



Quality and Performance Measures (QPM) Team

Meeting Notes April 18, 2023

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Meeting Notes

Participants: Aubree Buccino, Marianne Buchelli, Thomas Butcher, Amy Clark, Belinda Clark, Angelique Croasdale-Mills, Johanna Cruz, Gina D'Angelo, Mariliz DeJesus, Christina Del Vecchio, Luis Diaz, Nilda Fernandez, Clunie Figaro, Blaise Gilchrist, Nola Hanrahan, Tawana Hart, Venesha Heron, Doug Janssen, Mike Judd, Sean Lindsey, Luis Magana, Sue Major, Krystal Medley, Erika Mott, Mitchell Namias, Dustin Pawlow, Ludger Pierre-Louis Sr., Tamika Riley, Jackie Robertson, Ramon Rodriguez-Santana, Cairo Romaguera, Christine Simon, Meghan Tastensen, Meg Thornton, Lizbeth Vazquez

Facilitator: Peta-Gaye Nembhard

Recorder: Dave Bechtel

Meeting Summary

- **PrEP Data Presentation.** Luis Diaz presented 2022 PrEP data from a variety of sources: state-funded HIV testing sites, [AIDSVu](#) with data at the state level, and the HIV Prevention Needs Assessment Survey. See pages 2-3 for a summary of the findings.
- **Discussion.** Participants discussed a wide range of topics related to the PrEP data – including suggestions for expanding provider trainings, the need to address disparities in PrEP, addressing the reasons people are not taking PrEP, and requests for additional data. See pages 3-6 for details.

Identified Tasks

1. Luis Diaz will follow up with Angelique Croasdale-Mills on her request for additional geographic data (see page 4).
 2. For the HIV Prevention Needs Assessment Survey, Mr. Diaz will check if the data can be analyzed to show reasons for not taking PrEP among respondents who are (likely) eligible for PrEP.
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Welcome and Introductions

QPM chair Peta-Gaye Nembhard welcomed everyone to the Quality and Performance Measures (QPM) Team at 11:04 am. QPM reviews and discusses data, develops indicators to track our progress in HIV prevention and care, and helps improve the quality of HIV prevention and care.

Ms. Nembhard reviewed ground rules for QPM meetings:

- Given the large number of participants, please **share the floor** so everyone has a chance to speak. During team discussions, please use the chat or raise your hand. Our goal is for all team members to have opportunities to share their perspectives and insights, and we'll use different methods including polls to get feedback from everyone during our meetings.



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- QPM addresses complex data issues with lots of acronyms and jargon. So **please ask questions** if an acronym or term is not clear. For future data presentations, if we run out of time for all questions to be answered, QPM staff will send the questions to the presenter and share their responses via email with the team.
- QPM will continue to use a **Parking Lot** to keep track of any topics that arise which aren't part of today's agenda. We can address these topics at future meetings.

Participants then introduced themselves in the chat and approved the March QPM meeting notes without changes.

2022 Connecticut PrEP Data Update

Ms. Nembhard noted that at the February QPM meeting, the team had a good discussion of ways to address disparities in PrEP screening and referrals at state-funded HIV testing sites. Today, we are fortunate to have Luis Diaz from the Connecticut Department of Public Health (DPH) presenting on the PrEP data.

Mr. Diaz presented 2022 data from state-funded HIV testing sites, AIDSVu, and from the 2022 HIV Prevention Needs Assessment survey. Mr. Diaz cautioned that the data from state-funded sites is self-reported which could result in "intentional reporting bias (e.g., the participant wants to be seen in a positive way) and/or unintentional reporting bias (e.g., the participant forgot that they had engaged in risky behavior)." Main themes from the presentation are shared below (see the PREP presentation on the [CHPC website](#) for details).

