



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

North Carolina's Medicaid 2021
Consumer Assessment of Healthcare
Providers and Systems
May 22, 2022

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1. Executive Summary

The NC Medicaid team administered patient experience surveys to adult and child Medicaid members. Developed by the Agency for Healthcare Research and Quality (AHRQ), these [Consumer Assessment of Healthcare Providers and Systems](#) (CAHPS) surveys collect data on patient experiences across various health services within different levels of the health care delivery system.

The primary goal of NC Medicaid's CAHPS administration is to collect and evaluate performance feedback to understand Medicaid respondent experience and inform improvements in care. The CAHPS survey serves as a national standard for measuring and reporting respondents' experiences with their health care. In addition to quality improvement purposes, findings can be submitted to the National Committee for Quality Assurance (NCQA) and/or the CAHPS Health Plan Database for inclusion in national benchmarking, reporting and health plan accreditation. NC Medicaid's 2021 results were not submitted because the survey was not fielded on the standard CAHPS timeline. However, future years' results will be submitted to NCQA.

Medicaid respondents were contacted for participation in the 2021 CAHPS survey between April 9, 2021 and Aug. 15, 2021. Members were asked to think about services received *in the past six months* when answering all CAHPS survey questions. Thus, data presented in this report reflect respondent experience with care during the COVID-19 public health emergency. CAHPS is a standardized national survey. Throughout the survey, questions regarding a respondent's health plan were asked. The survey does not define what is meant by health plan, but at the time this survey was administered, almost all respondent's health plans would be NC Medicaid Direct. For many individuals who responded to the survey between July 1, 2021 and Aug. 15, 2021, their current health plan would have been a managed care Standard Plan, but most of their experience in the past six months would still have been while they were enrolled in NC Medicaid Direct.

Due to the COVID-19 pandemic, CAHPS was not fielded in 2020. As such, there are no 2020 CAHPS data used for comparison data in this report. However, in many sections of this report, 2021 data were compared to 2019 data to see how responses may have changed from pre-pandemic to current. Although the response rate in 2021 was lower than in previous years, a greater number of respondents were contacted, and thus the total number of respondents for 2021 was higher than both 2019 and 2018.

CAHPS allows states to include supplemental questions that are fielded with the standard survey questions. For 2021, NC Medicaid decided to devote the supplemental questions to gaining insight into patient experiences with the telehealth services that are now offered due to the pandemic. While there are no comparison data from 2019, some of the telehealth questions align with the standard survey questions that can be used as the comparator.

Report Overview and Structure

The results presented in this report represent two populations:

- **Adult Medicaid Respondents** (self-report data); and
- **Child Medicaid Respondents** (data reported by a parent, guardian, or similar figure).

Data Covered in this Report

Global ratings

ratings of patient experience on a scale of 0 (worst) - 10 (best)

- All health care received
- Health plans
- Personal doctor
- Specialist seen most often
- Telehealth care received

Composite measures

measurements based on two or more closely-related survey questions

- Getting care quickly
- Getting needed care
- How well doctors communicate
- Customer service

Individual measures

measurements based on a single survey question

- Care coordination
- Flu vaccination
- Smoking cessation

Analyses Detailed in this Report

Trend analyses

- Comparison of 2021 data to data from 2018 and 2019 CAHPS
- Multi-year glance allows us to see how 2021 compared to the recent pre-pandemic data

Tabulated and summated data

- Frequencies and percentages for descriptive statistics

Key Takeaways

Overall health and mental health ratings did not change appreciably between 2019 (pre-pandemic) and 2021, with the exception of child mental health, which declined slightly during the public health emergency. Both adults and children were less likely to use non-emergency care in 2021, but there were no differences across years in the ability to access care when needed. The majority of respondents who were offered telehealth chose to use it.

Overall Health and Mental Health Ratings

Respondents were asked “In general, how would you rate your **overall health**?” and “In general, how would you rate your **overall mental or emotional health**?”

Adult	
Overall health	56.57% of adults rated their overall health as <i>good, very good, or excellent</i> .
How does this compare to 2019?	Ratings in 2021 were slightly higher than 2019, where 54.72% of respondents rated their overall health as good, very good, or excellent.
Mental or emotional health	68.57% of adults rated their mental or emotional health as <i>good, very good, or excellent</i> .
How does this compare to 2019?	Ratings were slightly higher than 2019, where 65.41% of respondents rated their mental or emotional health as good, very good, or excellent.

Child	
Overall health	97.21% of adult respondents rated their child’s overall health as <i>good, very good, or excellent</i> .
How does this compare to 2019?	Ratings were slightly higher than 2019, where 95.50% of respondents rated their child’s overall health as good, very good, or excellent.
Mental or emotional health	87.10% of adult respondents rated their child’s overall mental or emotional health as <i>good, very good, or excellent</i> .
How does this compare to 2019?	Ratings were slightly lower than 2019, where 91.09% of respondents rated their child’s overall mental or emotional health as good, very good, or excellent.

Health Care Utilization

Respondents were asked numerous questions to quantify their health care utilization, including how often they had a routine health care appointment, how often they had emergency health care, how often they were able to receive care when needed and their telehealth care use.

Adult	
<ul style="list-style-type: none">• 34.31% of adults in 2021 reported that they did not use non-emergency health care in the previous six months, compared to 20.99% in 2019.• 84.77% of adults reported they usually or always received care right away when needed in 2021, compared to 81.25% in 2019.• Although only 34.10% of respondents reported being offered a telehealth visit instead of in-person, 80.94% reported utilizing telehealth services when offered.	
Child	
<ul style="list-style-type: none">• Approximately 41.79% of 2021 respondents reported their child did not use non-emergency health care in the previous six months, compared to 27.87% in 2019• 95.95% of adult respondents reported their child usually or always received care right away when needed in 2021, compared to 95.07% in 2019• Although only 19.43% of respondents were offered a telehealth visit instead of in-person, 78.74% reported utilizing telehealth services when offered.	

2. Survey Administration

Survey Eligibility

Adult CAHPS Eligibility Criteria

Enrolled in NC Medicaid at the time the sample was drawn

Continuously enrolled in NC Medicaid during the measurement period (i.e., Dec. 31, 2019-Nov. 30, 2020)

Child CAHPS Eligibility Criteria

Enrolled in NC Medicaid at the time the sample was drawn

Continuously enrolled in NC Medicaid during the measurement period (i.e., Dec. 31, 2019-Nov. 30, 2020)

17 years of age or younger during any part of the measurement period.

Sampling Frame and Response Rates

For the CAHPS 5.0 Adult Medicaid Health Plan Survey measurement set, the standard Healthcare Effectiveness Data and Information Set (HEDIS) developed by NCQA requires a sample size of 1,350 respondents. A sample of 5,896 adult respondents and 5,982 child respondents were contacted for participation. Based on guidance from the [AHRQ](#), the sampling frame is person-level and not visit-level; this means respondents will only appear in the data once, regardless of how many health care visits they had during the measurement period.

To ensure diverse and representative data, the sample frames for adult and child respondents were stratified by race and ethnicity as reported in NC Medicaid enrollment data; categories include General, Black, American Indian/Alaska Native, and Hispanic/LatinX. Specifically, the sample included 2,094 adults and 1,917 children who identified as General; 1,722 adults and 1,700 children who identified as Black, 1,040 adults and 1,040 children who identified as American Indian/Alaska Native, and 1,040 adults and 1,325 children who identified as Hispanic/LatinX. These data and terminology are from NC Medicaid demographic data where “General” encompasses respondents who identify as a race/ethnicity not categorized as Black, American Indian/Alaska Native, or Hispanic/LatinX.

Results that are stratified on race and ethnicity use respondent self-report, rather than the information used for sample stratification. In the CAHPS Surveys, respondents self-report on race/ethnicity are able to identify as Multi-Racial, White, Black or African-American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Hispanic or Latino, or Other.

The sample was also stratified on whether or not individuals had used telehealth. Telehealth visits were determined by the presence of telehealth billing codes in the previous six months. Results that are stratified on telehealth rely on self-reported telehealth use questions to determine whether these services were received.

In an attempt to improve response rates, survey administration consisted of two phases: (1) the mail phase and (2) the telephone phase. In the mail phase, sampled respondents received the CAHPS survey in the mail, and reminder postcards and extra copies of the survey were sent to non-respondents. In the telephone phase, Computer Assisted Telephone Interviewing (CATI) was used for sampled respondents who had not already completed a mail survey. A maximum of four calls were attempted to each non-respondent.

Despite these efforts, overall response rates were low, with response rates for mail-based surveys being significantly higher than phone surveys. Additionally, the sample was stratified to examine response rates for respondents who utilized telehealth and more responses came from respondents who utilized telehealth compared to respondents who solely attended in-person visits.

Compared to 2019, response rates dropped from 20.90% to 12.15% (adult) and from 18.40% to 7.85% (child). Among adults, the response rates for Latinx (7.24%), American Indian/Alaska Native (9.53%) and Black (12.68%) were lower than for the remainder of those surveyed (15.46%). Similarly, for the child survey, the response rates for Black (4.77%), American Indian/Alaska Native (6.35%) and Latinx (9.39%) were lower than for the remainder of those surveyed (10.34%). The COVID-19 pandemic likely had a large impact on overall response rates. Additionally, when attempting telephone follow-up surveys, 1,684 phone numbers were not working numbers, which created a significant barrier to telephone survey recruitment.

Table 2.1. Adult and Child 2021 CAHPS Survey Response Rates by Means of Communication.

	Adult Medicaid Respondents	Child Medicaid Respondents
Mail Response	703	448
Telephone Response	9	21
Overall Response Rate	712/5,862 = 12.15%	469/5,971 = 7.85%

Response Rate = Total # of completed surveys/ Total # of eligible respondents

Table 2.2. Adult and Child CAHPS Survey Response Rate Trends Since 2018.

	Adult % (n)	Child % (n)
2018	23.10% (300)	19.80% (684)
2019	20.90% (271)	18.40% (637)
2021	12.15% (712)	7.85% (469)

Limitations

Data from the 2021 CAHPS survey should be interpreted with caution, due to the very low response rate. The survey was fielded in the middle of the public health emergency, and it is possible that the resulting disruptions to daily life (including children who would normally be in school or day care being at home) made individuals less likely to respond to the survey. Telephone follow-up was also hampered by the large number of missing or incorrect telephone numbers in NC Medicaid enrollment files. Due to the low response rate some values in individual table cells are low; values for cells with less than 11 respondents have been suppressed, following the CMS Cell Size Suppression Policy.¹

While issues created by the pandemic are beyond NC Medicaid’s control, efforts are being made to improve the accuracy of telephone numbers for the 2022 survey. Data from NC HealthConnex, North Carolina’s Health Information Exchange, are being used to capture more up-to-date telephone numbers. In addition, the sample size is being substantially increased.

