

Family Planning Medicaid Waiver Evaluators Conference Call

May 14, 2007, 1.00-2.00 pm EDT

Participants

Evaluators: Mario Ariet (FL), Janet Bronstein (AL), Kim Dauner (SC), Kathy Langlois (MS), Bo Martin, (NC), Jeff Roth (FL), and Ila Sarkar (MS),
State Staff: Danni Atkins (FL), Sondra Burns (LA), Geneva Fearington (NC), Margaret Major (TN), Catherine McGrath (FL), Marie Melton (FL), Paris Mock (NC), Bernie Operario (NC), Marcia Swartz (NC), Tri Tran (LA), and Ron Young (LA)
Sheps Center Staff: Priscilla Guild and Ellen Shanahan
Others: Melissa Romaire (CMSO)

Not on the Call

Evaluators: Paul Buescher (NC), Molly Carpenter (VA), Holly Felix (AR), Andrea Johnson (NC), Debeshi Maitra (SC), Dave Murday (SC), Mike Resnick (FL), and Catherine Sreckovich (NC),
State Staff: Emily Anderson (KY), Sydney Atkinson (NC), Bonnie Cox (GA), Joe Holliday (NC), Karen Jackson (FL), Traci Perry (LA), Tahirah Rashadeen (LA), Helen Sancho (FL), Bill Sappenfield (FL), Janet Sheridan (SC), Robyn Slate (NC), Cindy Thames (MS), Lorie Williams (NC), Betsy Wood (FL), and Angie Yow (NC)
Sheps Center Staff: No one
Others: Nancy Dieter (CMSO), Kathleen Farrell (CMSO), Meredith Robertson (CMSO), Adam Sonfield (Guttmacher), and Paul Youket (CMSO)

Since Lorrie Williams was not on the call two new participants from the NC Medicaid Office, Geneva Fearington and Paris Mock, introduced themselves and were welcomed to the call.

The topic for today's call was, "Revisiting Birth Spacing as an Outcome Measure for Medicaid Family Planning Waivers." Kim Dauner took the lead on this call. Last week Kim sent Ellen summary material on her analysis of birth spacing as one of the outcome measures used to evaluate the SC Medicaid Family Planning Waiver. Ellen attached this to the reminder to everyone about the call. A copy is attached to the minutes.

The study was based on enrollees and participants in the ten-year time period July 1994-June 2003. Medicaid claims records (enrollment and participation information) were linked with birth certificate records (birth to conception interval and control variables) for the analysis. After much discussion, SC decided to look at waiver enrollees who had given birth after a minimum of 36 months on the waiver. Women who had given birth within the 36 months and those having a multiple birth were excluded. Waiver participation was defined in terms of the number of initial/annual visits in the 36-month period. Family planning services was a continuous variable equaling the number of initial/annual family planning visits billed to Medicaid under the waiver in the time period between enrollment and the first birth plus the number of visits in the birth to conception interval. Birth to conception interval was a continuous variable representing the number of months between the index birth and the next conception. It was calculated using the date of birth of the second child, minus its gestational age. Multiple linear regressions were run controlling for mother's race/ethnicity, age, education, marital status (married and living together vs. everything else), urban/rural residence, parity, and tobacco and alcohol use during pregnancy. Although in SC they have 50,000-60,000 women enrolled in the waiver each year, only 1914 women met these criteria for inclusion and had data for all the variables of interest (including the control variables). Even with this small number an effect was measured.

Controlling for all the covariates, greater participation in family planning waiver services (before the first waiver birth and between the first and second birth) is significantly associated with a longer birth to conception interval. Each Medicaid Family Planning Waiver visit translated into about 1.5 additional months in the birth to conception interval. It should be noted that this study encompassed the time period

when women did not have to re-enroll annually, which could explain some of the great difference between the number of women enrolled in the waiver and the number eligible for this study. Kim also noted that there were some limitations in the study including possible selection bias, small numbers of women who met the criteria, and incomplete birth certificate data which added to the small numbers.

This presentation was well received and inspired some lively discussion around the following issues:

- whether or not to use more than just the initial/annual visits to count in participation,
- the general lack of participation (70 percent of enrollees never had a family planning visit) and the role of outreach,
- women may access contraceptives outside of getting them via the waiver,
- the impact of mobility (i.e., women moving outside of SC) on an accurate measure of the enrolled population (yearly re-enrollment will help this), and
- the impact of using a 36 month time period to define the study participants.

It was also noted that this should not be the only measure of waiver success, since women who do not have a second child are not included and should also be considered a success. Other interesting findings included:

- only about 10 percent of participants had more than one visit during the 36 month period and
- the average birth to conception interval was 14 months.

This has again opened interest in discussion of outreach efforts that have been proven to be effective for a future call.

The topic of the June call was to be “How do measures of intendedness of pregnancy effect the evaluation?” Dave Murday volunteered to take the lead on the call with help from Janet Bronstein. Since Janet will not be able to be on the call, alternative topics were discussed. No one scheduled for a later topic felt they would be ready in June. Bo Martin said that they are in the midst of calculating the baseline fertility rate for NC and have gotten some good suggestions from Dave Murday. He may have something to present to the group for comment and will let Priscilla know in the next week. Anyone with other ideas should let Pris know. If there is a call, Pris will not be on the call so someone else will need to take the lead and do the minutes. Ellen can send them out to everyone.

Next Call: The call should be June 11th from 1 until 2 PM EDT. Pris will let everyone know whether the call is on or will be cancelled. The call-in number for all the calls will be (919) 962-2740.