Medicaid Family Planning Waiver Evaluator Group

Primary Care Referral Information

North Carolina

NC has their reports regarding Primary Care referrals on the web at http://www.ncdhhs.gov/dma/MFPW/MFPWprovider.htm. They are at the bottom of the page under NC FPW Reports. We use three focus groups for women in select counties and a mail survey for the men across the state.

Submitted by:
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South Carolina

Below is what I sent Lane about our primary care referral. In addition to what's below, the trend of increasing our waiver participants being seen in FQHCs has been reversed (with the addition of CY 2007 data) and our models no longer fit the data.

A **lesson learned** is that this may be too small a population to look at, or there are some other factors affecting the receipt of health care in general (like the economy) that are beyond the scope of our measures. Also, it could just be that overall participation and enrollment in the waiver is down and that trend is playing out in the number of women going to FQHCs.....

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To: Terwilliger, Lane M. (CMS/CMSO)
Subject: RE: Family Planning Waiver Evaluators Call Minutes 1/12/09
Hello Lane,
I am Kim, the evaluator for South Carolina's FPW. While I am not sure how we are evaluating referral to primary care is the best way (I am not sure we've come up with that yet, but the group would like to find one), I can tell you how we've gone about it and what we have found.

One, we have used time series data to track the receipt of family planning care among waiver participants from federally qualified health centers (a medical home where women could get primary care on site or be referred within when needed). We have

found that the intervention variable for the primary care amendment is significant (t-ratio of 2.84, p=0.006) and this means that the intervention appears to have had the effect of increasing the number of waiver participants receiving family planning services from primary care centers from a monthly average of 227 just prior to the policy taking effect (SFY 2001) to 271 in SFY 2006.

Two, just this year we surveyed waiver participants on whether they had been referred to care at their last primary care visit. The questions we used were the same ones AL and VA have used with their participants. We found that only a small percentage of the women surveyed (17.9%) were told by the doctor or nurse at their last family planning visit that they had any other medical problems that needed care. This would be expected to be low since it's a healthy population to begin with. Approximately 68% of those who were told by their family planning doctor or nurse that they had other medical problems that needed treatment were told a place where they could go and get treatment and 64% of those who were told they had other medical problems, regardless of whether they were told where to get care, tried to get care for the problems. Of these, the majority went to the place suggested by the family planning doctor or nurse. For those unable to get care, when asked the main reason they were not able to get care, 2 cited lack of insurance and ability to pay as their main reason for not getting care. These findings are similar to the findings from Alabama and Virginia.

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Virginia

Here are excerpts on referral to primary care from Virginia's family planning waiver evaluation.

I have never been clear about the basic purpose of the referral: Is it for the purpose of helping participants find a primary source of care/medical home? Or is it for the purpose of treatment of conditions not covered by the waiver that are discovered during the family planning visit? Our evaluation attempted to look at it from both angles.

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Excerpts from Virginia Evaluation of Referral to Primary Care, April 2007

7. Did the demonstration improve continuity of medical and health care by providing access to primary care services?

- Hypothesis: The demonstration will improve the continuity of care by providing referrals to primary care services.

Data source: Enrollee survey

The enrollee survey asked questions about referral for treatment and about usual source of care. The referral questions were adapted from the Alabama Plan First evaluation survey. The usual source of care questions were adapted from the National Health *Interview* Survey. Responses reflect the enrollees' situation at the time of the survey. Enrollment in the waiver had ended for some women surveyed. See Appendix B for the survey questionnaire and methodology.

Data source: Provider survey

The provider survey questionnaire asked providers how often they use various approaches to primary care needs not covered by the family planning demonstration. The provider was asked to check "Usually," "Sometimes," or "Rarely or Never" for each approach. The structure of the questionnaire allowed for more than one approach to be rated as the "usual." See Appendix B for the survey questionnaire and methodology.

Data source: Key informant interviews

See Appendix C for summaries of interviews with key informants from the VDH Family Planning Program and the Virginia Primary Care Association.

Findings and discussion:

Sixty-two percent of women who participated in the family planning demonstration reported having a usual source of health care for needs other than family planning compared to 52 percent of women who were enrolled but did not use the service. Of those participants with a usual source of care, 68 percent usually went to a doctor's office or HMO, 20 percent to a clinic or health center, and 10 percent to a hospital emergency room. Of the non-participant enrollees with a usual source of care, 78 percent usually went to a doctor's office or HMO, 11 percent to a clinic or health center, and 10 percent to a hospital emergency room. Half of the demonstration participants went to the same place for both family planning and other primary care services compared to 40 percent of non-participants.

A total of 20 women surveyed, 12 participants and 8 non-participant enrollees, reported that at a family planning visit the doctor or nurse told them that they had further medical problems that should be addressed. The number of respondents is too small to draw reliable conclusions about referrals for these problems.

The provider survey asked providers how they handle primary care needs not covered by Medicaid under the waiver. Responses of demonstration service providers are summarized in Table 8. Of those respondents with a paid claim for services in calendar year, 43 percent usually treat and bill the patient, 33 percent usually refer the

patient to a community health center or free clinic, 32 percent usually encourage the patient to find a provider, 28 percent usually refer the patient to a local health department, and 12 percent usually treat the patient free of charge. The total is more than 100 percent because some providers answered "usually" for more than one approach. An additional 30 percent of providers sometimes treat and bill the patient, 52 percent sometimes refer the patient to a community health center or free clinic, 42 percent sometimes encourage the patient to find a provider, 57 percent sometimes refer the patient to a local health department, and 48 percent sometimes treat the patient free of charge.

