Meeting of the

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, November 16, 2015
AIDS Service Center of NYC, 64 W. 35th St., 4th Floor
3:10 – 4:50 pm

M I N U T E S

Members Present: Sharen Duke (Co-Chair), Matthew Baney (Co-chair), Victor Ayala, Randall Bruce, Graham Harriman, Jan Hudis, Julie Lehane, PhD., Matthew Lesieur, L. Freddy Molano, M.D., Jesus Maldonado, Jan Carl Park

Members Absent: Joan Edwards, Steve Hemraj, Amanda Lugg, Claire Simon

Staff Present: David Klotz, Nasra Aidarus (DOHMH); Bettina Carroll (Public Health Solutions)

Agenda Item #1: Welcome/Introductions/Re-thinking the PSRA Methodology

Ms. Duke and *Mr. Baney* opened the meeting, followed by introductions and a moment of silence. The minutes of the September 21st meeting were approved with no changes. *Mr. Park* reported that data from the Medical Monitoring Project was presented to the Presidential Advisory Council on HIV/AIDS and has new data on viral load to compare study participants with Ryan White clients.

Ms. Duke and *Mr. Baney* provided the context for the discussion, explaining that PSRA asked DOHMH to create a sample service category snapshot that PSRA will use as a basis for determining priorities and allocations for all service categories for FY 2017. Given that there will likely be no new resources, and given external factors (Medicaid redesign, DSRIP, Ending the Epidemic), PSRA will undertake a complete reassessment of the portfolio to determine the highest priorities and the right mix of funding, without destabilizing the portfolio of services that has been created over the years.

Ms. Aidarus presented a one-page sample overview of data on Legal Services (ADV), with the understanding that this discussion is for the purposes of refining the data and process for examining all categories, rather than making decisions today about ADV.

The overview provides data on three years of historical spending, showing the amount of the original spending plan allocation, the actual spending and the amount at which the allocation was capped after enhancements. This is proxy data for performance (ADV consistently over-performed). Average and median rates were shown, based on budgets submitted (for ADV, these were from a 2006 contract, as this service has not been re-bid since then). PSRA members asked for nuances to be described (e.g., for ADV, some services are not provided by lawyers, but by paraprofessionals, etc.). *Ms. Carroll* noted that while ADV rates have fluctuated, service categories with new contracts have more fixed rates.

The summary sheet also gave a snapshot of system-level considerations (e.g., for ADV, the inclusion of eviction prevention and PRUCOL as eligible services). Also shown were utilization by topic (e.g., benefits advocacy, housing issues, end of life planning, etc.). Source data was provided on a separate sheet.

The following is a summary of the ensuing discussion:

- If possible, some measure of outcomes would be helpful. Outcome measurements for some service categories are difficult (e.g., for ADV, a successful outcome could be if a case was won). Any outcomes data must be in context.
- For ADV, newly allowable services may mean changes in the data on spending and utilization. DOHMH and PHS will know by the end of the year as the contract allows for retroactivity. Narrow eligibility for PRUCOL may mean relatively little demand for this service (a consideration for the system-level consideration).
- The numbers need to be used to tell the "story" of the service categories (most of which are legacies of the portfolio). There may be a need to right-size many categories, as was done recently with EIS, Mental Health and Harm Reduction.
- Payer of Last Resort (POLR) data should be added to the summary.
- While data on waiting lists or number of clients not being served due to lack of capacity can be helpful, it should not be added, as there is no standardization for measuring this.
- Summaries should consider how long a program has been in existence (since re-bid) in order to account for start-up time.
- Rates and unit cost can be complex and difficult to parse, even though they are now published, but they are becoming more standardized and fair. While the summary gives a better sense of unit cost, it is harder to determine value for cost. Also, the process that DOHMH and PHS use to set rates factor in unique requirements of each program (e.g., staff structure). Unit cost per client needs to compare "apples to apples". Variances should be footnoted on page 2 of the summary.
- The source data on page 2 of the summary should include a sum total of number of clients served by topic, along with an unduplicated client count.

There was a consensus to review an updated ADV summary sheet, based on the discussion today, and to present that, along with a new sheet for Food and Nutrition Services (a recently re-bid category with consistent rates across providers). This will prepare the PSRA for tackling larger categories over the winter (HRR, MCM). It was also agreed that monthly meetings through July will be sufficient to tackle the portfolio (EIS does not need to be reviewed in depth, given the recent work on it). Mr. Klotz will prepare a spreadsheet showing the timeline of other PSRA products (spending, reprogramming and carry-over plans) that must be completed over the course of the year.

The next meeting will take place on Monday, December 14, 2015, 3-5pm at ASCNYC.

There being no further business, the meeting was adjourned.