

Priority Setting Assessment 2011-2012

Austin Area HIV Planning Council
Needs Assessment Committee

August 9, 2011





Assessment Tool

- The PRSA Tool was developed in 2005 by the New York City Planning Council to assist in their processes. It has proven to be an invaluable resource for decision making. Development and refinement of a priority setting tool improves the priority setting process. It allows consistent and effective priority setting and resource allocation to be achieved through a data-driven group process utilizing a priority setting tool that incorporates weighted criteria and scoring applied to an array of service categories.
- The Austin Area HIV Planning Council adopted this assessment tool beginning in the 2011-2012 planning process. The Needs Assessment Committee made minor changes to the instrument by adding a EIIHA assessment category and re-weighting all categories.
- John Waller, HIVPC Planner, has been in contact with the creators of the instrument to gain insight, history, and guidance on using the PRSA Tool.

Guidelines for Scoring

Scoring System

8	Points = Very high value (Any number of 8's may be given to each column)	
5	Points = High value (Any number of 5's may be given to each column)	
3	Points = Medium value (Any number of 3's may be given to each column)	
1	Points = Low value (Any number of 1's may be given to each column)	
0	Points = No value (only to be used to the Core Services column)	

Explanations for Scoring

SERVICE CATEGORY	1 = No Value	8= Very High Value	Low Value
Payor of Last Resort	<p>There are many other funding sources such as Medicaid/Medicare, ADAP, other CARE Act Parts, CDC, VA, SAMHSA, HOPWA, NYSDOH) that provide the same or an equivalent service.</p> <p>Existing provider capacity is more than adequate to address the needs of PLWHA and the services are readily accessible.</p>	<p>There are few (or no) other funding sources such as Medicaid/Medicare, ADAP, other CARE Act Parts, CDC, VA, SAMHSA, HOPWA, NYSDOH) that provide the same or an equivalent service.</p> <p>Existing provider capacity is not adequate to address the needs of PLWHA and the services are not readily accessible.</p>	<p>There are several funding sources that provide the same or equivalent service. Existing provider capacity is adequate to address need and services are readily available</p>
Access to Care and/or Maintenance in Care	<p>For PLWHA who are not engaged in HIV primary health care (or have fallen out of care), the service does not enhance access to care.</p> <p>For PLWHA who are engaged in HIV primary health care, the service does not contribute to maintenance in care.</p>	<p>For PLWHA who are not engaged in HIV primary health care (or have fallen out of care), the service significantly enhances access to care.</p> <p>For PLWHA who are engaged in HIV primary health care, the service significantly contributes to maintenance in care.</p>	

Explanations for Scoring (cont'd)

SERVICE CATEGORY	1 = No Value	8= Very High Value	Low Value
Consumer Priority	The service has not been identified by PLWHA consumers as a service gap/emerging need or a contributor to access to care/maintenance in care.	The service has been identified by PLWHA consumers as a service gap/emerging need or a contributor to access to care/maintenance in care.	
Specific Gaps/Emerging Needs	The service does not target or address service gaps/emerging needs of any particular demographic group or special population (or geographic area).	The service does target or address service gaps/emerging needs of any particular demographic group or special population (or geographic area).	
Core Services	The service is not a HRSA core service of outpatient/ambulatory care, mental health services, early intervention services, substance abuse treatment services, medical case management, or ADAP	The service is a HRSA core service of outpatient/ambulatory care, mental health services, early intervention services, substance abuse treatment services, medical case management, or ADAP.	



Data Points

- 2010 Comprehensive Needs Assessment
- Health Planner and AA Reports
- Committee Members Experience
- 2010/11 Austin TGA Priorities
- Other relevant documentation on file with HIVPC

Service Category	Criteria Factors (see definitions below)					
	Payer of Last Resort	Access to Care and/or Maintenance in Care	Consumer Priority	Specific Gaps/ Emerging Needs	Core Services	EIHA
	10%	30%	20%	20%	5%	15%
Medical Transportation Services	3	8	8	8	0	8
Case Management (Non-Medical)	8	8	5	8	0	8
Medical Case Management (Including Treatment Adherence)	8	8	3	8	8	8
Substance Abuse Services - Residential	5	8	3	8	0	8
Health Insurance Premium and Cost Sharing Assistance	8	8	5	8	8	0
Outpatient Ambulatory Medical Care	1	8	5	5	8	8
Case Management (Non-Medical) Tier 2	8	5	5	8	0	8
Early Intervention Services	3	8	1	8	8	8
Mental Health Services	3	8	5	3	8	8
Outreach Services	5	8	1	8	0	8
ADAP	5	8	5	8	8	0
AIDS Pharmaceutical Assistance - Local	5	8	5	8	8	0

