

# Virtual and Hybrid Priority Setting and Resource Allocation (PSRA)

**March 3, 2022**

Steven Young

David González and David Jordan, San Francisco EMA

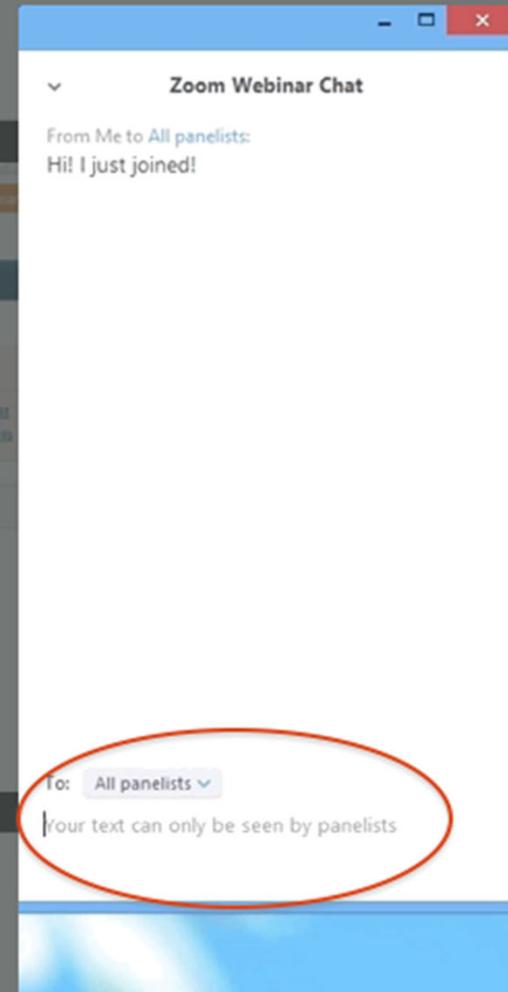
Rondoe and Undrea Russell, Detroit TGA

Michelle Dawson, Alexandra Bonnet, Planning CHATT



# How to Ask a Question

- Attendees are in **listen-only** mode.
- If you have a question, **use the chat box** at the lower-left of your screen to chat with the presenter.
- You may also **email questions** to [planningCHATT@jsi.com](mailto:planningCHATT@jsi.com) after the webinar.



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# Agenda



# Planning CHATT: A HRSA-supported Cooperative Agreement (U69HA39085)



**Lennwood Green**  
Project Officer  
Division of Metropolitan HIV/AIDS Programs  
HIV/AIDS Bureau, HRSA



## Webinar Presenters

- ❑ Steven Young
- ❑ Undrea Russell
- ❑ Rondoe
- ❑ David González
- ❑ David Jordan



## Objectives

By the end of this webinar you will be able to:

- Understand the purpose of the PSRA process
- Describe at least one model for conducting virtual or hybrid PSRA
- Recall at least one strategy for achieving PC/PB consensus in PSRA
- Consider ways to improve participant engagement in the PSRA process

