

SUMMARY OF RESULTS FOR CHILDREN

As a whole, the survey results across the three delivery modes show high levels of satisfaction with health care services received by the target children. Respondents were also overwhelmingly pleased with their interaction with the healthcare providers that treated their children. Furthermore, the vast majority of respondents reported few barriers to access, either actual or perceived. Given these highly favorable findings in all three of the service delivery modes, the suggestions for improvement should be seen as an option available to a statewide Medicaid program that provides a high level of access to quality services. In addition, few of the many survey questions resulted in statistically significant differences either among the delivery modes or between the chronic and non-chronic children. These findings suggest that in general, the three delivery modes are providing comparable levels of quality services with high levels of satisfaction on the part of all recipients. The differences that are highlighted, therefore, should not eclipse this fact.

Across the delivery modes the majority of respondents reported their child's health as "Excellent" or "Very Good." There were no significant differences among the delivery modes. The reported health status of children in the chronic group was less favorable than that of the non-chronic children, as would be expected.

The majority of respondents reported that their child had personal physician at the time of the survey. However, there is room for improvement across the Medicaid system since no more than 80% of parents reported that their child had an identifiable personal physician at survey time. Parents with a child in Carolina ACCESS were the most likely to report that their child had a personal doctor. Quite favorably, most children who did have a personal physician appeared to have a fairly good level of continuity of care. Approximately one-half of the parents reported a relationship between a personal doctor and their child of between 12 months and 5 years. ACCESS II/III had an astounding number of respondents (48%) report a relationship of greater than 5 years.

As for perceived barriers to care for children, the majority of parents reported that it was "not a problem" to find a satisfactory personal doctor, obtain a referral to a specialist, access prescription medications, medical equipment, counseling and special therapy, or obtain urgent care as needed. However, the parents with a child in the HMOs were more likely than their counterparts in the other delivery modes to report problems in obtaining a referral to a specialist, or access to counseling and special therapy. As has been previously reported, note must be made of the fact that behavioral health, special therapy and prescription benefits were "carve outs" in the HMO contracts, meaning that the HMOs were not responsible for providing those services to Medicaid beneficiaries.

The survey also addressed reported utilization of services. Most parents reported making an appointment for their child in the six months prior to the survey and a slight majority also reported calling their child's doctor's office during business hours for advice or help. As one would expect, a vast majority of parents also reported that their child made a visit to a doctor's office, other than an emergency room, at least once during

this time period. These are favorable overall findings since children should be actively followed by healthcare providers. Interestingly, ACCESS II/III parents were less likely than parents in the other delivery modes to report making an appointment or having their child make at least one visit to a doctor. Parents with a child in an HMO were more likely to report one visit to a doctor and less likely to report multiple visits. Again, this is a favorable finding for the HMO delivery mode. As one would also expect, chronic children made more office visits than non-chronic children. Importantly, the majority of parents reported that their child did not visit an emergency room in the six-month period addressed. There were significant differences among the delivery modes. Parents with a child in ACCESS II/III were the most likely to report no visits to an ED. HMO parents were somewhat more likely to report utilization of an emergency room. Finally, roughly one-half of parents reported that their child needed a prescription medication during the relevant time period and the vast majority reported receiving the needed medication.

The majority of parents were satisfied with how quickly their children received appointments, urgent care and plan approval for care. However, at least 25% of all parents reported that they frequently waited more than 15 minutes past an appointment time. HMO parents were somewhat less satisfied in the timeliness of both appointments and plan approval. Parents of chronic children were also more likely to report dissatisfaction with delays from plan approvals.

The survey addressed several quality issues, which were, as a whole, favorable. The majority of parents reported that doctor's office staff members were generally helpful and respectful. Parents also were very pleased with the levels of doctor-patient and doctor-parent communication. A significant majority reported that their child's doctor always listened carefully and respectfully to their comments. In addition, the majority reported that their child's doctor always explained things in understandable ways. Doctors did not fare as well on consistently providing instruction to parents about how to care for the child or for asking about the child's growth or behavior. Similarly, parents were not particularly satisfied with the length of time doctors spent with their child. Only two-thirds of parents reported that their child's doctor "always" spent enough time with them.

