HIV Services Advisory Council – Ad Hoc Prioritization Committee

Model and Priorities for HIV Services

- *Prioritization Model and Shared Values/Guiding Principles – adopted by HIV Services Advisory Council on January 24, 2012.*
- *Priorities – adopted by HIV Services Advisory Council on February 28, 2012. Priorities revised and adopted by HIV Services Advisory Council on April 24, 2012.*

Overview of Process

The Ad Hoc Prioritization Committee of the New Mexico HIV Services Advisory Council met three times to develop a prioritization model and apply this model to Ryan White service categories.

Members of the committee were: Jeff Thomas, Randall Lucero, Martin Walker, Travis Leyva and Sashua Patton. Staff support was provided by Andrew Gans and Dan Burke. Meetings were held via conference call on December 6 and 20, 2011 and January 5, 2012.

The committee first considered what type of prioritization model to adopt. These potential options vary in how complex they are and how long they'd take to apply in New Mexico.

- **Tiered model** (each service category falls into one of 2-3 priority groups)
- **Ranked list** (each service category is ranked into a single numbered list based on priority)
- **Weighted list** (each service category has an unmet needs estimate, which is then weighted based on its priority)

The committee decided to use a **Tiered Model with either 2 or 3 priority groups**. This model was considered the easiest and quickest to complete. Given that New Mexico is not facing immediate challenges in re-prioritizing services based on a significant increase or decrease in dollars, it was decided that a simple model will provide enough guidance for funding decisions in the immediate future.

To decide on how many tiers there should be and how they should be defined, the committee decided to first develop a list of Shared Values/Guiding Principles that directed the development of this model.

Shared Values/Guiding Principles

1. Maintain and enhance positive health outcomes as the most important priority. This includes efforts to promote consistent engagement in care and treatment adherence.
2. Support stable housing which allows access to medical care, as persons without the necessities of life are less likely to engage consistently in care and be adherent to treatment.
3. Ensure access to care regardless of whether clients live in urban, rural or frontier areas, either by sustaining systems of care, locating new services in these areas, or offering transportation assistance.
4. Provide services in the most cost effective manner that is feasible, such as purchasing health insurance or using innovative strategies such as telehealth to enhance care.
5. Enhance services by soliciting consumer involvement both in planning and delivery.
6. Reduce health disparities for persons living with HIV/AIDS (PLWH/A) by ensuring that providers are expert in HIV care and culturally competent in working with impacted populations including ethnic/racial minority groups, gay/bisexual men and other men who have sex with men (MSM) and injection drug users (IDU).
7. Reduce unmet need for HIV care by helping people learn their HIV status, engage in HIV care and maintain consistent engagement in care.
8. Ensure that persons with HIV and their partners have access to risk reduction and other HIV prevention services, as well as routine screening for hepatitis and sexually transmitted diseases (STD). Coordinate these activities with community-wide infectious disease prevention and intervention efforts through collaboration and appropriate referrals.

Based on these Shared Values/Guiding Principles, a **Tiered Model with Three Ranked Categories** was proposed.

1. **Care Services** – Direct provision of essential health care to maintain or improve HIV-related health outcomes.
2. **Access to Care Services** – Services that improve access to and retention in care.
3. **Support Services** – Services that enhance quality of life.

The committee reviewed the list of **Ryan White Program Services Definitions**, which is the full array of activities that is allowable under Ryan White according to the federal Health Resources and Services Administration (HRSA). The first discussion was whether each service category was currently funded in New Mexico, whether we should eliminate anything we are funding, and whether we should add any categories that were not funded in the past.

- No service categories that are currently being funded were proposed to be eliminated.
- The following service categories that have not been funded in the past were added as new activities that can be funded in the future, pending availability of resources and requests from HIV Service Provider (HSP) agencies:
  - Core service H: **Home and community-based health services**
    (this overlaps with the currently-funded Core service G: Home Health Care)
  - Support service S: **Health education/risk reduction**
  - Support service X: **Outreach services**
    (to include Linkage to Care activities)
  - Support service AE: **Treatment adherence counseling**

The final prioritization step was to apply the Tiered Model to the service categories that were fundable in New Mexico. The prioritization and ranking is shown in the following table.

Priority Tier	Service Categories
Care Services – Direct provision of essential health care to maintain or improve HIV-related health outcomes.	• A: Outpatient/ambulatory medical care • B: AIDS Drug Assistance Programs (ADAP) • D: Oral health care • F: Health insurance premium and cost sharing assistance • J: Mental health services • K: Medical nutrition therapy • M: Substance abuse services, outpatient • AE: Treatment adherence counseling
Access to Care Services – Services that improve access to and retention in care.	• E: Early intervention services (EIS) • G: Home health care • H: Home and community-based health services • L: Medical case management services (including treatment adherence) • N: Case management (non-medical) • T: Housing services • W: Medical transportation services • X: Outreach services (including linkage to care)
Support Services – Services that enhance quality of life.	• Q: Emergency financial assistance • R: Food bank/home-delivered meals • S: Health education/risk reduction • U: Legal services • Z: Psychosocial support services