Table 8: Provider Response to Primary Care Needs Not Covered by the Family Planning Waiver

Response	Usually	Sometimes	Never	Number of responses
Treat and bill patient	43%	30%	27%	138
Refer patient to community health center or free clinic.	33%	52%	15%	138
Encourage patient to find a provider.	32%	42%	27%	139
Refer patient to local health department	28%	57%	15%	110
Treat patient free of charge	12%	48%	40%	129
Refer patient to hospital emergency department.	5%	41%	54%	146

Source: Provider survey

Community health centers provide a full range of primary care without the need for referral. VDH family planning clinics routinely refer all clients for needed care, whether or not they are covered under the waiver, and follow-up to ensure that care is received. The specific need or circumstance may determine whether a health care practitioner in the private sector provides a needed service not covered under the waiver directly or refers the patient to the health department or community health center for care. Two approaches, referral to the hospital emergency department for primary care and encouraging the patient to find a provider herself, raise concerns. Only 54 percent of survey respondents said they never refer women to the emergency department, and only 27 percent never encourage the patient to find a provider herself.

Conclusions:

Women who received services through the demonstration were more likely to have a usual source of primary care than those who were enrolled but do not participate. Participants were more likely to use the same provider for both family planning and other primary care, providing continuity of care without the need for referral. It is not possible to conclude from these results that the demonstration improved continuity of care, but is

is possible that having a primary care provider increased the use of demonstration services.

Statistics on the number of demonstration service providers (Table 2) as well as the enrollee and provider surveys suggest that many women receive family planning services from a private physician who provides all of their primary care, facilitating continuity of care without the need for referral. Many providers use more than one approach to address primary care needs not covered under the waiver. While not the most common approaches, referrals to the hospital emergency department for primary care and encouraging the patient to find a provider raise concerns.

Table 2:
Participating Practitioners by Provider Type
Calendar Year 2005

Provider Type	Number of Providers
Physicians	512
Health department clinics	102
Nurse practitioners	27
Nurse midwives	20
FQHCs	11
Rural health clinics	9
All practitioner providers	*681*

Source: Medicaid claims

Texas

Potential Methods for Evaluating Texas Women's Health Program Primary Care Referrals

To evaluate the impact of providing Texas Women's Health Program (WHP) primary care referrals, evaluators need to determine the proportion of those WHP participants referred to primary care that actually received primary care services. There are two potential sources for this information: WHP participants and WHP providers. Table 1 provides information about gathering the data from WHP participants, and Table 2 provides information about gathering the data from WHP providers.

Table 1. Analysis of Potential Method for Obtaining WHP Primary Care Referral Data from WHP Participants

Method	Reliability Issues	Validity Issues	Costs	Comments
Conduct a mail survey* of all WHP participants with a recent claim to determine if they were referred to a primary care provider. Obtain information about the referral from those referred.	Some WHP participants may not want to provide their personal health information. Some WHP participants may not understand what is meant by a referral to a primary care provider (e.g., if they received services the same day in the same clinic). Some WHP participants not remember that they received a referral. Some WHP participants may not remember when or from whom they received a referral.	Number of women referred to primary care is likely to be underestimated by an unknown amount. The survey response rate would be expected to be 33% or lower. Results would not be generalizable because those who followed up the primary care referral would be expected to be more likely to respond to the survey.	Survey costs would be extremely high. Using standard procedures for maximizing the survey response rate, a mail survey of all WHP participants with a claim in the prior six months would cost over $200,000 (based on cost estimates from the University of North Texas Survey Research Center).	About 3%-7% of WHP participants are expected to respond that they received a primary care referral. Therefore, six months of claims will be needed to obtain responses from at least 300 WHP participants referred to primary care. The accuracy of the WHP participants' memories will be affected by the fact that the primary care referral could have been up to one year before the survey (6 months of claims + 3 months lag in Medicaid claims data + 3 months obtaining claims data and conducting survey).

* A mail survey is preferable to a phone survey because it is more likely to protect the privacy of WHP participants. Enrollees have the option of receiving WHP correspondence at a confidential address. The mail survey would be sent to this confidential address.

Table 2. Analysis of Potential Methods for Obtaining WHP Primary Care Referral Data from WHP Service Providers

Method	Reliability Issues	Validity Issues	Costs	Comments
Ask providers (or a subset of providers) to complete and submit a separate form whenever they refer a WHP participant to a primary care provider.	Providers may not be consistent about providing these new data. Medicaid does not pay for the referral, so providers have no monetary incentive to provide the information for every referral.	Number of women referred to primary care is likely to be underestimated by an unknown amount. Results will not be generalizable because compliant providers would be expected to be overrepresented.	Developing process for gathering data. Training providers and staff involved in data collection. Distributing forms. Data entry.	Providers are likely to object.
Obtain data from the Title V Integrated Service Delivery clinics.*	Would not include follow-up data for referred participants who obtained primary care from a doctor outside of the ISD clinic.	Proportion of those referred that receive services will be slightly underestimated.	Minimal.	Excellent data for those served in the clinics, but not generalizable to the rest of Texas.

* Data include all diagnoses and procedures for all clients (including WHP participants) served in these clinics.

Wisconsin

Wisconsin's programs evaluation, submitted last year (2008), includes an extensive look at a lot of topics, including "primary care referral access" (hypothesis 14), "primary care referrals needed and reason" (hypothesis 15) and "referrals to Well Women Medicaid" (breast/cervical cancer; hypothesis 16).

Here is the link to the complete report:

http://dhs.wisconsin.gov/aboutdhs/opib/policyresearch/FamilyPlanningWaiverFinalEvaluationReport2003-2007.pdf