

# Activity 5.2: Updating Service Priorities

## TIPS FOR TRAINERS

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### Suggested Use

Activities 5.2–5.5 are designed to give participants practice in carrying out the four components of PSRA—priority setting, development of directives, resource allocation, and reallocation. They are meant to be carried out sequentially and build on one another. Use this activity, Activity 5.2, after the presentation and discussion on *Priority Setting* to allow participants to apply what they have learned.



### Time

About 90 minutes:

- 5 minutes for instructions and formation of groups
- 50–60 minutes for small group work
- 20 minutes for presentation and discussion of the work of the groups
- 5 minutes to sum up sound practices and lessons from the activity



### Materials

- Handout for Participants: Updating Service Priorities
- Materials Packet for PSRA Activities
- Easel pad paper and markers



### Knowledge or Skill Development

Knowledge and skills in applying PSRA principles, meeting HRSA/HAB requirements, and implementing sound practices in carrying out the critical legislative responsibility for priority setting and resource allocation.

## Materials Packet for PSRA Activities

Activities 5.2–5.5 all use the same set of data and information, developed for “Midsize Metro”, a mythical RWHAP Part A program of moderate size. Using data from a mythical jurisdiction rather than local data from your EMA or TGA can be helpful in training. It allows participants to focus on using the appropriate process and sound practices, without the distraction of additional knowledge, relationships, and emotional connection they might feel when dealing with data from their own EMA/TGA. The information provided is intended to give enough depth for meaningful decision making without being overwhelming.

### The Packet includes:

- A **Data Matrix** that summarizes findings from needs assessment activities over the past two years, the most recent epidemiologic and HIV care continuum data, and client characteristics and service utilization for the last full program year, overall and by service category, as well as for selected PLWH populations.
- An **Allocations and Expenditures Spreadsheet** (provided in Excel format, with formulas) that shows final allocations and expenditures for the most recent full program year, per client costs, and current allocations for each funded service category—and also provides space for allocating resources for the upcoming year.
- A **Service Priorities List**, showing allocations for the most recent completed program year and the current year, with space for indicating priorities for the upcoming year.
- An **Other Funding Sources Spreadsheet** that summarizes other sources and amounts of funding for medical and support services in the Midsize Metro service area.

## Activity Steps

1. Review the materials in the **Materials Packet** and make any desired changes to tailor them to your jurisdiction, for example, using appropriate agency names in the **Other Funding Sources Spreadsheet**. If making more substantive changes, remember that these materials are interrelated and changes to one may necessitate changes to others as well.
2. This activity is best done in a small group. If the total number of participants is 8 or fewer, all participants can work together. If there are more than 8 participants, divide participants into small groups of 4–6. It is helpful to have at least one experienced PC/PB member in each small group—so instead of counting people off, you may want to assign people to groups beforehand. If desired, you can keep people in the same small groups for all the PSRA Activities, which may save time and enable them to become a team and build on each other’s experience.
3. Pass out the materials and explain the overall approach—participants will use information from a mythical EMA/TGA, “Midsize Metro” to carry out tasks related to each of the four components of PSRA, in this case, *priority setting*. Explain that the focus of the activities is on using data to carry out the assigned task and being able to defend your process. There will be no attempt to reach consensus across small groups.

4. Small groups should begin by choosing a **facilitator** to coordinate discussion, a **recorder** to take notes and summarize the group’s work for sharing, and a **reporter** to present the work of the small group to the full group. The same person may serve as recorder and reporter if that is the group’s preference.
5. Review the activity instructions with participants. Set the stage for the activity as follows:

Midsized Metro’s PC/PB does a full priority setting process at least every three years, and it updates its priorities the other years if no major changes have occurred in the legislation, guidelines, epidemic, or PLWH service needs. Since no major changes have occurred, the PC/PB has decided that this will be an update year. The PSRA Committee is responsible for reviewing priorities for the past two years and recommending refinements based on needs assessment, client utilization, epidemiologic, and HIV care continuum data. Review the PC/PB’s PSRA principles and its update process as described in the Handout. The group is to use consensus when possible in revising the priorities, and to vote on changes if consensus cannot be reached. They are expected to document the data-based reasons for all changes in priorities and present them to the full PC/PB.

