October, 2011

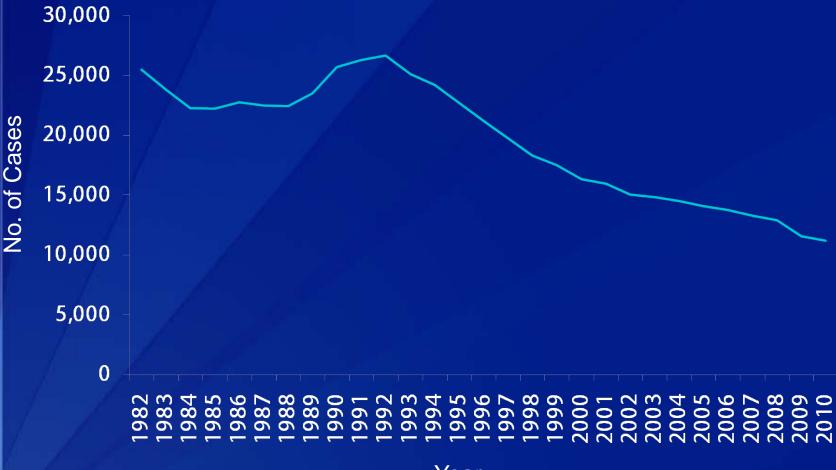
# 2011 CDC TB Elimination Funds and Programs Update

Striving to achieve TB elimination in the face of diminishing resources

Terence Chorba, MD, DSc Chief, Field Services and Evaluation Branch



#### Reported TB Cases United States, 1982–2010\*



Year



# TB Morbidity United States, 2005–2010

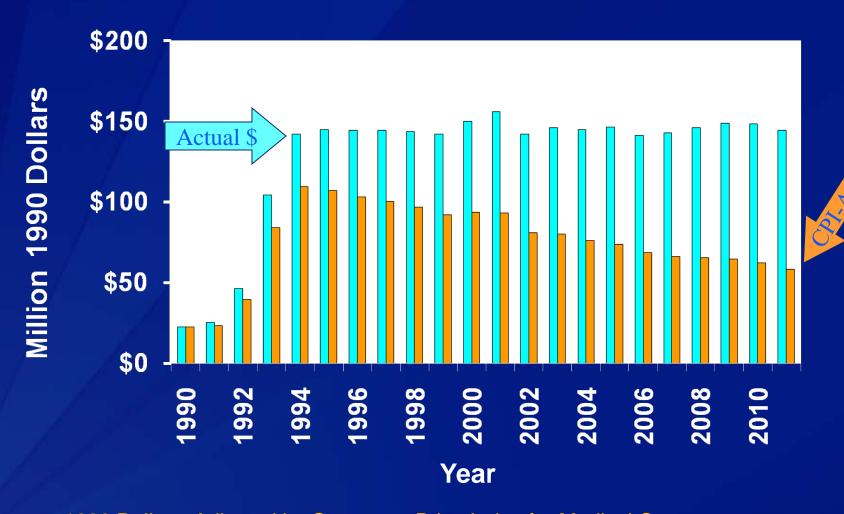
Year	No.	Rate*	
2005	14,068	4.8	
2006	13,732	4.6	
2007	13,286	4.4	
2008	12,905	4.2	
2009	11,537	3.8	
2010	11,182	3.6	





#### Annual CDC TB Budget, FY 1990-FY 2011

47% drop in purchasing power in FY 2011 vs. FY 1994



1990 Dollars, Adjusted by Consumer Price Index for Medical Care. Includes TB/HIV and lab dollars. Updated 6/9/2011

**Final TB Budget Ceiling Allocation** 

FY 2010 \$148,588,682

FY 2011 \$144,376,497

FY 2010 – FY 2011 Difference <\$ 4,212,185>

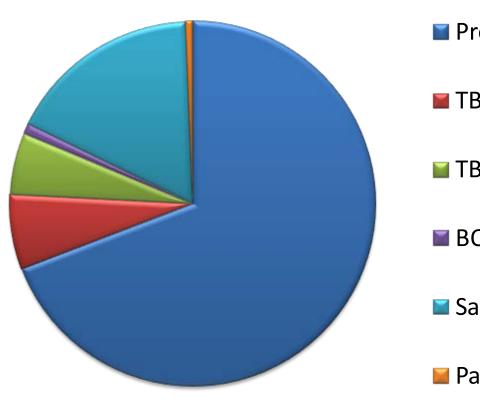
**Challenge: Managing change and uncertainty** 

