

NTCA FY2010 Funding Formula Workgroup
Conference call – May 14, 2008 (3-4pm ET)

Workgroup members present: Phil Griffin, Kashef Ijaz, Denise Ingman, Angelito Bravo, Barry Dickman, Pat Infield, Marie Dorsinville, Beverly Metchok,, Joe Scavotto, Andy Heetderks, Kathy Moser, Carol Pozsik

- Phil Griffin called the meeting to order and reviewed the “big city” discussion from the previous meeting (5/7/08). Meeting minutes from last weeks meeting will be sent out by early next week. Minutes will also be posted on the website (www.tbcontrollers.org). A “Dear Colleague Letter” notifying TB control programs that meeting minutes are available has been sent out.
- Beverly Metchok gave an update on the lab subcommittee. There are representatives from low, medium and high incidence states as well as those with low, medium and high testing volumes. Lab directors, supervisors and technical managers are all involved in the subcommittee. Phil Griffin will be the NTCA representative for the lab subcommittee. The first conference call will be next week. The lab subcommittee has been brainstorming about what kind of information to base their formula on. There are no standardized data collection tools for laboratories and previous requests for information have been difficult to understand. HPL is willing to work with labs to help them to put a system in place to collect necessary data. The goal is to have everyone collect data the same way so that data will be comparable between labs. At the 5th National Lab Conference for TB there will be a workshop with state laboratories that will look at how to collect data. The subcommittee must be proactive to work with laboratories, making sure to be clear on what and why data is being requested. The subcommittee will ask New York City and another big city to join the subcommittee. The lab subcommittee is encouraged to post meeting minutes on the NTCA website.
- Kashef Ijaz introduces background objectives, methods, expected outcomes and a timeline for big city direct funding allocation.
 - The objective is: To determine the future of direct TB cooperative funding for 10 “big cities”.
 - The methods are:
 - 1) To develop consensus on a cohort of big cities to review the pros and cons of the table on page 45 vs. table on page 46 and then decide which table to go with.
 - 2) To develop consensus of data elements for review of cohort of big cities. It has been suggested to look at:
 - Incident cases
 - MDR
 - TB/ HIV Co infection
 - 3) To calculate numbers based on elements agreed upon in method 2.
 - The expected outcome should be one of the following:
 - 1) The workgroup recommends the future direct TB cooperative agreements for 10 new big cities based on methods discussed previously.

- 2) The workgroup recommends that all future TB cooperative agreements go to the state. The state then develops a distribution formula in collaboration with city/ county partners and distributes money based on the formula.
- 3) The workgroup recommends status quo and continues funding of direct cooperative funding for existing 10 big cities.

Recommendations will then be presented to ACET, NTCA and DTBOD so that everyone is aware of the potential consequences of these recommendations and consensus is reached before implementation.

- The timeline is to complete this task no later than August of 2008.
- It is suggested that the workgroup review the current budget infrastructure to determine how other areas have made up for not having direct funding. The group could look at state funding but that would bring up the issue of matching funds. There could potentially be a shift of 2-3 cities (2-3 new cities and lose 2-3 cities that are currently directly funded). If a city loses funding, it needs to be decided if city would lose the funding all at once or gradually. If a city lost funding, then the state would then count the city's cases and receive additional state funds.
- The group will be looking at incident of cases in absolute terms. On the last call, it was decided that MSA's should not be included in consideration for direct allocation. Although MSA's are a better representation of numbers, some MSA's traverse state boundaries which poses a challenge. Big city division will be by city or county. A two tiered approach for city selection is proposed- 1) select cities and then 2) determine how best to account for funding. The workgroup will be looking at the top 15-20 cities, not just the top 10. The current 10 cities that are directly funded will also be included, so justification will be clear if a city loses funding. The highest incidence cities should correlate with the highest incidence counties.
- There are 3 proposed variables to include in the big city funding (incidence, MDR and TB/HIV). Kashef Ijaz has data for 3 years on these 3 variables (mean, median, mode, range, etc.). This data will not be examined until the group decides which, if any, other variables to include and how to weight each variable. Class B must be taken out because there is not good data to support it. Including cost factors is proposed but it is decided that a cost analysis is beyond the scope of this workgroup. Once variables have been chosen, Stuart McMullen (who created the original 2005 formula) could work on calculations. Several different methods to run data are proposed. The formula based on page 45 could be applied to the top 20 big cities and then the expanded formula could be applied to the top 20 cities to see if there is any change. Kashef Ijaz will summarize the big city funding decisions and send it out to the workgroup to make sure that everyone is in agreement
- The next workgroup meeting will be on 5/21 at 3-4 pm EST.