



## SC PFS FULL TEAM CALL

APRIL 28, 2014

## AGENDA

- I. Targeting higher-risk mothers
- II. PFS expansion
- III. Clearinghouse and CMS approval process
- IV. Revised timeline

## TARGETING HIGHER-RISK MOTHERS

### Overview

- ▶ **Objective:** Focus a PFS project on higher-risk mothers to maximize outcomes
- ▶ Two approaches to targeting:
  1. Pre-enrollment screening to focus recruitment on higher-risk moms
  2. Post-enrollment risk assessment

### Recruitment

- ▶ Based on research, evidence from existing NFP RCT trials, and consultation with Dr. Amy Picklesimer of the Greenville Hospital System, the **Age and Income** have been identified as *a priori* predictors of risk
- ▶ **Discussion topics**
  - Does this approach align with State's objective?
  - Expect that higher-risk mothers will make up a disproportionate share of PFS "clients", but not a 100% of clients.
- ▶ *Next Steps:*
  - Analyze SC data to determine size of population and geographic dispersion when targeting by age and income and how to best to capture this data (e.g., what are the appropriate data sources, best proxy for income, etc.).
  - Determine how to operationalize (both NSO & the State) these screening criteria pre-enrollment.

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### Service Delivery

- ▶ NSO shares SC goals of adjusting the NFP program (i.e., dosage) based on level of risk of enrolled moms
- ▶ NSO is piloting a tool called STAR [Strengths and Risk Framework] in Colorado and California to vary dosage based on risk
- ▶ While STAR is a promising approach, it has not been fully road-tested and its impact on nursing practice and mothers' outcomes is not yet known.
- ▶ While NSO is not comfortable utilizing STAR to adjust service delivery in SC yet, partners might consider launching a philanthropy-funded pilot of STAR outside of PFS to further advance this risk-targeting work .
- ▶ **Discussion topic**
  - Can we move forward with the “pre-enrollment risk-screen” for the PFS project, given that this will be an enhancement to the current NFP model that will focus services on higher-risk mothers?

## ▶ PFS EXPANSION

### Overview

- ▶ **Objective:** Identify path to achieve eventual statewide expansion
- ▶ NSO/SFI have explored three different expansion strategies:
  1. Expansion only within existing counties and implementing agencies
  2. Strategic expansion within new and existing high-risk counties, agency structure TBD
  3. Immediate statewide expansion
- ▶ Strategic expansion to high-risk counties seems to be most operationally feasible approach to achieve eventual statewide coverage. This approach might allow for:
  - Building capacity in high-risk counties,
  - Learning about “what works” in improving outcomes at scale in SC, and
  - Based on lessons learned, developing a strong operational plan to expand to additional counties after PFS.
- ▶ **Discussion topic**
  - Does SC support this approach for PFS?
- ▶ *Potential Next Steps* if strategic expansion is an agreeable path forward:
  - Identify suggested high risk counties for expansion
  - Outline suggested implementation approach in these counties (e.g., leveraging DHEC sites, building current hospital systems, utilizing hybrid approach, partnering with FQHCs or other local players, etc.)

### Expansion Approach

# STATE FEEDBACK ON TARGETING, EXPANSION & RECRUITMENT

## 1 Targeting: High-Risk

- The PFS project will serve all high-risk mothers, defined as young age & low income
- Age and Income thresholds TBD
  - Potential age threshold = 19 and under (Dr. Burton recommends 17-20)
  - Potential income threshold = TANF receipt (92.5% FPL) or 100% FPL

## 2 Expansion

- State will provide NFP with the following geographic data:
  - Births to young mothers (DHEC Data available now by county)
  - Income at local level (Environmental Scan Data available now – ZCTA Level)
  - Location of each birth to a low-income, first-time, young mother in 2013 (IFS Data)\*
- State will outline the total number of mothers to be served in the PFS project
- State will determine a percentage of the total number of mothers that must be served from areas not currently covered by NFP
- NFP will utilize data to identify an expansion strategy that enables them to serve PFS participants in existing and new locations

