NFPRHA Winter Seasonal Meeting

Allocation of Resources

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December 8-10, 2019
Dallas, TX
Select the statements below that apply to you or your organization—choose as many as apply.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I inherited my allocation method</td>
<td>33%</td>
</tr>
<tr>
<td>I do not completely understand the allocation method</td>
<td>33%</td>
</tr>
<tr>
<td>I think our allocation method is correct</td>
<td>0%</td>
</tr>
<tr>
<td>I am not sure if our allocation method is correct</td>
<td>0%</td>
</tr>
<tr>
<td>We have redesigned or added to our allocation method</td>
<td>0%</td>
</tr>
<tr>
<td>I would like to change our allocation method</td>
<td>33%</td>
</tr>
<tr>
<td>I am afraid to change our allocation method</td>
<td>0%</td>
</tr>
<tr>
<td>N/A</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: https://api.cvent.com/polling/v1/api/polls/sp-7ek3x7
W HFPT Allocations

Bernadette Mason
Director of Service Delivery Improvement

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Principles and Priorities

• Fair and equitable
• Transparent
• Easy to understand
• Doable and achievable
• Measurable
• Stable
• Consistent with Title X and WHFPT priorities
• Reflective of the priorities sub-recipients establish
• Objective and data driven
• Workable for WHFPT’s diverse network
• Based on performance and quality
• Based on rewards not punishment
• Tested to measure the impact of the changes
Current Allocations
Methodology
<table>
<thead>
<tr>
<th>Priority</th>
<th>Measure</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Care</td>
<td>Broad Range of Contraception – Use of Highly/Moderately Effective Methods</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Core Family Planning Services – Chlamydia Test</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>Core Family Planning Services – HIV Test</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>Reproductive Life Plan (credit provided 2017-present)</td>
<td>15%</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Timeliness</td>
<td>9.61%</td>
</tr>
<tr>
<td></td>
<td>Walk-In Services – Pregnancy Test (eliminated 2017)</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Walk-in Services – EC</td>
<td>5.26%</td>
</tr>
<tr>
<td></td>
<td>Barriers – Documentation</td>
<td>5.26%</td>
</tr>
<tr>
<td></td>
<td>Barriers – Financial</td>
<td>5.26%</td>
</tr>
<tr>
<td></td>
<td>Confidentiality</td>
<td>9.61%</td>
</tr>
<tr>
<td>Vulnerable Populations</td>
<td>Teen Population</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Low-Income Population</td>
<td>10%</td>
</tr>
</tbody>
</table>
Current Allocations Methodology

- WHFPT’s allocations methodology has remained virtually unchanged since 2016 when 3 priorities and 12 measures were adopted.
- Data quality continues to present issues, including for 2 measures that resulted in adjustments to the methodology.
- Available funding and sub-recipient performance continue to present challenges:
  - To eliminate the need for across the board cuts, sub-recipients have been level-funded.
  - Stability factor further amended to include decreases no greater than 20% for any agency.
Methods for Improving WHFPT’s Allocations Methodology
Key Considerations

• Relative stability of Title X funding presents an opportunity for WHFPT’s Provider Committee and Board of Trustees to consider improvements to WHFPT’s Allocations Methodology that can be implemented in years 2 and 3 of the current project period

• A review of WHFPT’s allocations methodology as implemented identified concerns that the following principles and priorities established by the Allocations Workgroup are not currently being met:
  • Fair and equitable
  • Doable and achievable
  • Workable for WHFPT’s diverse network
  • Based on performance and quality
  • Based on rewards not punishment

• Any proposed changes must consider data validity as well as infrastructure and resources
Areas for Improvement

• Sub-recipients have identified the following:
  • Secret shopper calls (the source of data for Access to Care measures) are helpful for
determining training and technical assistance needs, but should be removed from the
allocations methodology
  • Clinical encounters and outreach encounters should not be funded at the same rate in
the allocations methodology
  • Revenue should be accounted for in the allocations methodology

• Additionally, WHFPT staff believe that the diversity of the network should
be accounted for in the allocations methodology, which could mean
variations by provider type and/or sub-recipient
Principles for Revenue Factor

- Incorporate into the existing allocations methodology: minimal changes will be made to our existing allocations formula.
- Individualize for each agency: must take into account unique patient/payer mix of each agency, as well as the availability at each agency of other stable, specific family planning funding streams.
- Define revenue as program income (funds obtained from public and private insurance and patient fees).
- Must take into account the amount of funds collected from insured patients (public and private) and patients who pay fees.
- Should not be a standard or benchmark that agencies get reward for meeting.
- Should encourage providers to increase revenue.
- Long term goal: allow Title X to fill the funding gap by allocating resources to agencies who need it the most while still investing in those who are able to generate revenue outside of Title X.
Questions
Thank you!

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QUESTIONS?