Overview of PSRA Resources from Planning CHATT

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Quick Reference Handout 10.1: PC/PB Guide to Data Types and Sources: (See table in the bottom for additional information on data source and frequency; typical content, and typical use of this data for Decision Making.
https://targethiv.org/sites/default/files/supporting-files/Module10-QRH10.1.pdf

HIV SURVEILLANCE AND RELATED DATA
- Epidemiologic (Epi) Profile
- HIV Care Continuum
- HIV Tests and Diagnoses

NEEDS ASSESTMENT FINDINGS
- Estimate of Unmet Need
- Service Needs
- Service System
- Service Gaps

RWHAP SERVICES REPORT (RSR)
- Client Characteristics and Service Utilization

OTHER DATA FROM THE RECIPIENT
- Service Expenditure and Cost Data
- Clinical Quality Management (CQM) Findings
- Performance and Clinical Outcomes

DATA FROM OTHER PROGRAMS
- Centers for Disease Control and Prevention HIV Prevention
- Medicaid
- Housing Opportunities for Persons With AIDS (HOPWA)
- Substance Abuse and Mental Health Services
- State and Local HIV Funding

Quick Reference Handout 5.2: Directives
https://targethiv.org/sites/default/files/supporting-files/module5-QRH_5.2.pdf

Purpose and Focus of Directives - Directives "provide written guidance to the recipient from the PC/PB regarding how best to meet specific service priorities established as part of the priority setting and resource allocation (PSRA) process, and other factors the recipient should consider in arranging for services. Often, directives address identified barriers to care or disappointing health care system performance on measures and clinical outcomes such as linkage to care, retention in care, adherence to medications, and viral suppression, overall or for particular PLWH populations or geographic areas."

Most directives focus on one or more of the following:

- **Geographic targeting**: ensuring availability of services in all parts of the EMA/TGA or in a particular county or area
- **Population targeting**: ensuring services appropriate for specific target PLWH populations
- **Service models**: requiring the testing or broader use of a particular service model

Identifying the Need for a Directive

The PC/PB may identify needs and issues leading to directives at any time of the year through many sources, among them review and discussion of data from the following sources:

- • Needs assessment
- • Town hall meetings or public hearings that are part of the PSRA process
- • HIV care continuum
- • Service utilization
- • Clinical Quality Management (CQM)

HRSA/HAB Expectations

PC/PBs have a great deal of flexibility in the development and use of directives. Directives can be developed whenever available data indicate the need for action to provide parity in access to high quality care for all PLWH, regardless of who they are or where they live within the service area.

HRSA/HAB expects directives to be:

- Based on an identified need, determined through review of data from needs assessment, town hall or other community meetings, service utilization data, CQM activities, or other sources
- Explored and developed as needed throughout the year—often with the involvement of several committees, such as the following
  - Needs Assessment and Planning
  - Care Strategy/System of Care
  - Consumer/Community Access
  - Priority Setting and Resource Allocation
- Presented in relation to the PSRA process
- Approved by the full PC/PB, along with or separate from resource allocation
- Consistent with an open procurement process.

Module 10. Data-based Decision Making:
https://targethiv.org/planning-chatt/training-guide-module10

The following items are critical for PC members to effectively use data:

1) understand data sources and types,
2) can assess data quality and usefulness, and
3) are prepared to use these data in decision making related to all their PC/PB responsibilities: integrated/comprehensive planning, priority setting, resource allocation, development of directives, and improving service models and the system of care, so that appropriate services are available and accessible to all PWH throughout the EMA or TGA.

Quick Reference Handout 10.1: PC/PB Guide to Data Types and Sources: Continuation from page One

Type of Data	Source and Frequency - Who Provides the Data and How Often	Typical Content - What Kinds of Data/Information are Included.	Typical Use How PC/PBs Use this Data for Decision Making
HIV SURVEILLANCE AND RELATED DATA			
Epidemiologic (Epi) Profile	• Epi profile for the EMA/TGA may be included in an annual state profile or prepared separately	A description of the distribution of HIV in various populations in the EMA or TGA in terms of sociodemographic, geographic, behavioral, and clinical characteristics: ○ Characteristics of the general population, persons newly diagnosed with HIV infection, persons living with HIV disease, and persons at risk for HIV ○ Trends in the epidemic	○ Helps PC/PB understand the epidemic and identify trends that will affect service needs overall and for particular PLWH groups ○ Changes over time help in understanding impact of prevention and care services
HIV Care Continuum	○ Continuum for all PLWH in the service area is usually prepared by state or local surveillance staff ○ The recipient is often involved in preparation of continuums for RWHAP clients since they require use of client data ○ Provided at least annually; some jurisdictions prepare them more frequently	○ A model of HIV medical care that shows the steps or stages of HIV care that PLWH go through and the percent of PLWH in each stage as of a specific date ○ May begin with the estimated total number of people living with HIV (including those unaware of their status) or with the number ○ diagnosed and living with HIV ○ Typical stages in the continuum include: 1. Being diagnosed with HIV 2. Being linked to care 3. Engagement and retention in care (based on doctor visits and/or laboratory tests), and viral suppression (a very low level of HIV in the body) ○ Sometimes being prescribed antiretroviral therapy (ART) is included as a stage/step prior to viral suppression ○ PC/PB often receives both a continuum for all PLWH, and a separate continuum for RWHAP clients, often with multiple breakdowns by subpopulation	○ Helps PC/PBs understand strengths and weaknesses in the system of care and identify need for additional attention to particular steps (e.g., linkage to care, retention in care, viral suppression) ○ Population-specific continuums are very helpful in identifying HIV-related health disparities so that the PC/PB can strengthen service models at a particular stage in the continuum for a particular population to address late linkage, poor retention, or a lower rate of viral suppression