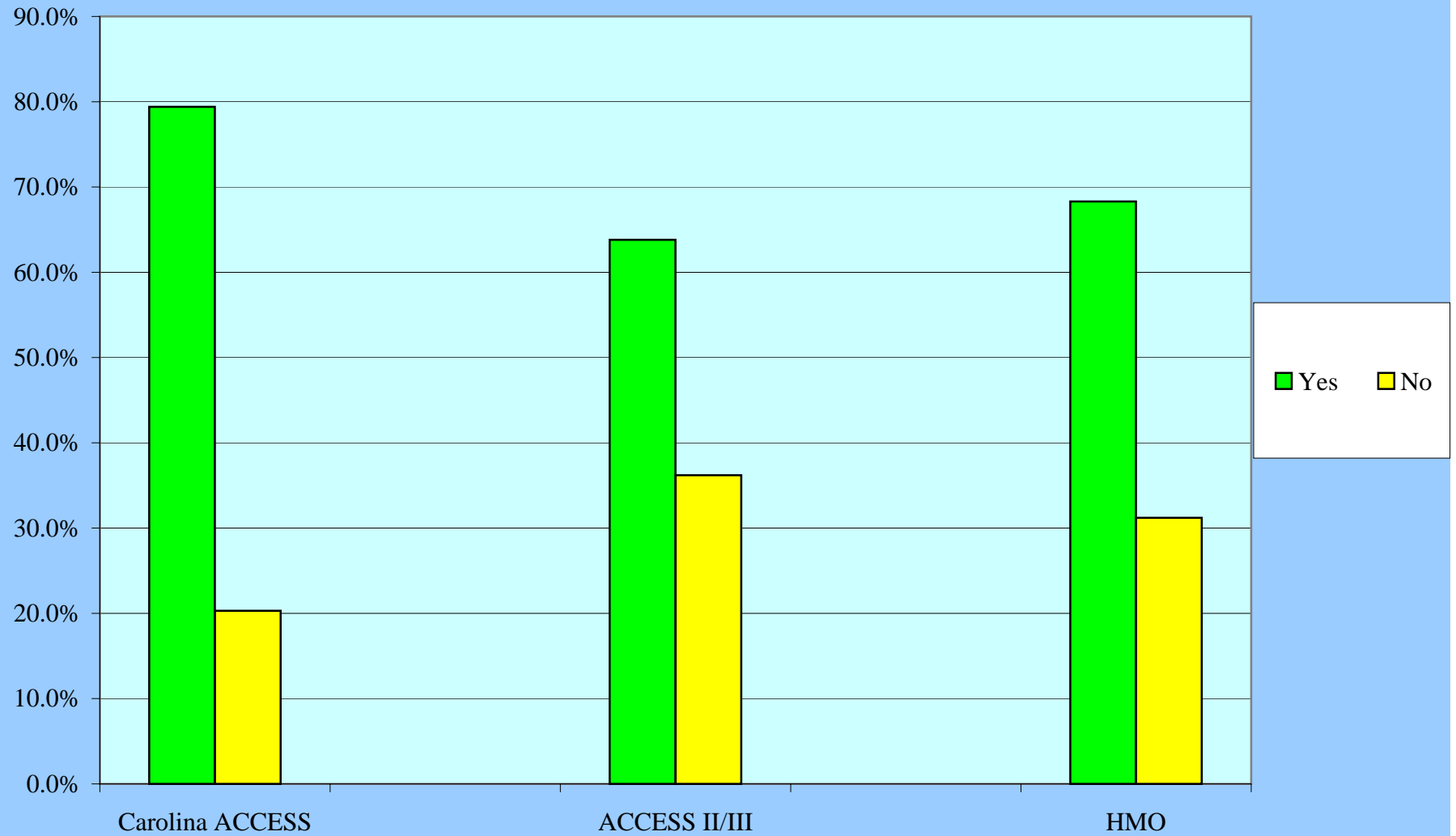
As for preventive care for children, a substantial majority of parents with children less than 2 years old reported taking their child to a doctor for immunizations or check-ups. However, the 89% to 90% of parents reporting such a visit falls slightly short of the desired 100%. While it is interesting to note that there were significant differences among the delivery modes as to whether or not parents received notification about immunizations or check-ups, these differences did not result in different rates of compliance.