Because of the timing of the 2021 survey, comparisons of North Carolina results to national data are not useful. While North Carolina results reflect experiences in the middle of the pandemic, the national data that were available at the time this report was written were collected a year earlier and reflect pre-pandemic experience.

Finally, comparison of telehealth visits as captured on claims data to self-reported use of telehealth revealed some lack of concordance. Medicaid billing claims data included specific billing codes for telehealth appointments. The lack of 100% agreement between billing data and self-report may be due to differences in the six-month timeframe

¹ CMS Cell Size Suppression Policy can be found at: <https://resdac.org/articles/cms-cell-size-suppression-policy>

(respondents could have answered the survey as much as eight months after the sample was pulled from billing data), an error in the billing process, or self-report error.

Demographics

Demographics for Adult Respondents

The table below depicts the self-reported age, gender, race, ethnicity, and education level for adult Medicaid respondents who completed a CAHPS survey.

Table 2.3. Demographics for 2021 CAHPS Survey Adult Respondents.

	Adult Respondents
Age	% (n)
18 to 24 years old	8.81% (62)
25 to 34 years old	8.38% (59)
35 to 44 years old	11.93% (84)
45 to 54 years old	13.07% (92)
55 to 64 years old	24.72% (174)
65 to 74 years old	19.74% (139)
75 years or older	13.35% (94)
Gender	
Female	58.72% (414)
Male	41.28% (291)
Race	
American Indian or Alaska Native	11.88% (82)
Asian	2.75% (19)
Black or African-American	30.29% (209)
Native Hawaiian or Other Pacific Islander	0.00% (0)
Multi-Racial	3.62% (25)
White	45.36% (313)
Other	6.09% (42)
Ethnicity	
Hispanic or Latino	11.88% (79)
Not Hispanic or Latino	88.12% (586)
Education Level	
8th grade or less	11.72% (81)
Some high school, but did not graduate	19.39% (134)
High school graduate or GED	36.32% (251)
Some college or Associate degree	24.75% (171)
Bachelor's degree	5.21% (36)
Master's or Doctorate degree	2.60% (18)

Figure 2.1. Percentage of 2021 CAHPS Survey Adult Respondents by Age.

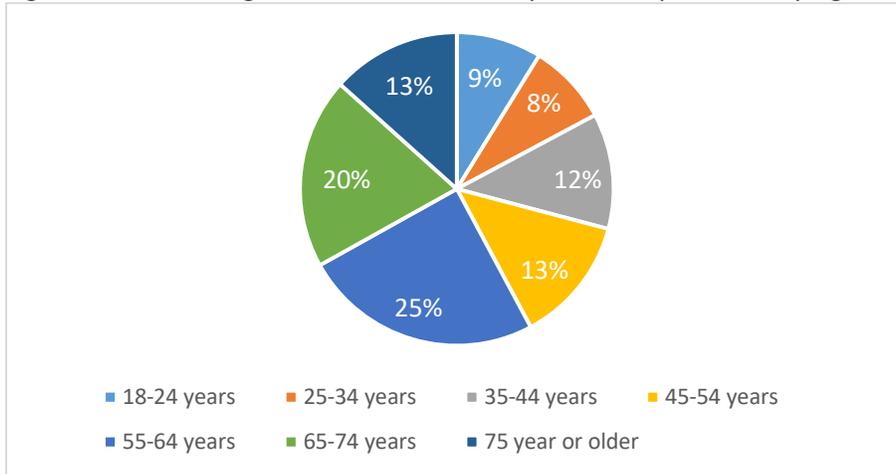


Figure 2.2. Number of 2021 CAHPS Survey Adult Respondents by Highest Level of Education.

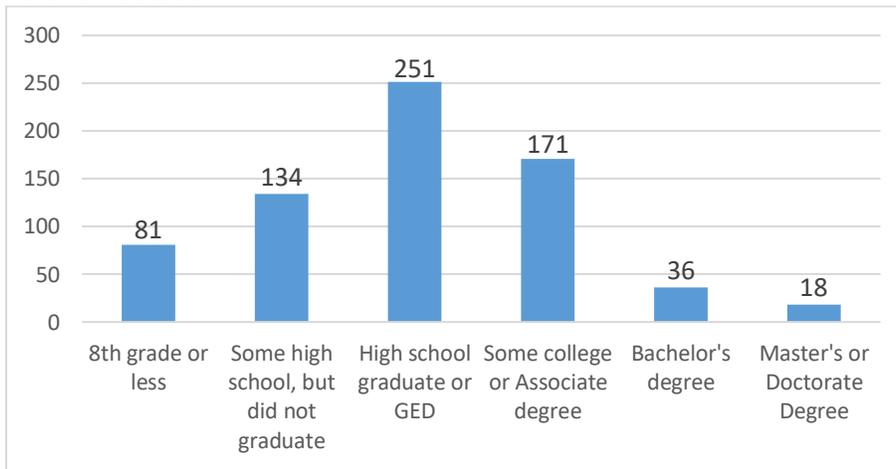
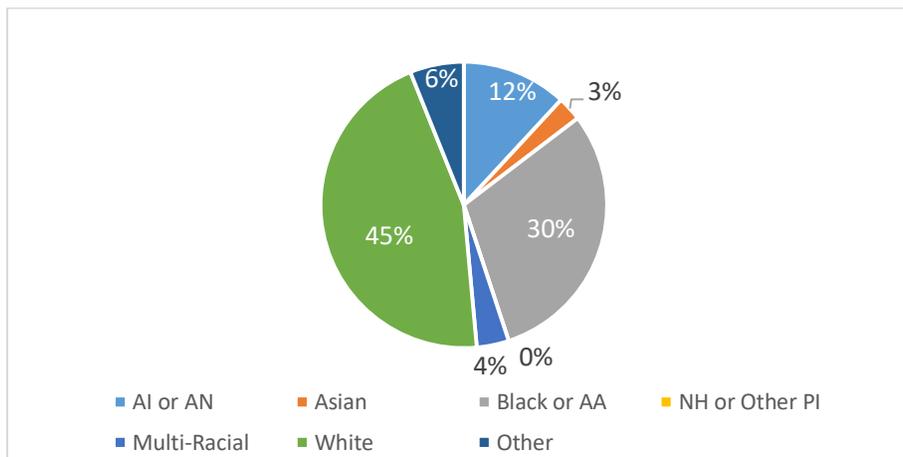


Figure 2.3. Percentage of 2021 CAHPS Survey Adult Respondents by Race.



AI or AN stands for American Indian or Alaska Native; AA stands for African American; NH or Other PI stands for Native Hawaiian or Other Pacific Islander

Demographics for Child Medicaid Respondents

The table below depicts age, gender, race, and ethnicity data for child Medicaid respondents. Data were provided by adult respondents about their child Medicaid respondent.

Table 2.4. Demographics for 2021 CAHPS Survey Child Respondents.

	Child Respondents % (n)
Age	
Less than 1 year old	--
1 to 3 years old	12.99% (60)
4 to 7 years old	19.70% (91)
8 to 12 years old	30.09% (139)
13 to 18 years old	35.93% (166)
Gender	
Female	47.72% (220)
Male	52.28% (241)
Race	
American Indian or Alaska Native	10.63% (47)
Asian	2.94% (13)
Black or African-American	16.74% (74)
Native Hawaiian or Other Pacific Islander	--
Multi-Racial	9.28% (41)
White	44.12% (195)
Other	16.29% (72)
Ethnicity	
Hispanic or Latino	29.39% (134)
Not Hispanic or Latino	70.61% (322)

Cell values with "--" indicate a value less than 11 and have been suppressed.

Figure 2.4. Percentage of 2021 CAHPS Survey Child Respondents by Age.

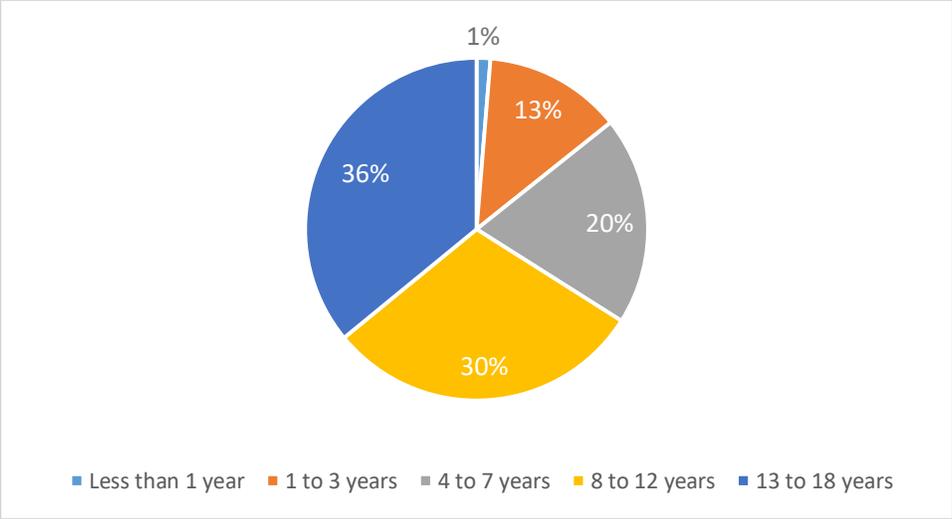
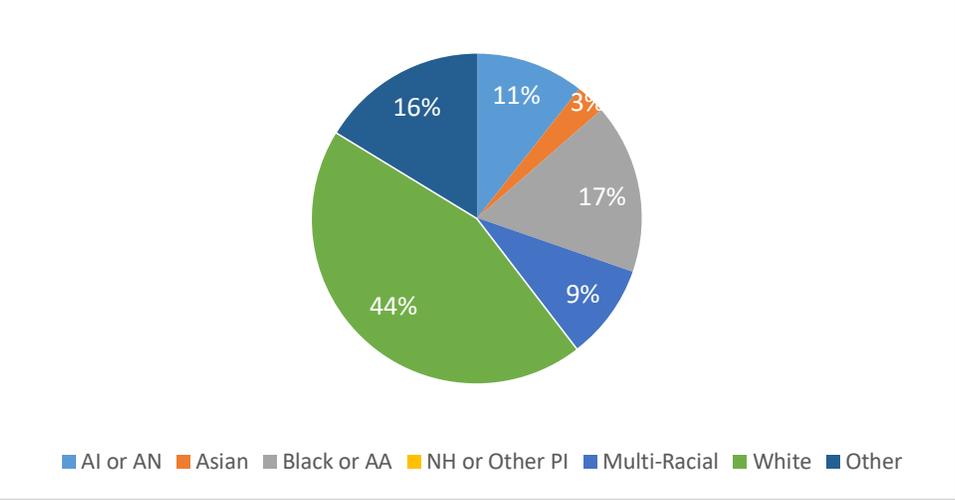


Figure 2.5. Percentage of 2021 CAHPS Survey Child Respondents by Race.