HIV Tests and Diagnoses	○ State or local surveillance unit and State and/ or local HIV prevention unit—usually provided to the PC/PB annually, but may be available more frequently	○ Includes data on: — Number of people who receive HIV tests — Number and percent testing positive and their characteristics — Number referred to needed services ○ RWHAP Part A programs required to implement a strategy for the Early Identification of Individuals with HIV/AIDS (EIIHA), which involves identifying key target populations, locating individuals with HIV who do not know their HIV status, informing them of their status through testing, and helping link them to medical care and support services—so data are reported on these populations	○ Provides data needed to predict future demand for care and the need to fund services like Outreach and Early Intervention Services (EIS), which help get people tested, and linked to care
NEEDS ASSESSMENT FINDINGS			
Estimate of Unmet Need	○ State or local surveillance unit usually provides the estimate and often provides data on the characteristics of PLWH who are out of care, generally using primarily surveillance data—depending on federal requirements—usually prepared or updated annually for inclusion in the annual RWHAP Part A application ○ Assessment of unmet need done by the PC/ PB as part of its assessment of service needs and barriers	○ Estimate of the number of people living with HIV in the service area who know they are HIV-positive but are not receiving HIV-related medical care ○ Often provided with the estimate is a description of characteristics of people who are out of care—usually race/ethnicity, age, gender, risk factor, place of residence within the EMA or TGA, year of first diagnosis, and sometimes date of most recent laboratory test	○ Helps PC/PB understand how many PLWH are out of care and what PLWH subpopulations are most likely to be out of care, and to explore ways to find such PLWH, link or relink them to care, and improve retention and viral suppression
Service Needs	○ PC/PB—usually gathered with involvement of PC/PB support staff and consultants as well as PC/PB members ○ PC/PBs often develop a multi-year needs	○ Information about the number, characteristics, and service needs and barriers of people living with HIV, both in and out of care—typically includes both: — Quantitative data on service needs, ability to obtain needed services, and service barriers. This quantitative data is collected through surveys or structured interviews with PLWH, including consumers and PLWH who are out	Provides information needed for decision making for most PC/PB roles, especially for: ○ Priority setting and resource allocations (PSRA) including development of directives ○ Improving service access, quality, and outcomes overall and for specific populations

	assessment plan with different components implemented each year	of care or receive services through other sources, and other stakeholders. — Qualitative or mixed data that provide in-depth perspectives on issues such as service experiences, services, barriers to care, and factors that encourage linkage, treatment adherence, and retention in care. This qualitative data is based on discussions at focus groups, town hall meetings, key informant interviews and discussion sessions. ○ A special study is usually required to learn about service barriers and gaps for PLWH who are out of care.	
Service System	○ PC/PB—usually gathered with involvement of PC/PB support staff and consultants as well as PC/PB members ○ PC/PBs often develop a multi-year needs assessment plan with different components implemented each year	Provider resources available to meet the needs of PLWH, including: ○ An inventory of HIV-related core medical and support services, both RWHAP and non-RWHAP funded, providing basic information such as location, services provided, and number of slots ○ A profile of provider capacity and capability, including service availability (e.g., available "slots" by service category,) accessibility (e.g., office hours, public transportation), and appropriateness (e.g., language services, training to work with specific subpopulations, cultural competence)	Provides information needed for decision making for most PC/PB roles, especially for: ○ Priority setting and resource allocations (PSRA) including development of directives ○ Improving service access, quality, and outcomes overall and for specific populations
Service Gaps	○ PC/PB—usually gathered with involvement of PC/PB support staff and consultants as well as PC/PB members ○ PC/PBs often develop a multi-year needs assessment plan with different components implemented each year	○ Linking of PLWH and provider data to identify types of services that are not sufficiently available, accessible, or appropriate to meet the identified needs of PLWH overall or specific populations, in the EMA/TGA	Provides information needed for decision making for most PC/PB roles, especially for: ○ Priority setting and resource allocations (PSRA) including development of directives ○ Improving service access, quality, and ○ outcomes overall and for specific populations
RWHAP SERVICES REPORT (RSR)			
Client Characteristics	○ Recipient, based on data entered into client level data system by subrecipients—	○ Data on the characteristics of RWHAP clients, including demographics, HIV clinical information, HIV medical and support services received	○ Helps PC/PBs understand demand for specific services and identify differences in use of services by various PLWH groups