# Overview of Priority Setting and Resource Allocation

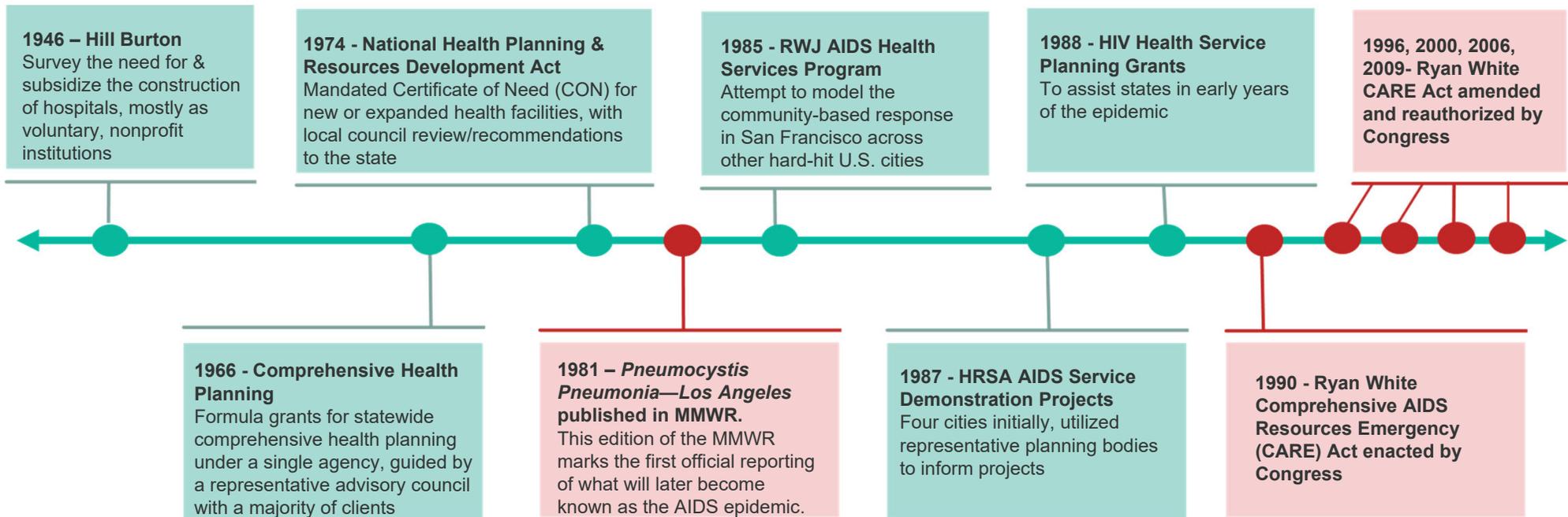
Steven Young



# RWHAP as Part of the Community Health Planning Movement

- ❑ The Ryan White HIV/AIDS Program (RWHAP) is **unique** among federal grant programs in terms of RWHAP Part A planning requirements and involvement.
- ❑ **Community health planning:** A movement to make coordinated health facilities (especially hospitals) widely available, and to foster their orderly and efficient development - to meet need without duplication

# Historical Context



# Priority Setting and Resource Allocation

## PSRA...

- ❑ Is a legislative requirement
- ❑ Is the most important task of any PC/PB, with decisions made based on objective information and data, and only by PC/PB members
- ❑ Must be based on objective information and data, and *not* anecdotal information or impassioned pleas

### Note:

- Planning Councils: decision-making
- Planning Body: advisory

See [Module 5 of the Training Guide](#)

# Priority Setting



**Priority Setting:** The process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all persons with HIV in the EMA/TGA.

All RWHAP services must be prioritized.

## Priority Setting

- ❑ Must address needs of *all* persons with HIV regardless of:
  - Who they are
  - Where they live in the EMA/TGA
  - Stage of disease
  - Whether they currently receive services
- ❑ Priorities should be set without regard to the availability of funds (RWHAP Part A or other funds)

## Directives

- ❑ Directives serve as guidance to the RWHAP Part A recipient on how to meet priorities
- ❑ Directives provide guidance to the recipient when procuring and contracting HIV services
- ❑ Directives often provide guidance on populations served, the geographic location of service providers, or the types of service models/strategies used by providers. This guidance involves instructions for the recipient to follow in procuring RWHAP HIV core medical and support services.



## Resource Allocation

**Resource Allocation:** the process of determining how much RWHAP Part A program funding will be allocated to each service category

- ❑ PC instructs (PB advises) the recipient on how to distribute the funds in contracting for service categories
- ❑ Some lower-ranked service categories may receive larger allocations than higher-ranked service categories due to cost per client/unit of service and/or services available via other funding streams

# Approaching Resource Allocation

- ❑ Sound practice is to use three funding scenarios in order to justify allocations easily once funding is received, usually:
  - Flat (level) funding
  - Increase of five percent or more
  - Decrease of five percent or more
- ❑ **A separate allocation process is needed for RWHAP Part A and Part A Minority HIV/AIDS Fund (MHAF) funds**
- ❑ Allocations should consider costs per client – which means doing allocations in dollars, not just percent of funds