AI or AN stands for American Indian or Alaska Native; AA stands for African American; NH or Other PI stands for Native Hawaiian or Other Pacific Islander

Demographics for Respondents of Child CAHPS Survey

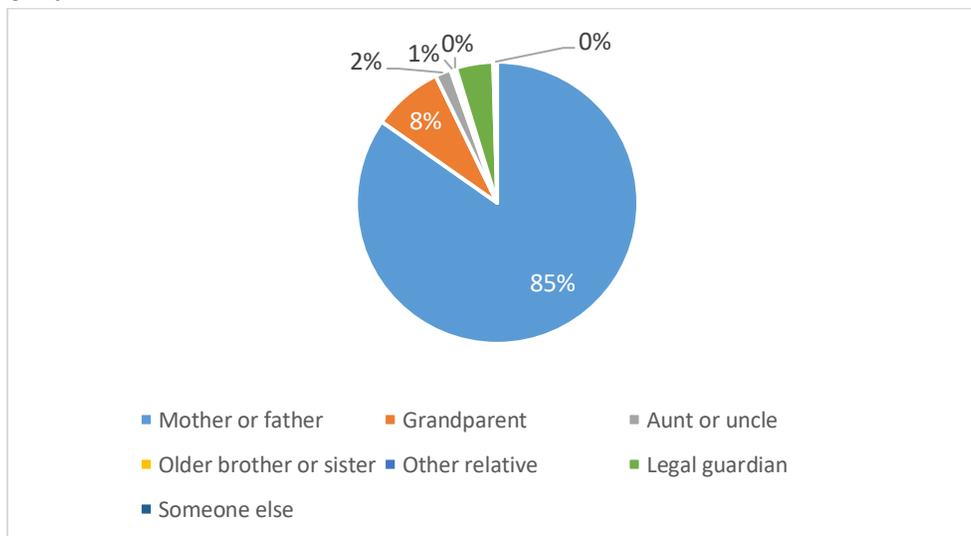
The table below depicts gender, education level, and relationship to the child for individuals who completed a CAHPS survey on behalf of a child. Data were provided by adult respondents about themselves.

Table 2.5. Demographics for Adult Respondents Who Completed the 2021 CAHPS Survey on Behalf of a Child.

	Adult Respondents for Child CAHPS Survey % (n)
Gender	
Female	87.74% (408)
Male	12.26% (57)
Education Level	
8th grade or less	9.61% (44)
Some high school, but did not graduate	11.57% (53)
High school graduate or GED	26.86% (123)
Some college or Associate degree	33.19% (152)
Bachelor's degree	11.79% (54)
Master's or Doctorate degree	6.99% (32)
Relationship of Respondent to Child	
Mother or father	84.75% (378)
Grandparent	8.07% (36)
Aunt or uncle	--
Older brother or sister	--
Other relative	--
Legal guardian	4.26% (19)
Someone else	--

Cell values with "--" indicate a value less than 11 and have been suppressed.

Figure 2.6. Percentage of 2021 CAHPS Survey Adult Respondents by Relationship to Child.

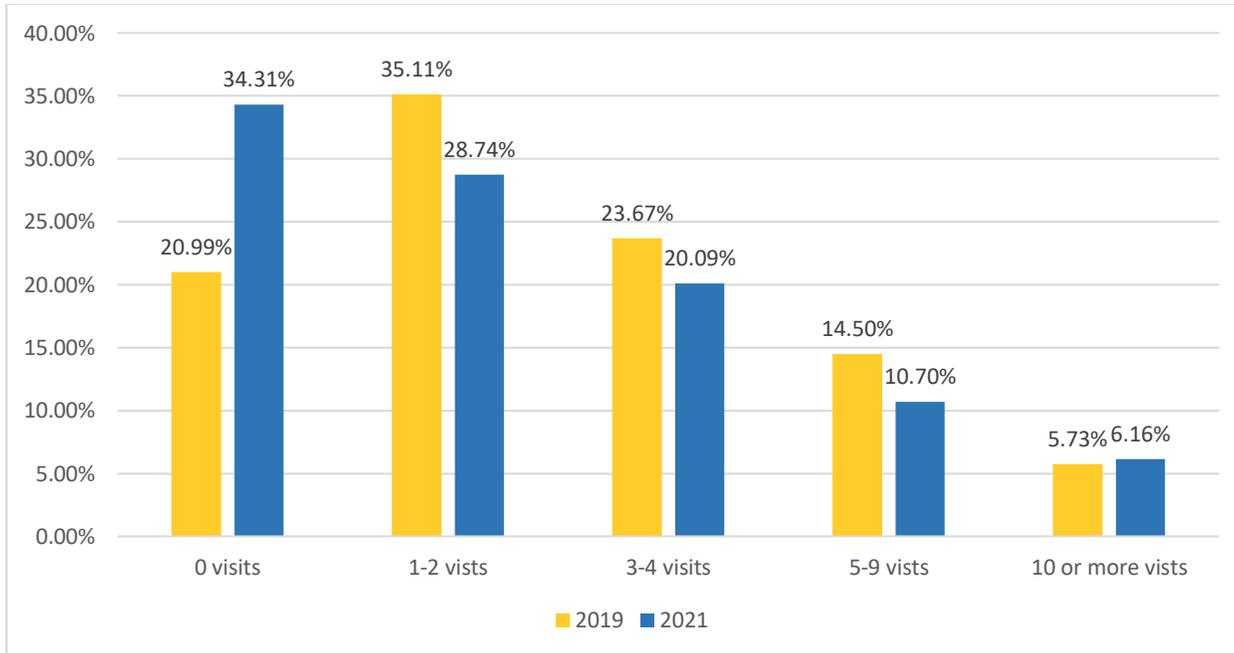


3. Adult Results

Overall Medical Care Use

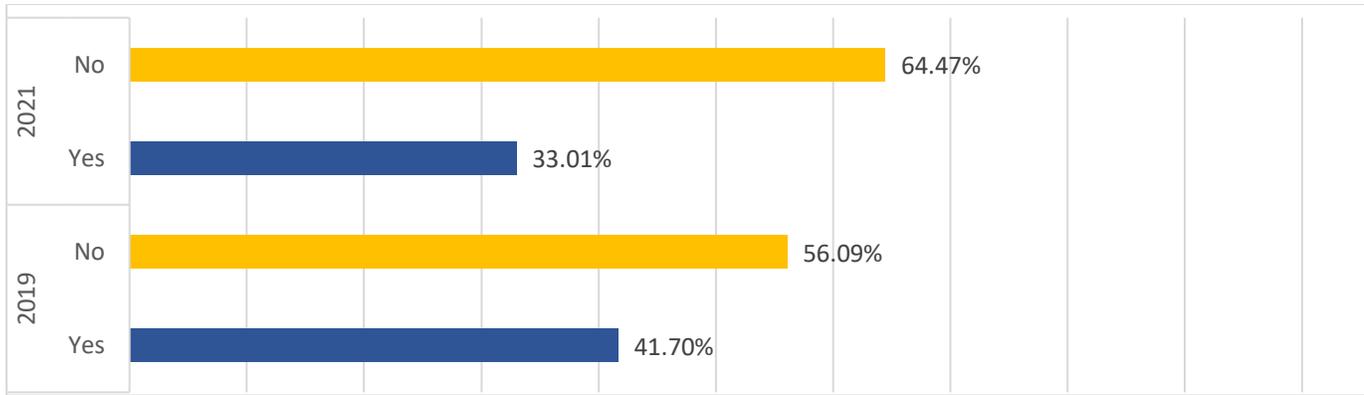
Respondents were less likely to report receiving routine care and check-ups when compared to pre COVID-19 pandemic responses. Respondents were asked how many times they received health care (not including emergency room visits) in the previous six months. Health care could include in-person, by phone and/or by video. The percentage of adults not receiving any healthcare visits increased from 20% (2019) to nearly 33% (2021).

Figure 3.1. Frequency of Routine Care and Check-Up Visits Among Adult Respondents in 2021 Compared to 2019.



The decrease in service use cannot be fully attributed to the COVID-19 pandemic. Respondents were asked: “*In the last 6 months, did you have an illness, injury, or condition that **needed care right away?***” The number of respondents reporting emergent care needs decreased from 41.70% (2019) to 33.01% (2021).

Figure 3.2. Frequency of Emergent Care Need Among Adult Respondents in 2021 Compared to 2019.

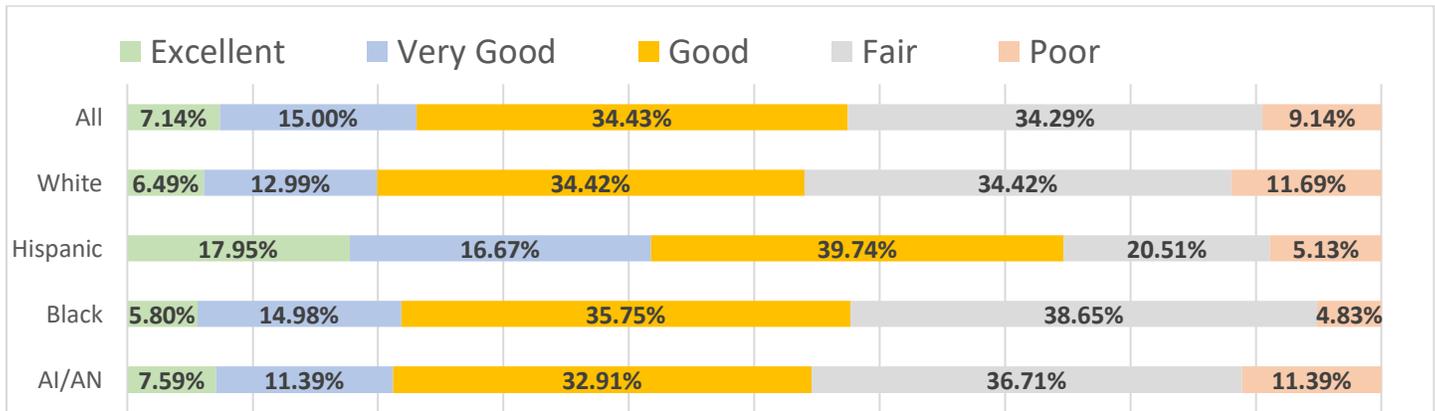


Overall Health

Respondents were asked “In general, how would you rate your **overall health**?”

