

## Results from the First Network Consult Survey

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### ABOUT THE SURVEY

Carolina Complete Health is the only managed care plan in North Carolina's transformed Medicaid system that is a provider-led entity. As its part-owner and partner, Carolina Complete Health Network works with physicians and clinicians to help improve health and health equity at lower cost.

The *Network Consult* survey was designed to ensure our actions align with the needs of physicians and clinicians. We fielded the survey in the last two weeks of May 2021. Invitations were embedded as a link in an edition of the North Carolina Medical Society's regular email, *Morning Rounds*.

The brief survey was hosted on Survey Monkey and comprised nine closed-ended questions and two opportunities to provide written comments. The survey took about five minutes to complete.

Eight of the nine closed-ended questions addressed specific features of the plan and the Network: the mission and culture of the Network (the network mission, capabilities, and advocacy role); leadership of the Network and the Plan (which organizations founded the plan and network and who sits on the board); and the activities the Network performs (resources we offer, who does the work, and who influences the work). Responses to the questions were on a five-point Likert scale that ranged from not important to very important. The remaining closed-ended question ascertained whether the respondent was employed or in independent practice.

### SUMMARY OF FINDINGS

At the end of May 2021, members of the North Carolina Medical Society were surveyed on the mission and activities of the provider-led entity at the heart of the state's Medicaid transformation: the Carolina Complete Health managed care plan and its owner and partner, Carolina Complete Health Network.

#### Here are the survey results:

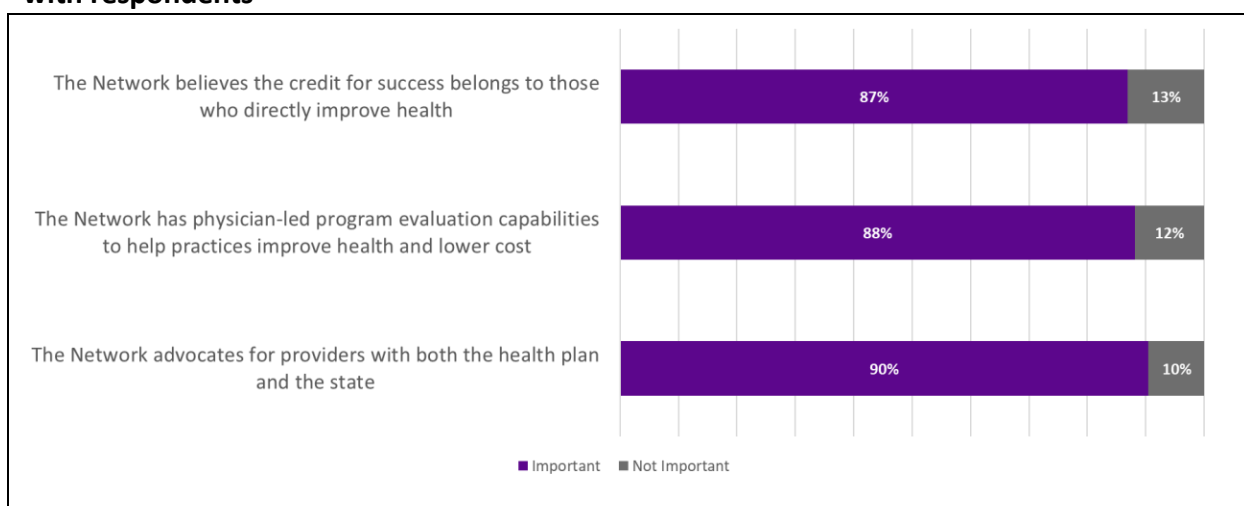
- Physicians and clinicians thought the core mission and activities of both the plan and the Network were important.
- In fact, 90% of respondents (the most for any question) thought the following two characteristics were particularly important:
  - Physicians greatly influence the medical policies of the plan
  - The advocacy role of the Network
- Respondents also described in their own words their concerns about the transition. The most common responses conveyed dislike of the change, concerns about reimbursement, physician/clinician burden, and patient access.

Two open-ended questions asked respondents what concerned them the most about Medicaid transformation and how the Network can help as the system transforms.

## SURVEY RESULTS

The mission and culture of the Network in particular resonated strongly with respondents (Figure 1). Approximately 90% of respondents endorsed each of the three features as either important or very important.

