

NC Pediatricians Responding to NCPeds Survey Say Proposed 1115 Medicaid Waiver Will Reduce Access and Quality of Care for Children

July 2016

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. Questions were multiple choice with an opportunity to write-in comments as well. The survey was sent via email to the 1,222 pediatrician members of the NC Chapter of the American Academy of Pediatrics from June 30 to July 7 2016. There were 236 responses.

95% of responding pediatricians do not support the proposed changes for NC: Asked “do you overall support the proposed changes to Medicaid in NC, 86% said no, 9% weren’t sure, and 5% of respondents said yes.

More than 85% of responding pediatricians do not think the competition required by the waiver will be good for child health. Of respondents, 59% said that competition will do more to increase complexity than to improve results; 20% have heard concerning issues from colleagues in other states; 7% had concerns for other reasons. Write-in responses included concerns such as profit motives of plans, no evidence of improved results historically or from other states, and poor prior experiences with NC’s mental health reform efforts. Just 4% of respondents replied that PHPs will be motivated to make investments to help with determinants of health and provide strong supports to practices; 6% weren’t sure/didn’t know what the impact on child health would be.

Responding pediatricians noted that they were concerned children would lose access to both primary care and specialty care: About two-fifths of respondents (39%) said that they would limit the number of Medicaid or Health Choice patients they treated. Comments included remarks such as “I am concerned about what restrictions there will be for diagnostic studies and treatments for those with developmental disabilities are rare diseases that we now see and follow;” “This kind of “competition” is just going to reduce access. It was fun having a model Medicaid program while it lasted. I am sorry for the children and really sorry for the taxpayers;” “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;” “I am now the sole provider in a rural practice. We have been struggling financially for the last three years as our population is primarily Medicaid insured. We are just too small to count.”

NC pediatricians are concerned about a likely financial hit under the proposed waiver – with negative consequences for children and the local economy. Pediatricians are already concerned about the recent roughly 25% cut to Medicaid rates with the loss of the ACA bump and additional state cuts. About three quarters of respondents (73%) think they will be paid less for Medicaid patients under the new proposed waiver plan. More than a third of respondents said that additional cuts would lead to freezing salaries (38%); limiting taking new Medicaid or Health Choice patients (45%); and limiting the total number of patients with public health insurance (39%). These limits will mean less care for children and fewer jobs in communities.

Survey results suggest that health care capacity will be lost and that access for all children will be reduced under the proposed waiver plan. More than a quarter of responding physicians said they would cut staff (29%) and/or not fill vacancies (27%). Examples of staff likely to be let go or not filled included asthma educator, support staff and administration, lactation consultant, social worker and child psychologist. One in five of responding pediatricians (21% - 49 doctors) anticipated retiring earlier than otherwise planned. This loss of capacity will impact access to health care for all children in the community, not just those with public health insurance.

Responding pediatricians appreciate the supports of CCNC: when asked if they supported current CCNC functions being handled by PHPs, 86% said no; 5% said yes and 9% weren't sure. Many pediatricians noted that this is a home-grown model with substantial local support and proven outcomes. Sample comments include "CCNC is an example of a physician-led organization which has achieved cost controls and improved deliver of care. I cannot see the logic of eliminating it;" "CCNC is not perfect, but at least we know what we have, as opposed to the potential dumpster fire that is around the corner," and "we love what CCNC has done for our practice."