**Family Planning Medicaid Waiver Evaluators Conference Call**
February 13, 2012, 1:00-2:00 pm EST

## Participants

Evaluators: Janet Bronstein, Kari White (AL); Jeff Roth (FL); Sarah Blake and Anne Dunlop (GA); Dave Murday (SC)

State Staff: Brenda McCormick (FL); Lyndolyn Campbell (GA): Andrea Phillips and Marcia Swartz (NC); Margaret Major (TN)

Other: Julie DeClerque and Ellen Shanahan (Sheps Center)

## MINUTES

Approval of Minutes: Minutes of the January meeting were reviewed, and approved with clarifications: (1) 2nd to last para on page 1: CMS is keeping options open regarding Waivers and SPAs to gauge on-going need, political will, and how programs will be configured; and 2) answers to questions to be clarified when persons available.

On-going Discussion About Next Steps on How to measure performance of FP programs:
If there are not any 1115 FP Waivers in a year and a half, what is our role and what would be productive to compile our lessons learned? Janet Bronstein may help us move forward with possible workgroup organizing.

Janet asks: *What are needs of participants on our calls*? Originally, it was to collectively help each other with methods and issues related to evaluations? Are current participants interested in collectively summarizing lessons learned? Adam's report: Lessons learned on Waivers. They have staff to pull from reports, publications and presentations to summarize information. What would we do that is not redundant? One possible approach would be to organize information according to audiences being targeted. Questions that providers might want answered regarding the Waivers would be different than for example, what payors or insurers would want to see. Janet suggested three different groups we might consider:

1. *State Program Leadership*: Once the demonstration projects are discontinued, services provided by the Waivers would be integrated into State's "routine" FP programs. Do programs retain their effectiveness, once absorbed? What about outreach? Are # clients reduced, or does the number remain the same as under the Waiver? There was some increased participation from non-tradition providers under the Waivers. Is that retained, once absorbed? What happens to some of the "special features" that characterized several State programs under the Waiver: case management (AL), counseling (NC)? State-specific issues once SPAs in place (NC outreach) …

2. *Insurance companies/Payors*: What do we know from the Waivers that insurers or payors would want to know? About: utilization and access, or financing, care processes, or maternal or infant outcomes? AL has dynamic (over time) logs with the ability to track use rates for over 10,000 people from budget neutrality to variations in cost of insurance industry. Was there

evidence of over-utilization of services based on claims data, or did Waiver show the recommended "once a month maximum"? What about method switching? Do claims data show profiles indicating "stability" of Waiver users or more "volatility" with lots of method switching? And what can we say about profiles/characteristics of public FP users versus non-users? How would we expect this profile to be different for users with private coverage?

*3rd audience =FP providers*: what facilitates use? Huge chunks f enrollees who never use a service? Do non-users covert to use over time? What are the circumstances and what are the ir profiles? Do certain providers provide specific methods?

Another (4th) audience, would be *Federal Government*… Evaluation of 1115 waivers over time. Demonstrations will continue as long as the Medicaid program depends on having a "testing ground" to figure out implementation of various programs or aspects of existing programs. Questions they would most likely want to know about: Which variations across programs had the most success? Ex: how did different eligibility criteria affect targeting most in need, and did that make a difference in utilization and cost savings?

Looking Forward: What to expect, given new decisions in delivery and packaging of public FP services? Isn't that something our group's efforts could contribute to knowledge base? Assumption is that Waivers have successfully demonstrated efficacy of FP as key component of women's and children health, so now we're adding FP services to [mandated] package of preventive care. We could predict, for example, how this would affect trajectory of birth rates…what would be some other key things we could contribute?

Answer: We have indicators of quality and also indicators related to outcomes. So, we could say to State and Federal M'caid programs: here is what you need to be tracking on regular basis so you can at least be able to know what you can expect, and what you end up with.

State evaluators may have additional information beyond what was reported to CMS so we may be able to address directly, reconfiguring our data so we'd have more standardized, comparable data across programs.

Basic question is: What is it that makes a FP program an effective program? NC: reaching those who are in need! What do we know about what works best in making that happen?

Other important questions? How to fund! Staff? Significant qualitative piece requiring informal framing structured survey across state program leadership…implementation, evaluation, measurement that may not require new resources. And may be helpful to do some new analyses if states are willing to do this, run some data, providing set of items we'd like to compile…if we had four states to run data, then any conclusion we draw would have much greater impact.

Immediate next steps: How to coordinate the work? Janet will put together a skeleton document and draw up a working draft listing key audiences and important questions of interest to each of the 3-4 audiences we just outlined today. Once we have the questions, then we can tailor group them and decide on data availability to answer these questions. We can delineate the things that may be relatively simple to do across states; then the things that would require more effort, and

things that would need additional investigation…on-going tracking. Also, what is it that we are pretty confident about what works and really does not need to be further evaluated over time anymore? Some things like cost-benefit analyses and improved birth spacing, have been confirmed. In FL, we know the costs of persons enrolled in program, and we know among those who are enrolled, who get services and those who do not. We showed thru logistic regression that birth outcomes 13% less likely to have LBW among those who got service. Is this something other states could also replicate in terms of methodology to compile results across state programs? Would be very powerful.

These are useful questions to raise with colleagues from CMS and other Feds (OPA and CDC) going forward. What are the lessons learned from 15-16 years Waivers and FP programs and services (in general, focused on issues delivery system) that going forward could build on Guttmacher's meta-analysis and states' own possible data sets and within-state experiences to inform designers of family planning programs going forward. Kathleen and Sarah are members of a six-state OPA evaluation, so some coordination may be possible with them. Their six-state summaries will be produced in PDF form, and OPA will have them available for us soon.

The next call will be on Monday, March 12th, 1 pm EST (noon CST) using the regular telephone number: (919) 962-2740.