Service Category	Criteria Factors (see definitions below)					
	Payer of Last Resort	Access to Care and/or Maintenance in Care	Consumer Priority	Specific Gaps/ Emerging Needs	Core Services	EIHA
	10%	30%	20%	20%	5%	15%
Oral Health Care	5	3	5	8	8	8
Substance Abuse Services - Outpatient	3	8	3	3	8	8
Housing Services	5	5	8	8	0	0
Emergency Financial Assistance	5	3	8	8	0	0
Referral for Health Care/Support Services	8	3	3	5	0	8
Psychosocial Support Services	3	5	5	8	0	0
Linguistic Services	8	5	1	3	0	8
Food Bank / Home Delivered Meals	3	5	5	5	0	0
Legal Services	5	3	5	3	0	0
Home and Community Based Health Services	5	3	3	1	8	0
Child Care Services	3	3	3	3	0	0
Home Health Care	3	3	3	1	8	0
Health Education Risk Reduction	5	5	1	1	0	0
Treatment Adherence Counseling (Non-Medical Personnel)	8	3	1	1	0	0
Medical Nutrition Therapy	5	1	1	1	8	0
Hospice Services	5	1	1	1	8	0
Respite Care	8	1	0	1	0	0
Rehabilitation Services	3	1	1	1	0	0

Service Category	<u>Total Score</u>	<u>Total Percentage</u>	<u>PC 2010-11 Rank</u>	<u>PC 2011-12 Rank</u>	<u>PC 2012-13 Rank</u>
Medical Transportation Services	7.10	88.75%	2	3	1
Case Management (Non-Medical)	7.00	87.50%	3	1	2
Medical Case Management (Including Treatment Adherence)	7.00	87.50%	10	2	2
Substance Abuse Services - Residential	6.30	78.75%	17	13	4
Health Insurance Premium and Cost Sharing Assistance	6.20	77.50%	8	6	5
Outpatient Ambulatory Medical Care	6.10	76.25%	1	10	6
Case Management (Non-Medical) Tier 2	6.10	76.25%	15	4	6
Early Intervention Services	6.10	76.25%	26	8	6
Mental Health Services	5.90	73.75%	4	9	9
Outreach Services	5.90	73.75%	16	14	9
ADAP	5.90	73.75%	30	12b	9
AIDS Pharmaceutical Assistance - Local	5.90	73.75%	9	12a	9

Service Category	<u>Total Score</u>	<u>Total Percentage</u>	<u>PC 2010-11</u> <u>Rank</u>	<u>PC 2011-12</u> <u>Rank</u>	<u>PC 2012-13</u> <u>Rank</u>
Oral Health Care	5.60	70.00%	7	7	13
Substance Abuse Services - Outpatient	5.50	68.75%	11	5	14
Housing Services	5.20	65.00%	5	11	15
Emergency Financial Assistance	4.60	57.50%	13	15	16
Referral for Health Care/Support Services	4.50	56.25%	14	18	17
Psychosocial Support Services	4.40	55.00%	18	17	18
Linguistic Services	4.30	53.75%	29	16	19
Food Bank / Home Delivered Meals	3.80	47.50%	12	19	20
Legal Services	3.00	37.50%	21	25	21
Home and Community Based Health Services	2.60	32.50%	28	21	22
Child Care Services	2.40	30.00%	24	20	23
Home Health Care	2.40	30.00%	25	23	23
Health Education Risk Reduction	2.40	30.00%	22	26	23
Treatment Adherence Counseling (Non-Medical Personnel)	2.10	26.25%	19	24	26
Medical Nutrition Therapy	1.60	20.00%	6	22	27
Hospice Services	1.60	20.00%	20	27	27
Respite Care	1.30	16.25%	23	28	29
Rehabilitation Services	1.00	12.50%	27	29	30



Points of Consideration

- Case Management, both medical and non-medical, remain a high priorities.
- Medical Transportation continues to be ranked as a top priority but more research needs to be conducted in this area to understand the various needs and barriers of clients in this area.
- ADAP and Drugs Pharmaceutical Assistance Local ranked higher given the uncertainty of the state funds for these medications. More data should be collected in these areas to determine how best to respond to these needs.
- Early Intervention Services also increased in ranking due to the Early Intervention for Individuals with HIV/AIDS (EIIHA) mandates now required in the planning process.

Questions?





Committee Recommendation

The Needs Assessment Committee of the Austin Area HIV Planning Council offer the findings of this Priority Setting Assessment to the full council for consideration, review, and approval for use in the 2012/13 Grant Planning Process.

Committee Members: Tim Bailey, Chair, Justin Irving, and Brandi Bodenheimer

Copies of Documentation

- If you would like an electronic copy of the Scored Assessment Tool as well as this presentation, please let HIVPC Staff know at the end of this Business Meeting.

