Family Planning Medicaid Waiver Evaluators Conference Call
August 8, 2011, 1:00-2:00 pm EDT

Participants

Evaluators: Dave Murday (SC); Michelle Bensenberg (TX)

State Staff: Xavier Jimenez, Jocelyne Maurice, Brenda McCormick, Lynn Smith and Dan Thompson (FL); Regina Williams (LA); Bernie Operario, Andrea Phillips and Marcia Swartz (NC); Stacey Johnston and Alex Melis (TX)

Other: Adam Sonfield (Guttmacher Institute); Ellen Shanahan (Sheps)

Minutes

The group approved the minutes of the July conference call and approved their posting on the public side of the web site. The group welcomed Regina Williams (LA) and Xavier Jimenez (FL), first time participants in the call.

Dave facilitated continued discussion of the selection of a common measure of birth or pregnancy spacing noting that the best measure is not always feasible. Therefore, while birth interval is standard; pregnancy interval is more accurate. The measurement of pregnancy interval for the population of interest most often requires linking birth certificate files with Medicaid files for waiver participants. SC switched from birth interval to pregnancy interval. He noted that the legend in his charts SC SOBRA = women eligible for the waiver; SC FPW = waiver participants.

In calculating interpregnancy interval FL and SC uses the same calculation as RNDMU (less than or equal to six months from conception to previous termination; NC Waiver evaluators assumed a pregnancy of 280 days and used a calculated data of conception.

Adam noted that HP2020 measures from birth to subsequent pregnancy [FP-5: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=13] and mentioned that while SOBRA women do get some services within two months postpartum , they do not receive further service unless they are enrolled in a waiver program thus reducing the practicality of this measure for the population of interest.

Dave again asked which measure and data source this group should propose to the larger group in September: birth to birth interval using Medicaid delivery claims or interpregnancy interval requiring accessing Waiver participant service files to identify which birth certificates to pull for information on the date of termination (live birth, miscarriage, abortion) of the most recent prior pregnancy.

Michelle pointed out that access to necessary data files is not always straight-forward: Texas was required to obtain IRB approval in order to gain access to birth certificate data for Medicaid enrollees.

Dave suggested that if a state can link Medicaid state data with birth certificate files that would be optimal but that a number of states rely on the birth interval measure because birth certificate are easily available and nothing more is needed for the calculation.

The group agreed that we should poll states in the group to ask if they are able to link Medicaid birth claims and pull pertinent birth certificates. If not, then the are asked to provide birth-to-birth interval data.

Michelle proposed that the poll also ask which intervals are required to be reported and that the time be grouped as ranges that include both high-risk and optimal spacing, e.g., <=6 months; >6 and <=12 months; >12 and <=18 months and >18 and <60 months.

Dave raised the question of what an upper limit for appropriate interval might means for a family planning program. At the high-risk end, a program can offer both education and contraceptives. What could a family planning program do for clients approaching the upper limit of appropriate interval? Most likely education alone since withdrawing contraceptives does not seem ethical.

The group agreed to collect more data before putting anything out for a wider audience than this group.

On the September call Jeff will lead a discussion of preterm birth and low birth weight measures. Ellen will send the group the appropriate RNDMU tables (attached to the email with draft minutes) and link to the same data:
http://www.shepscenter.unc.edu/data/RNDMU/LongitudinalExcelTables/DataTablesExcel.html

Preterm Births : Table IV.5.1: Previous preterm birth (PRAMS data); Table V.5.4 Percent <37 Weeks; Table V.5.5: Percent 34-36 Weeks

Low Birth Weight Births: Table V.3.2: Medicaid births that were VLBW; Table V.5.1 Number of Births <1500 grams; Table V.5.2: Percent VLBW; Table V.5.3: Percent LBW

Future conference call discussions will address measures of good prenatal care and contraceptive effectiveness.

The next call will be on Monday, September 12, 1 pm EDT (noon CDT) using the regular telephone number: 919 962 2740.