, their military status may be increasingly under-identified, and current and former military personnel relying on private health care insurance may be indistinguishable from other patients in private health care settings. These findings are consistent with the literature, which reports that since 2001, more than 1.4 million service members who have left the military after serving now may be receiving their care from civilian providers.<sup>8</sup>

Many of these individuals also may struggle with the need to negotiate a “dual care” system that involves dealing with both VA and private sector health care providers. Contending with multiple systems reduces the likelihood of reporting a single usual source of care, and it also may impinge upon continuity of care,<sup>9</sup> including an increased likelihood that any providers seen in the private sector will not know that they are treating someone with a military service background. Without this crucial element of patients’ histories, the quality of their health care may be compromised. Further, despite the existence of a health care system created and maintained specifically for them, eligibility criteria must be met to receive care at the VA,<sup>3</sup> and results show that a sizeable share of the military population still grapples with health care access issues.

**Figure 2: Percentage of military survey respondents who recall being asked by a provider about military service, by health insurance coverage\***



\* Military designation includes current and former active duty military and veterans; health insurance coverage was reported for the most recent time respondents needed health care.

While asking about military service as part of a patient’s history is a critical first step in better discerning who is coming to the physician encounter with service-related health needs, we suggest that simply asking *if* they have served is not enough. Health care providers have the opportunity to address the unique health needs of the military population based on how, when, and where the person served. These insights can help shape changes the medical education community makes to increase awareness around this issue particularly as many medical trainees will practice outside the military system, where military personnel are often indistinguishable unless directly asked these questions. These data illustrate the need for initiatives like *Joining Forces*,<sup>10</sup> which works to increase providers’ and trainees’ knowledge of how military service impacts health and wellness.

Limitations of this study include its reliance on a non-random sample of internet panelists. To adjust for unequal representation of key characteristics, data were weighted to reflect the adult population in the United States, but the sample still may differ from the adult population along other attributes. Our sample included only those who indicated that they or a health care

professional believed that they needed medical care at least once within the past year, so our findings are generalizable only to persons needing care. Also, respondents were asked to recall if they had been asked about military service, however, some may have been asked and don’t remember or the information may have been available to the provider elsewhere (e.g., in the medical record).

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8. Sessums LL, Jackson JL. Care of returning military personnel. *Ann Intern Med.* 2013;159(1):itc1-1-itc1-16.

9. Kizer KW. Veterans and the Affordable Care Act. *JAMA.* 2012;307(8):789-790.

10. For more information, visit <http://www.whitehouse.gov/joiningforces>.