How Deployments Affect the Capacity and Utilization of Army Treatment Facilities

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The Army wished to understand whether the Army’s Force Generation (ARFORGEN) cycle created ebbs and flows in the ability of military treatment facilities to provide care and respond to changing family needs as soldiers and care providers deploy and return home. This study examines how the cycle affects capability and soldier health care utilization at Army military treatment facilities and how it affects family health care utilization.

RESEARCH QUESTIONS

• How does the deployment cycle affect capacity and beneficiary utilization at Army military treatment facilities (MTFs)?
• How does the deployment cycle affect family health care utilization?

KEY FINDINGS

Effects of the deployment cycle on capacity and beneficiary utilization

• Soldier health care utilization decreases in aggregate with deployments, but nondeploying soldiers utilize more health care while their units are deployed.
• MTF capacity is not greatly affected when soldiers and care providers deploy. In aggregate, family member access does not appear to be impinged when soldiers deploy, and MTFs may be slightly less busy.
• The deployment cycle affects installations differentially. The portion of soldiers that deploy from an installation and the portion of providers that deploy from the MTF are two factors that vary across installations and can affect changes in the demand for care and availability of appointments at the MTF.

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Effects of the deployment cycle on family health care utilization

- Spouses and children of single parents were less likely to utilize MTF care when soldiers deployed and were noticeably more likely to utilize care outside their area.
- All categories of family members shifted their care from MTFs to civilian providers during deployment.
- Spouses and children utilized more mental health care for stress- and depression-related diagnoses when soldiers in the family deployed. Spouses also increased utilization of antidepressants.
- Decreases in MTF utilization and increases in civilian care outside the catchment area were greater for younger Army families.