

NTCA FY2010 Funding Formula Workgroup
Conference call – May 21, 2008 (3-4pm ET)

Workgroup members present: Phil Griffin, Angelito Bravo, Barry Dickman, Pat Infield, Marie Dorsinville, Kathy Moser, Stuart McMullen, Margaret Oxtoby, Jim Cobb, Masa Narita, Angela Starks, Tom Maven, Greg Andrews, Phil Talboy

- Phil Griffin called the meeting to order. It was announced that the first lab sub-committee meeting will be next Wednesday. The agenda for the call was is to re-examine the state funding allocation formula and prioritize elements.
- The original elements that were previously included in the formula are:
 - Incident cases
 - US born minorities
 - Foreign born
 - Class A/ B1/ B2
 - HIV co-infection
 - MDR TB
 - Substance abuse
 - Homelessness
- The additional proposed elements are:
 - Incarcerated at diagnosis
 - Confirmed case not counted
 - Smear positive pulmonary cases
 - Co-morbidity with diabetes
 - Reactivated case
 - Immigration status
- Data on the following four proposed elements have not historically been collected, though they will be on the new RVCT:
 - Co-morbidity with diabetes
 - Confirmed case not counted
 - Immigration status
 - Reactivation
- It is expected that there will be approximately a two year period before data comes in on the new RVCT. There will be a delay before valid data from the new RVCT will be able to be used for the funding formula. The proposed elements that will be able to be used initially are:
 - Incarcerated at diagnosis
 - Smear positive pulmonary cases
- It was proposed that the four elements that are on the new RVCT be added after several years, which could serve as a motivator for jurisdictions to begin using the new RVCT. From a surveillance perspective, using elements from the new

RVCT could be a motivator, but it is unknown if data will be incomplete or inaccurate. It is unknown how long it will take before data is reported consistently. Once that point is reached, at least a year must be added before quality data will be collected. When the completeness report is examined for the current elements used in the formula, some of the worst reporting is coming in on formula elements. Using elements for reporting will not necessarily guarantee complete reporting, though it will effect funding.

- Clarification was requested on the element incident case not counted. This element shows the burden of work for a case. Both the jurisdiction reporting incident and the jurisdiction reporting incident case not counted would receive some credit for the case. There is no time frame for credit for burden of care; credit will be given if the case is in the jurisdiction for any amount of time.
- Dropping the element incarceration at diagnosis was discussed. In 2006, correctional facility cases accounted for 3.9% of US cases (505/12,956). However, the load of correctional cases varies between jurisdictions and can be quite resource intensive for ensuring completion of treatment and contact tracing. It was suggested that the national percentage of cases per element be examined. However, if element inclusion is based on percentage of cases alone, MDR would quickly fall off of the list. The group agreed that since MDR would be eliminated, this technique will not work.
- It was suggested that there be clarification about what the group is trying to get at with the formula and each element. Redundancy between elements should be avoided. Weight for each individual element will be less if there are too many elements, so it is critical to focus on elements that have the most impact.
- Clarification was requested on foreign born and US born minority. US born minority is a regional issue, while foreign born is more universal. The group questioned why a US born minority requires more resources. A US born minority has higher risk factors, less access to health care resources, etc. Lack of health insurance would be a clearer indicator of public health resources required, but that information is not collected. It needs to be examined if issues that make foreign born or US born minorities more difficult to treat are captured by other variables. It was suggested that foreign born include only those that have been in the US for five years. In the first five years issues of language and access to health care are greater factors. A US born minority is defined as a case born in the US, minus those that are classified as white or unknown. By this definition, Hispanics would not be included as US born minorities because race and ethnicity are separate variables. Greg Andrews will follow up on this issue and verify that Hispanics are not included in this element.
- Including Class A/B status was discussed. While this element has merit, the data is aged and not valid. It is often unclear where these patients really are located. However, there needs to be some way to give credit to the jurisdictions treating

these patients. EDN may have ideas about what data would be useful for this element. Kathy Moser will contact Al Forbes from CDC for clarification and details on Class B data.

- Weight and complexity per case must be examined. Greg Andrews will email a presentation from the 2004 NTCA meeting that gives the dollar value assigned to each element included in the original formula. He will also ensure that the dollar values for 2007 be run. Phil Griffin will distribute this information to the group.
- There will be a 2-3 week hiatus from meeting in June. The next conference call is scheduled on May 28th at 3 pm Eastern. The US born minority and foreign born definitions will be clarified and the impact of these elements will be examined. The group will also look at the impact of numbers on the current weights.