Family Planning Medicaid Waiver Evaluators Conference Call
March 11, 2013, 1:00-2:00 pm EDT

Participants

Evaluators: Janet Bronstein (AL); Loretta Alexander (AR); Dave Murday (SC)

State Staff: Lynn Smith (FL); Andrea Phillips and Marcia Swartz (NC)

Other: Julie DeClerque and Ellen Shanahan (Sheps Center)

Approval of Minutes: Minutes of the February meeting were approved for posting to the public side of the website.

Updates: Contacting CDC/OPA regarding their efforts to develop indicators for tracking FP program effects. Julie sent email to Lorrie Gavin (CDC) and Dave sent follow-up email to determine how/if our efforts are in sync with theirs and whether their work is addressing recommendations listed in IOM report re: need for evaluation/next steps. What is the connection, if any, between IOM report and CDC's efforts to review Waiver evaluation (see earlier notes and emails for this group, or RNDMU website's listing of minutes and topics)? No response from Lorrie Gavin.

Julie will try and follow up to see if Adam knows whether CDC/OPA's efforts [to update FP program guidelines, establish indicator set for tracking quality of care and program impact] are addressing recommendations listed in 2009 IOM Report (Adrienne Stith Butler and Ellen Wright Clayton, Editors; Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program).

LARCS and uptakes: Dave described Pharma (drug co) study in SC investigating reason for low uptake in Long Acting Reversible Contraceptives (IUDs and hormonal implants). The group discussed various studies and findings they were aware of or had conducted in their state. Findings mentioned:

1. Medicaid reimbursements for LARC devices, insertion and removal needs to increase $$ to realize greater participation among providers, both HDS and private.
2. Alabama has working guidelines for LARCs; low IUD use in HD, staffed by NPs, can't be inserted unless by MDs. Prevalence is currently around 8%. This is an increase over time. Rates not broken out by age or other variables yet. Teen use is generally very low.Would expect local HDs to have pretty high interest in promoting LARC use, given effectiveness. Costs? Staffing? Logistical supply issues?
3. Florida: good reception of LARCs with NPs and MDs. Especially in HDs, staff are "clamoring" for LARCs. May need more training for practitoners;
4. Wash Univ in St Loius and CHOICE project demonstrated success if barriers of cost removed and issues re: staffing, convenience, and effective counseling assured (http://choiceproject.wustl.edu/); private donor provided $$ for LARCs.
5. Noted trend: if parents are involved, teens more likely to receive pill vs. LARCs.

6. New IUD being developed by company: Medicines360 (501-C-3)*. Trial comparing new IUD (Open-Label Levonorgestrel-Releasing) to Mirena®. Cost expected to be much lower: more like $50 per device. http://www.medicines360.org/clinical-trial

Issues related to state variations in LARC : While we wait to learn more about work at national level on FP program indicators (OPA/CDC) and how our work should be directed, Dave suggested we work on other issues we may benefit from as a group. We raised the topic of comparing LARC use and seeing what variations we have across our states. Are there some common patterns or issues? What is prevalence in use? By age? By parity? By insurance coverage? By county of residence? What is range of price for different devices? What is range of reimbursement rates? What are policies re: staffing (MD/NPs, etc)? Same day availability? Are there Champion counties in each of our States where prevalence is 20% or higher in Title X clinics? What are different funding sources used across our states to cover costs?

Medicaid Expansion Updates: Not much change. Kentucky is still listed as "possibly expanding", FL governor decided to support expansion, but still pending in legislature.

COIN phone calls: (COIN is the MCHB 12-state collaborative – Regions IV and VI) to address innovative approaches to reduce disparities in IM and related causes). http://learning.mchb.hrsa.gov/conferencearchives/COIN2012. Janet raised issue of our Waiver evaluation findings possibly being of interest to them. Interconception care and how women use waiver after delivery would be very useful to inform length of time in FP, is maternity provider a waiver participant, etc? Question: how many women leave MPW and do not show up in FP Waiver? How might this inform Inter-conceptional care? Loretta said AR has a form so women can get on waiver immediately post-partum. Q: Is AR evaluation looking at that? We COULD but haven't yet. SC: this is one of regular indicators for evaluation to examine # women transitioning from MPW to FP Waiver within 15 months. And number surged at start of Waiver but then declined over time. What can we extract from Waiver evaluations that could help these newer efforts focusing explicitly on ICC period? Start with a population of x deliveries, follow cohort, see if Medicaid claim for effective method claim within x time period, or not.

Other issues for peer Technical Assistance: send them along.

Next Steps: 1: National level person see what's up the scene

2. NC, SC, AL, AK, private site of the website.

3. protocol to track pp conta use to get at contraceptive use.

Next call: April 8th at 1:00 pm EDT, noon CDT. Call in number is (919) 962 2739.

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* Medicines360 is a non-profit pharmaceutical company that addresses unmet needs of women by developing innovative, affordable and sustainable medical solutions.

Why we exist http://www.medicines360.org

Medicines360 is a new type of pharmaceutical company: a social enterprise developing effective, affordable and sustainable medical solutions for all women. We're also a nonprofit company working toward self-sustainability through commercial sales revenue. Profit is a means of achieving our mission, not our motive; we exist to meet medical needs of all women.

The M360 Solution

We can do better in the 21st century. Our LNG20 Intrauterine System (IUD), a long-acting, reversible contraceptive, is currently in Phase III clinical trials. This product is designed to offer a safe and effective low-cost alternative to all women based on ability to pay. Currently, an IUD costs around $840 for the device, plus an additional several hundred dollars in medical fees to pay for insertion, an exam, and associated lab tests. Medicines360's unique hybrid business model and tiered pricing will enable us to sell our products for little cost to those who can't afford the current options. We will provide affordable medical solutions to both the commercial and public sectors. We are not focused on making a profit; we are focused on bringing life-changing healthcare products to all women.