Finally, the survey also addressed bureaucratic issues in dealing with health plans or other administrative functions. A slight majority of parents reported receiving some type of information about their child's health care before enrollment. HMO parents were much more likely to report receiving information. As for paperwork, most parents reported that they did not have any experience in dealing with those items in the prior six

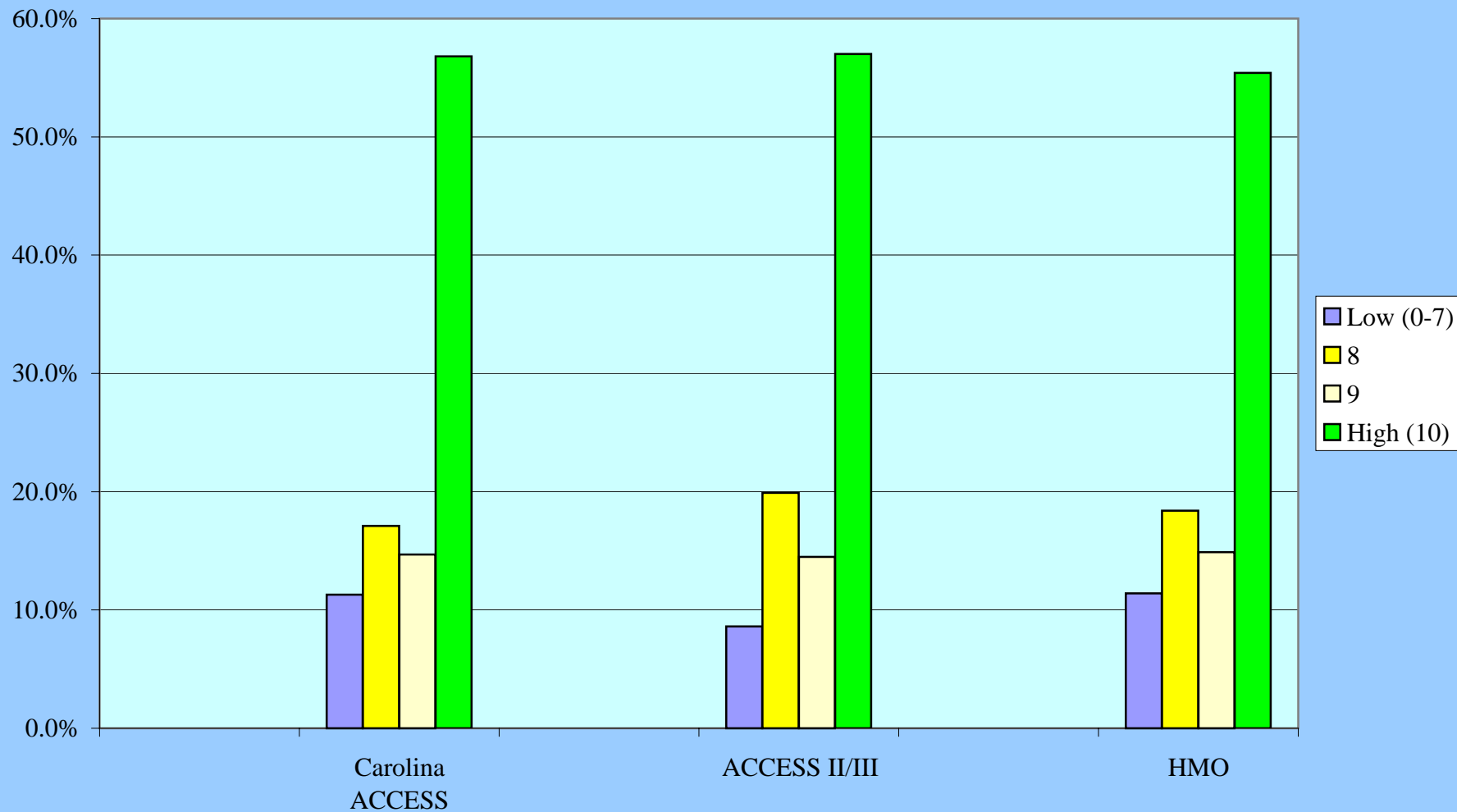
months. Likewise, most did not make any calls to a consumer help line regarding their child's health care plan.

