Impacts of 2013 Sequestration:
Results of the AIDS Alliance for Women, Infants, Children, Youth & Families Survey of Ryan White Part D Grantees

Dr. Ivy Turnbull, Deputy Executive Director
United States Conference on AIDS (USCA) | New Orleans, Louisiana
September 8, 2013
Sequestration

- Automatic across the board budget cuts that went into effect on March 1, 2013.
- Designed to be so severe that Congress would have to find a more balanced solution to address the budget.
- Sequestration is not a onetime cut in services.
- Under Sequestration
  - $109.3 billion will continue to be cut from the budget each year for the next nine years if Congress does not find an alternate solution.
Sequestration

• Since the cuts went into place
  – they have been depicted by some as devastating
  – others as having no negative consequences.
• There has been little reporting from agencies and organizations on how sequestration is:
  – Impacting the vulnerable communities they serve and;
  – what the costs are of such thoughtless spending cuts.
Ryan White Part D

- The AIDS Alliance for Women, Infants, Children, Youth, & Families wanted to know the impact of sequestration on Ryan White Part D grantees.

- Part D grantees are funded by the Health Resources Services Administration, HIV/AIDS Bureau (HRSA/HAB) to
  - provide family-centered primary medical care to women, infants, children, and youth living with HIV/AIDS and;
  - improve access to primary HIV medical care through the provision of coordinated, comprehensive, culturally and linguistically competent services.
Methodology

• Created and distributed an online survey which collected qualitative and quantitative data.
  – using survey monkey distributed the survey to all 114 Part D grantee directors.
• The survey asked these grantees about their
  – patient population
  – the services provided
  – the impact of sequestration cuts on their clinics and on the level of care and services received by their patients.
Methodology - continued

• The survey consisted of 20 multiple choice and comment questions.

• Four questions (Q#14; Q#15; Q#16; and Q#17) focused on sequestration.

• The survey was available to all Part D grantees from July 17, 2013, through August 8, 2013.

• To maximize the response rate, three e-mail reminders were sent out to grantee directors.
Survey Results

- Fifty-nine of the 114 Part D grantees (51.8%) responded to the survey.
- Some respondents did not answer all of the questions on the survey.
- Among the 59 respondents, 71% or more responded to each question.
Geographical Distribution of Part D Grantees and Part D Survey Respondents

Source: HRSA. Active Grants for HRSA Program(s): Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare (H12).
Survey Results

• The results paint a picture of how sequestration is and will continue to impact Part D grantees in various regions across the country.

• Provides insight into the concerns of Part D directors regarding the effects of sequestration on their comprehensive coordinated systems of care.

• Clearly show that the cuts from sequestration will result in a significant disruption in patient services.

*Note: Survey results are not representative of all Part D grantees.
Multiple Sources of Funding

- Part D grantee respondents will face cuts from more than one source of funding under sequestration.
  - Nearly $\frac{2}{3}$ of respondents reported receiving Part C funding;
  - Over $\frac{1}{2}$ respondents reported receiving Part B funding;
  - One in ten respondents reported receiving Part D only
Ripple Effect of Sequestration

- Sequestration will also impact Part D grantee subcontractors.
- One in three respondents reported that they use at least one subcontractor and many stated their subs will likely have to be reduced or cut altogether.
- Cuts in specialty care referrals

Use of Subcontractors

- Use Subcontractors: 34%
- Do not use Subcontractors: 66% (59 Responses)
Q#14: How will your Part D program address the sequestration reduction to your based award? (Please check all that apply)

- Decrease the number of clinical care providers
- Decrease the number of case management staff
- Decrease the number of administrative staff
- Reduce the number of hours of clinic operations
- Decrease the number of HIV-positive pregnant women receiving services
- Limit the number of outreach activities conducted to identify newly diagnosed HIV-positive women and youth
- Reduce the number of consumer advisory board meetings conducted
- Modifying how primary care and supportive services are provided
- Eliminate activities associated with staff development and training
- Limit the number of quality improvement/assurance activities conducted
- All of the above
- None of the above
- Other (please specify)
Program Impact of Sequestration

- 28.9% of the grantees are planning on eliminating staff development and training activities.
Program Impact of Sequestration

