

NC Pediatricians Value CCNC; Concerned About Proposed Waiver Changes on Access to Care for Children

Responses to Open Ended Question on NC Pediatric Society Survey July 2016

(Survey sent to 1222 pediatricians in July 2016; 236 responded)

In July 2016, the NC Pediatric Society surveyed pediatricians about the proposed waiver submitted by the State of North Carolina to the federal Centers for Medicaid and Medicare Services (CMS) in June 2016. Respondents were provided the opportunity to submit open ended replies to the questions. A few strong themes emerged: passion for caring for children, deep concerns about their ability to provide that care given proposed changes, appreciation for the many supports offered by Community Care of North Carolina (CCNC) and concerns about how MCOS in particular could impede quality care. (No question asked about MCOs in particular.) Sample responses are noted below.

NC Pediatricians Want to Care for Kids, but Frustrated and At-Risk of Burning Out or Going Under

A physician, any physician, has a moral obligation to serve the patients in their community. That many practice selection of patients who have better insurance may not be illegal, but it is certainly not okay. Right now, I am 85% Medicaid and our practice complexity is 1.9 x state average. My salary has averaged from 18,000 to a high of 60,000 yet we save Medicaid \$750,000,000 by decreasing hospitalizations, Emergency Department bounce backs and writing fewer prescriptions.

I don't limit Medicaid now because I don't think it is morally acceptable, and I am lucky enough to have a husband who does not mind the fact that I make little money despite long ours...bitter.....yes.

I would hope that this (practices not accepting Medicaid plans) really would not be an option for practices as these are the kids that need pediatricians. I do not believe there is anything wrong with the current system.

I filed for bankruptcy in 4/16, but I am determined to stay here and continue practicing. After 25yrs here, I have grown to love the area.

I practice in such a rural area, I cannot ethically stop seeing Medicaid children. I will not be able to provide the services they need.

North Carolina is at significant risk of losing very talented and dedicated physicians, nurses and administrators to other states.

We are the largest Medicaid providers in our area and will not turn anyone away. We will be forced to see more patients with less funding that will stress our system.

As a solo practitioner, adding complexity and decreasing reimbursement will pressure the need to contain overhead beyond our own frugal structure.

Our providers have lower salaries as a result and while we advocate for our employer to more fairly compensate us, we take the salary cut to see Medicaid patients to provide good, reliable and dignified care for them and their families. This passion and care is rewarded with lower compensation, coding restrictions and more hassles.

We currently take it (Medicaid) because we think it is the right thing to do, not because it is lucrative. If it costs us more in man hours to deal with Medicaid, we will opt to stop.

NC Pediatricians are Concerned that the Fundamental Structure of the Proposed Waiver will Compromise Quality of and Access to Care

I think this proposed overhaul of NC Medicaid and the dissolution of CCNC is a travesty and will significantly negatively impact the ability of pediatricians to provide quality care for the children of NC!

The more complex the system, the less likely pediatric medical and surgical subspecialists will be to accept these patients. As the hassle factor increases, access to pediatric specialists decreases. It could be a North Carolina disaster for children.

70% of our patients are Medicaid so we will have to do something. Just upset that the current plan that is working for kids is being changed.

Complexity lowers patient access, compliance, and outcomes.

The proposed change goes in the OPPOSITE direction of population health, which we know is the key to value-based care.

Will just frustrate providers and decrease access

I am an independent practice Sub-specialist. I think I have to try to remain available to everyone. But it depends on administrative burden.

I think these changes will do nothing except increase complexity, increase overhead, decrease physician income and - ultimately - make access much more limited for Medicaid children.

Since insurance companies are all about cutting costs, I don't see how we will be able to survive this change. Those of us in the trenches are constantly having to do more and make less- We haven't had a raise in three years despite COLA increases. Adding complexity to the health care system is a giant step in the wrong direction. Adding more layers of administration increases health care costs and decreases what is available for patients.

Whoa--this is way more complex than we have now. Our staff will need to know what each different plan covers, how to access services, keep up with different metrics. This would add to our overhead work and decrease time available for patient care.

The administrative burden will greatly increase the cost of providing care to our at Medicaid population, which is an already at risk group. We struggle with sustaining the cost of excellent care that we currently provide. Pediatricians already function on small margins. There is not a reserve to support the higher administrative costs of interfacing with multiple Medicaid Managed Care/Cash Organizations. Huge administrative burden- it already takes months for children to get their cards. This is a nightmare for the children of the state and we are working on plans for transitioning our practice off of Medicaid if this multiple Medicaid payer system happens

It was fun having a model Medicaid program while it lasted. I am sorry for the children and really sorry for the taxpayers.

NC Pediatricians Say CCNC is an Important Support to Providing Quality Care for Children in NC

CCNC is a national model and an example for other states as one of the best Medicaid programs in the country. Losing CCNC to this proposed new Medicaid model would be a disaster for NC.

CCNC has continuously improved care and health outcomes for children while simultaneously reducing costs. I do not see how moving from one care manager and one set of metrics with CCNC to multiple care managers with multiple sets of metrics for each PHP will be good for the health of children.

