

Family Planning Medicaid Waiver Evaluators Conference Call

December 10, 2012, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein and Kari White (AL); Loretta Alexander (AR); Jeff Roth (FL); Dave Murday (SC)

State Staff: Susan Hamrick, Regina King, Brenda McCormick, Jocelyne Maurice and Lynn Smith (FL); Lyndolyn Campbell (GA); Regina Williams (LA); Andrea Phillips and Marcia Swartz (NC); Margaret Major (TN)

Other: Adam Sonfield (Guttmacher Institute); Julie DeClerque, Priscilla Guild and Ellen Shanahan (Sheps Center)

Approval of Minutes: Minutes of the November meeting were approved with changes sent by Regina Williams from LA.

Old Business: Data gathering re: eligibility and participation in program by age groups, etc – we have not received any additional data. We currently have NC, AL (complete), AR (we have totals); FL should have numbers available once evaluation contract is in place (soon). Will know the status of data collection capacity once start-up activities are underway. What years do we want? If we can get the most recent 5 yrs available from each state and also what year the program began; then, we have numbers we can see how comparable the data are (calendar versus fiscal year; longevity/maturity of program, etc), and what analysis might be appropriate. As an on-going effort this should be easiest and most obvious differences.

Looking Ahead:

Possibility of *Workshop*: gathering of evaluators, State program staff, CMS, Guttmacher, OPA; Groups would work to produce summative statements that augment Guttmacher report *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future* Adam Sonfield and Rachel Benson Gold December 2011.

- A. Quasi-experimental approach answering selected questions of interest to policy and State program staff.
- B. Use data-informed approach to describe what is a “Quality Family Planning program”. Based on experience, for NC for example, we do not have \$\$ for outreach. It impacts many different aspects of the program. If we had had resources for outreach we could assisted with enrollment, follow-up and the things we now know are components of what makes a quality program, we could have likely reached a larger proportion of the eligible non-users.
- C. Remember, Guttmacher report is about Title X program and then separate report on Waiver summative lessons. Medicaid expansion efforts will NOT be key focus going forward; rather the focus will be on the broad issues of ACA expansions. What is FP part of that (small). Is our group best to do this work (no!)?
- D. However, FP is a way to conserve funds and maximize resources. THIS is what should be focus of larger Medicaid effort: the average cost \$345 per year for FP versus \$10,000 to 12,000 for

first year of life provides obvious savings. This has been well established. We know that reducing unplanned/unwanted pregnancy through FP programs is effective. If you can get this in front of policy makers and budget-makers / legislators, it is a “no brainer”. It’s got to be about the money to attract the attention of Medicaid program. But it is not front and central in the broad spectrum of discussion. Compared to most of other services out there, FP *does* get special attention re: cost-effectiveness, cost savings. How can FP be included in package of preventive health services and compete with chronic diseases and end-of-life issues. If we can focus on special populations that are most affected by unwanted pregnancies (e.g., teens) and from whom such pregnancies or their avoidance that would affect the life course, an approach that HRSA and MCHB are promoting, it would also have an impact on a constellation of issues – infant mortality and birth outcomes, general health and well-being.

- E. What about outreach? One of the horns we should be tooting is the importance of funding outreach that ensures eligibles enroll and use available services. Gaps in program design (leaving out outreach) undermine overall program effectiveness.
- F. What information will help folks starting up or re-tooling state programs? That is an important niche and one for which we might have insights to contribute. The IOM recommendations for evaluation of Title X programs conclude, not surprisingly:
- The program does not collect all the data needed to fully monitor the program and evaluate its impact.
 - A comprehensive framework for approaching program evaluation could ensure that all major aspects of the program are evaluated and the needs of clients are being met. Gathering these data will require innovative approaches—and new funding—to minimize the burden on providers.

Next Steps: 1: Review the chart (attached) that organizes questions and related indicators across our four domains of utilization/access to care, financing of care, delivery of care, and outcomes from receipt of care. 2: Identify which items your state program has either data for or experience with such that you would be able to address, at least partially. 3: Send quick email back to group (easiest may be to highlight text in the document and attach to email).

Once these are circulated we can develop in January the lessons learned across State programs. Using our collective wisdom and synergy across the range of States, we should be able to identify different populations, provider mix types, effective outreach strategies, means to provide convenient, comprehensive services that includes high quality evidence based counseling, and need to have full access to most efficacious contraceptive methods all in place to ensure success.

Priscilla Guild endorsed Dave’s idea. Information about FP hasn’t necessarily had the impact we hoped, but let’s not give up trying to disseminate this information along the lines of enhancing cross-State experiences and key findings.

What are the policy questions that we have data to answer: framing ideal system and various process indicators?

Action step: Review the documents Dave sent out and identify the cluster of policy-oriented questions, such as value of outreach? Key roles of private providers? Others? Share these among the group.

Next call: January 14th at 1:00 pm EST, noon CST. [NEW](tel:9199622739) call in number is (919) 962 2739.