6. Tell the groups they have about 50 minutes to do the update. After 45 minutes, ask the groups to begin wrapping up their discussion and have the recorder summarize their work on easel pad paper. Add up to 10 more minutes for them to complete their work.
7. While the small groups are working, take a few minutes to recreate the Service Priorities List on easel pad paper, making it large enough to be visible to all as groups report out. Include a blank column for each small group’s updated priorities. Hang this large-size Service Priorities List on the wall.
8. Now ask the reporter from one group to present its updated priorities and the rationale for each change. Record the group’s priorities on the large-size Service Priorities List on the wall. Then ask another group to present its priorities. Record them in another column on the Service Priorities List—or if they say their priorities are very similar, ask the reporter to focus on the priorities that are different from those of the first group. Continue until all groups have reported.
9. Now ask the full group to discuss their process, the challenges they encountered, and how they addressed them. Ask how many were able to reach consensus, and how many decided to vote instead.
10. Ask the group what they learned from the activity about priority setting and about working as a group—and how this experience may affect their work in the PC/PB.
11. Summarize key points or lessons from the activity, including sound practices for priority setting.



# Activity 5.2: Updating Service Priorities

## HANDOUT FOR PARTICIPANTS

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### Instructions

1. Work in your small group, choosing a **facilitator** to coordinate discussion, a **recorder** to take notes and then summarize the work on easel pad paper for sharing, and a **reporter** to present your group's work to the full group.
2. First review the data provided in the Data Matrix and the Allocations and Expenditures Spreadsheet.
3. Next read through the **Midsize Metro PC/PB Priority Setting Principles** and **Midsize Metro PC/PB Priority Setting Process** shown below.
4. Using the data and following the Principles and Process review and update the service priorities on the Service Priorities List, i.e. decide for the coming program year, which service category is 1st priority, which is 2nd priority and so on. For some services, the priority ranking may stay the same.
5. List the revised (updated) priorities on the **Service Priorities List and Worksheet** (in the Next Year's Priorities column) and note the data that caused you to recommend each change.
6. You have about 50 minutes to update your priorities.
7. Have your reporter ready to present your decisions and the reasons for them to the full group (the PC/PB).

## Midsized Metro PC/PB Priority Setting Principles

Decisions made by the PC/PB in the priority setting process of the Midsized Metro Part A Program must:

1. Contribute to parity in access to care for all PLWH regardless of where they live in the four counties in the Midsized Metro RWHAP Part A service area.
2. Consider the needs of specific target populations, including disproportionately affected and traditionally underserved groups. Currently these include African American men, transgender PLWH, young MSM of color, and foreign-born PLWH, as well as injection drug users and recently incarcerated PLWH.
3. Help to reduce the current 27% unmet need rate, enabling or assisting PLWH who know their status but are not in care to re-enter and remain engaged in care.
4. Contribute to an improvement in HIV care continuum performance for all RWHAP clients as well as for target populations.
5. Be data-based, with greater weight given to data that have larger samples and are more representative, such as large-scale surveys, epi data, HIV care continuation data, and service utilization and client characteristics data. Decisions will consider individual experiences or anecdotal experience only when no other data are available.
6. Be made based on the need for such services among PLWH, without considering funding sources to support these services; funding is considered later, during resource allocation.

### In addition:

- Conflict of interest (COI) will be managed using Midsized Metro PC/PB's COI policy and procedures. RWHAP Part A subrecipients and providers seeking Part A funds cannot vote on any decisions related to the service categories for which they have or are seeking funds, or on any slate of categories unless they have no conflict on a majority of the service categories included. They may not initiate discussion of the service categories for which they have a conflict of interest, but they may answer a specific appropriate question from another PC/PB member during PSRA if the recipient is unable to answer that question.
- Providers and consumers and other community members will have the opportunity to provide input during public hearings held prior to PSRA, but **no new data** may be introduced during PSRA decision making, since there is no opportunity to fact check or supplement that information.

## **Midsize Metro PC/PB Process for Updating Priorities**

Midsize Metro Part A PC/PB will carry out a full priority-setting process at least once every three years or whenever changes in the epidemic or service needs, changes in legislation or HRSA/HAB guidance, or other substantial changes in the service environment require a full review of priorities. The PSRA Committee will recommend the appropriate approach for Executive Committee and full PC/PB approval each spring. In years when the PC/PB determines that a review and updating of service priorities is sufficient, the following process will be implemented.

1. The PSRA Committee will be responsible for developing and recommending to the full PC/PB an updated set of service priorities.
2. The Committee will prioritize all allowable service categories (currently 13 core medical-related and 15 support services) unless it believes that PLWH in Midsize Metro have no need for a specific service.
3. The Committee will begin by reviewing current data gathered for the PSRA process, e.g., needs assessment, epi profile, HIV care continuum, service utilization and client characteristics, and allocations and expenditures.
4. Based on those data, the Committee will identify any service priorities that should be moved higher or lower.
5. Using the EMA/TGA's stated principles and process, the Committee will try to reach consensus on needed changes. Only if it cannot reach consensus, it may vote on these changes by service category or in groups of service categories.
6. The recommended revisions will be presented to the Executive Committee and full PC/PB, with data-based reasons for all changes, for their review and approval.