Respondents gave high ratings to all satisfaction questions. The highest ratings were consistently given to the physicians. The only question that showed differences among delivery modes was the rating of health plan. For this question ACCESS II/III had the highest rating and HMO the lowest. However, for all delivery systems respondents report being highly satisfied with the plan, a majority of the respondents gave a rating of "9" or "10", even in the HMO.

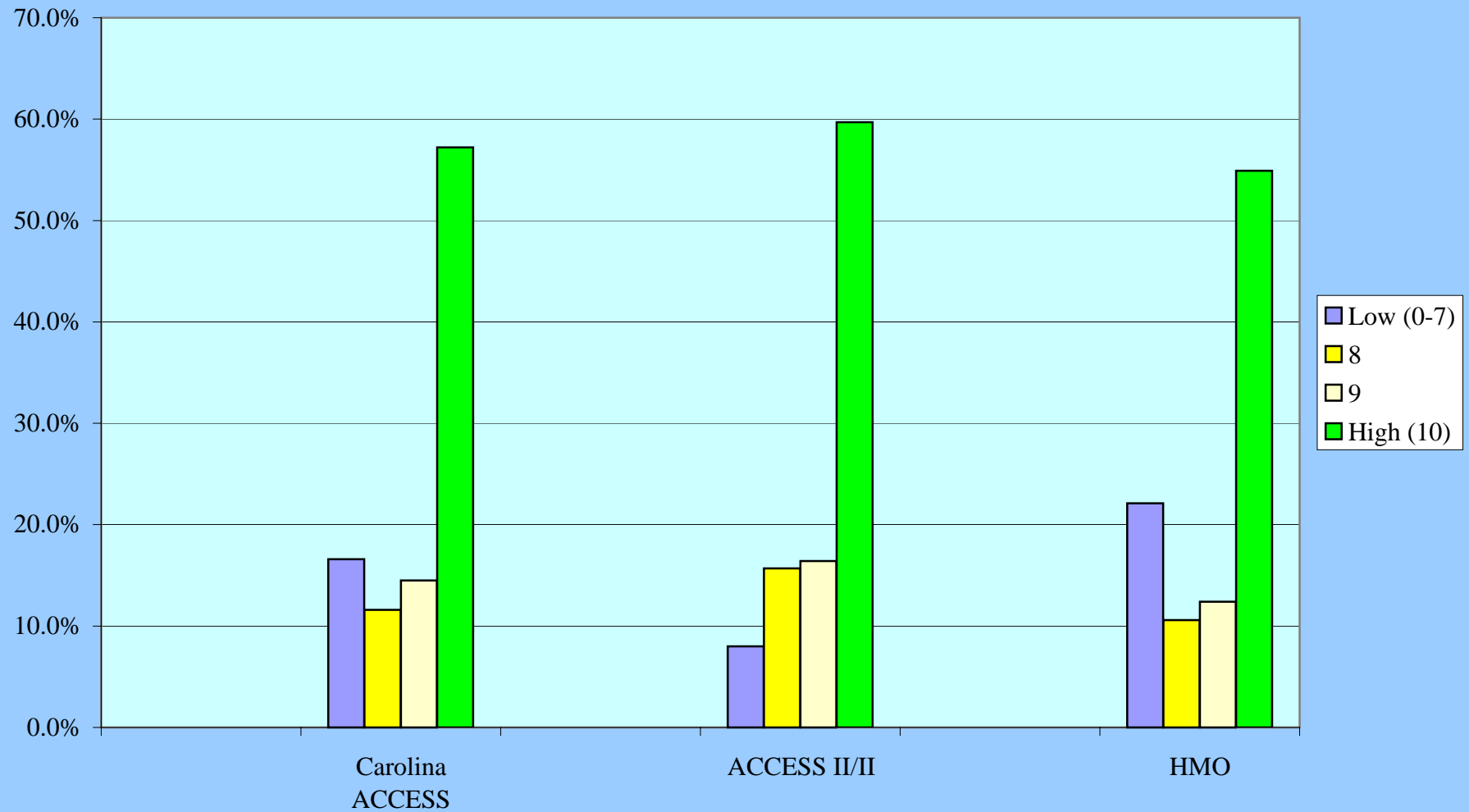
Question 5-Children-Does the child have a personal doctor or nurse