# Reallocation

- ❑ **Reallocation:** the process of moving program funds across service categories after the initial allocations are made.
- ❑ Reallocation may occur at any time during the program year:
  - ❑ when funds are underspent in one category and demand is greater in another
  - ❑ when circumstances change within the EMA/TGA

# Steps in the PSRA Process

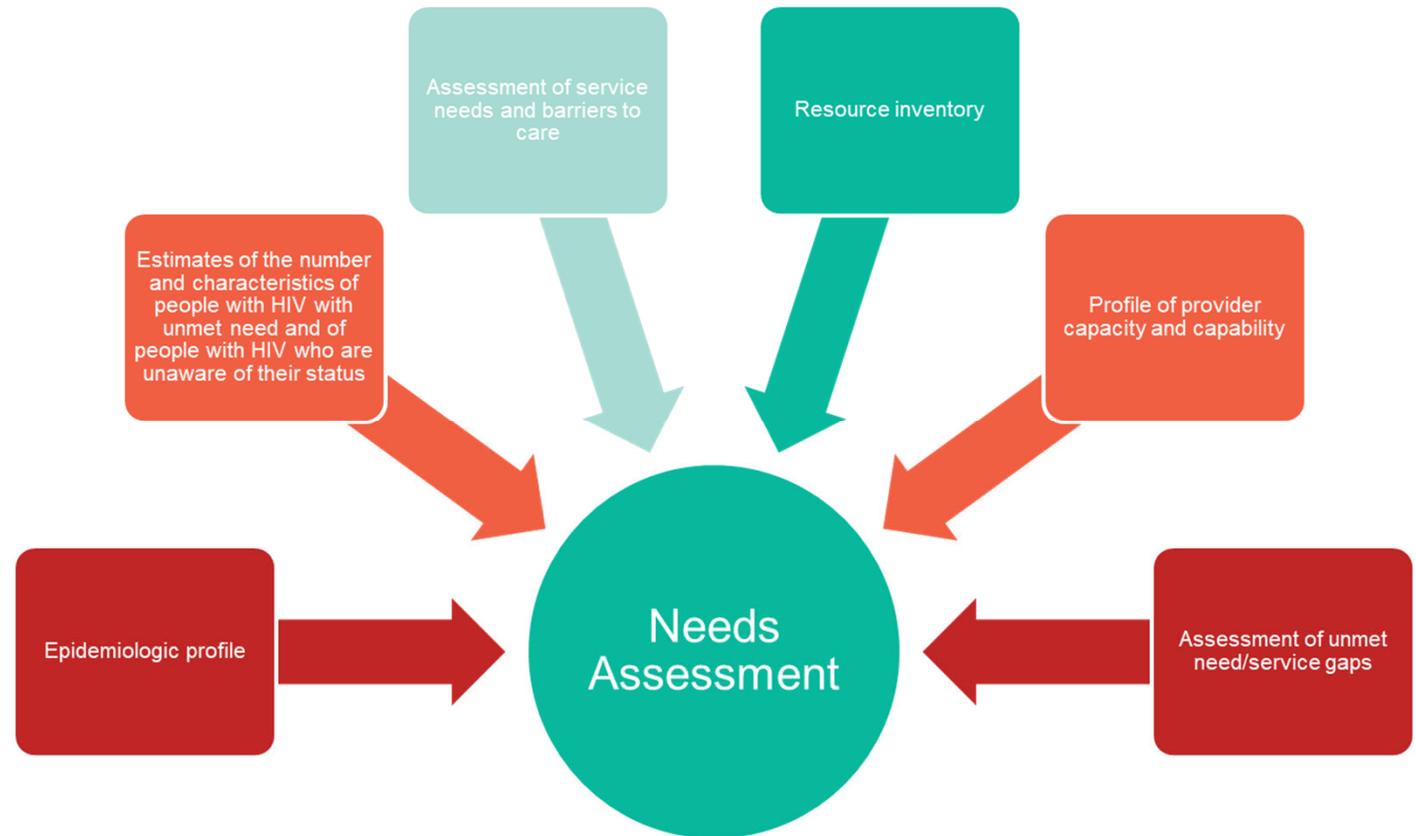


## PSRA Tips

- ❑ There is no one “right” way to set priorities and allocate resources.
- ❑ PSRA process must be documented in writing and used to guide deliberations and decision making. A grievance can be filed if the planning council deviates from its established process.
- ❑ Agree on the PSRA process, its desired outcomes, and responsibilities for carrying out the process.