The figure below shows 2021 data for all adult respondents (n=712), stratified by racial and ethnic identities. Respondents who identified as American Indian or Alaska Native (n=79), Black (n=207), Hispanic (n=78) or White (n=308) are included in the figure. Respondents who identified as Asian or Native Hawaiian or other Pacific Islander are not included in the figure due to too few responses (n=19 and n=0, respectively).

Figure 3.3. Percentage of 2021 Adult Respondents by Overall Health Rating and Race/Ethnicity.



*AI/AN = American Indian or Alaska Native.

Respondents identifying as American Indian or Alaska Native had the lowest percent response for “*excellent*,” “*very good*,” or “*good*” overall health, at 51.89%. Respondents identifying as White had the highest percent response for “*fair*” or “*poor*” overall health, at 45.31%.

Table 3.1. Percentage of Adult Respondents that Reported “Excellent,” “Very Good,” Or “Good” vs “Fair” or “Poor” Overall Health in 2021 by Race/Ethnicity.

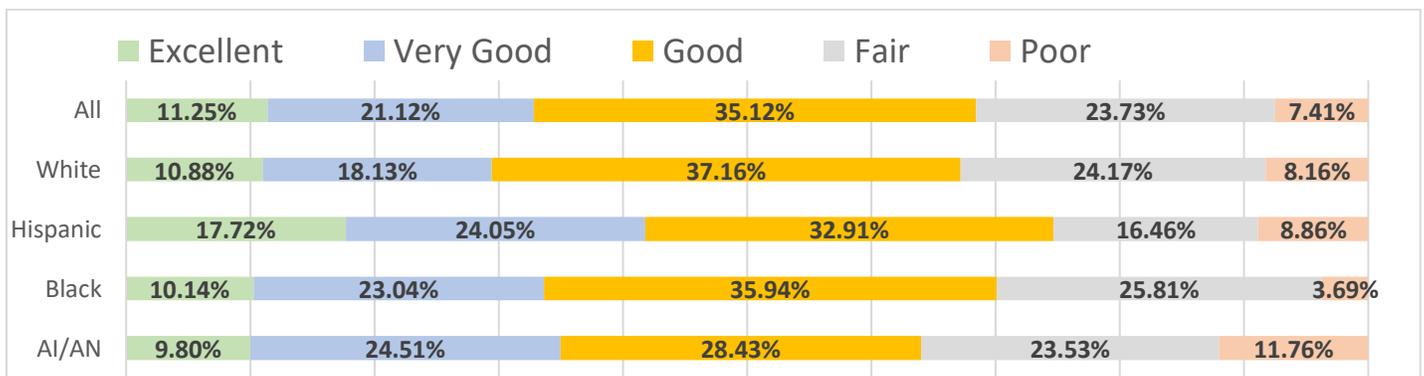
	% Rated Overall Health as Excellent, Very Good, or Good (n)	% Rated Overall Health as Fair or Poor (n)
American Indian or Alaska Native	51.89% (41)	44.11% (38)
Black	56.53% (117)	43.48% (90)
Hispanic	74.36% (58)	25.64% (20)
White	53.90% (166)	46.11% (142)
All	56.57% (396)	43.43% (304)

Mental Health

Respondents were asked “In general, how would you rate your overall **mental or emotional health?**”

The figure below shows 2021 data for all respondents (n=712) and is stratified by racial and ethnic identities. Respondents who identified as American Indian or Alaska Native (n=102), Black (n=217), Hispanic (n=79) or White (n=331) are included in the figure. Respondents who identified as Asian or Native Hawaiian or other Pacific Islander are not included in the figure due to too few responses (n=22 and n=3, respectively).

Figure 3.4. Percentage of 2021 Adult Respondents by Mental or Emotional Health Rating and Race/Ethnicity.



*Respondents were allowed to select more than one racial and ethnic identity. As such, the total n is greater than the total number of surveys completed. AI/AN = American Indian or Alaska Native.

Respondents identifying as American Indian or Alaska Native had the lowest percent response for “excellent,” “very good,” or “good” mental or emotional health, at 62.75%, and had the corresponding highest percent response for “fair” or “poor” mental or emotional health, at 35.29%. Respondents who identified as Hispanic had the highest self-rating for mental or emotional health with 74.68% rating it as “excellent,” “very good”, or “good”.

Table 3.2. Percentage of Adult Respondents that Reported “Excellent,” “Very Good,” Or “Good” vs “Fair” or “Poor” Mental or Emotional Health in 2021 by Race/Ethnicity.

	% Rated Mental or Emotional Health as Excellent, Very Good, or Good (n)	% Rated Mental or Emotional Health as Fair or Poor (n)
American Indian or Alaska Native	62.75% (64)	35.29% (36)
Black	69.12% (150)	29.49% (64)
Hispanic	74.68% (59)	25.32% (20)
White	66.16% (219)	32.33% (107)
All	67.49% (492)	31.14% (227)

General Health Plan and Providers

Respondents rated health care received in the last six months in four categories (1) all health care, (2) health plan, (3) personal doctor, and (4) specialist most seen. Responses could range from 0 (worst possible) to 10 (best possible). The table below shows the percentage of respondents who rated care as an 8, 9, or 10 (the highest scores).

Responses from respondents who utilized telehealth at least once are compared to responses from respondents who reported only using in-person care. Individuals who received at least one telehealth service rate care more highly for three of the four categories, with only “all health care” being rated higher by people who only received in-person services.

Table 3.3. Percentage of 2021 Adult Respondents Who Rated Care Received as an 8 or Above by Healthcare Category and Setting.

	All respondents	Telehealth at Least Once	All Care Received In-Person
% Rated an 8, 9, or 10 on scale of 0-10			
All health care	72.64%	71.26%	78.48%
Health plan	76.04%	76.41%	74.84%
Personal doctor	86.34%	87.69%	81.31%
Specialist most seen	79.19%	79.67%	76.92%

For **All Health Care**, respondents were asked: “Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?”

For **Health Plan**, respondents were asked: “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?”

For **Personal Doctor**, respondents were asked: “Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?”

For **Specialist**, respondents were asked: “We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?”

Health Behavior

Respondents were asked a series of questions regarding the effectiveness of care that addressed health behaviors. The survey focused on smoking/tobacco usage and flu vaccinations. All measures improved in 2021 when compared to 2019 data.

Table 3.4. Percentage of 2021 Adult Respondents Who Reported Care Received as Effective at Addressing Health Behaviors.

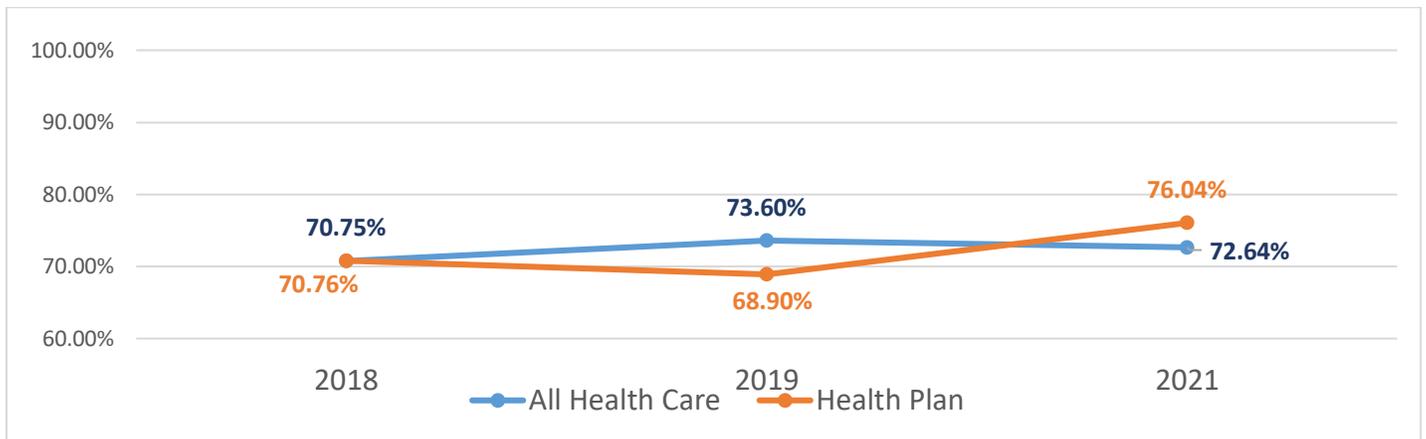
Measure	Percent who Reported Receiving Service (n)	
	2019	2021
Smokers and tobacco users were advised to quit	82.92% (68)	88.07% (155)
Cessation medications were discussed	51.22% (42)	61.71% (108)
Cessation strategies were discussed	50.62% (41)	55.18% (96)
Flu Vaccination was received	47.55% (126)	51.86% (363)

Adult Trends

Care Received

Figures 3.5 and 3.6 below show trends over time in terms of the percentage of respondents who responded with an **8, 9, or 10** for ratings of: (1) all health care; (2) health plan; (3) personal doctor, and (4) specialist most seen. Data were compared for years 2018, 2019, and 2021. CAHPS was not fielded in 2020. The 2018 survey had 300 respondents; 2019 had 271 respondents; and 2021 had 712 respondents.

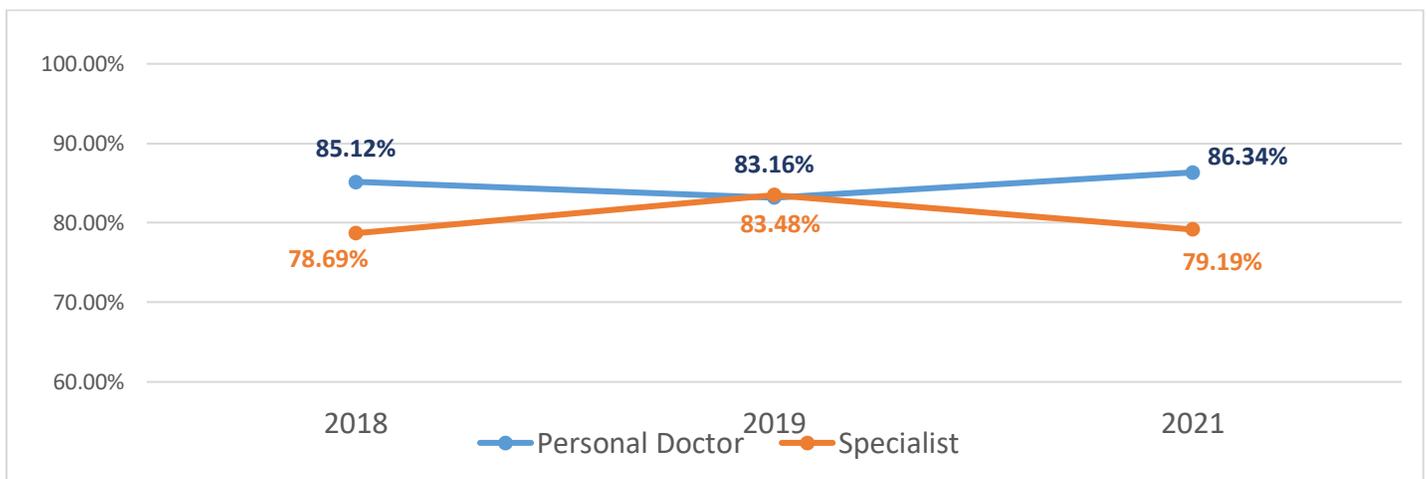
Figure 3.5. Percent of Adult Respondent Experience Ratings Scoring an 8, 9, or 10 by Healthcare Category (All Health Care and Health Plan) over time.



