



Where Health Knows No Borders

Assessing the Impact of a Section 1115 Medicaid Waiver Program on Cancer Screening and Vaccination Rates among the Medicaid, Low-Income, and Uninsured Population of the City of El Paso and surrounding U.S./Mexico Border Region

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Overview

The main purpose is to evaluate the impact made by the City of El Paso Department of Public Health's (CEPDH) Medicaid Waiver Program on cancer screening and vaccination rates among the city's low-income, primarily Hispanic population. As per the US Census, El Paso has long been a majority-minority city where 81.4% of its residents are of Hispanic or Latino origin^(REF). Many program participants have migrated to El Paso from the Mexican state of Chihuahua and may not have health coverage in the United States through traditional Medicaid or Medicare.



Methods

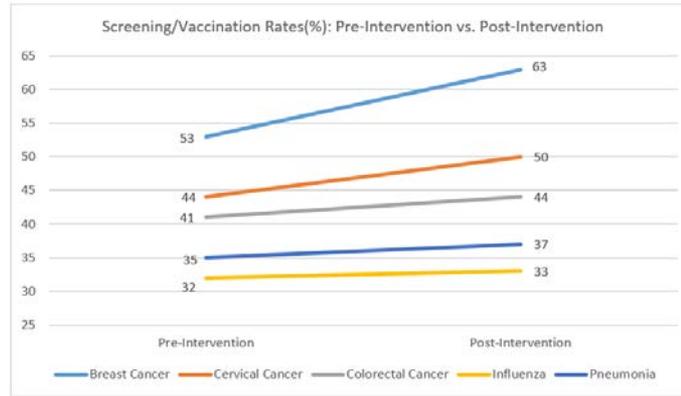
Data collection consisted of client surveys, outreach logs, and clinic billing data to compare rates of breast, cervical, and colorectal cancer screening and influenza and pneumonia vaccination in a Medicaid Waiver Program client population (representative of the target population). Baseline data on screening and vaccination rates in the same population was measured before implementation of the Medicaid Waiver Program using a client survey and after project implementation via electronic medical record and voucher to confirm service provision.

Results

A total of 3,754 individuals have participated in the CEPDPH's Medicaid Waiver Program via its partnerships with the University of Texas-El Paso and the University of Texas Health Sciences Center at Houston-El Paso Campus; 97.79% of participants who responded to the survey question about Ethnicity self-reported as "Hispanic" (98.72% response rate). Screening and vaccination rates have increased up to 20% over baseline. A table listing eligibility requirements, specific population sizes, baseline screening and/or vaccination rates, potential outcomes, and scientific findings can be found below:

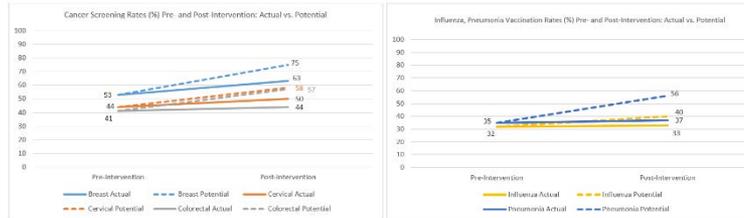
Service (Eligibility Requirements)	# Clients eligible (age, sex)	Baseline %/of eligible clients screened/vaccinated	# of vouchers given out	Potential %/of eligible client population screened/vaccinated	#/of vouchers redeemed	% of eligible client population screened post-intervention	% increase
Breast Cancer Screening [Female, 50-74]	1137	602/52.95%	748	74.76%	115/46.37%	63.06%	19.16%
Cervical Cancer Screening** [Female, 21-64]	2641	1104/41.78%	373	58.20%	145/38.87%	49.56%	12.46%
Colorectal Cancer Screening** [50-75]	1401	576/41.11%	218	56.87%	43/17.72%	44.18%	7.47%
Influenza Vaccination (6 months)	3715	1193/32.11%	302	40.24%	37/12.25%	33.11%	3.10%
Pneumonia Vaccination (65+)	271	95/35.06%	56	55.22%	5/8.93%	36.90%	5.26%

*Numbers reported for cervical screening are positive responses to Pap Smear and/or Pap Smear with HPV co-testing
 **Numbers reported for colorectal screening are positive responses to FCBT and/or colonoscopy and/or sigmoidoscopy



Individual Improvement of Screening and/or Vaccination Rates

Not all vouchers given to program participants were redeemed. These graphs show the actual rate of improvement vs. the rate of improvement if all vouchers were redeemed. We can see that a higher percentage of cancer screening vouchers were redeemed vs. vaccination vouchers.



