

Family Planning Medicaid Waiver Evaluators Conference Call

April 9, 2012, 1:00-2:00 pm EDT

Participants

Evaluators: Janet Bronstein, Kari White (AL); Loretta Alexander (AR); Jeff Roth (FL); Dave Murday (SC); Kristin Christensen (TX)

State Staff: Jocelyne Maurice (FL); Lyndolyn Campbell (GA); Regina Williams (LA); Bernie Operario, Andrea Phillips and Marcia Swartz (NC); Margaret Major (TN)

Other: Julie DeClerque, and Ellen Shanahan (Sheps Center)

MINUTES

Approval of Minutes: Minutes of the March meeting were approved, with minor changes, for posting on the public side of the website.

Review of Where We Are with Our Process of Summarizing Waiver Successes:

Dave reviewed purpose of how we are trying to summarize 1115 Demonstration Waivers and what may happen down the road after 2014 with ACA phase-in.

Dave clarified for Jeff whether we are still addressing multiple audiences, whether we are still thinking of different questions specific to the audiences we outlined... or whether we have decided to choose three or four that would generically be of interest across the board?

Dave responded that we are still in brainstorming mode and once Janet looked at the “audience questions” it seemed like they really were quite similar. But these are catalysts for conversation about what are the main questions we can answer, and what funding agencies would be interested in and willing to support.

For the majority of the time we have worked together as a group, we have been doing peer-to-peer technical assistance (for about eight years now). Our focus has been on topics covering how we all measure x, y, z and how have we (states) have handled certain issues. In the past year, we shifted effort and began to consider benchmark-type measures. As we may not have as much need to share our P-2-P TA going forward, are there other things we can contribute? One idea was based on our experience: what can we add to our knowledge base, either individual states or collectively across the Region? What conclusions can we draw? And, what are the questions we think we might be able to answer, or that others now beginning to implement “new” programs through ACA expanded Medicaid services, *should* be asking?

At some point we may want to say our work is done... but we’re not ready (Dave doesn’t think).

Table of Questions

Jeff in Florida is particularly interested in health outcomes related to FP. Interpregnancy interval, birth spacing... 14% reduction in odds of LBW births. We have looked at costs and

benefits (daily cost of care for preemie and averted LBW deliveries). Janet mentioned they have a lot of people getting Pap smears, so, have we seen anything related to lower cancer rates? We need to have comparison group. Who is appropriate? Not necessarily participation in program? How to prove they are appropriate group especially if there were no difference between the Waiver and control groups?

Some members of the group are interested in outcomes and have data and a desire to work on methodology. Others are interested in utilization and enrollment. Not necessarily fragmenting the group, but if not interested in all the issues, they could carve out time on those issues, but still be part of the larger vision. We can make decisions as part of the larger group, but should poll the group to make sure participants are all on board and the direction is good for the majority.

Access, Quality, and Reaching Those Most On-Need: Andrea Phillips (NC) addressed the concept of an ideal FP program. If we were to design one how would it look? She would like to be a part of a workgroup on quality of care and how word gets out about the program, evaluating access to services, recruitment and enrollment process. Background to this activity might include the Guttmacher report and previous discussion about outreach and enrollment and 50% eligibles not enrolled or using. Marketing in NC was a strong component of outreach and recruitment, but initial work never adopted. Opposite also true, where great marketing and selling like gangbusters but clinic capacity was not ready and waiting time were very unacceptable.

Audience for Targeting Our Findings on Fiscal Issues: Loretta Alexander (AR) mentioned Medicaid program and huge funding shortfall...investments in outreach as major cost-savings for Medicaid PW budgets. State Medicaid Directors nationally would be key group to present our findings to related to fiscal integrity, return on investment, etc. These data and types of calculations are all available (average about \$12,000 in 1st year of life in Florida for example).

Measures with Meaning for Long-term Impacts: Janet Bronstein (AL) noted that births averted is the bottom line that will make a difference in long-term budgets. Budget neutrality doesn't mean enough to average person, but births averted will have much bigger traction. How to celebrate an event that is not occurring? How does the program receive reward / credit for "non-events"? General issue with prevention and funding it...especially prevention using methods that some find controversial, etc.

We had some discussion about the wave of the tides, politically and socially and trying to predict what's in store between now and 2014. If you look at 19-year old births, 50% are unintended. Does PRAMS data show that intendedness has improved over time? Janet says not in the data they have looked at. Birth spacing is a better measure.

Our Conclusions for Today: We are talking about two audiences, really... One, FP Program Directors looking at value-added and financial pieces. And another, Medicaid program Managers who want to know what is a good family planning program, features: outreach, enrollment; National Council of State Legislators and National State Governors association also are key: ultimately the State Medicaid Directors have to sell their programs to the appropriations committees at state or national level. It may be worth our while to touch base with NGA or NGL

staff... and see if they can think of other questions we should try to answer or mechanism to try to communicate some important materials. We are thinking in terms of FP Waiver but same issues apply to general FP programs generally. Most states don't maximize their regular Medicaid service programs....

Dave wrapped up suggesting everyone is welcome to participate in a smaller group to flesh out ideas related to 1) framing what is ideal program and what components make it effective? and questions about those components measures of success that should be used as benchmarks to gauge programs "acceptability" by going forward. This is what we can contribute to from Medicaid and Title X program and evaluations?

At Dave's call for volunteers, Andrea Phillips was nominated by Jeff Roth. Marcia Schwartz and Bernie Operario from NC also agreed to contribute. What components are explicit in Janet's lists of questions that are program components? We all decided to request list of critical components, questions of concerns maximal cost effectiveness. Subject line: wish list. Send to the whole group by May 7th.

Next call: May 14th at 1:00 pm EDT, noon CDT. Call in number is 919 962 2740.