- 20.0% will limit outreach services to HIV+ women and youth.
- 17.8% would modify primary care and supportive services.
- 17.8% would decrease administrative staff.
- 15.6% limit quality improvement/assurance activities.
- 13.3% are planning to decrease case management staff.
Q#15: In what way will client services be impacted by the sequestration reduction of your Part D program? (Please check all that apply)

• Longer scheduling time between appointments
• Longer “wait-time” during clinic hours
• Limited after-hours coverage and specialty care referrals
• Reduced transportation services
• Total number of WICY clients served
• All of the above
• None of the above
• If none of the above please specify
Impact of Sequestration on Client Services

- **66.6%** of respondents said that sequestration would impact client services in at least one of the following ways:
  - Longer scheduling time between appointments.
Impact of Sequestration on Client Services

- Limit the number of women, infants, children, and youth served.
- Reduced transportation services.
- Limited after hours coverage and specialty care referrals.
- Longer “wait time” while at the clinic.

• 33.3% of respondents reported other ways sequestration would have an impact on client services
  - Reduction in medical case management
Impact of Sequestration on Client Services-

- Reduce support services such as child care and food.
- Limit number of family counseling sessions.
- Modify overall clinical services provided.
- Eliminate purchase of supplies such as HIV test kits.
- Reduction in linkage retention coordination which impacts retention in care.
Q#16: Are other resources, outside of Part D funds being used to close the gap caused by the sequestration reductions? – Yes or No. If yes, please specify

- Fifty-seven percent (57%) of the respondents have been able to offset sequestration cuts this year through external funding sources such as:
  - state and local funds,
  - other grants,
  - hospital offsets,
  - insurance revenue,
  - and 340B revenue.

- If sequestration is not addressed soon the consequences will be worse.
Q#17: Is there anything else that you would like to say about the impact of sequestration and other budget cuts on your Part D program?

Respondent #1:
“Currently, we have a number of staff who are not funded by the grant, or only receive nominal funding for the services they provide. This number may increase with sequestration, and at some point we will need to reassess the amount of services personnel are providing. Providing HIV care requires a comprehensive approach. Cuts to funding make it difficult to provide these complex services required to link and continue clients in care.”

Respondent #2:
“These types of cuts undermine our ability to successfully engage and retain vulnerable populations in care. In addition to the negative impact this has on the health of individual patients and their families, it places the larger community at increased risk for HIV infection.”
Q#17: Is there anything else that you would like to say about the impact of sequestration and other budget cuts on your Part D program?

Respondent #3

“We're, of course, very concerned with the cuts from sequestration; although, more concerned about the future of Ryan White. Since the Part D program is pretty much "the only game in town" for this population, we are worried about being able to sustain the program without salary support for medical and mental health clinicians and services like transportation.”

Respondent #4:

“Coming on the heels of last year's significant reduction (we received a 43% cut after the competitive award cycle) it is extremely difficult to have to assess a further reduction. Case management services have been the most impacted and are critically needed to help keep consumers in care and linked to needed services. There are no other funding mechanisms for these important services.”
Final Thoughts

• Sequestration affects all Parts of the Ryan White program.
• It has a particularly profound impact on Part D grantees, as these projects are designed to
  – address the HIV primary care needs of the most vulnerable populations of women, infants, children and youth living with HIV and AIDS.
• Reductions experienced by Part D grantees will hinder their ability to maintain their comprehensive family-centered systems of care.
Final Thoughts

• Cuts to programs like Ryan White Part D will:
  - only serve to harm already vulnerable groups
  - increase future health care costs.

• Sequestration cuts will threaten life-saving HIV/AIDS care and prevention services provided by Part D.

• Cuts will impede grantees’ ability to reduce the rate of new HIV infections, improve access to care, and address the impact of HIV/AIDS on these vulnerable populations.
What Can We Do?

• Start a “FIGHT BACK SEQUESTRATION” campaign in your community.
  – Write letters to local elected officials telling them how sequestration effects your program and client services
  – Use your social media outlets to inform others of the impacts of sequestration
  – Educate and include clients in your local campaign.
• Call on Congress to end sequestration and find a balanced approach to the budget deficit.
Thank You!

Questions?

Contact:
Dr. Ivy Turnbull, Deputy Executive Director
ITurnbull@theaidsinstitute.org
ITurnbull@aids-alliance.org

AIDS Alliance for Women, Infants, Children, Youth & Families is a division of The AIDS Institute