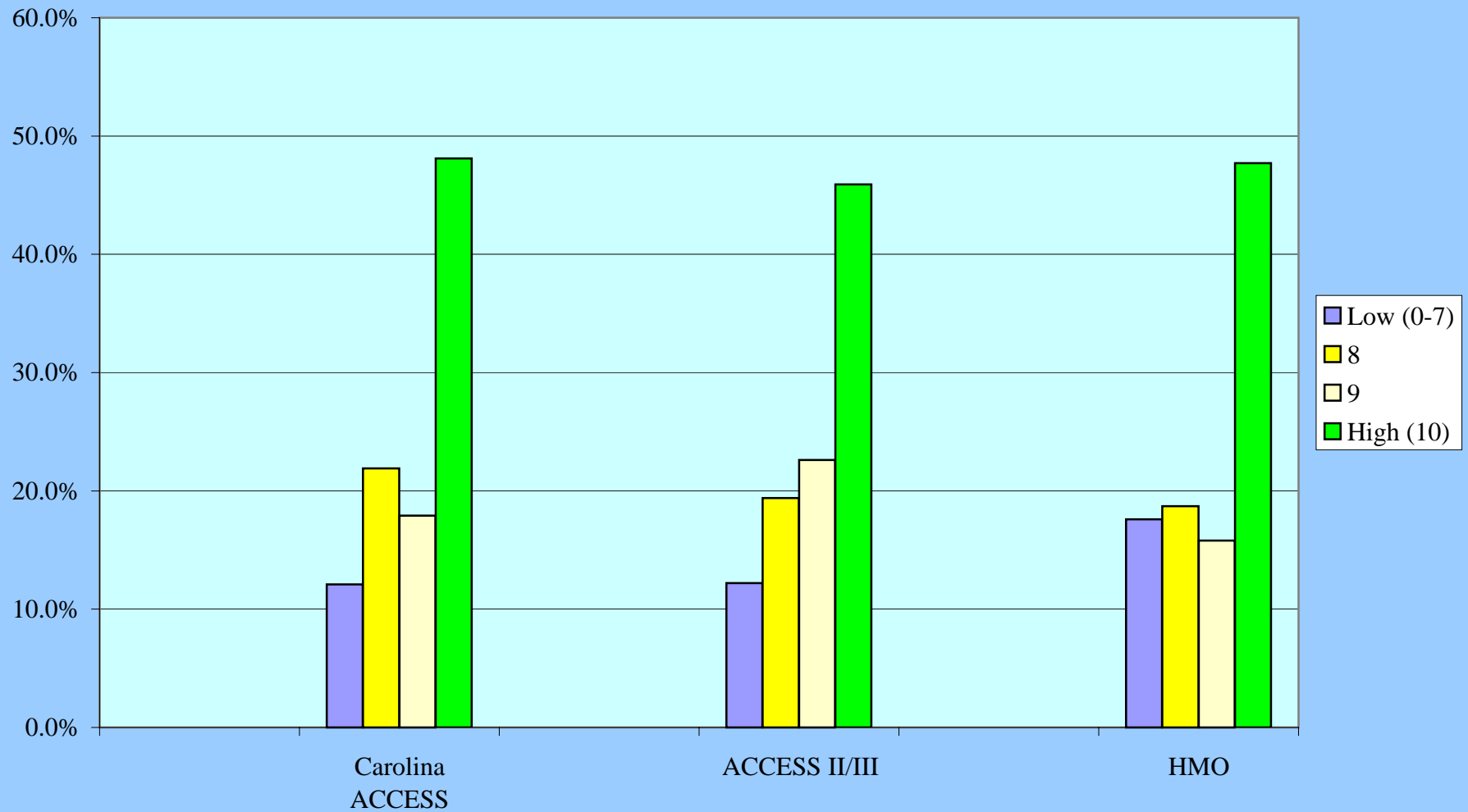
Question 8-Children:Rating child's personal doctor (0=Lowest Satisfaction, 10=Highest Satisfaction)



Question 14-Children-Rating for specialist (0=Lowest Satisfaction, 10=Highest Satisfaction)



**Question 39-Children: Rating for all health care in the last 6 months
(0=Lowest Satisfaction, 10=Highest Satisfaction)**



Question 77-Children:Rating of overall health plan experience (0=Lowest Satisfaction, 10=Highest Satisfaction)

