

Implementing the Ryan White Core Medical Services Provision

Insights from Part A, B, and C Grantees

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Background

- FY05 grant guidance: Focus on “core services”
- December 2006: Ryan White legislation reauthorized
 - Included core medical services provision



Background

- **Core Medical Services Provision**
 - Applies to Part A, B, and C grantees
 - Must expend 75% of award on core medical services
 - No more than 25% on support services which are needed to achieve medical outcomes
 - Waiver available



Background

Core Medical Services

- outpatient and ambulatory health services
- medications (incl. ADAP)
- pharmaceutical assistance
- oral health care
- EIS
- health insurance
- home health care
- medical nutrition therapy
- hospice services
- home- and community-based health services
- mental health services
- substance abuse outpatient care
- medical case management



Background

- January to April 2007: Core medical services provision implemented
- September 2007: HRSA/HAB initiated study of implementation
- August 2008: Study completed



Purpose of the Study

To identify:

- processes for responding to provision
- changes in provider service systems
- impact of provision
- recommendations, guidance, and TA strategies for HRSA/HAB



Study Methodology

- Six case studies
 - Two Part A, two Part B, two Part C
- HRSA/HAB working group oversight
- Grantee selection
- Site visits
- Discussion groups
 - Grantee staff
 - Service providers
 - Consumers
 - Community stakeholders



Participating Grantees

- **Part A**
 - Hartford, CT TGA
 - Seattle, WA TGA
- **Part B**
 - Alabama
 - Wisconsin
- **Part C**
 - Lehigh Valley Hospital (Allentown, PA)
 - Santa Clara County, PACE Clinic (San Jose, CA)



Participating Grantees



Site Visits

Part	Location	Date
A	Hartford, CT	April 2-3
A	Seattle, WA	April 24-25
B	Montgomery, AL	May 14-16
B	Madison, WI	March 26-27
C	San Jose, CA	April 29
C	Allentown, PA	April 16



Discussion Groups

Site	Grantee	Provider	Stakeholder	Consumer
Hartford	4	17	50*	10
Seattle	6	32	6	9
Alabama	9	13**		5
Wisconsin	6	13	6	4
Lehigh Val.	8	N/A	5	8
Santa Clara	12	N/A	N/A	3

* estimate; ** combined group



Analysis

- Prepared grantee case reports
 - Discussion group notes
 - Materials submitted by grantee/participants
 - Grantee review of draft
- Identified themes
 - By grantee type
 - Across all grantees
- Prepared final report



Findings

- Key factors to implementation
- Tools and TA used
- Challenges of implementation
- Impacts
- Recommendations



Key Factors to Implementation

- Monitoring of reauthorization
- Early adoption of changes
- State and local funding
- Trust and collaboration
- Historic focus on core medical services



Tools and TA Used

- HRSA/HAB communications
- HRSA/HAB tools
- Local and national organizations
- Grantee-created tools
- Other grantees and colleagues



Challenges of Implementation

- Communication from HRSA/HAB
- Administrative burden
- Need for support services
- Changes to case management
- Service provider capacity
- Other concurrent Ryan White changes



Impacts

- Service availability and continuity
- PLWH health and quality of life
- Community relationships
- HRSA/HAB – grantee relationship



Recommendations

- Keep service funding decisions local
- Improve HRSA/HAB communications
- Allow more time for implementation
- Assess impact of provision on health outcomes



Insights from Participating Grantees

- **Seattle TGA (Part A)**
– Jeff Natter, Ryan White Program Manager
- **Hartford TGA (Part A)**
– Angelique Croasdale, HIV Program Manager
- **Lehigh Valley Hospital (Part C)**
– Jean D’Aversa, Director, AIDS Activities Office



Study Team

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