Future appropriations likely to include additional reductions in

**FY 2012** 

**FY 2013** 

# **2011 CDC TB Elimination Budget Funds and Programs Update**Distribution of Funds, FY 2010



- Prevention and Control CoAgs
- TB Trials Consortium
- TB Epi Consortium
- **BOTUSA**
- Salaries, DA, project support
- Partners

#### **ASTHO May 2011 Survey**

- 89% of state and territorial health agencies have experienced job losses since July 2008
- 53% of all health agencies imposed furloughs in 2010
- 27% of all health agencies imposed furloughs in 2011 (increasing)
- 11% of state health workforce positions are vacant
- Average number of positions within state health agencies vacant is 288

#### Proposed administrative reductions, based on January 2011 DTBE Budget Retreat

- Combining regional conferences
- Contractor to FTE conversions
- Hiring "chill"
- Travel
- Conference attendance
- Actual expense memoranda
- Monitor cell phones to avoid over-usage charges
- Turn off computer, HVAC cut off after hours

Proposed Milestones and Timeline to Revise Budget Formulation (CY 2011 - 2012)

DTBE Budget Summit
Jan 28

TRUST Workgroup
Feb – May

Partners Meeting
Jun 6

■ ACET Meeting Jun 7-8

Partner Feedback Forum
Jun 9

Formula Composition Meeting Jun 10

NTCA Business Meeting
Jun 14

Workgroup Meetings
June – Oct

Consensus on Formula
Oct 20

Develop plan draft with narrative Oct 27

Proposed Milestones and Timeline to Revise Budget Formulation (CY 2011 - 2012) - cont'd

Seek feedback from Partners Nov 9

□ Finalize draft plan
Nov 18

ACET Meeting
Dec 6-7

Work with PGO on Revised CoAg Jan/Feb

FOA Announcement released Jun 8

National TB Conference
Jun 11-15

New CoAg Cycle
Jan 1, 2013

No carry-over of unobligated funds from 2012 to 2013

#### The Restructuring of the U.S.TB Program – TRUST

- Federal perspective on issues and priorities in which we need to engage to manage and prevent TB while facing fewer resources
- Workgroup of DTBE Branch Chiefs and their delegates convened in March to consider issues in reconfiguring the National TB program
- Summary document released in May providing perspectives and options to address 7 areas:
  - Reduction of TB Cooperative Agreement and Division Funds
  - TB Cluster and Outbreak Response and Emergency Preparedness
  - Support for Laboratory Network
  - Restructuring TB Program Monitoring and Evaluation
  - Future Role of Regional Training and Medical Consultation Centers
  - Tuberculosis Research
  - International Engagement

#### The Restructuring of the U.S. TB Program – TRUST (cont.)

- Discussion of details of TRUST issues with NTCA in the context of the National TB Controllers Meeting in June
- Comments received from NTCA in July addressing specific issues in this dialogue
- Development of Joint NTCA/DTBE 2013 Cooperative Agreement "Funding Formula" workgroups: NTCA/CDC and APHL/CDC, with cross representation from APHL and NTCA to address issues of reduction and redistribution of future TB CoAg funds
- Formal written response to NTCA's and APHL's comments on TRUST document in progress

