

Activity 5.1: PSRA Quick Scenarios to Apply Knowledge

TIPS FOR TRAINERS



Suggested Use

Use these Quick Scenarios as part of your presentation on *Priority Setting and Resource Allocation* to provide opportunities for participants to apply knowledge.



Time

The slide deck includes six Quick Scenario slides that each provide a scenario and questions for participant discussion. The length of the discussion per slide varies from about 5–15 minutes.

If you have a group of 8 or fewer—the members of a PSRA or similar committee—you may want to have most of the discussion in the full group. If you are training a larger group, you may want to have initial discussion for a few minutes in pairs or small groups. This will add about 5–10 minutes to the time required. You can choose to use one or all the Quick Scenario slides.



Materials

- PowerPoint slide for each Quick Scenario (included in the Priority Setting and Resource Allocation slide deck).
- Handout for Participants: Quick Scenarios to Apply Knowledge (*Optional to distribute to participants at the beginning of your presentation*).



Knowledge or Skill Development

Participant understanding of the components of PSRA—priority setting, resource allocation, directives, and reallocation—and factors to consider in implementing them.

Activity Steps

1. Review the Quick Scenario slides included in the presentation and decide which scenarios slides you want to use. Revise or “localize” the scenarios and questions as needed.

2. During the training, when you reach a Quick Scenario slide, provide instructions to participants:

If the group is small (up to 8 people):

- Ask the group to think individually about the scenario and questions for 2–3 minutes or to discuss them with one other person for 5–7 minutes, depending on the number and complexity of the questions.
- Then begin discussion among the full group. Encourage as many participants as possible to provide input to the discussion.

If the group is larger:

- Ask participants to work with 1–2 other people if everyone is sitting around one big table. If participants are seated at small tables, have them work with the other people at their table.
- Ask the groups to select a **facilitator** to coordinate the work of the group and participate, and a **recorder/reporter** to take notes summarizing the discussion for sharing the full group.
- Have one reporter present first, then ask the others to agree, add, or offer alternative responses or approaches. If there are multiple questions, have a different reporter present first for each question.
- Invite discussion from the full group. Where possible, help the group reach consensus on their answers.

3. Address any questions or issues raised by the discussion and invite participants to identify any other questions related to the topic. Summarize the main lessons from the discussion.

Additional notes on Quick Scenario F (Reallocation):

The group may find the questions for this scenario challenging. Here are some key points to make during the discussion.

- **For Question 1:** One reason for waiting to move Oral Health funds is that funds can often be spent rapidly at the end of the year in that service category, because many PLWH need more dental work than is usually permitted due to per-client caps. These caps can be waived and more costly dental work done if funds permit. In addition, the recipient may feel that the staffing or management issues with Oral Health subrecipients have been resolved, so spending rates may increase, as there is usually a high level of demand.
- **For Question 2:** If the EMA/TGA does not have a waiver, it must spend at least 75% of funds on core medical-related services. The recipient has indicated that only \$55,500 can be moved from Mental Health, a core medical service, to Medical Transportation, a support service, because any funds beyond that amount would put the expenditures for core medical services below the 75% lower limit. The PC/PB and recipient may need to explore whether there is another core medical service category where additional funds could be well used.



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HANDOUT FOR PARTICIPANTS

Time will be taken at intervals throughout the presentation on *Priority Setting and Resource Allocation* to discuss one or more of the short scenarios and questions shown below.

Quick Scenario A: Principles to Guide PSRA

Assume that your PC/PB is discussing principles to guide its PSRA process. The PSRA Committee has recommended the five principles shown on the previous slide. Several PC/PB members object to Principles 2 and 3. As the PSRA Chair, you are asked to respond.

1. How would you explain/defend Principle 2?
2. How would you explain/defend Principle 3?
3. Why is it important for the entire PC/PB to discuss and agree on these principles to guide PSRA?

Principle 2: Consider the needs of specific populations, including disproportionately affected and traditionally underserved groups.

Principle 3: Help to reduce unmet need among PLWH who know their status but are not in care.

Quick Scenario B: Priority Setting

Your PC/PB is holding its priority setting meeting, and has begun to review current service priorities. A new member, appointed just a month ago, asks why the AIDS Drug Assistance Program (ADAP) is rated near the top when “It didn’t receive any Part A funds this year or last year and the state seems to have plenty of money to fund it.” Shouldn’t we prioritize only the services that need Part A funds?

1. Is this a good idea? Why or why not?

Quick Scenario C: Directives

The PC/PB is concerned about the low retention in care for formerly incarcerated PLWH, who also have high rates of substance use. The Care Strategy Committee has been exploring ways to address this problem and has suggested testing either a peer navigator model associated with medical care management or an intensive case management model with specially trained case managers.

1. How might a directive be used in this situation?
2. What might the directive say?

Quick Scenario D: Resource Allocation

Your PC/PB is trying to decide whether additional funding is needed for Medical Transportation. It was not identified as a key concern by 35 people attending two town hall meetings prior to PSRA, but was among the top 7 service gaps identified in the most recent survey of 620 PLWH.

1. To which of these data sources should the PC/PB give more “weight,” and why?
2. What other data should it review in making this allocation decision?

Quick Scenario E: PSRA Models

Discuss the following:

1. Does your EMA/TGA use a committee-based or full PC/PB PSRA process? Why was this approach chosen?
2. What are some advantages of a committee-based approach? Disadvantages? What actions can help make it fair and effective?
3. What are some advantages of a full PC/PB model? Disadvantages? What actions can help make it manageable and effective?

Quick Scenario F: Reallocation

Your PSRA Committee holds reallocation reviews 4, 7, and 9 months into the program year. After 7 months, Mental Health & Oral Health providers are severely underspent. The recipient points to staffing and management issues. Demand is unexpectedly high for Medical Transportation because of recent, severe cuts to area bus service.

1. The Committee recommends reallocating \$75,000 in Mental Health funds now, but not moving Oral Health funds yet. Why might this make sense?
2. The recipient says that you can move only \$55,500 into Transportation. Why? What else might the PC/PB consider?