For **All Health Care**, respondents were asked: "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?"

For **Health Plan**, respondents were asked: "Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?"

Figure 3.6. Percent of Adult Respondent Experience Ratings Scoring an 8, 9, or 10 by Healthcare Category (Personal Doctor and Specialist) over time.



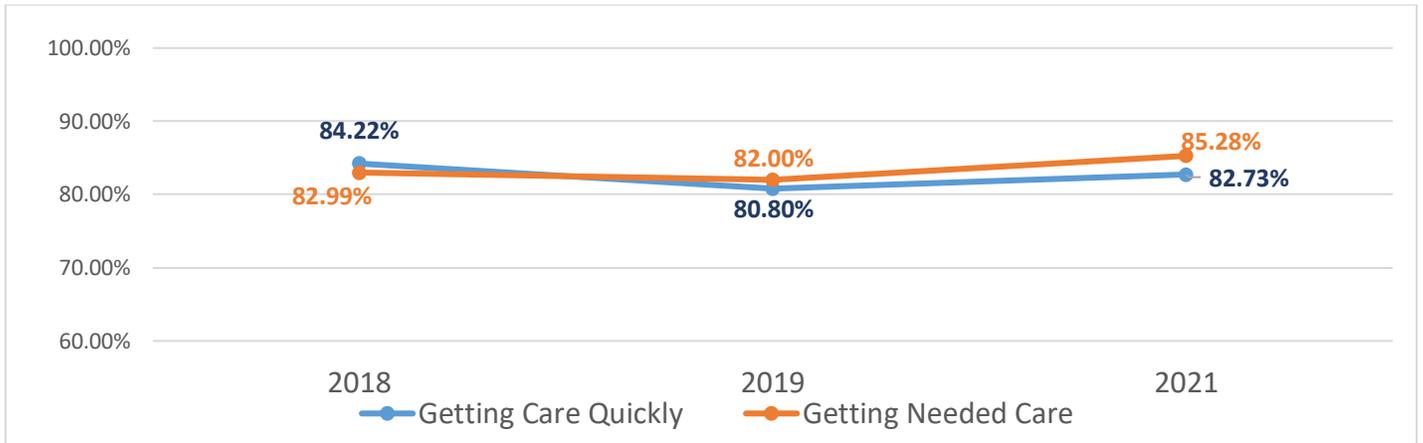
For **Personal Doctor**, respondents were asked: "Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?"

For **Specialist**, respondents were asked: "We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?"

Experience

Figures 3.7 and 3.8 below show the percentage of respondents who responded “Always” or “Usually” for each category: (1) good doctor communication; (2) good customer service; (3) getting needed care; and (4) getting care quickly. Data were compared for years 2018, 2019, and 2021. The survey was not fielded in 2020. The 2018 survey had 300 respondents; 2019 had 271 respondents; and 2021 had 712 respondents.

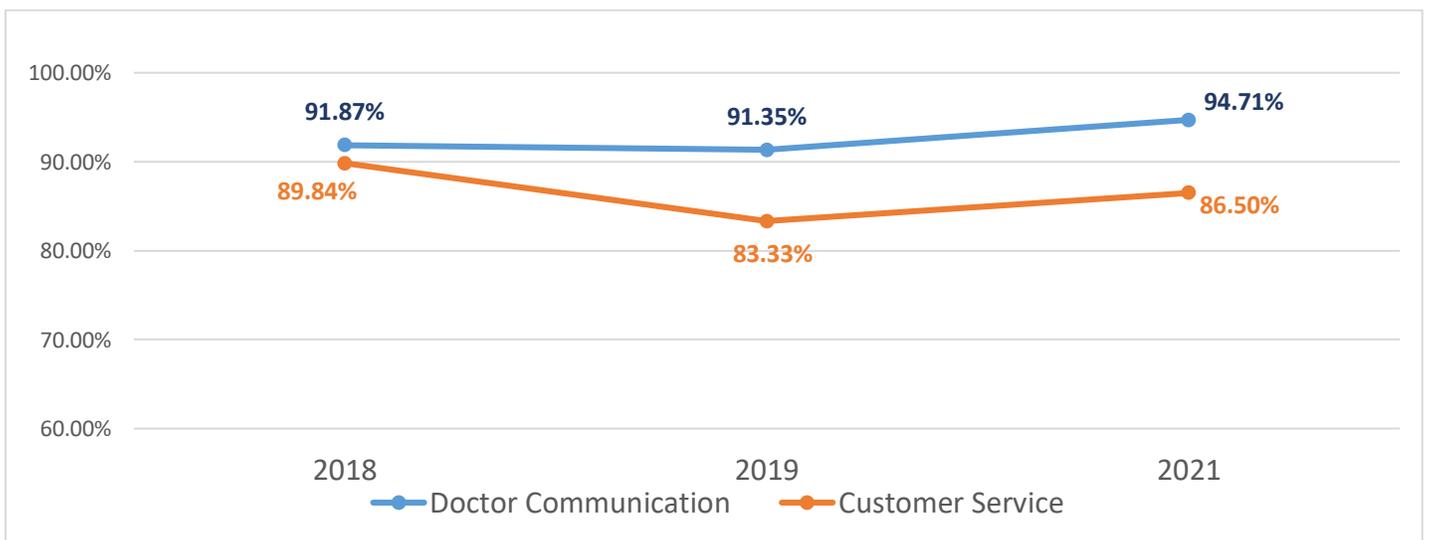
Figure 3.7. Percent of Adult Respondents that Reported “Always” or “Usually” by Service Delivery Category (Getting Care Quickly and Getting Needed Care) over time.



Getting Care Quickly is a composite measure, meaning more than one question went into that category. Respondents were asked: “In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?” and “In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?”

Getting Needed Care is a composite measure, meaning more than one question went into that category. Respondents were asked: “In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care?” and “In the last 6 months, did you make any appointments with a specialist?”

Figure 3.8. Percent of Adult Respondents that Reported “Always” or “Usually” by Service Delivery Category (Doctor Communication and Customer Service) over time.



Doctor Communication is a composite measure, meaning more than one question went into that category. Respondents were asked: "In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?"; "In the last 6 months, how often did your personal doctor listen carefully to you?"; "In the last 6 months, how often did your personal doctor show respect for what you had to say?" and "In the last 6 months, how often did your personal doctor spend enough time with you?"

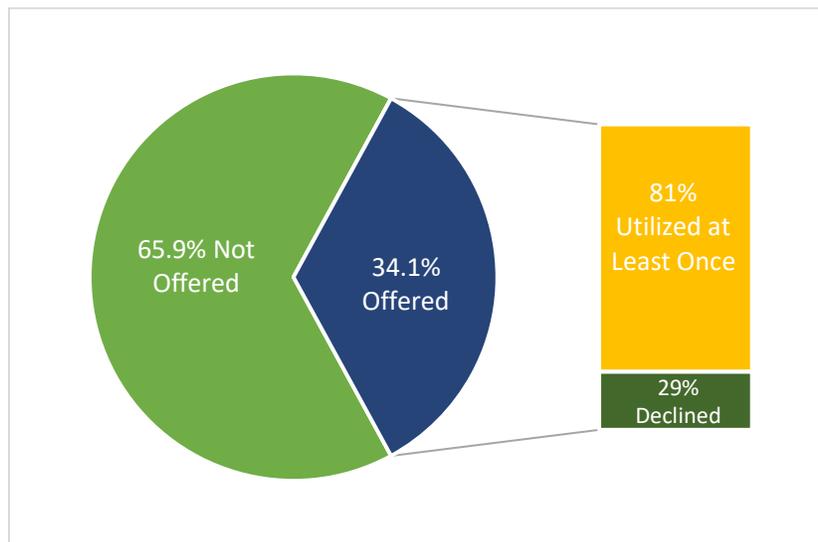
Customer Service is a composite measure, meaning more than one question went into that category. Respondents were asked: "In the last 6 months, how often did your health plan's customer service give you the information or help you needed?" and "In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?"

Adult Telehealth Care Results

In the adult survey, respondents were asked whether they had been offered telehealth care in lieu of in-person services over the previous six months. Among those who were offered telehealth care, about 81% of adult respondents utilized telehealth services. Almost half of these respondents scheduled an in-person follow-up appointment about the same health condition after their telehealth visit.

When telehealth was used, most respondents reported they felt their provider was always or usually responsive to their questions and that they always or usually knew what to do to continue care after their telehealth appointment.

Figure 3.9. Percent of Adult Utilization of Telehealth When Offered (2021).



Respondents who used telehealth at least once were asked how they would rate their telehealth care on a scale from 0-10. 71.33% rated their telehealth experience as an 8, 9, or 10. This rating is only slightly below the rating given by all respondents about their health care (telehealth and in-percent), which is 72.64%.

Experience

There were a number of reasons why respondents did not use telehealth when offered. Respondents who reported using telehealth less than *always* (i.e., *sometimes* or *usually*) were allowed to identify as many reasons as applicable.

The most common reason for not using telehealth when offered was that the respondent felt that a physical exam was needed. Almost a third of respondents did not use telehealth because they did not have a computer.

Table 3.5. Top Reported Reasons for Not Using Telehealth Among Adult Respondents that Reported Using Telehealth Less than Always in 2021.

