

Family Planning Medicaid Waiver Evaluators Conference Call

August 10, 2009, 1:00-2:00 pm EDT

Participants

Evaluators: Janet Bronstein (AL); Ruth Eudy, (AR); Kathy Vetter (IL); Andrea Johnson (NC); Dave Murday (SC); Donna Albright, Aradhana Sathiadevan, Michelle Bensenberg, and Kendra Sippel-Theodore (TX); Molly Carpenter (VA)

State Staff: Susan McNamara (FL); Bernie Operario (NC); Margaret Major (TN); Gerald Craver (VA).

Others: Tom Hennessy and Julie Sharp (CMS); Julie DeClerque and Ellen Shanahan (Sheps); Priscilla Guild (Sheps Research Fellow)

1. Minutes for June and July were approved for posting on the public side of website.
2. Review of Janet Bronstein's workgroup presentation on primary care referrals and plans for states to provide data for table. Issues raised included:
 - a. What is the capacity of providers to make referrals? How are referrals made?
 - b. Are there ways to track referrals? Referral outcomes? Are there standard ways of collecting these data?
 - c. If most FPW patients either have a primary care provider or receive the needed care from the FP provider, and only 10-15% of FPW patients are referred, then a large sample will be required to track
 - d. How important is it for programs? Evaluation? CMS? Does CMS still require evaluation of primary care referral? If not might it be better to use funds for other evaluation tasks and products.
 - e. Clarification is needed about:
 - i. Waiver program's responsibility,
 - ii. Program capacity, and
 - iii. Ability to monitor and track
 - f. Concluding thoughts
 - i. CMS concern: If someone is identified, we want to know if they get lost in the system or not. If we have pros and cons specified as to what it takes to evaluate the issue, we can better advise projects and interpret findings.
 - ii. Each state's individual evaluation is different and was approved in a different way. The issue is not about differing opinions, but about the best way to evaluate referrals. Is there a formula we should all adhere to?
 - iii. If we took time to look at what we are thinking as a group of evaluators and formulated a position of the group, then when each state applies for renewal it may make a change to reflect the agreed-upon "best way."
 - g. Next steps
 - i. Definition of what constitutes a primary care referral:
 1. Define scope, e.g., abnormal Pap smear follow-up, hypertension, that it is reasonable to expect

2. How do we evaluate it?
 3. What considerations are involved?
 - ii. For the waiver programs themselves:
 1. What does the referral picture look like now?
 2. What is the role and efficacy of case management?
3. Discussion on Publications led by Janet Bronstein
 - a. Is there literature on best practices (e.g., consensus that FP waivers increase access to and use of contraceptives and reduces unintended pregnancies)? Can FPW evaluators and/or data add to that literature?
 - b. Potential topics:
 - i. What are the effects of outreach? Of different case management models? Of including men in FPW programs?
 - ii. What is the relationship between use of FPW services and prenatal care? Does source of FPW services make a difference? Can we track long term FPW participants and see if it makes a difference?
 - iii. Most literature compares waiver/non-waiver models, so the nuances of each FPW program have not been captured. A profile of each state's program is needed to answer questions like "what approach leads to better outcomes?" Cross-state comparison leads to benefits for each state
 - iv. What do state and federal policy makers need to know? What are the effects of different federal and state policies (e.g., annual re-determinations)?
 - c. Next steps -- There is a lot of interest in issues raised.
 - i. Dave and Janet will survey participants to determine primary interests, e.g., comparisons among states, state-specific issues, longitudinal analysis
 - ii. Keep in mind "to what end" tasks and writing are undertaken so that the group keeps moving forward and has a context for the information produced.

Next Call: Monday, September 14th from 1 until 2 PM EDT. The call-in number is (919) 962-2740.