Family Planning Medicaid Waiver Evaluators Conference Call
November 2, 2009, 1:00-2:00 pm EDT

Participants

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

State Staff: Brenda McCormick, Tamara McElroy, Susan McNamara, Lynn Smith (FL), Julie Doestch, Linda Wheal (IL), Sondra Burns (LA), Marcia Swartz (NC), Gerald Craver (VA), Susan Barber (TN)

Other: Angela Garner, Tom Hennessy, Julie Sharp (CMS), Julie DeClerque, Ellen Shanahan (Sheps), Priscilla Guild (Sheps Research Fellow)

Minutes: for August/September were approved for posting on the public side of website with the correction that item #2 referred to the material presented by Janet Bronstein on primary care referrals. Correction noted in August/September minutes.

The November call was held earlier in the month than the usual "2nd Monday" to accommodate schedules and to make up for the cancelled October meeting. Dave Murday opened the meeting with a review of topics to be covered on the call: (1) decision about material to be submitted to CMS regarding our group's recommendation on evaluating primary care referrals in FP Medicaid waivers; and (2) update and next steps for two items previously discussed, namely (a) tracking common indicators, and (b) writing up best practices gleaned from the Waiver evaluations, and considering possible publications.

Primary Care Referrals

For an outline of previous discussions on the topic, refer to minutes of Aug/Sept 09 that include
(a) Definition of what constitutes a primary care referral (scope, evaluation criteria);
(b) Clarification of role of Waiver providers re: giving referral information versus assurances that referral is completed; and
(c) Constraints on measuring impact given low # requiring referral, large sample required to assess follow-up, and logistics / costs burden beyond fiscal scope of Waiver evaluations.

A document drafted by the Workgroup (Janet Bronstein (AL), Ruth Eudy (AR), Bernie Operario (NC) Michelle Bensenberg and Aradhana Sathiadevan (TX) was circulated for review and discussion. Key points covered in the discussion included:

- What is meant by "referral for primary care"? Operationally, if a provider sees a client for non-FP care or specialty care that is needed, that is a referral for primary (or specialty) care. While everyone acknowledged there should be a place for a woman or FP client to go for these services, there was consensus that it is beyond the scope of the waiver to assure this happens.
- Title X programs include assurance related to provision of primary care referrals as part of QOC assurances and there exist standard protocols for the timing and requirements for referrals and the information that is to be tracked and reported. Therefore it is an expectation of "good

practice", already in place for public sector FP services and redundant to require it as part of a FP waiver evaluation component.

- Waivers should provide support for their providers to make referrals out for their clients, especially those clients who are uninsured. This would happen in the form of information and logistical support.
- Several problems were cited related to documenting impact of primary care referrals: (1) referral "success' contingent upon multiple variables across several levels and outside scope of waivers; (2) proportion of clients actually requiring a referral is fairly low (10-14%), so drawing an adequate sample that would have acceptable statistical power would be too large, costly, and resource intensive beyond budget capacity of current waiver evaluation budgets; (3) moving toward comprehensive health coverage for the clients who require care outside of FP services is again, beyond the scope of the FP waiver program.
- Would there be some process measure(s) that would be meaningful to track related to information provided as referral, or documenting obstacles to receiving primary care once referred, and how detailed would these process measures need to be in order that they provide useful information that would be representative of the population being served, etc? (Arkansas has a provider survey that may be of interest and they will send it for posting on the website to share.)

Dave Murday asked the group if they were ready to submit the recommendations to CMS for consideration, or not. There was no further discussion or suggested edits. The group authorized drafting an email to our colleagues at CMS from the Medicaid FP Waiver Evaluators' Group. Julie DeClerque at Sheps will prepare the draft, circulate it via email to the group for review, with the goal of sending to CMS by Thanksgiving. The document with the group's recommendations will be posted on the private side of the website (until the group authorizes it to be made public).

Updating Common Indicators

Over the past year, the evaluator's group has worked to identify a set of common indicators related to the FP Waivers that could be compared across the states. Dave Murday asked the group whether this is still a priority and group members on the call confirmed that it was. We will return to a review of these indicators and begin updating them over the next few months. For a review of the indicators, their measures, and data collected to date, see: http://www.shepscenter.unc.edu/data/Rndmu/FPMedicaidWaiver/

Publications

Several months back, the question was asked about what we could / should do with all the information we were collecting. Janet Bronstein offered to lead a group of volunteers and have a call be devoted discuss this (July 2009 call). Should we write up some of what we do for professional journals? Janet suggested we talk with Adam about how we might collaborate with Guttmacher Institute on this. Kathy Vetter and Ruth Eudy (AR) have volunteered to work with Janet on this as well. The following points were raised and will be discussed further on upcoming calls.

- 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?

- What are the effects of outreach? Of different case management models? Of including men in FPW programs?
- 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?
- 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
- 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)?

Other Business

Tom Hennessy and Julie Sharp shared that CMS is in the process of establishing quarterly calls for all FP Waiver grantees (i.e., nationally). How might our Evaluator workgroup dovetail with these future calls and how might we share some of our lessons learned? How can we galvanize recommendations stemming from the Waiver evaluations to maximize program impact and most rational expenditure of resources?

One point was made that a unique and valuable feature of our Workgroup is that although it began as an informal way for the Waiver evaluator's to meet, it has grown to include many program staff as well as colleagues from CMS. Everyone confirmed the value of this collaboration having interests represented across program, policy, as well as evaluation.

The group asked if CMS staff might provide feedback to the group as to upcoming changes in the FP Waiver program and vision regarding future directions. Tom and Julie welcomed the opportunity and said they should be in a position to do so early in the New Year.

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