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Soura, ChristianChristianSoura@gov.sc.gov
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Subject: Risk Screening Proposal from NFP

Hi John/Christian,

After communicating Tony's requirement on statewide expansion to high-risk beneficiaries, the NFP team offered a strategy for risk screening. I've outlined this two-step strategy below and am hoping to get feedback on this – if you have a minute, please let me know if I should prepare a memo for Tony or what the best way to get his feedback would be. We have an all-team call this Friday (4/18) and it would be helpful to have a sense of whether or not this would be an acceptable strategy (from the state's perspective) to utilize for PFS, or if/where this still falls short of what we are looking for.

Step 1 - Initial Screening of all 1st time Medicaid Pregnancies Narrows NFP Eligibility to the Following:

- 1.) Age (less than 19 years)
 - 2.) Income (something more stringent than Medicaid - perhaps TANF, or we can determine a low income limit representative of "true" low-income/poverty)
 - 3.) Smoking Status (only smokers) – We presented as an additional factor to consider as it has come up in other conversations and smoking is an increased risk factor for preterm birth
- * These risk factors are consistent with sub-groups in previous trials, so NFP is confident that the model will be effective at improving outcomes among this group

Step 2 - STAR Framework allows nurses to utilize data and clinical observations to identify families at highest-risk and dedicate more resources to these families

The STAR framework is an adaptation to NFP's model that utilizes patient acuity to guide the dosage of the program. For example, if a nurse determines that a mother is very-high risk, the frequency of visits would be increased for that mother. Likewise, with lower-risk mothers, the visits would be reduced. This means that for many families, the number of visits could be dramatically reduced after birth if the nurse determines that the family does not require weekly visits. Please see the excerpt below for information that NFP provided about STAR in their RFI response.

* NFP stressed that while they are interested in utilizing this adaptation to their model, current nurses aren't trained in it and they will need additional time. They pushed for having a minimum 6-month period where families that are served are not included in the evaluation (pilot). I know that Tony will likely push back on this.

On the evaluation - Jeff and I have a call tomorrow to discuss. We should also discuss on next week's internal call. But you are correct that if we don't have a RCT, we can eliminate the MIT group (JPAL) as a potential evaluator and should likely focus on Duke. Depending on what we decide regarding risk screening and who is eligible to participate, there will be different options for evaluation design.

Excerpt from RFI

Innovative research is also being conducted in order to customize service delivery to the highest risk clients. This work is based on patient acuity or patient risk classifications. Dr. David Olds, the founder of the NFP model, and his colleagues at the Prevention Research Center (PRC) have developed a new Strength and Risk (STAR) Framework, in concert with five NFP sites, aimed at providing better guidance to nurses in adjusting their visit frequency and content to family needs. This framework would allow customization beyond the standard visitation schedule for the highest risk mothers, while visiting low-risk populations less frequently. STAR is currently being piloted in Colorado with the expectation that it will be disseminated nationally in the near future. This work will enhance NFP's ability to serve eligible mothers and newborns commensurate with their needs. Notably, it has the potential to reduce service costs where NFP is provided to lower risk mothers.

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