An unknown added feature of our current CCNC/CCWNC healthcare management system was the millions of dollars of grant funding that was brought in each year that helped support patient care projects without added cost to the taxpayer or government. MCOs will result in the loss of these additional funds. Controlling the quality of patient care will become nearly impossible with multiple MCOs involved. The administrative costs to pay for this oversight will be added to the higher costs of maintaining participation in multiple MCOs. It is difficult for those individuals outside of a healthcare organization to understand how expensive this will be. Administrative costs are already far outpacing the costs of providing healthcare. Decreasing administrative costs is where we can save resources and redirect them to patient care.

CCNC has been helpful in coordinating care for children and parents in NC.

CCNC has been a great resource for our state. I feel eliminating this organization and the future plan will hurt NC kids on Medicaid.

CCNC have a proven track record of being effective, and there is already burdensome paperwork and record keeping associated with healthcare mandates. The money should be reinvested in providing more care for children and better compensation for medical providers. Some needed positions are compensated poorly or not at all. It is not helpful to have a "middle man" who cuts a cut of the money strictly for administration of complex and varied systems.

Wasteful to change a good system. Why re-invent the wheel?

For me, as a small business owner and local pediatrician, CCNC has been one of the only redeeming aspects of interfacing with the current Medicaid system. CCNC is the only Medicaid-affiliated body that seems to welcome my engagement and ideas to help improve current system efficiencies and patient care.

The federal government has held up CCNC as a model for the country; it has taken us 25 years to develop the CCNC we know today; CCNC can deliver the product the General Assembly wants; we do not need multiple PHP's to add complexity to our practices and confusion to our patients' attempts to access health services

CCNC brought excellence to health informatics and care management. Dividing these functions among multiple PHPs will increase fragmentation and complexity.

Having a nurse case manager for my complicated patients, either medically or socially complicated, allows me to spend my time seeing patients, not coordinating their care.

CCNC is an outstanding model get several other states have looked to replicate. It would be a huge mistake and a significant step back in the care of children to eliminate it.

CCNC has been essential to our care for patients, particularly the complex patients, in all the services they provide. Rural northeastern NC Medicaid patients will suffer and no new providers will accept the low compensation.

CCNC is a nationally recognized care management and practice support organization that has been indispensable in helping us care for our complicated patients. CCNC is in place with strong relationships with hospital, practices, Health Departments, and county Departments of Social Services. It would take years if ever for an MCO or PLE to duplicate CCNCs function or cost savings. CCNC is a proven benefit!

Eliminating CCNC, one of the country's most successful Medicaid programs, is a fools errand...NC will suffer -- its healthcare system, its children and families, and taxpayers. All improvements require change, but not all changes are an improvement...eliminating CCNC will very likely increase costs and decrease quality.

Dissolving CCNC would be devastating to our families. Working to improve its effectiveness in other ways would be financially simpler and far better for our patients' families.

NC Pediatricians Have Concerns About MCOS

I am concerned that these entities will only be competing to lower their costs. I fear they will limit access to care and ration care in order to achieve this objective.

It seems that the proponents of the MCO plan have a revisionist history. It has been tried many times before, with disappointing results. I do not hear any substantive arguments as to why it would be better in North Carolina this time around.

The MCO'S will get patients by advertising. They will not pay docs more! There will be no "competition"!

MCO can't make money without reducing reimbursements to providers or reducing services covered for patients. THERE ARE PLENTY OF EXAMPLES HOW MCO HAS MADE A MESS FOR PATIENT IN CA, NJ, NY, AND GA JUST TO NAME FEW, OTHER STATES HAD TO REVERT BACK TO STATE MANAGED MEDICAIDS AND KICKING OUT MCO. HENCE PLEASE DON'T BRING MCO IN NC

The practice of effective health care does not follow the commonly held belief that competition makes care better. There are many examples that date back to the 1990's that show how costs go up, leaving less for patient care, when MCOs, medical cash controlling organizations, compete. When an organization like CCNC or CCWNC is dedicated to developing care support infrastructure, and the providers of the actual patient care compete to adopt the best practice measures identified, then care does improve. MCOs (Managed Care/Cash Organizations) do not improve care, they only increase administrative costs.

The MCOs compete for lowest reimbursement and to maximize profit to the MCOs at expense of patient care just like Aetna and United do now

When making your push to "fix" this system that is not broken, please consider keeping pediatrics out of the experiment. Pediatrics is not the cost center for Medicaid. Pediatrics should be left as it is as much as possible. There doesn't need to be any more barriers (cost or complexity) for children to receive healthcare. We are the patient centered medical home for the children of NC, let us continue to do what we do best and take care of the children rather than turn our focus to figuring out how to survive in an MCO capitated healthcare environment.

I worry that complexity in Medicaid reform may lead to less providers accepting Medicaid, driving up costs due to excessive ED utilization and lack of continuity for chronic conditions such as asthma and ADHD.

Medicaid is the provider of last resort – no network maintenance, no advertising for patients, no execs, no CEOs, no shareholders. All of whom will be paid before US. Slapping on a layer of feeders is not helpful.

NC DMA and CCNC have succeeding in creating one of the nation's most efficient Medicaid programs. Scraping this and turning it over to for-profit MCO's will harm children and their families.