## 3 Recruitment

- Recruiting participants will be a joint effort:
  - NFP will recruit participants through enhanced referral network
  - DHHS provides NFP with data on beneficiaries that we identify to be served

## EXAMPLE - INITIAL DATA (NOTE: ALL MOTHERS BELOW ARE NOT NECESSARILY FIRST-TIME AND LOW-INCOME)

| <b>Annual (2012) Births to Medicaid Mothers Ages 19 and Under</b> | <b>Number</b> | <b>Percent</b> |
|---|---------------|----------------|
| Total   | 4,573         | 100%           |
| Total in counties already served by NFP                           | 3,275         | 72%            |
| Total in counties NOT currently served by NFP                     | 1,298         | 28%            |

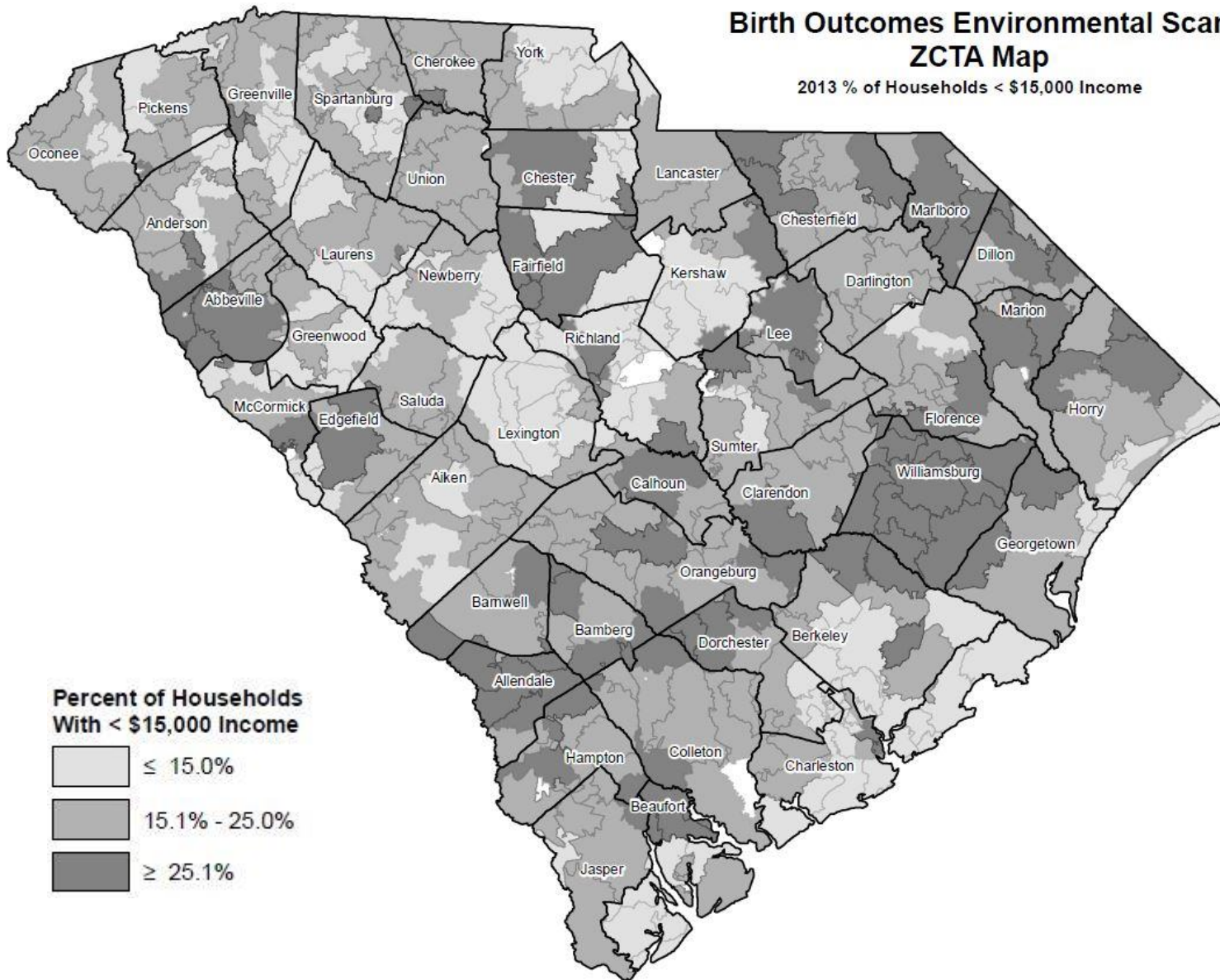
## Example - PFS Project Scenario

| <b>Annual Mothers Served by NFP in PFS Project (Young &amp; Low Income)</b> | <b>Number</b> | <b>Percent</b> |
|---|---------------|----------------|
| Total   | 1,000         | 100%           |
| Total mothers served from counties already served by NFP                    | 500           | 50%            |
| Total mothers served from counties NOT currently served by NFP              | 500           | 50%            |

# INITIAL INCOME DATA

## Birth Outcomes Environmental Scan ZCTA Map

2013 % of Households < \$15,000 Income



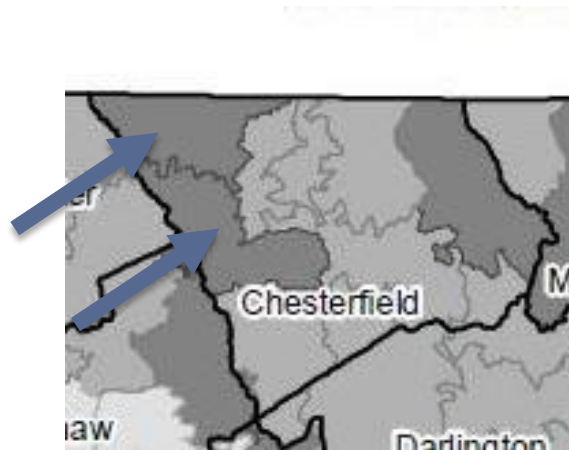


## EXAMPLE EXPANSION STRATEGY (NFP PERSPECTIVE)

- 500 mothers per year must be recruited and served from areas not currently covered by NFP
  - NFP utilizes data to target areas with high concentrations of young, low income mothers and focuses recruitment and services in those areas
  - These areas may be most effectively served by an existing NFP implementing agency (i.e. nurses may travel from current sites, satellite nurses may be recruited from communities but report to current sites, etc.)
  - Alternatively, these areas may be most effectively served by a new implementing agency