Comparison to On-site Vaccine Clinics

Low voucher redemption rates were noticed for flu and pneumonia vaccines. After analysis of responses from follow-up calls with participants, these low rates can be attributed to barriers such as transportation. An improvement strategy, implemented with another project of the Medicaid Waiver Program, has been to offer outreach clinics at which both vouchers and vaccines are available. This has resulted in improved vaccination rate increases (28.57%, 266.67%, respectively), however, increases in rate for cancer screenings are lower than those of vouchers provided by UTH/UTEP (10.00%, 3.28%, 10.11%, respectively). A total of 625 individuals have participated in this additional project; 96.24% of participants who responded to the survey question about Ethnicity self-reported as "Hispanic" (97.76% response rate).

Service (Eligibility Requirements)	On-site # of Clients eligible (age, sex)	On-site baseline %/of eligible clients screened/vaccinated	On-site # of vouchers given out	On-site #/of vouchers redeemed	UTH/UTEP #/of vouchers redeemed	On-site % redeemed as % of UTH/UTEP % redeemed	On-site % of eligible client population screened post-intervention	On-site % increase	UTH/UTEP % increase	On-site % increase vs. UTH/UTEP % increase
Breast Cancer Screening [Female, 50-74]	168	80/47.62%	34	8/23.53%	115/46.37%	50.74%	52.38%	10.00%	19.10%	-47.64%
Cervical Cancer Screening [Female, 21-64]	374	122/32.62%	65	4/6.15%	145/38.87%	15.82%	33.69%	3.28%	12.46%	-73.68%
Colorectal Cancer Screening [50-75]	221	89/40.27%	52	9/17.31%	43/17.72%	87.78%	44.34%	10.11%	7.47%	+35.34%
Influenza Vaccination (6 months)	619	168/27.14%	126	48/38.10%	37/12.25%	311.02%	34.89%	28.57%	3.10%	+821.61%
Pneumonia Vaccination (65+)	68	21/33.33%	51	56/109.80%	5/8.93%	1,279.56%	122.22%	266.67%	5.26%	+4,969.77%

Discussion

Outcomes from this evaluation demonstrate the value of the Medicaid Waiver Program and suggest ways in which service delivery can be improved:

- Not all eligible clients received vouchers. Increasing the number of vouchers given out would increase the number of people who redeem them. More study is needed to determine patterns in why vouchers are not always given to eligible clients.
- Vouchers for breast, cervical, and colorectal screenings have a higher rate of redemption than vouchers for influenza and pneumonia vaccinations (46.37%, 38.87%, 19.72%, 12.25%, 8.93% respectively). Perhaps more (monetary) value is placed on cancer screenings, resulting in higher redemption rates.
- Provision of vaccines on-site for all partner outreach activities may increase flu and pneumonia voucher redemption rates.
- For clients who receive vouchers for services off-site, transportation may be an issue. Assessment of bus tokens and shuttle use to eliminate transportation barriers is needed.
- Medical history is self-reported via surveys; this data was used to measure baseline numbers. Although surveys are available in both English and Spanish and staff provides assistance, it is possible that mistakes were made on questions about past screenings and vaccination due to quickly filling out the survey, misunderstanding questions, or leaving it blank. This would falsely inflate the baseline screening/vaccination rate and, while keeping the screening/vaccination rate the same post-intervention, deflate the percent increase due to the intervention. More attention can be paid to survey data collection and record-keeping.
- We do not know how many clients who do have coverage (Medicaid and/or Medicare) and connection to a primary care provider later received the same services that they were eligible for but did not receive through the Medicaid Waiver Program. It is possible that they were reminded/encouraged by the outreach, declined a waiver, but had services with their regular provider. This is a potential example of the program contributing to improved cancer screening and/or vaccination rates, though not measured here. Tracking of this through follow-up calls and a health information exchange system with other provider's electronic medical records would be beneficial.

Conclusion

Our findings suggest that the City's 1115 Medicaid Waiver Program has improved access to preventive health screenings for Medicaid and uninsured, largely migrant, populations. Further health system revision is needed to best serve all living in the United States; however, this project demonstrates one way to provide health services to a specific population with cost-effective strategies. Analysis of existing data has uncovered additional disparities and has provided insight into ways in which the Medicaid Waiver Program can further improve provision of services, leading to greater improvements in access to care and health outcomes for those living in the City of El Paso and the Paso del Norte Region.

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