


turning knowledge into practice

Impact and Implications of Funding Shifts on Ryan White HIV/AIDS Program Grantees' Care Delivery Systems

Amy Elizabeth Roussel, Ph.D.
August 26, 2008




RTI International is a trade name of Research Triangle Institute

www.rti.org

Acknowledgements

- RTI team:
 - Jennie Harris
 - Heather Kane
 - Catalina Ramirez
 - Megan Gray
- HRSA Grantees and their providers
- Julie Wise (HRSA/HAB)


www.rti.org



Background: Ryan White HIV/AIDS Program

- The federal Ryan White program was initiated in 1990 to improve the quality and availability of care for persons living with HIV/AIDS (PLWHA) and their families
- Administered by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), consists of Parts A-F
- This study focused on Part A and Part B
- Congress has reauthorized the Ryan White HIV/AIDS Program 3 times (1996, 2000, 2006), and it will be reauthorized again in 2009

www.rti.org



Background: 2006 Reauthorization and Funding Shifts

- 4 main changes affecting formula funding allocations for Parts A/B:
 - Mandating the use of HIV name-based (NB) and code-based (CB) data for formula funding distribution rather than estimated living AIDS cases
 - Eliminating the grandfather clause for Eligible Metropolitan Areas (EMAs) with < 2,000 AIDS cases in the past 5 years
 - Eliminating double-counting of clients in states with EMAs
 - Establishing Transitional Grant Areas (TGAs)

4

www.rti.org

Changes Stemming from Reauthorization & Areas of Impact

New Legislative Provisions

- Use of HIV data instead of AIDS data
- Hold harmless reduction levels
- Grandfather clause elimination
- Double counting revision
- New transitional grant areas
- Severe penalties for carryover

Funding increases or decreases (or remains flat)

Organization of the HIV/AIDS Care Delivery System:

- Management
- Staffing composition
- Policies
- Subgrantees and providers

Limitations on How Funding Can Be Spent

- 75% on core medical services
- 25% on support services

Program Planning and Priorities

Service Provision

- Core medical services added or expanded
- Support services limited or discontinued

5

www.rti.org

Study Purpose & Objectives

- HRSA/HAB contracted with RTI in 2007 to assess the impacts and implications of the funding shifts associated with the 2006 reauthorization
- Objectives of the assessment:
 - Understand how Part A/B grantees have been affected
 - Assess the impact of the funding changes on the organization of care for PLWHA
 - Discern ways in which HAB can assist grantees

6

www.rti.org

Methods: Evaluation Design

- Two-phase case study design
- Phase I:
 - In-depth case studies
 - Multiple perspectives
 - Combined qualitative and quantitative data
- Phase II:
 - Telephone interviews with grantee staff
 - To confirm and/or expand case study findings

7

www.rti.org

Methods: Site Selection

- 4 segments

Part A grantee w/increased \$	Part A grantee w/decreased \$
Part B grantee w/increased \$	Part B grantee w/decreased \$

- Phase 1: 1 grantee site from each segment selected for in-depth case study
- Phase 2: 1 grantee site from each segment selected for phone interviews
- Site selection criteria included
 - Magnitude of funding shift (\$ and % change)
 - Region
 - Which policy change(s)
 - NB vs. CB reporting system

8

www.rti.org


Participating Grantee Sites

Arrow indicates direction of funding shift.
■ Phase I ■ Phase II

9


Methods: Data Collection

- Phase I (February–April 2008)
 - ~2 day site visits
 - Interviews with grantee staff, providers, and planning council members
 - Collected information ahead of time to assess changes from FY2006 to FY2007 in
 - (1) Part A/B funding,
 - (2) client characteristics,
 - (3) providers or subgrantees, and
 - (4) services offered
- Phase II (May–June 2008)
 - Conducted ~1 hour telephone interviews with grantee staff

www.rti.org 


Methods: Analysis

- Analytic matrices were developed to support cross-site analysis
- Domains included
 - Finances
 - Organization and management
 - Program planning and priorities
 - Clientele
 - Services
 - Recommendations

www.rti.org 

Overview of Findings

- Context
- Impacts
 - Organization and management
 - Planning and prioritization
 - Clients and services
- Recommendations
- Best Practices

www.rti.org 

Context

- What accounts for funding shifts?
- What other sources of funding have grantees found or leveraged?
- What forms of political support or linkages have been helpful?

www.rti.org RTI

Funding Shifts

- Part A
 - Increases ranged from 0 to 66%
 - 5 newly funded TGAs
 - Decreases ranged from 0 to 33%
- Part B
 - Increases ranged from 0 to over 100%
 - Decreases ranged from 0 to 13%
- Even level funding "feels like" a decrease

www.rti.org RTI

Reasons for Funding Shifts

- Switch from code-based to names-based
 - Increase in A & B had mature names-based systems
 - Decrease for less mature systems
- Formula changes
 - Counting HIV+ cases, rather than AIDS only (increase grantees)
 - Dealing with incomplete data
- Transition from EMA to TGA
- Unsure/Don't know

www.rti.org RTI

Other Sources of Funding

- Half of grantees obtained other funds:
 - State & City general funds (including tobacco settlement money)
 - Other federal sources (CDC, SAMHSA)
- Grantees supported providers in seeking other funds:
 - Capacity building/Passing RFPs to providers
 - Provider fundraising (pharmaceuticals, foundations)

www.rti.org

Political Support & Community Connections

- Exchanging information with providers, CARE network, and advocacy groups
- Engaging the community
- Communicating with legislators
- Active ADAP committee with connections to pharmaceutical companies and lobbyists

www.rti.org

Impacts: Organization and Management

- Same systems with grantees buffering providers
- Somewhat fewer staff
- Monitoring spending more closely
- Some revisions to existing contracts:
 - Spend-by dates
 - Core services
 - "Tightened" language

www.rti.org

Impacts: Planning and Prioritizing

- Priorities driven by core services provision
- Modified planning process:
 - More work for planning council
 - Alternate methods for planning
- Comprehensive plans may change

www.rti.org RTI

Impacts: Clients & Services

- No changes in client demographics
- "Triaging" clients
- Services held constant, mostly:
 - Decreased \$: fewer units of service, hours of availability
 - Increased \$: serving more people
- No new services being planned
- Although minimal impact to date, more is anticipated

www.rti.org RTI


Recommendations for HRSA

- Guidance and TA that HRSA can provide
- Recommendations HRSA can make to Congress for next reauthorization

www.rti.org RTI


Guidance Sought From HRSA

- Clear & consistent policy guidance
 - Definitions (especially core medical services)
 - Same definitions across all Parts
 - Role of State, Planning Councils, etc. for each Part
- Formula clarity & transparency

www.rti.org 


Training/TA Sought From HRSA

- Technical Assistance:
 - Managing different funding streams
 - Data management
- Networking and building collaborations
- CAREWARE support

www.rti.org 


Recommendations for Reauthorization

- Streamline funding cycles
- Reduce penalties for carryover
- Provide multi-year funding
- Allow more timely notification

www.rti.org 

Strategies for Managing Funding Shifts

- Collaboration
 - Among Ryan White grantees
 - With other agencies to ensure comprehensive care
- Preventing carryover
 - Monitoring monies closely to ensure spending
 - Paying for short-term, one-time projects/expenditures
- Absorbing cuts organizationally
 - Hiring freezes, with increased workload for existing staff
 - Cut travel expenses

www.rti.org 

Grantee Panel

- Share lessons learned and real-life best practices

www.rti.org 