

**Family Planning Medicaid Waiver Evaluators Conference Call
MINUTES (Second Revision)**

January 14, 2008, 3:00-4:00 pm EST

Participants

Evaluators: Janet Bronstein (AL), Molly Carpenter (VA), Andrea Johnson (NC), and Kathy Langlois (MS)
State Staff: Susan Barber (TN), Karen Jackson (FL), Margaret Major (TN), Bernie Operario (NC), Margaret Rankin (FL), Lynn Smith (FL), Janet Temkin (FL), and Tri Tran (LA),
Sheps Center: Julie DeClerque, Priscilla Guild, and Ellen Shanahan
Others: Meredith Robertson (CMSO)

Not on the Call

Evaluators: Mario Ariet (FL), Paul Buescher (NC), Rajeeb Das (FL), Kim Dauner (SC), Holly Felix (AR), Debeshi Maitra (SC), Bo Martin (NC), Mike Resnick (FL), Jeff Roth (FL), Ila Sarkar (MS), and Catherine Sreckovich (NC)
State Staff: Danni Atkins (FL), Sydney Atkinson (NC), Sondra Burns (LA), Kellie Caswell (FL), Bonnie Cox (GA), Tysha David (NC), Geneva Fearrington (NC), Joe Holliday (NC), George Johnston (NC), Lois Lockett (LA), Catherine McGrath (FL), Marie Melton (FL), Dave Murday (SC), Traci Perry (LA), Tahirah Rashadeen (LA), Bill Sappenfield (FL), Cliff Schmidt (FL), Janet Sheridan (SC), Marcia Swartz (NC), Cindy Thames (MS), and Ron Young (LA)
Sheps Center: No one
Others: Nancy Dieter (CMSO), Kathleen Farrell (CMSO), Adam Sonfield (Guttmacher), and Paul Youket (CMSO)

The topic of today's conference call was "Measurement of Primary Care Referrals." This was an open discussion with no state taking the lead.

Meredith Robertson began by reiterating that states are required by contract to refer family planning clients who indicate they have a health problem beyond the services delivered by the family planning provider to a primary care provider. In addition this needs to be evaluated as part of their evaluation plan. The way states do this evaluation is left up to the states (i.e., telephone survey, mailed survey, focus group, chart audits, etc.). Although it should be noted that states must have their evaluation proposals approved by CMS prior to implementation.

Janet Bronstein started the discussion by describing what Alabama does. There are 11 health areas in AL and as part of the evaluation a telephone survey is completed on 100 clients in each area. This gives a total sample size of 1100. The clients to be surveyed are selected at random and if a client refuses to complete the survey she is replaced with another randomly selected client from that area. In general there is about a 7 percent non-response rate. Respondents indicated that 10-11 percent of the time they tell their family planning provider that they have some other type of health problem and in about 60 percent of these cases, a referral is made. Janet is planning to follow this yearly. A copy of material from Janet on this survey is attached to the minutes. In a separate OPA research study in AL family planning providers have been surveyed. In this survey the providers indicated 50 percent of the time they refer a client for treatment of an identified health problem and 50 percent of the time they treat them.

Andrea Johnson reported that for the past two years North Carolina has used focus groups to evaluate Primary care referrals. The first year they had 4 focus groups (one in each pilot county) with 9-12 people in each group. Referrals seemed to be made about 58 percent of the time but if the client already has a source for treatment, no referral was made. This approach was not as successful in year two because of difficulty in getting participation in the focus groups. In year two they also designed a survey to send to male clients since there were too few of them to get adequate participation in the focus groups. They received 30 responses from 94 mailed surveys and one indicated that a referral had been made. Revisions are currently being made to the survey instrument. They are planning to use the survey and focus groups again in year three.

Janet Temkin said that Florida is also evaluating primary care referrals via survey but since Jeff Roth was not on the call, there was no discussion of the method or results. Referrals are made via letter to the clients that include

possible referral sites. Many times there is a community health center very near the health department. Blue Cross Blue Shield also has a website of resources.

Tri Tran said that Louisiana tried to evaluate primary care referrals via a mailed survey but out of 1000 surveyed only 200 responded. Of those, 12 percent had another condition and of those 50 percent were referred. He was concerned about the low response rate and how reliable these results might be. He was also concerned about the Alabama sample size for the same reason.

After some discussion, Meredith Robertson said that from her experience she did not think that anyone had the perfect assessment method or tool for primary care referrals.

The group agreed that if resources allowed, a telephone survey of clients was probably the most informative method to use and other issues could be evaluated at the same time. Priscilla then discussed the sample size problem. Of course the larger the sample size the more reliable/stable the estimate is likely to be. The problem here is limited resources for this part of the evaluation. Even with smaller than ideal sample sizes if measures are followed over time they can be a very useful in the evaluation. If they vary widely, probably little will be able to be concluded but if a trend line appears, this can give the project valuable information for planning future programs.

There was discussion about measuring completed referrals. This is not a CMS requirement since primary care is not the focus of the waivers. Meredith did say that some states are trying to get at this by asking family planning providers to ask about the results of the referral at the next family planning visit.

Pris then announced to the group that she is retiring on May 1st. Julie DeClerque will be taking over as Principal Investigator for the RNDMU Project but Pris does not want to ask Julie to take the lead on these calls, since it really has never been a mandate for our funding. Ellen would be able to continue with the logistics but we will need to figure out who will take the lead and do the minutes. Bernie Operario suggested the Regional Training Center and Pris will follow-up with them to see if they are interested. Another option might be to rotate it among the evaluators. As part of the discussion of future plans the suggestion that we try to collect some comparable data from all waiver states participating on the call was suggested by several states. This has always been Pris' goal and the feasibility of it will be one topic for the February call. Pris will take the lead on this call and is attaching a copy of the common definitions we have agreed upon. If we do this hopefully the states that have had waivers for a number of years will be able to go back and give us information for 3-5 years back. The remainder of the call will be used to plan for the future of these calls. Hopefully most of the evaluators will be able to be on the call.

Next Call: February 11th from 1 until 2 PM EST. The call-in number for all the calls is (919) 962-2740.