

Summary of Institute of Medicine Study:
*Measuring What Matters: Allocation, Planning and
Quality Assessment for the Ryan White CARE Act*

The Institute of Medicine (IOM) issued a report released Friday, November 7, 2003 in preparation for reauthorization of the Ryan White CARE Act (RWCA). The study evaluated three issues: the feasibility of using HIV case data in the Ryan White allocation formulas, data and tools that could be used to make an assessment on EMAs severity of need, and to identify health outcomes and other data that can measure quality of and access to RWCA funded services.

The IOM study reached several conclusions:

- HIV reporting was not yet developed and consistent enough across states to incorporate into the formulas for Titles I or II.
- Southeastern states receive the smallest allocations per estimated living AIDS case.
- Current formula overestimates the number of cases that qualify for RWCA services, as other forms of insurance are available for many PWLHAs.
- Current formula does not take into account variations in costs of care or fiscal capacity across EMAs and states.

The IOM study made several recommendations:

- HRSA should continue to use estimated living AIDS cases in formula. Concerted effort should be made to improve consistency of HIV case reporting.
- CDC should accept HIV cases from all states, be they code-based or name-based. Currently, CDC seems only interested in using names based reporting, but many states only have code-based reporting systems.
- CDC should obtain estimates of total HIV prevalence (including undiagnosed) and develop methods other than case reporting for using in RWCA formula allocations.
- HHS should initiate several studies before future reauthorizations on RWCA formula allocation issues, relative burden of disease, and other related issues.
- Congress should reevaluate RWCA formulas to determine whether funds are allocated based on PWLHAs who are uninsured in EMAs & states
- HRSA should modify Title I supplemental application to amend severity of need section to be based more on quantitative data and much shorter narrative.
- Other measures should be included in Title I award allocation that measures variations in costs of care and fiscal capacity across EMAs
- HRSA should evaluate feasibility of using social indicator models in allocating funds
- HHS should study specific needs and circumstances of PLWHAs, which could be used to estimate resource needs and quality assessment activities.
- HRSA should adopt quality of care measures for States and EMAs
- HHS should provide resources to HRSA & CDC to develop infrastructure for monitoring quality at patient, clinic and population levels, including: enhanced

support for MIS, developing population based measures, and Congress should enhance flexibility in administrative caps at grantee level

- HHS should convene a working group to consider strategies for promoting greater collaboration between public health departments and private sector providers.