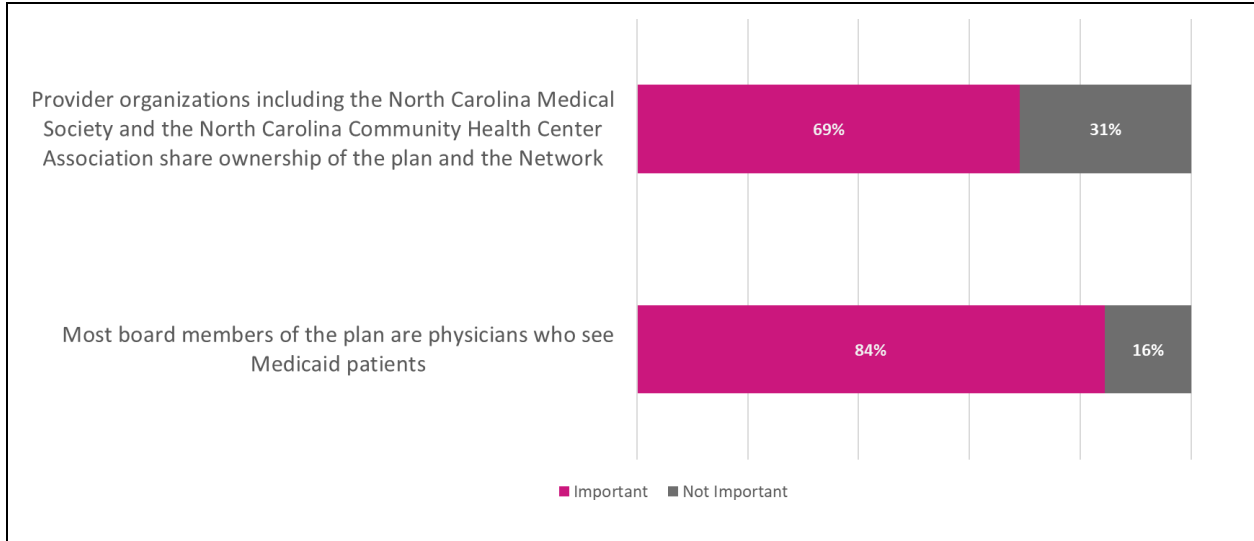
**Figure 1. The mission and culture of the Network. All three features resonated strongly with respondents**



Notes – “Important” means the respondent rated the feature as *very important* or *important* along a 5 point scale. “Not important” means the feature was rated lower than that. 83 people responded.

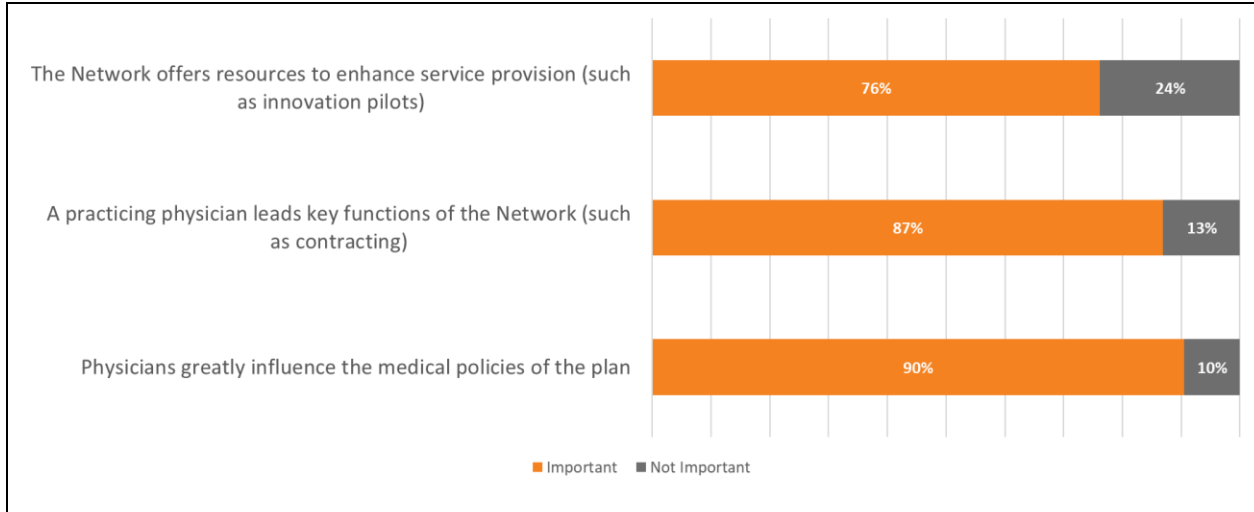
Both leadership of the Network and Plan (Figure 2) and the activities we perform (Figure 3) were also rated highly, but at slightly lower levels than the mission and culture. The fact that physicians greatly influence the medical policies of the plan and the fact that a practicing physician leads key functions of the Network. Respondents were rated as important or very important by 90% and 87% of respondents respectively (Figure 3). All features of the plan and Network were considered important: at least 70% of respondents endorsed each feature as important or very important.