Top Reported Reasons for not Using Telehealth	% (n)
<i>I felt like the doctor or other health provider should see me in person to do a physical exam</i>	45.8% (65)
<i>I do not have a computer</i>	30.3% (43)
<i>The health problem was too complicated</i>	14.1% (20)
<i>I am concerned about sharing information over the internet</i>	12.7% (18)
<i>Some other reason</i>	14.8% (21)
Total Respondents	142

Among adults who used telehealth at least once, most felt that their provider always or usually answered their questions during a telehealth visit. Most also reported being always or usually comfortable knowing what to do following a telehealth appointment, but slightly fewer reported always knowing what to do, despite the provider always answering questions.

Table 3.6. Reported Responsiveness of Provider Among Adult Respondents Who Used Telehealth At Least Once in 2021.

Telehealth Provider Responsiveness to Respondent Questions (for respondents who received telehealth services at least once)	% (n)
Always answered questions	57.49% (96)
Usually answered questions	13.17% (22)
Sometimes answered questions	4.19% (7)
Never answered questions	--
I did not have any questions that needed answering	8.38% (14)
Did not respond	15.57% (26)

Table 3.7. Reported Comfortability with Treatment Plan After Visit Among Adult Respondents Who Used Telehealth At Least Once in 2021.

Respondent Comfort with Knowing What to do After Their Telehealth Appointment	
Always comfortable	50.30% (84)
Usually comfortable	20.96% (35)
Sometimes comfortable	8.98% (15)
Never comfortable	--
Did not respond	17.96% (30)

**Cell values with "--" indicate a value less than 11 and have been suppressed.*

Very few respondents who used telehealth at least once reported technical problems, although many respondents chose not to answer this question. A small number of respondents had trouble with their phones or some other unspecified problem.

Table 3.8. Reported Technical Difficulties Among Adult Respondents Who Used Telehealth At Least Once in 2021.

Technical Problems Experienced	% (n)
<i>I experienced no technical problems</i>	54.49% (91)
I had trouble with my phone	6.59% (11)
There were multiple problems	--
Some other problem (not specified)	10.18% (17)
Did not respond	20.96% (35)

Cell values with "--" indicate a value less than 11 and have been suppressed.

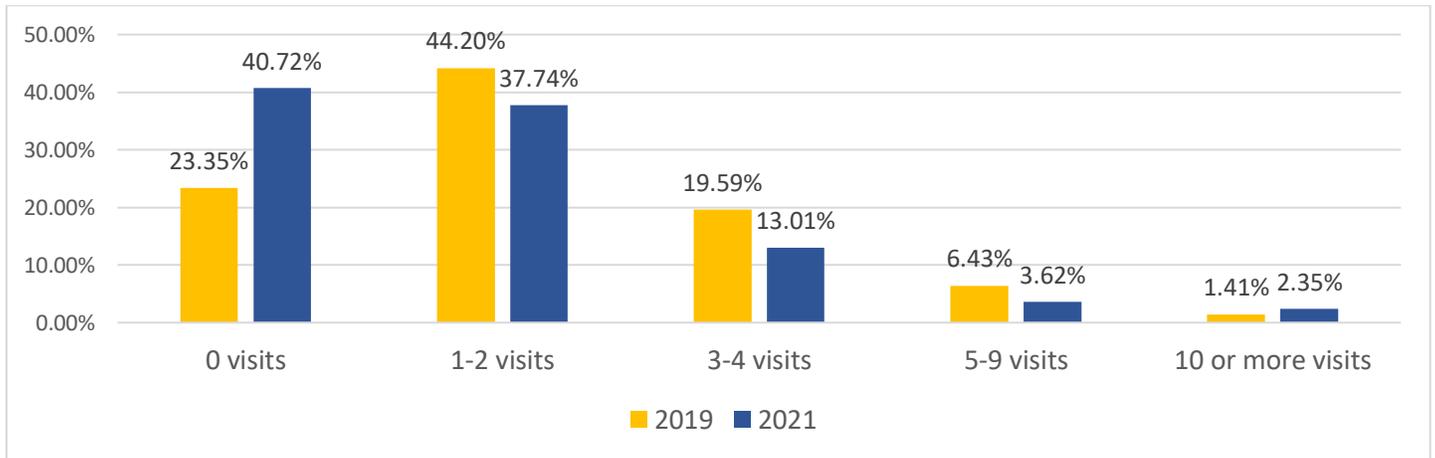
Percentages were calculated with 167 as the denominator, since 167 respondents indicated using telehealth at least once. Percentages do not add to 100% because respondents were allowed to select all technical problems that applied.

4. Child Results

Overall Medical Care Use

Respondents were asked how many times their child had received health care (not including emergency room visits). Healthcare could include in-person, by phone, and/or by video. The percentage of children not going to any health care visits increased from 23% (2019) to nearly 41% (2021).

Figure 4.1. Frequency of Routine Care and Check-Up Visits Among Child Respondents in 2021 Compared to 2019.



It is not clear whether the decrease in service use can be attributed to the COVID-19 pandemic. Reported need for care decreased in 2021: Just under 31% of respondents said their child had an illness, injury or condition that needed care right away in 2019, this dropped to 17% in 2021. However, between 2019 and 2021 there was also a decrease in the percent of respondents who felt they could get care right away when their child needed it.

Figure 4.2. Frequency of Emergent Care Need Among Child Respondents in 2021 Compared to 2019.

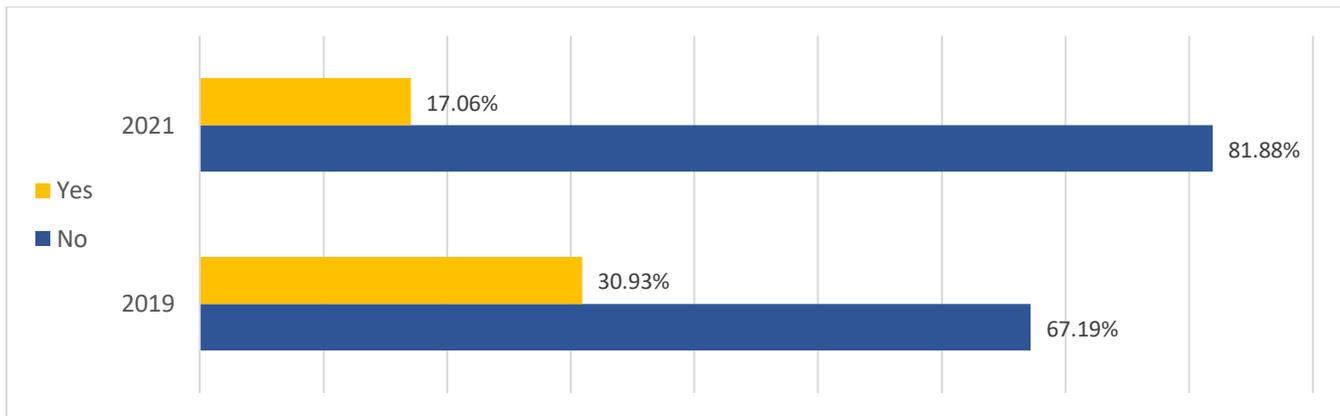
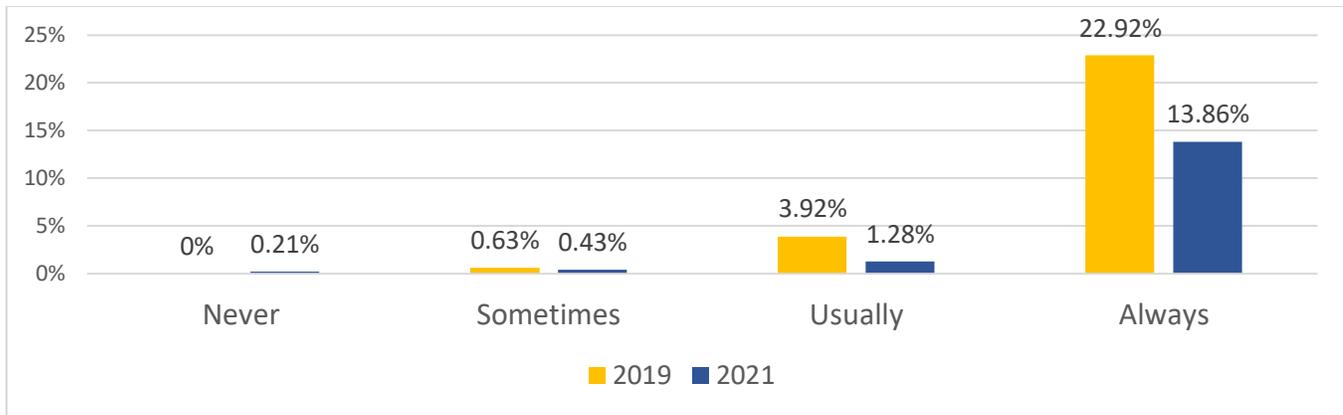


Figure 4.3. Frequency of Emergent Care Received Among Child Respondents in 2021 Compared to 2019.

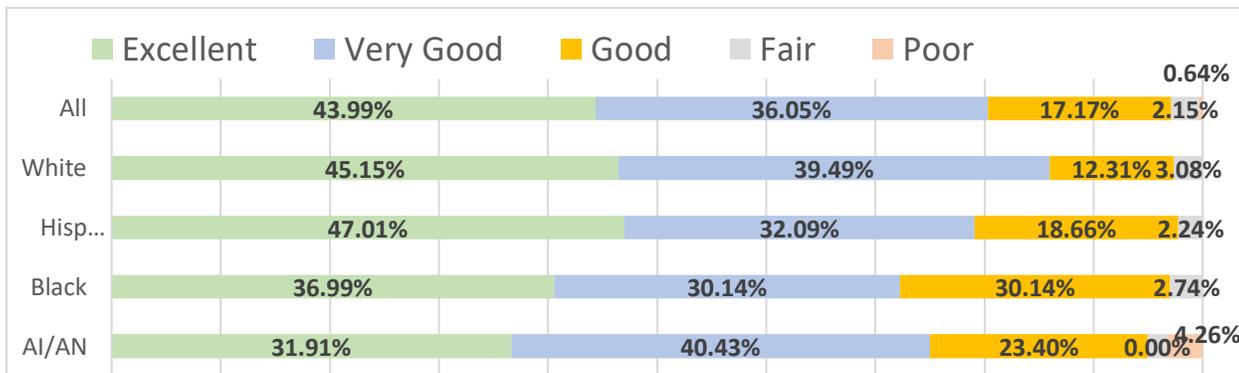


Overall Health

Respondents were asked “*In general, how would you rate your child’s overall health?*”

The figure below shows 2021 data for all respondents (n=469) and is stratified by racial and ethnic identities. Respondents who identified their child as American Indian or Alaska Native (n=47), Black (n=73), Hispanic (n=134) or White (n=195) are included in the figure. Respondents who identified their child as Asian or Native Hawaiian or other Pacific Islander are not included in the figure due to too few responses (n=18 and n=4, respectively).