# Needs Assessment

Joint effort of  
PC/PB and  
recipient (led  
by PC/PB)



## Steps in the PSRA Process (1-4)

1) Determine and obtain available information “inputs,” such as the HIV prevention and care integrated plan, needs assessment, client utilization data, and performance and outcomes data

2) Review core medical and support service categories, including HRSA service definitions

3) Agree on the principles, criteria, and decision-making process to be used in priority setting

4) Review data

## Steps in the PSRA Process (5-8)



5) Implement the process: set service priorities, including how best to meet them



6) Agree on principles, criteria, decision-making process, and methods to be used in allocating funds to prioritized service categories



7) Review data



8) Estimate needs and costs by service category



## Steps in the PSRA Process (9-12)



9) Allocate resources to service categories



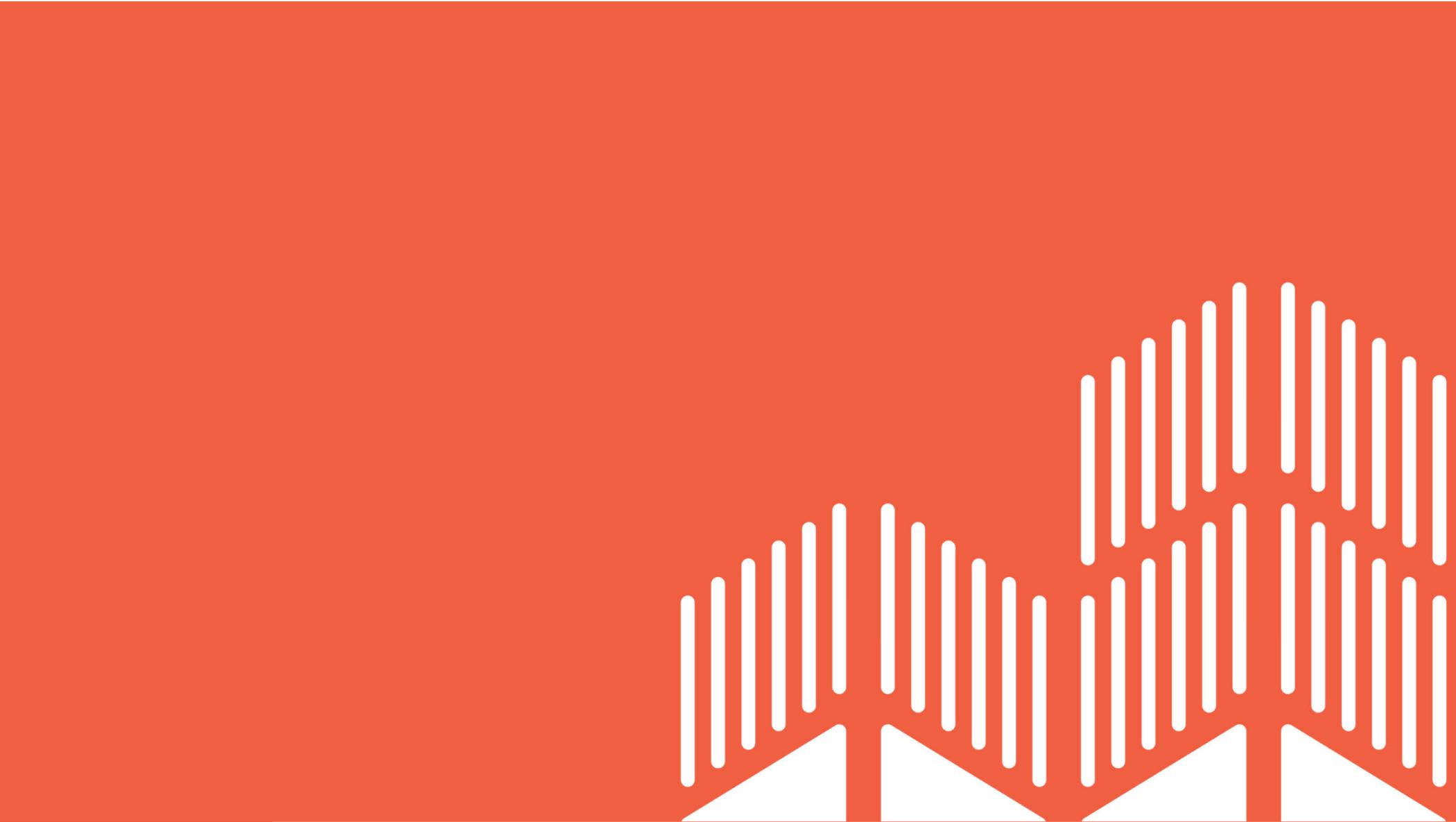
10) Provide directives to the RWHAP Part A recipient on how to best meet the priorities