#### 2013 TB Cooperative Agreement (CoAg) "Funding Formula" Workgroup

- Developed NTCA/CDC workgroup with participation from APHL to address issues of reduction and redistribution of future TB CoAg funds for prevention & control
- Reviewed the current TB CoAg funding formula along with variables and weights applied to the variables
- Will recommend modifications and revisions needed for FY2013 TB CoAg funding allocations, including:
  - additions or deletions to variables that are measurable (i.e., data already being reported to CDC), along with justifications
  - revisions of weights applied to these variables, along with justifications
  - redistribution of funds to maximize utility of dollars for TB elimination

#### 2013 TB Cooperative Agreement (CoAg) "Funding Formula" Workgroup (cont.)

- Composition of work group:
  - Co-Chairs: Phil Griffin, NTCA, KS, and Terry Chorba, FSEB/DTBE
  - TB Controllers from Low, Medium, and High Incidence States
  - TB Controllers from 10 Big Cities that have CoAgs with CDC
  - APHL representation
  - CDC representation from Field Services and Evaluation Branch, including the Field Operations Teams, the Medical Team, and the Evaluation Team, with both in-house and field staff in leadership positions
  - CDC representation from Laboratory, Surveillance, and Communications Branches

2013 TB Cooperative Agreement (CoAg) "Funding Formula" Workgroup (cont.)

- Has met via weekly teleconference since May
- Timeline of remaining activities of the Workgroup, and deadlines:
  - Reach consensus on final elements for plan with assignment of weights to elements (if applicable) – 20 Oct
  - Develop plan draft with narrative 27 Oct
  - Seek feedback on plan draft from stakeholders -9 Nov
  - Finalize draft plan 18 Nov
  - Submit plan for review at CDC 20 Nov

Minutes are posted on the NTCA Website

2013 TB Cooperative Agreement (CoAg) "Funding Formula" Workgroup (cont.)

- Preliminary Agreements on Funding Formula
  - Needs-based component 80%
    - Relies on weighted variables
  - Performance-based component 20%
    - Mostly completion of therapy 15%
    - Drug susceptibility testing 5%

## 2013 TB Laboratory Funding Formula Workgroup

#### **Parallel to Prevention and Control workgroup**

- Purpose
  - Review current formula for laboratory component and recommend any modifications of elements and weights for the FY2013-2017 allocation based on consensus
  - 2. Review intent of funding for the laboratory component in light of evolving role of public health laboratory and changing technology
- Representation
  - 9 laboratories from city or state with low, medium, and high testing volumes
  - National TB Controllers Association (NTCA)
  - Association of Public Health Laboratories (APHL)
  - DTBE (Laboratory Branch & Field Services and Evaluation Branch)
- ☐ Weekly conference calls began July 1<sup>st</sup> and summaries are sent to APHL membership and NTCA representative

## Preliminary TB Laboratory Formula Workgroup Decisions

- Retain current formula elements with some modification to weights
- Add base support for NAA testing dependent on laboratory volume
- Modify intent of funding from "upgrade" to " strengthen"
- Phase-in performance indicator as part of formula in 2015
- Concur with NTCA's recommendation to increase overall funding to laboratories

_/					
Total # specimens	TB culture inoculated	Isolates received for ID	NAA testing of clinical specimen	DST for first-line drugs	Lab system- equal amount
10%	15%	15%	25%	25%	10%

## Is TB Elimination at Risk of Brown's Law?

"As a program for the control of a disease approaches the end point, meaning eradication, it is not the disease but the program that is the more likely to be eradicated"

Dr. William Brown

Time Magazine 1962 Medicine: resurgent syphilis: it can be eradicated.

http://www.time.com/time/magazine/article/0,9171,827568,00.html

# Newsweige,

Why It's Back

How We Can Protect Ourselves

ME 05181-2522 P00436V 27 WHITTIER RD H N BERHHRDO #-IN Z6NH #810002H6Z9G9000# #BXBCMD6###CHR-RI-SORI CR18

#### Acknowledgements

- National TB Controllers Association
- Association of Public Health Laboratories
- STOP TB USA
- ASTHO and NACCHO
- CDC/DTBE staff in field and at headquarters

#### **Thank You**

The findings and conclusions presented here do not necessarily represent the official position of the Centers for Disease Control and Prevention