TASK FORCE ON RANKING PRIORITIES

DEVELOPMENT OF A PRIORITY SETTING TOOL FOR THE NEW YORK EMA
To assist with the review, assessment, and ranking of Title I-funded Services

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Materials Distributed:

- Task Force on Ranking Priorities Meeting Ground Rules
- Service Category – Criteria Analysis Grid
- *New York City Ryan White Title I Service Directory* (February 2004). Description of Programs
- *Ryan White Title I Program Summary Report (March 2003-February 2004.* Table III-B: Services Provided in Title I Service Categories; Table III-A: Client Enrollment in F Y03
- New York EMA Title I Service Types (Base/MAI)
- New York EMA Title I Service Type Definitions
- Title I Manual (HRSA) Section IX, Appendices: Service Category Definitions
- Title I Manual (HRSA) – Priority Setting & Resource Allocation
- Update to the Needs Assessment 2004: Addendum
- Update to the Needs Assessment 2004
- Consumer Advisory Group Survey Report 2004
- Consumer Advisory Group Survey Report 2005
- Community Forums Report 2004
- Community Forums Report 2005
- *New York State Medicaid - State Plan Services As of November 2004.* Presentation by Ira Feldman, NYS DOH AIDS Institute at the Needs Assessment Committee's Data Day 2 (2005)
- *What is cost-effectiveness?* (www.evidence-based-medicine.co.uk)

- *Cost-Effectiveness Workshop* (Slides), Ryan White CARE Act Grantee Conference, August 23, 2004
- Mitton C, Donaldson C. **Health care priority setting: principles, practice and challenges.** *Cost Effectiveness and Resource Allocation* 2004, 2:3

I. MISSION AND CHARGE OF THE TASK FORCE

The Task Force was created by the Priority Setting & Resource Allocation Committee in February 2005 at the end of the 2005 Scenario Planning Process. At the first meeting of the Task Force, members debated the charge and mission of the Task Force, but finally identified two potential approaches. With the guidance and approval of Hilda Mateo and Joe Pressley, the two Co-Chairs of the PS&RA Committee, the Task Force adopted a charge to:
- Develop a priority-setting "tool"
- Apply the "tool" to the service categories and develop recommendations for changes/revisions

The Task Force looked at two different types of decision-making tools, "grid analysis" and "comparative analysis". The Task Force decided to use grid analysis to assess the service portfolio and developed and refined five criteria categories for inclusion in the grid (*See Section III. Criteria Development and Discussion*). The Task Force also established that during the grid analysis, the assessment and ranking would be performed for the service categories as they are currently defined. In addition to the assessment and ranking, the Task Force would also have the option of providing specific recommendations on funding, service elements, or guidance within service categories.

II. CRITERIA DEVELOPMENT AND DISCUSSION

The Task Force has developed a service category review instrument that utilizes grid analysis to apply several criteria to assess the effectiveness of the funded service. The grid analysis ranks each service category on a scale of 0 to 3, with 0=No Value, 1=Fair, 2=Good, 3 =Very Good/High Value. Rather than expanding the range of the ranking scale, each criteria would be assigned a "weighting factor" that would correspond to the relative importance of the specific criteria. For the purposes of the grid analysis, the TF

The final criteria developed for the grid analysis of service categories are:

- **Payer of Last Resort/Alternate Providers of Service**: As Title I funds are supposed to be the payer of last resort, a key consideration when assessing a service category is what other funding sources provide the service. Other funding streams may include, but not be limited to: Medicaid/Medicare, ADAP, other Titles of the Ryan White CARE Act, HOPWA, CDC, VA, SAMHSA, and New York State. In determining the availability of services funded by other funding streams, provider capacity, service limitations, and eligibility restrictions are also to be considered.
  - *Weight Factor:* 5
  - *Sample questions:* Is Title I the only funding source for the service category or are there other funding sources (Medicaid/Medicare, ADAP, other Titles, etc.) that provide the same or an equivalent service? Are services available through other funding sources difficult to access (due to limited availability, eligibility

requirements, etc.) or of a limited scope (e.g., case management services might focus only on clinical needs, benefits eligibility, or care coordination).

- **Access To Care/Maintenance In Care:** Originally proposed as two separate criteria categories to assess the impact of a service category in enhancing access to and maintenance in HIV primary health care services, following discussion, the two categories were combined into a single criteria category. The criteria focuses on the support provided by a service category to PLWHA in entering and/or staying in HIV primary health care services.
    - *Weight Factor:* 4
    - *Sample questions:* For PLWHA who are not in HIV primary health care (or have fallen out of care), to what extent does the service enhance access to HIV primary health care services? For PLWHA who are engaged in HIV primary health care, to what extent does the service contribute to maintenance in HIV primary health care services?

- **Specific Gaps/Needs (Demographic/Special Population):** A service category may focus on the service gaps/needs of a particular demographic group or special population that are not addressed by other service categories or funding streams. Following HRSA's convention, the term "unmet need" or "need" refers to HIV primary health care services, while "service gaps" or "gaps" refers to all other services. Since the Planning Council has historically not focused on geographically targeted services, the Task Force is not focusing on geographic needs.
    - *Weight factor:* 3.5
    - *Sample questions:* To what extent does the Title I-funded service address a specific service gap or service need? The gap/need addressed can be for either a specific geographic area or a particular demographic/special population.

- **Core Services (HRSA):** Under this criteria, HRSA's core service categories are assigned a ranking of "3", and all other service categories are assigned a "0". HRSA core services include: primary health care, mental health services, substance abuse treatment services, case management, oral health care, and drug reimbursement/medications. The ranking for this service category is: - 0=Not a HRSA core services; 3=HRSA core service category.
    - *Weight factor:* 3
    - *Sample questions:* Is the service category primary health care, mental health services, substance abuse treatment services, housing, case management, or drug reimbursement/medications?

- **Consumer Priority:** This criteria credits service categories that have been documented as either a consumer need or a contributor to access to care and/or maintenance in care. Data sources used in assessing this criteria factor include the Needs Assessment Update, the Addendum to the Needs Assessment Update, the Community Advisory Board Survey Report, the Community Forums Report, and the Consumer Focus Group Reports published by the Planning Council. The ranking for this category is: 0=No mention of the service category, 2=Either a documented service need/gap or a documented contributor to

access to care/maintenance in care, 3=Both a documented service need/gap and a documented contributor to access to care/maintenance in care.

- o *Weight factor:* 4
- o *Sample questions:* Was the service mentioned in the community forums or in the CAB survey as a contributor to access to care/maintenance in care? Was the service mentioned in the community forums or in the CAB survey as a service gap/need?

- **Criteria Not Included – Cost-Effectiveness:** Although originally proposed as a criteria for the grid analysis, the lack of necessary data and the complexity of calculating cost-effectiveness limits the usefulness of using cost effectiveness as a criteria element in the grid analysis. The committee agreed to table this criteria for the current portfolio analysis. *(Note: During the April 19 meeting, the Task Force were provided with some additional information on the economic methodology necessary to assess cost effectiveness.)*