11) Identify areas of uncertainty and needed improvement



12) Schedule a review of the process within a month after implementation and identify changes needed for next year



# San Francisco EMA

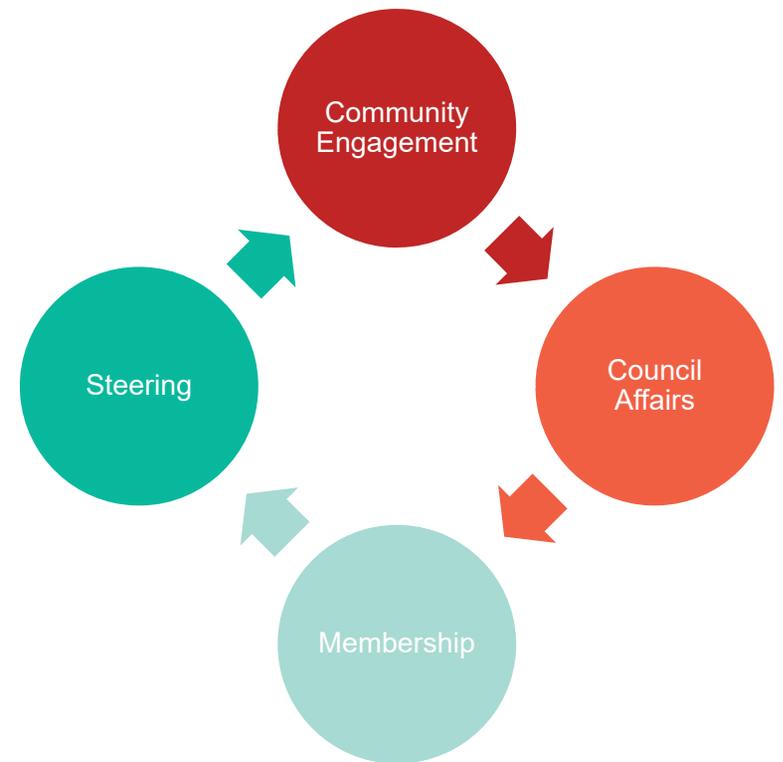


## Traditional PSRA Process: Data Review

- ❑ Goal is always to get as much consumer input as we can
- ❑ Three presentations are provided to the full council in advance of the PSRA process:
  - ❑ Needs Assessment (qualitative & demographic)
    - ❑ Community Outreach and Listening Sessions (COLAS) based on the results of the needs assessment
    - ❑ Population-specific presentations
  - ❑ Epidemiological Data
  - ❑ Utilization Data

# Traditional PSRA Process: Prioritization and Resource Allocation

- ❑ All the work of priority setting and resource allocation happens in committees and workgroups on a rolling basis
- ❑ At each committee, flat, increase, and decreased funding scenarios are developed in coordination with the Department of Public Health (DPH)
- ❑ Final discussions and voting occur with the full PC



## Shifting to Virtual Council Activities

- ❑ Accessed the one-time funding to get laptops for people who didn't have one.
  - ❑ Council staff met in-person to do Zoom skills-building
  - ❑ Peer navigators at the nonprofit at which the Planning Council Support staff (PCS) is housed supported people in using technology.
- ❑ Overall, the work of the PC has shifted to the committees, conducted via Zoom

