

Family Planning Medicaid Waiver Evaluators Conference Call

June 14, 2010, 1:00-2:00 pm EDT

Participants

Evaluators: Janet Bronstein (AL); Rajeeb Das (FL); Kumarah Cosey (NC); Dave Murday (SC); Michelle Bensenberg (TX); Molly Carpenter (VA)

State Staff: Kathy Canfield, Mary Canova, Brenda McCormick, (FL); Andrea Phillips, Marcia Swartz (NC); Susan Barber, Margaret Major (TN); Gerald Craver (VA); Kendra Sippel-Theodore (TX)

Other: Adam Sonfield (Guttmacher); Julie DeClerque, Priscilla Guild, Ellen Shanahan (Sheps)

Minutes

Minutes: for May were approved for posting on the public side of the website, with edits.

CMS Update

No participation this month from CMS

National Perspective Update (Adam from Guttmacher)

What's happening with the Waivers? What are some broader issues we should be aware of?

We really do not have any further information at this point or know what the exact timetable is until we see the Guidance. Meantime, impressions unofficially, are that everything is on hold, no approvals of new ones are being made. Existing waivers are on hold. For example, FL got a three month approval to continue (until 7/31/10) while CMS finalizes guidelines.

This makes sense, so states can also take time to see what will work best for them (rather than approve another five year period).

The States in our Evaluators' group have not had huge ground swell to choose State Plans to see if favorable over Waiver. Everyone is waiting to see what will happen.

Best to figure out what we do know and what is effect of state plan amendment that we can learn from our experience and focus on these things in new plans (budget neutrality NOT something that is really that helpful... but other indicators we can think of are lots more useful.

Next Steps Discussion (Program Indicators)

Dave circulated a final tally of the indicator poll summarizing what each State includes in their Waiver evaluation. There are about 40 indicators in all. So, the list is too bulky to discuss as a single set. Maybe we can organize the list into topics (ex: participation, outreach, private providers) and then discuss the topic areas one by one over the next couple of months. We can examine each topic area in more detail and summarize what we know.

For example, looking at pregnancy intendedness rates (IL, NC, VA all include this indicator). What is the variation in findings across States? Note: SC did assess this over a ten-year period in the past and saw NO CHANGE, so dropped it. Let's look and see if maybe other states ARE seeing some differences over time.

Suggested Process:

Step I: Organize the set of 40 indicators into a smaller cluster of groups

Step II: Spend time on monthly calls going over each one

Step III: After discussion, the group can make recommendation about which items are critical to keep. We can standardize the measurement of these, and look back at each of our programs over time.

Do we see a true difference in some of these outcomes? If we don't, and we think we have accurate measurement, are we reaching our goals through the programs? Are we effective in reaching the stated goals?

Sample Area: Pregnancy Intendedness

Is PRAMS data the best data? We ask women about intentionality at different times and in different ways, so we don't necessarily have precision, but we want comparable data across programs, so PRAMS is likely the best.

Many studies that have assessed measures of intendedness. Adam is sending several for us to review. He points out that only looking at difference of differences (between states that do and do not have waivers and assessing over time) is going to provide accurate answers. It is very difficult to do simply at individual state level. But one of our goals is to reduce unintendedness...so it is something we want to be able to track as accurately as possible. The articles sent by Adam are listed in the [private workgroup files](#) of the [FP Waiver website](#):

[Reasons for and Challenges of Recent Increases in Teen Birth Rates](#)
[State Policy Effects on Teen Fertility and Evidence-Based Policies, Editorial](#)
[Subsidized Contraception, Fertility, and Sexual Behavior](#)
[The Effect of Medicaid Family Planning Expansions on Unplanned Births](#)
[Next Steps for America's Family Planning Program](#)

SC used births averted to assess program success... since PRAMS data pre- and post waiver and pregnancy intention didn't seem to vary at all. So SC tracked waiver participants, and even for participants, there was not much effect. What could we be doing differently in our clinical approaches to impact intendedness?

Need to look at *rates* of unintended births not just ratios or percents. Births averted through contraception can be considered unintended births. Using effective contraception is avoiding unintended births. Maybe measurement was the problem, not truly lack of program effect? PRAMS is a sample survey. Was SC looking at PRAMS respondents who were on the Waiver

and showed up in PRAMS? If so, small numbers may have been an issue there in terms of not showing an effect. Possibly, but SC over-sampled in their PRAMS survey to be able to assess this as accurately as possible.

For those states that are looking at pregnancy intention as a key program indicator, is it worth investigating alternative approaches to measuring this? (for example, based on Adam's and others suggestions maybe we can identify a viable alternative way to measure). Can the group look at this, and decide whether there is any other way of measuring, that we can all produce? If so, then we could apply the new measure and look back at all of our data to see where and if it has made a difference in Waiver states, and what it might mean for State Plan amendments.

Any volunteers for Step I (Distill the list of 40 into smaller set)?

Andrea Phillips (NC), Julie DeClerque (Sheps), Dave Murday (SC) will begin the process. They have a conference call scheduled for Thursday (June 17th) at 10:05 am EDT. Anyone who can join the call and help is most welcome. The dial in number is: 919 962-2727.

Reminder: States, such as Florida that had not included their indicators on Dave's list should review the chart he circulated and send directly to him: MURDAY@mailbox.sc.edu

New goal: To identify a set of indicators with standardized measures that more meaningfully assess program performance and impact that may help inform future program design, including new State Plans.

Electronic Medical Records and Impact on Evaluations Going Forward

Growing effort to standardize national health information database may impact positively on our ability to conduct evaluations in future. But we need to be aware of the process of the system being put in place and the indicators that will be included. BEMR Program under Medicaid (Stimulus Bill 2009) provided dollars to set up record systems. This involved demonstrating meaningful use of EMR system, (definition of meaningful is still being defined by CMS). It is being built around a set of indicators that all EMR systems will be required to include. So we would want to make sure any item we think is core for evaluation of FP programs would be included. What is the process? CMS put out a draft guidance a few months ago. Medicaid has suggested that states have the ability to add their local indicators. Adam knows a little about all this, but CMS folks might be able to include a guest to inform us more clearly and thoroughly. Can we look at the list they are contemplating and at the very least inform them of the consequences of omitting x,y,z indicators and to be aware that a,b,c questions will not be able to be answered? Also, we want to ensure that if we go through the process of establishing an important set of indicators, we want to make sure ones we identify as important are ones we can collaborate with Title X and Title V to ensure the feasibility of collecting. Now that a new Deputy in charge of Title X and FP policy making for Federal Gov has been appointed, we have good chance of having our voices heard and taking our recommendations into consideration.

Next Call: Monday, July 12th from 1 until 2 PM EST. The call-in number is (919) 962-2740.