  - After identifying requirements for any new implementing agencies, NFP will consult with DHHS to find ideal host sites

## Example Expansion Strategy

- Example of Potential Expansion - Chesterfield
  - Annual births to Medicaid mothers <19 in county = 70
  - Income Data (See Map)
  - Strategy : Focus recruitment efforts on high-poverty ZCTAs and serve mothers via existing Orangeburg site



## CLEARINGHOUSE AND CMS APPROVAL

### **1 CMS request update**

- What is the timeline (submission, response, etc.)?
- How broad/narrow is the request?
- What flexibility will the request allow?

### **2 Clearinghouse implications**

- What implications would a clearinghouse have for operations?
- What additional responsibilities will an SPV-clearinghouse arrangement have (i.e. HIPAA, investor relations, etc.)?
- What contracting considerations will need to be incorporated into an SPV-clearinghouse arrangement?

### **3 Are there potential arrangements other than an SPV-clearinghouse structure?**

## ► REVISED TIMELINE

| Final Decision of a Milestone   | Previous Deadline | Revised Deadline |
|---|-------------------|------------------|
| Finalize definition of target population, footprint, and referral process | 5/12              | 6/27             |
| Estimate cost-benefit and outcome probabilities                           | 4/28              | 7/11             |
| Outline detailed evaluation methodology for payment                       | 5/12              | 7/25             |
| Design long-term evaluation   | 5/12              | 7/25             |
| Develop any needed baseline data for evaluation                           | 6/1               | 8/22             |
| Finalize PFS contract   | 7/1               | 8/29             |
| Arrange capital   | 7/1               | 10/29            |
| Launch operations (e.g., pilot, full services)                            | 9/1               | 12/1             |