# Virtual PSRA

- ❑ PSRA is still conducted as it has been in the past, but in virtual space
  - ❑ Motions “roll” through the committees and workgroups
  - ❑ Committee members do a prioritization ranking, which is aggregated and then voted on at summit
  - ❑ In each committee, work with the DPH to create flat, increase, and decreased funding scenarios
  - ❑ We have seen a decline in general public attendance at committee meetings and Summit. This is a new challenge; we never had to work to have engagement before.
- ❑ Summit: Last minute opportunity for discussion and approval

## Lessons Learned

- ❑ The community's views on the importance of policy planning has changed; it has been hard to engage members of the public with lived experience, resulting in fewer people involved and fewer focus groups
- ❑ “Quarantine exhaustion” is challenging to engagement
  - ❑ People attend scheduled meetings, but leave immediately after they end
  - ❑ Looking for a hybrid model to keep some of the convenience of virtual meetings with the sense of community in in-person meetings
- ❑ The PC has been working to ensure that members sit on other community planning groups to ensure that people with HIV have access to all appropriate care services

# Southeastern Michigan HIV/AIDS Council

“It’s kind of fun!”



# Traditional PSRA Process – A Two-Day Process

## Day 1: Priority Setting

- ❑ Introduction to PSRA: The process, structure and funding stream, and an overview of the roles and responsibilities of the Recipient and the Planning Council
- ❑ Data review: Epidemiological data, service utilization data, and needs assessment data
- ❑ Priority setting exercise:
  - ❑ Members prioritize service categories in groups of 3-4 people
  - ❑ Staff enter the priorities of each group into an Excel sheet and then average the priorities; the group votes on any ties
- ❑ The full group votes on the final priorities