and Service Utilization	data reported for the RWHAP Services Report (RSR), which includes calendar-year data, and is submitted to HRSA/HAB each year in March	○ Data on the number and characteristics of RWHAP Part A clients overall and by service category ○ Data on the level of services provided overall and by service category, including units of service provided	
OTHER DATA FROM THE RECIPIENT			
Service Expenditure and Cost Data	○ Recipient—from its internal financial management staff/system—usually includes monthly and annual reports	○ Projected (allocated and contracted) and actual expenditures for each Part A-funded service category: all core medical services, all support services, and all services, year-to-date ○ Proportion of funds spent to date and whether expenditures are at, below, or above projections (for example: after 6 months, would expect 50% of funds to have been spent) ○ Costs for one unit of service (for example: one 15-minute visit with a clinician or one 30-minute meeting with a medical case manager), often provided annually ○ Annual cost to serve one client by service category calculated at the end of the year	○ Helps PC/PB determine the need for reallocations across service categories during the program year ○ Helps PC/PB make funding decisions as part of priority setting and resource allocation, adjust future allocations based on actual use of funds and estimate the costs of serving additional clients—for example: -- Review of service categories that end the year over- or under-expended helps the PC/PB determine the level of demand for a particular service and whether it may need more or less funding in the future -- Per client costs can be used in projecting funds required for increasing service levels
Clinical Quality Management (CQM) Findings	○ Recipient—data obtained through the CQM program by subrecipients working with the recipient. Performance measurement occurs at least quarterly, with summary data reported to the PC/PB at least annually.	○ Information on patient care, health outcomes, and patient satisfaction ○ Data on performance measures by provider and within and across service categories (for example: what percent of outpatient ambulatory health services clients received a mental health screening; what percent of female clients received an annual pap smear); includes data showing disparities across different target populations ○ Data on client HIV viral suppression and other health outcomes ○ Data from quality improvement programs documenting changes made to improve services	○ Helps PC/PBs identify program strengths and weaknesses and possible need for changes in service models or funding to improve service quality and outcomes
Performance and Clinical Outcomes	○ Recipient—data obtained through the CQM program by subrecipients working with the recipient.	○ Data used to monitor and improve the quality of care across the EMA/TGA and within service provider	○ Helps PC/PBs make funding decisions and identify needed changes in service standards or models of care

	Performance measurement occurs at least quarterly, with summary data reported to the PC/PB at least annually.	organizations, usually based on the percent of clients that meet the goal or service standard ○ Measures may relate to a process (such as frequency of medical visits or development of a case management care plan) or clinical outcome (such as viral suppression)	
DATA FROM OTHER PROGRAMS			
Centers for Disease Control and Prevention HIV Prevention	○ State and local agencies responsible for HIV prevention; often in the same local government unit as RWHAP	○ Data on funds for services such as HIV education, testing, linkage to care/partner notification, and prevention including prevention for positives	○ Supports coordination of funding and services, especially in such service areas as Outreach, Early Intervention Services, and Health Education/Risk Reduction
Medicaid	• State Medicaid agency, usually provided annually or upon request	• Data on Medicaid expenditures for PLWH in the service area, services provided, and number and characteristics of PLWH clients; includes total expenditures and expenditures by type of service, or for core medical versus support services	• Helps PC/PBs determine the level and sources of other funding for HIV services and avoid duplication of effort
Housing Opportunities for Persons With AIDS (HOPWA)	• Department of Housing and Urban Development (HUD) and regional or local recipients or subrecipients, usually obtained annually	• Data on number of PLWH receiving housing assistance through HOPWA, type of assistance received, client characteristics, and waiting lists	• Helps PC/PBs determine the level and sources of other funding for HIV services and avoid duplication of effort
Substance Abuse and Mental Health Services	• Substance Abuse and Mental Health Services Administration (SAMHSA) and state and/or local recipients and subrecipients, usually obtained annually	• Funding awarded for mental health services and for substance abuse services that target PLWH, including number of agencies/programs funded, number of PLWH served through such programs, types of services, and sometimes client characteristics	• Helps PC/PBs determine the level and sources of other funding for HIV services and avoid duplication of effort
State and Local HIV Funding	• State HIV agency; city or county HIV agency — both usually a part of the Department of Health	• Amount of funding awarded for HIV services, overall and by type of service, number of funded agencies, number of PLWH served, and characteristics of clients if available	• Helps PC/PBs determine the level and sources of other funding for HIV services and avoid duplication of effort