COMMUNITIES ADVOCATING EMERGENCY AIDS RELIEF

CAEAR COALITION

CAEAR Coalition Comments

Special Study — Emerging Issues Related to the ACA Implementation: The Future of Ryan White HIV/AIDS Services: A Snapshot of Outpatient Ambulatory Medical Care

Comments on the necessity and utility of the proposed information collection for the proper performance of the agency's function.

1. The process for determining the "Essential Package of Services" needs to be grounded in data from RSR reports, Grantee Application review, site visit interviews (including client input) and Health Insurance benchmark plans. The evaluation process should remain open to the possibility that the data may support that the RW service portfolio may be a model for establishing service across the continuum of care in the ACA.

Comments on the accuracy of the estimated burden.

1. The plan refers to early implementation of ACA from Jan-June 2014 and late implementation from July-Dec 2014. Is this sufficient time for there to be significant differences between these two time frames?

Comments on ways to enhance quality, quantity, and clarity of the information to be collected.

1. Consumer input, which is gathered and documented by Planning Councils as part of the annual priority and resource allocation process, **is not included** as a data source in the evaluation design. These data would provide a consumer perspective on services consumers find essential to engagement and retention in care.
2. The evaluation design's focus on how Ryan White services are being implemented by various providers and how well providers are positioned to improve clinical outcomes at both early and later stages of ACA implementation is of central importance to the success of the evaluation process. It is also reassuring to see that the design will assess the full scope of Ryan White funded services. Having insurance, by itself, will not guarantee access to and continued engagement in primary care services. One of the strengths of Ryan White funded services is the range of care that includes services aimed at removing psychosocial barriers to engagement and maintenance in primary medical care. For people living with HIV/AIDS, these barriers are further complicated due to HIV stigma, poverty, and behavioral health concerns.
3. Ryan White services have been designed to address regional differences. The evaluation design seems to be addressing this by including site visits that are targeted to different models of care. It might be helpful to include meetings with Ryan White Planning Councils as part of these site visits.

4. Assumptions regarding particular model(s) could have the unwanted result of skewing the results of the evaluation process. It would be best for the evaluators to check their own bias and assumptions regarding effective models of service provision. All currently funded RW models of care need to be reviewed to assess impact and measurable outcomes achieved and documented in RSR Client Data and the Grantee's Application. A focus on measurable outcomes needs to be maintained throughout the evaluation process.
5. There is no information in the plan on the staffing for the evaluation team. It would be helpful to have a team that includes consumers, providers and HRSA staff. Particular attention should be paid to be sure the team includes expertise in relevant disciplines (e.g. public health policy) and the continuum of care that is a defining trait of the Ryan White program model (e.g. social work, nursing, physician, etc.)
6. There are services being provided to people living with HIV/AIDS that are currently **not** funded by RWCA and have a significant impact on the success of RWCA outcomes and the National HIV/AIDS Strategy. The evaluation process needs to identify a mechanism for collecting data on these services as they are proven tools in fighting the epidemic.
7. The evaluation process should explore the advantages and disadvantages between service providers offering most if not all funded services versus a variety of different providers offering specific individual services. How do community based organizations differ from HIV services embedded into larger systems of care? What is the impact on accountability, transparency, advocacy and client satisfaction in each model? What, if any, is the effect on client retention in care and health outcomes?

Comments on the use of automated collection techniques or other forms of information technology to minimize the information collection burden. No comments.

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The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is a national membership organization which advocates for federal policy, legislation, regulations, and appropriations to meet the care, treatment, support and prevention needs of people living with HIV/AIDS and the organizations that serve them, focusing on health care reform and the evolving role of the Ryan White Program. CAEAR Coalition's proactive national leadership is focused on the Ryan White Program as a central part of the nation's response to HIV/AIDS. CAEAR Coalition's members include Ryan White Program Part A, Part B, and Part C consumers, grantees, and providers as well as the Part F AIDS Education and Training Centers.