Variation in the structure and performance of Community Care of North Carolina

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Abstract: Current models of health care delivery system reform place high expectations on primary care practices to drive improvements in the U.S. medical care system. There are concerns that not all practices are equipped to meet these expectations, especially given the wide variation in structural attributes of practices across the country. In response to these concerns, local community networks have been proposed to help diverse practices implement new models of care. Community Care of North Carolina (CCNC), a statewide program of 14 community-based care networks for Medicaid enrollees, is often cited as a successful example of this approach.

This dissertation studied the extent of variation in health care quality and utilization within CCNC and examined whether traditional associations between practice attributes and performance were present in this mature community network program. Performance was measured by four process and five utilization measures for two patient populations -- adults with diabetes and children with acute asthma -- using Medicaid claims from 2008. Key practice attributes included organization type, size, affiliation with a major health system, number of CCNC patients, and length of CCNC experience.

There was systematic variation in performance between practices within the CCNC program. Bringing all practices up to the level of performance at the best practices would result in meaningful gains in overall performance.

Practice attributes commonly cited as barriers to performance played a modest role in explaining this variation. For example, larger practice size was associated with better performance on three of nine measures, one process and two utilization measures. The impact of practice size on utilization was strongest among practices with relatively little CCNC experience; that is, the modest association between practice size and performance was moderated by length of CCNC experience.

Findings from this dissertation suggest local community network infrastructures may be a viable policy option for mitigating the impact of certain practice structural attributes on primary care performance. Yet, within one such program, performance continued to vary between practices and there was room for improvement in performance overall. Identifying factors driving variation and implementing interventions to improve performance are important areas for future research and policymaking.

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