# Traditional PSRA Process – A Two-Day Process

## Day 2: Resource Allocation

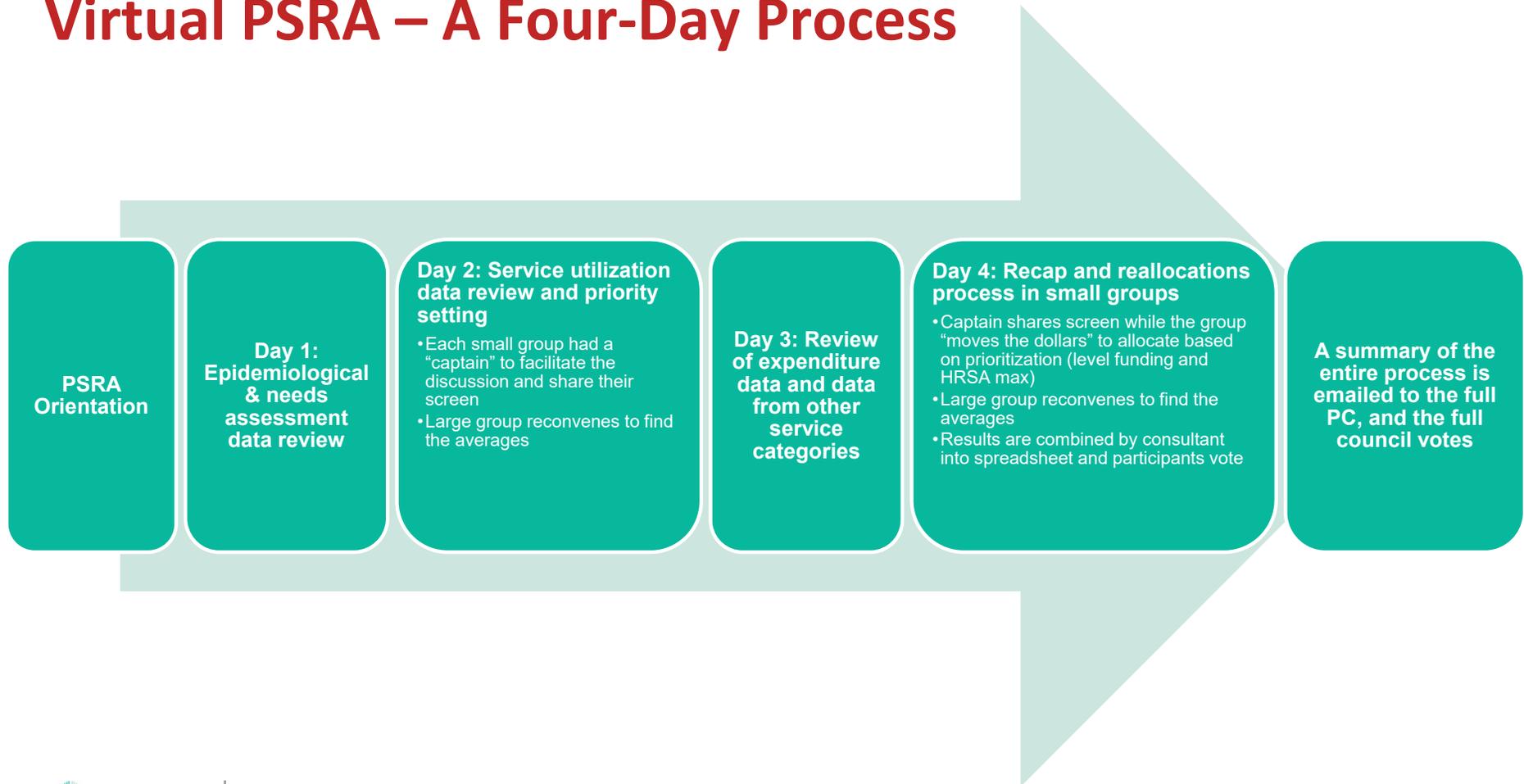
### Data Review

- ❑ Expenditure data per funding stream from the previous four years
- ❑ Provider feedback data from the previous four years
- ❑ Projected changes to other funding streams (HOPWA, Part B, etc.) to determine if PC needs to step in as the payor of last resort

### Resource Allocation

- ❑ Small group activity where play dollars are allocated amongst service categories for: level funding and HRSA max funding
- ❑ Staff enter the priorities of each group into an Excel sheet and then average the priorities
- ❑ The full group votes on the final priorities
- ❑ The PC agrees that if there is a decrease, funding for each service category will decrease by the same percentage

# Virtual PSRA – A Four-Day Process



## Lesson Learned: Support people to prepare in advance of PSRA

- ❑ Hold orientation sessions prior to PSRA to explain the roles and responsibilities of RWHAP Part A entities and the PSRA process
- ❑ Send binders of data in advance of PSRA to enable people to review in their own time and prepare for meaningful interactions.

# General Tips for Remote Meetings



## Before the Meeting

- ❑ Be aware of the open meeting laws and policies currently in effect in your jurisdiction
- ❑ Prepare for using the technology
- ❑ Help every PC/PB member be able to connect
- ❑ Set an agenda adapted for a remote meeting
- ❑ Prepare presenters
- ❑ Send meeting materials and agendas to participants
- ❑ Identify potential challenges in bylaws, policies, and procedures
- ❑ Consider relaxing normal procedures to fit a remote meeting
- ❑ Beginning the meeting
- ❑ Offer a pre-meeting get-acquainted and catch-up time
- ❑ Review meeting logistics
- ❑ Take roll call
- ❑ Ask for conflict of interest declarations
- ❑ Review ground rules or Code of Conduct

## During the Meeting

- ❑ Follow your clear, limited, focused agenda
- ❑ Manage voting
- ❑ Keep all members engaged

## After the Meeting

- ❑ Have a staff and officers debrief
- ❑ Check audio/video recording of meeting and decide whether it should be posted or just used to develop minutes

# Questions and Answers



## Resources

- ❑ [Ryan White HIV/AIDS Program Part A Planning Council Primer](#)
- ❑ [2018 PSRA Webinar](#)
- ❑ [Training Guide: A Member's First Planning Cycle – Module 5. Priority Setting and Resource Allocation](#)

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# Planning Community HIV/AIDS Technical Assistance and Training



The Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) builds the capacity of Ryan White HIV/AIDS Program Part A planning councils and planning bodies (PC/PB) across the U.S. to fulfill their legislative responsibilities, strengthen consumer engagement, and

[Planning CHATT Home](#)

[List of Planning Councils](#)

# Thank You

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