**Figure 2. Leadership of the Network and plan. Most respondents thought physician/clinician organization ownership and physician board membership were important**



Notes – “Important” means the respondent rated the feature as very important or important along a 5 point scale. “Not important” means the feature was rated lower than that. 83 people responded.

**Figure 3. The activities we perform. Nearly all respondents thought it was important that physicians influence the medical policies of the plan**



Note – “Important” means the respondent rated the feature as very important or important along a 5 point scale. “Not important” means the feature was rated lower than that. 83 people responded.

We collated the responses to the two open-ended questions and categorized them by themes. With regard to what concerns the respondent the most about Medicaid transformation, the most common themes were reimbursement, burden, access, and dislike of the change (Figure 4). Regarding how the respondent would like the Network to help, the most common themes were needing information, care for the patient, and advocacy for physicians, clinicians, and/or patients (Figure 5).

**Figure 4. What concerns you the most about Medicaid transformation? Top 3 themes.**

Tagged theme	Statement count	Example of text in statement
<b>Physician/clinician reimbursement</b>	17	“not getting paid quickly”
<b>Physician/clinician burden</b>	13	“Introducing another layer of preauthorization to take care of patients”
<b>Patient access</b>	12 (joint third)	“Confusion and delayed care for patients.”
<b>Dislike of the change</b>	12 (joint third)	“Decisions will be made by physicians who do not have a great deal experience in presently doing primary care especially with Medicaid patients.”

Table Notes – 71 people responded to the question. Some respondents made more than one statement. So, for any given theme, the number of statements for a theme may be more than the number of respondents.

**Figure 5. How can the Network help you as the Medicaid system transforms? Top 3 themes.**

Tagged theme	Statement count	Example of text in statement
<b>Information</b>	16	“Guidance to help with roll out & enable practices to continue to provide care without interruption or excessive administrative burdens.”
<b>Patient</b>	8	“Defend the poor who need the care.”
<b>Advocacy</b>	7	“Advocating not only for the needs and health of the patient but also for the providers who are on the front line providing services.”

Table Notes – 62 people responded to the question. Some respondents made more than one statement. So, for any given theme, the number of statements for a theme may be more than the number of respondents.

The survey had 83 respondents, with good representation from those not in our current contract regions (26 respondents, or 31%, were outside of our current contract region). Text responses to the two open-ended questions were provided by 71 and 62 respondents respectively. Approximately 50% of respondents were employed (versus independent practice).

In general, the findings did not depend on whether respondents were inside or outside our current contract region. There were some small differences in regard to the ranking of which feature was considered important or very important. Whereas the feature most endorsed by in-region respondents was that the Network advocates with the plan and the state (90%), the feature most endorsed by out-of-region respondents was that the Network believes the credit for success belongs to those who directly improve health (96%).

## CONCLUSION

Knowing that core features of the plan and the Network matter to physicians and clinicians will help us support you as Medicaid managed care evolves. The results from this survey suggest our mission, who leads us, and what we do are important to physicians and clinicians. The survey responses also raised clear concerns about transformation, such as reimbursement for physicians and clinicians, patient access to care, and increased physician and clinician burden.

We see this brief survey and report as the beginning of the conversation around transformation. We plan a series of related brief surveys that will provide further insights about Medicaid transformation, and we ask you to keep an eye on your inbox for an invitation to further provide input.

## ADDITIONAL INFORMATION

For more information, please contact Peter Bird, Vice President of Strategy and Performance at CCHN: [pbird@cch-network.com](mailto:pbird@cch-network.com).