Family Planning Medicaid Waiver Evaluators Conference Call
August 13, 2012, 1:00-2:00 pm EDT

Participants

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

State Staff: Susan Hamrick, Brenda McCormick, Jocelyne Maurice, and Lynn Smith (FL); Regina Williams (LA); Andrea Phillips and Marcia Swartz (NC)

Other: Julie DeClerque and Ellen Shanahan (Sheps Center)

MINUTES

Note: no meeting was held in July due to summer schedules.

Approval of Minutes: Minutes of the June meeting were approved, with a correction of AK not AR for Arkansas abbreviation, for posting on the public side of the website.

Question from June meeting: Did Jeff end up presenting his work on impact of birth spacing? Update: Jeff Roth, Florida Waiver Evaluator, clarified that their results, recently presented in a poster session (meeting?), showed a beneficial impact of waiver participation on birth weight, but not on birth interval. He will check to see if he can send the file for posting on our Waiver group's website. The hope is that others of us may be able to replicate the methods Florida used and determine if this trend is consistent across Waiver-states.

Review of Our Mission

Dave Murday inspired the group with his summary of what we might consider going forward and where our contributions and experiences evaluating FP Waivers over the course of a decade (or more) might best be received and informative. Key points:

1. We have a unique, State-level perspective that can help discern which indicators are most sensitive, most feasible to collect, and provide consistency over time and across programs.
2. We have vetted over 35 indicators, narrowing the set to 21 and then to 15, organized into five domains that would best describe program characteristics and track program outcomes and impact: utilization/access; financing; clinical care; clinical outcomes; and fertility outcomes.
3. The program characteristic we feel is most unique and central to success of waiver program *and* has impact across all five indicator domains is outreach. States with effective and deep outreach have greater awareness of program availability and services that have positive impact on enrollment and utilization. Collectively we have valuable information about what has worked most effectively, in which settings, and among which sub-populations.
4. We have information on quality of clinical care and FP services in terms of screenings, and effective contraceptive use and the impact on outcomes, such as low birth weight for subsequent births.

5. We can describe the differences between those enrollees who are users compared to those eligible and enrolled, but who are not using services, and whether those differences are correlated more with program characteristics, such as active or passive enrollment process, and/or more a function individual characteristics (age, parity).

Action step: Janet will create a table of data from Alabama as a sample template for us to use as a first step in collating cross-state data. Our goal is to have this table filled in by Fall and determine if we might have enough information to consider a publishing. We will need to discuss in further detail on next calls.

Note from minutes in June about Janet's ideas:

> Janet is working on the effect that eligibility has on enrollment and disenrollment process and the impact it has had. Dave pointed out that this is exactly what we might be able to do as a group: replicate methods one of us has used in our work to investigate a common concern, and examine same question across other programs. Janet also mentioned looking at those who have been in and out and patterns of program enrollment overtime. What predicts enrollment? And then, what predicts re-enrollment? In other words, look at *episodes* of enrollment, e.g., annual re-enrollment (rather than presumptive). Janet shows that many more are active contraceptors who reenroll. Better measures for outcome-related rates if the focus is on *annual reenrollment* (we get the active, motivated contraceptors). How many people ended up not being a contraceptive user because of barrier to re-enroll? "Churning" as an issue that is important, both for program assessment in terms of who is getting services and whether they are of good quality, etc. But also, it's important for policy in terms of delineating insurance riders, for example, and knowing numbers of who enrolls and numbers to expect.
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> Example: "Our participation rates typically hover around 50%," but once you shift to annual re-enrollment (and not rolling enrollment) and get a more concentrated user group enrolled, it may shift the costs and profile of the population being covered."

Update on Title X Guideline Revisions and Possible Utility of Our Findings

The group again reviewed the slides presented by Sue Moskosky (OPA) to the Expert Panel working to revise national FP standards, sent previously and on private side of our Waiver group's website:
https://www.shepscenter.unc.edu/data/RNDMU/FPMedicaidWaiver/workgroupfiles/index.html

As we discussed in past calls, the OPA revision process includes a focus on FP program indicators that we also have been discussing regarding access, quality, and outcomes. According to the material Sue M presented (slide #40), there is/will be external comment periods, allowing an opportunity to provide feedback from our work that may help inform their decisions re: essential elements, appropriate outcome, as well as process indicators. An update on their timeline is as follows: a draft of the guidelines (still) has not been circulated. The Title X comment period has not passed yet, and comments have not yet been solicited. They are in the process of finalizing recommendations, and slightly behind schedule.

Next call: September 10 at 1:00 pm EDT, noon CDT. Call in number is (919) 962-2740.