Figure 4.4. Percentage of 2021 Child Respondents by Overall Health Rating and Race/Ethnicity.



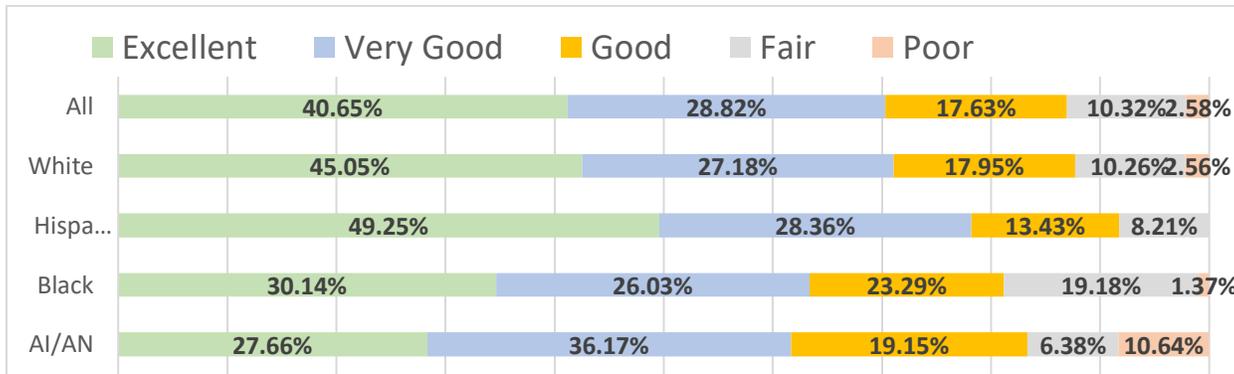
Respondents were allowed to select more than one racial and ethnic identity for their child. As such, the total n is greater than the total number of surveys completed. AI/AN = American Indian or Alaska Native.

Mental Health

Respondents were asked “*In general, how would you rate your child’s overall **mental or emotional health?***”

The figure below shows 2021 data for all respondents (n=469) and is stratified by racial and ethnic identities. Respondents who identified their child as American Indian or Alaska Native (n=47), Black (n=73), Hispanic (n=134) or White (n=195) are included in the figure. Respondents who identified their child as Asian or Native Hawaiian or other Pacific Islander are not included in the figure due to too few responses (n=18 and n=4, respectively).

Figure 4.5. Percentage of 2021 Child Respondents by Mental or Emotional Health Rating and Race/Ethnicity.



Respondents were allowed to select more than one racial and ethnic identity. As such, the total n is greater than the total number of surveys completed. AI/AN = American Indian or Alaska Native.

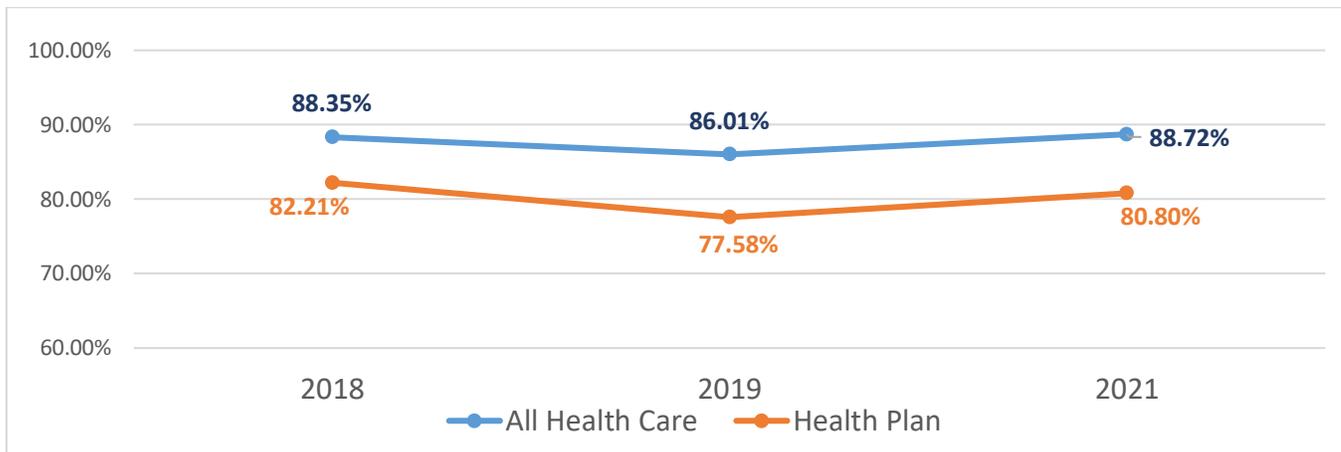
There was substantial variation across race and ethnicity groups in the reported mental health of children. Respondents who identified their child as Hispanic had the highest percent response for “*excellent,*” “*very,*” or “*good,*” at 91.04%. Respondents who identified their child as Black had the lowest percent response for “*excellent,*” “*very good,*” or “*good,*” at 79.46%.

Child Trends

Care Received

Figures 4.6 and 4.7 below show how respondents rated health care received by their child in the last six months in four categories (1) all health care, (2) health plan, (3) personal doctor, and (4) specialist most seen. Responses could range from 0 (worst possible) to 10 (best possible). The figures below show trends over time in the percentage of respondents who rated care as an 8, 9, or 10. The data are compared for 2018 (684 respondents), 2019 (637 respondents), and 2021 (469 respondents). CAHPS was not fielded in 2020.

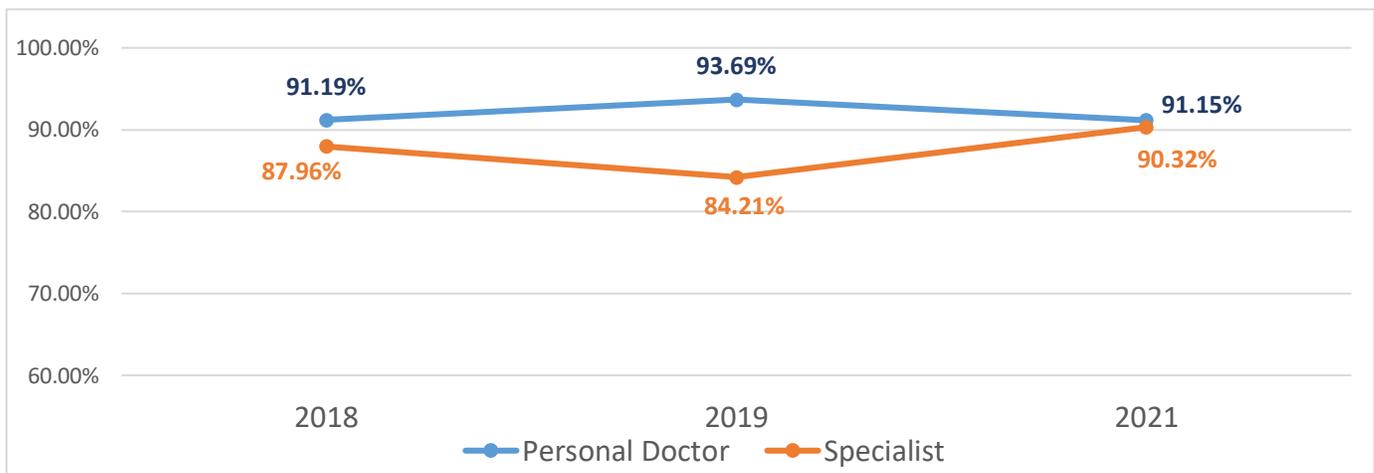
Figure 4.6. Percent of Child Respondent Experience Ratings Scoring an 8, 9, or 10 by Healthcare Category (All Healthcare and Health Plan) over time.



For **All Health Care**, respondents were asked: "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?"

For **Health Plan**, respondents were asked: "Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?"

Figure 4.7. Percent of Child Respondent Experience Ratings Scoring an 8, 9, or 10 by Healthcare Category (Personal Doctor and Specialist) over time.



For **Personal Doctor**, respondents were asked: "Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?"

For **Specialist**, respondents were asked: "We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?"

Experience

Figure 4.8 shows a composite measure that assesses whether respondents felt that they could **get care quickly** for their child. The measure captures responses to “*In the last six months, how often did you get appointments for your child with a specialist as soon as he or she needed?*” and “*In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?*”

The percentage of respondents who responded “**Always**” or “**Usually**” dropped over six percentage points from 2019 to 2021, possibly reflecting less availability during the public health emergency.

In contrast, there was very little change over time in **Getting Needed Care**, a composite measure that captured responses to two questions: “*In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?*” and “*In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?*”

Figure 4.8. Percent of Child Respondents that Reported “Always” or “Usually” by Service Delivery Category (Getting Care Quickly and Getting Needed Care) over time.

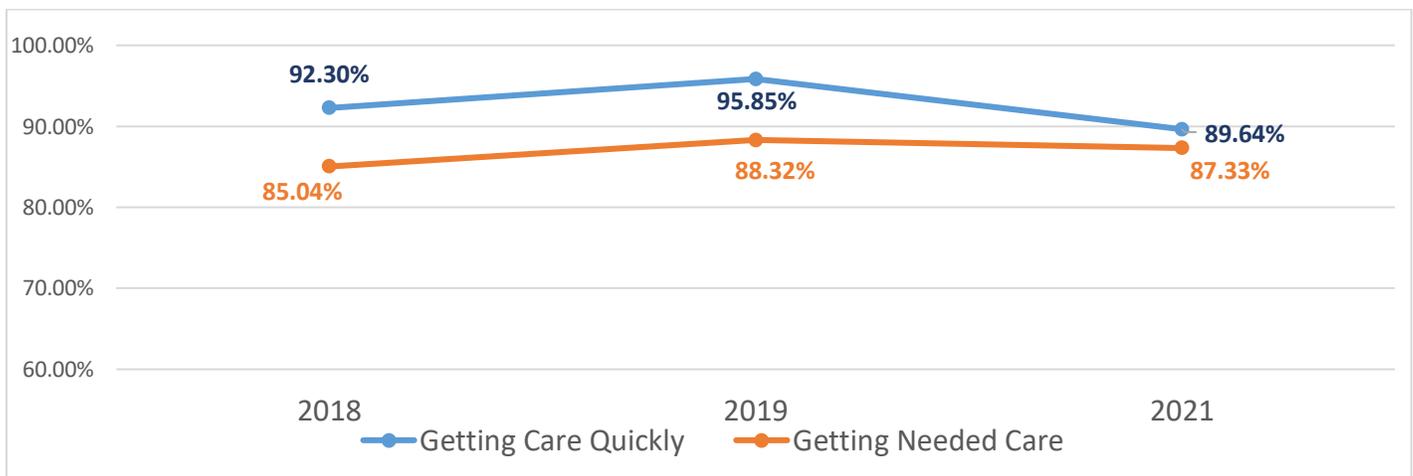


Figure 4.9 shows almost all respondents had a positive experience communicating with their child’s doctor, and there was no significant variation across time. The composite measure, **Doctor Communication**, captures responses to four questions:

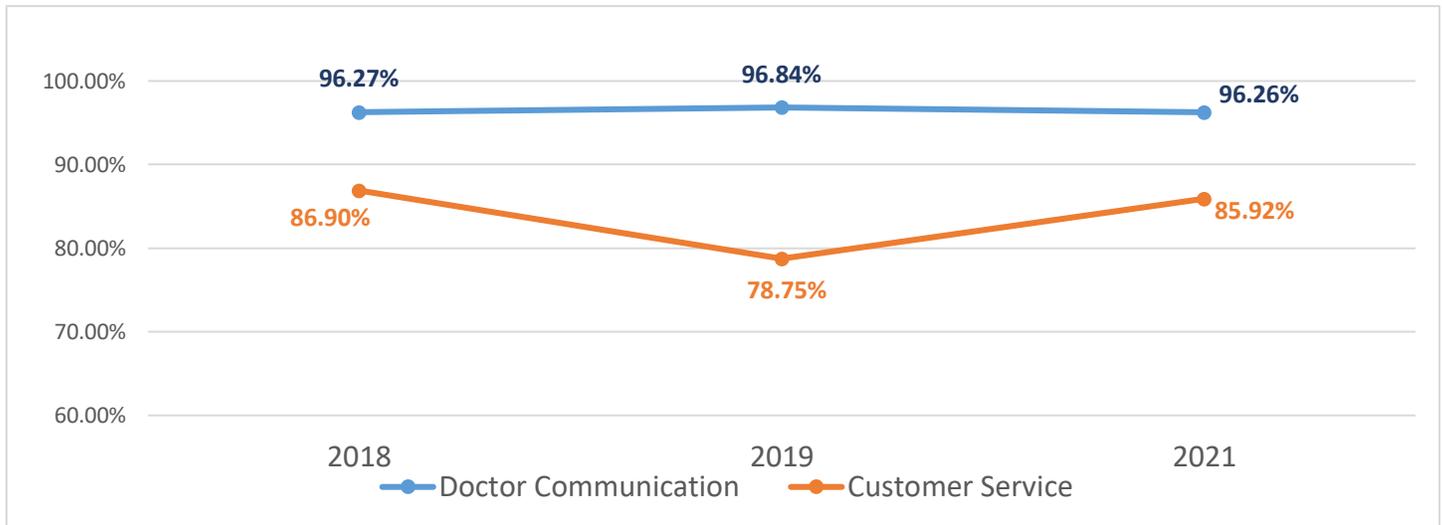
- “*In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?*”
- “*In the last 6 months, how often did your child’s personal doctor listen carefully to you?*”
- “*In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?*”
- “*In the last 6 months, how often did your child’s personal doctor spend enough time with you?*” spend enough time with you?” Over 96% of respondents rated doctor communication highly.

Ratings for **Customer Service**, also a composite measure, were lower, consistent with ratings in the prior comparison years. The Customer service composite measure includes responses to the two following questions:

- “*In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?*”

- “In the last 6 months, how often did customer service staff at your child’s health plan treat you with courtesy and respect?” In this context, the “health plan” is NC Medicaid Direct.

Figure 4.9. Percent of Adult Respondents that Reported “Always” or “Usually” by Service Delivery Category (Doctor Communication and Customer Service) over time.



Child Telehealth Care Results

Providers were less likely to offer telehealth services to children than to adults. Only 19.34% of respondents (89 people) reporting on their child’s experience were offered telehealth. (In comparison, 34.1% of adult respondents reported being offered telehealth). Among those, 60 reported they used telehealth services for their child (sometimes, usually or always). Because of the small number of respondents who were eligible to answer more detailed questions regarding telehealth, results are not reported here as estimates are likely unstable.

5. Appendix: Survey Instruments

- Appendix I.....2021 North Carolina CAHPS Final Survey Instrument Adult English
- Appendix II.....2021 North Carolina CAHPS Final Survey Instrument Child English



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-842-1627.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks 



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in North Carolina Medicaid. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your health plan? (Please print)



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

- None → *Go to Question 10*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Health Care Possible Best Health Care Possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

TELEHEALTH VISITS

These questions ask about the care you got other than in person. These health care visits could be conducted using video by computer or mobile phone (e.g., Zoom, Facetime, Doxy.me), or a scheduled phone call with sound only (i.e., no video).

10. In the last 6 months, were you offered a telehealth appointment instead of an in-person appointment?

- Yes
- No → *Go to Question 21*

11. In the last 6 months, how often did you choose to use telehealth for your health care when it was offered by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always → *Go to Question 13*

12. Were any of the following a reason you chose not to use telehealth for your health care? Check all that apply.

- I do not have a computer
- I have a computer, but my internet is not good
- It is too expensive to use my telephone a lot
- There is no private place in my house for a visit
- I am concerned about sharing information over the internet
- I was worried I would not do it right
- The health problem was too complicated
- I felt I should see the doctor or other health provider in person to do a physical exam
- Some other reason

13. In the last 6 months, how many times did you have a telehealth visit to get care, tests, or treatment?

- None → *Go to Question 21*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

14. What technical problems did you have? Check all that apply.

- There were no technical problems
- I had trouble with my computer
- I had trouble with my phone
- My doctor or other health provider had trouble with their computer
- My doctor or other health provider had trouble with their phone connection
- Some other problem

15. In the last 6 months, how often did your doctor or other health provider answer your questions during the telehealth visit?

- Never
- Sometimes
- Usually
- Always
- I did not have any questions that I needed answered

16. In the last 6 months, did your doctor or other health provider help you to use the video on your computer or phone during your telehealth visit?

- Yes → *Go to Question 18*
- No

25. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

27. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → *Go to Question 29*

28. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

29. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 1 2 3 4 5 6 7 8 9 10
- Worst Personal Doctor Possible Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

30. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
- No → *Go to Question 34*

31. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

32. How many specialists have you talked to in the last 6 months?

- None → *Go to Question 34*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

33. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 1 2 3 4 5 6 7 8 9 10
Worst Specialist Best Specialist
Possible Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

34. In the last 6 months, did you get information or help from your health plan's customer service?

Yes
 No → Go to Question 37

35. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

Never
 Sometimes
 Usually
 Always

36. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Never
 Sometimes
 Usually
 Always

37. In the last 6 months, did your health plan give you any forms to fill out?

Yes
 No → Go to Question 39

38. In the last 6 months, how often were the forms from your health plan easy to fill out?

Never
 Sometimes
 Usually
 Always

39. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

0 1 2 3 4 5 6 7 8 9 10
Worst Health Plan Best Health Plan
Possible Possible

ABOUT YOU

40. In general, how would you rate your overall health?

Excellent
 Very Good
 Good
 Fair
 Poor

41. In general, how would you rate your overall mental or emotional health?

Excellent
 Very Good
 Good
 Fair
 Poor



◆

42. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- Yes
- No
- Don't know

43. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 47**
- Don't know → **Go to Question 47**

44. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

45. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

◆

46. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

47. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

48. Are you male or female?

- Male
- Female

49. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

51. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

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Correct Mark 

Incorrect Marks 



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in North Carolina Medicaid. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your child's health plan? (Please print)



**YOUR CHILD'S HEALTH CARE
IN THE LAST 6 MONTHS**

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

- None → *Go to Question 10*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
- Sometimes
- Usually
- Always



TELEHEALTH VISITS

These questions ask about getting care for your child other than in person. These health care visits could be conducted using video by computer or mobile phone (e.g., Zoom, Facetime, Doxy.me), or a scheduled phone call with sound only (i.e., no video).

10. In the last 6 months, was a telehealth appointment offered for your child instead of an in-person appointment?

- Yes
- No → *Go to Question 19*

11. In the last 6 months, how often did you choose to use telehealth for your child's health care when it was offered by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always → *Go to Question 13*

12. Were any of the following a reason you chose not to use telehealth for your child's health care? Check all that apply.

- I do not have a computer
- I have a computer, but my internet is not good
- It is too expensive to use my telephone a lot
- There is no private place in my house for a visit
- I am concerned about sharing information over the internet
- I was worried I would not do it right
- The health problem was too complicated
- I felt the doctor or other health provider should see my child in person to do a physical exam
- Some other reason

13. In the last 6 months, how many times did you have a telehealth visit to get care, tests, or treatment for your child?

- None → *Go to Question 19*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

14. What technical problems did you have? Check all that apply.

- There were no technical problems
- I had trouble with my computer
- I had trouble with my phone
- My child's doctor or other health provider had trouble with their computer
- My child's doctor or other health provider had trouble with their phone connection
- Some other problem

15. In the last 6 months, how often did your child's doctor or other health provider answer your questions during the telehealth visit?

- Never
- Sometimes
- Usually
- Always
- I did not have any questions that I needed answered

16. In the last 6 months, at the end of your child's telehealth visit, how often did you feel comfortable that you knew what to do to take care of your child's health?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, after your child's telehealth visit, did you schedule a follow-up, in-person visit with the same doctor or other health provider because your child needed additional care for the same condition that could not be provided over the computer or phone?

- Yes
- No

18. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your child's telehealth care in the last 6 months?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best
- Telehealth Care Telehealth Care
- Possible Possible

YOUR CHILD'S PERSONAL DOCTOR

19. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 31*

20. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- None → *Go to Question 30*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

21. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

24. Is your child able to talk with doctors about his or her health care?

- Yes
- No → *Go to Question 26*

25. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always



◆ **43. What is your child's age?**

Less than 1 year old

YEARS OLD (write in)

44. Is your child male or female?

Male

Female

45. Is your child of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, not Hispanic or Latino

46. What is your child's race? Mark one or more.

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

47. What is your age?

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or older

48. Are you male or female?

Male

Female

◆ **49. What is the highest grade or level of school that you have completed?**

8th grade or less

Some high school, but did not graduate

High school graduate or GED

Some college or 2-year degree

4-year college graduate

More than 4-year college degree

50. How are you related to the child?

Mother or father

Grandparent

Aunt or uncle

Older brother or sister

Other relative

Legal guardian

Someone else

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108