At **state-funded sites** in calendar year 2022:

- **Screening.** 17,895 individuals screened for PrEP. 46% were Male, 68% were Black & Latinx, 56% were Ages 20-39, and 14% were Heterosexual Female.
- **Eligibility.** 11,858 individuals eligible for PrEP. 50.7% were Female, 74.3% were Black & Latinx, 48% were Ages 20-39, and 41.7% were Heterosexual Female.
- **Referrals.** 1,967 individuals referred to a PrEP Provider. 60% were Male, 46% were White, 63% were Ages 20-39, and 31% were MSM (men who have sex with men).
- **Disparities.** In 2021, there were 232 newly diagnosed HIV cases in Connecticut. Black/African-American people represented 16% of PrEP users in 2022 but 36% of new HIV diagnoses in 2021. Hispanic / Latinx people represented 30.5% of PrEP users in 2022 and 32% of new HIV diagnoses in 2021. White people represented 46% of PrEP users in 2022 and 29% of new HIV diagnoses in 2021.

These disparities are also reflected in the CHPC's PrEP indicator – the PrEP-to-Need-Ratio or PNR (see sidebar for definition). Based on statewide data from [AIDSVu](#), the 2022 PNR for Connecticut was 8.47, but varied greatly by race/ethnicity: 3.80 for Black/African-Americans, 8.11 for Hispanic/Latinx, and 13.15 for Whites.

The **PrEP-to-Need Ratio (PNR)** is the number of PrEP users divided by the number of new HIV diagnosis. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.



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The **2022 HIV Prevention Needs Assessment (PNA) Survey** – completed by over 2,000 residents – included several questions on PrEP. Key findings included:

- 19% of respondents had not heard of PrEP.
- For the 760 respondents who did not take PrEP, most cited that they do not need PrEP as a reason. At least 10% also cited the following reasons: Afraid partner will find out; Afraid of side effects; Afraid to talk to doctor about it; and Don't know how to start PrEP.
- For the 196 respondents who were not able to access PrEP, at least 25% of cited the following reasons: Can't use my insurance because of privacy concerns; I'm afraid to talk to my doctor; Don't have insurance; and I'm afraid my partner will find out.
- For the 203 respondents who stopped taking PrEP, at least 50% cited the following reasons: Too many labs and/or doctor visits, I could no longer afford PrEP, I no longer need PrEP, and I could no longer afford labs or doctor visits.
- 24% of respondents had not heard of PEP (Post-Exposure Prophylaxis).
- For the 226 respondents who tried to take PEP but could not get it, at least 25% cited the following reasons: It was too late (needs to be within 72 hours), and Did not feel comfortable asking for it.

Mr. Diaz concluded his presentation by noting the following next steps:

- **New Legislation.** Three bills have been passed that will support access to PrEP:
 - HB 5500 - Routine HIV Testing. This bill was passed in 2022 and requires medical providers or a designee offer all patients aged 13 or older an HIV test at least once. The law applies to primary care settings beginning in 2023 and emergency room departments in 2024.
 - HB 6733 - Universal Hepatitis C Testing. This bill was passed this spring and requires physicians to offer all patients over the age of 18 a test for hepatitis C at least once and all pregnant women a test for hepatitis C with each pregnancy.
 - SB 1068 - PrEP/PEP Drug Assistance Program. This bill was passed this spring and will establish a payor of last resort drug assistance program to pay for PrEP and PEP medications for people who are uninsured, underinsured, or uninsurable. This will be administered through DPH.
- **2023 Biomedical Prevention RFP** (request for proposals). DPH will fund an agency to coordinate the delivery of HIV biomedical prevention services statewide and serve as a training / technical assistance provider to those delivering services across the state.
- **PrEP Reports.** Mr. Diaz is developing 2-page summary PrEP reports that will be available on the DPH website and disseminated to all funded partners. The initial report will cover 2022 PrEP data.

Discussion of PrEP Data

Sue Major and Ms. Nembhard facilitated the Q & A and discussion. Themes from the discussion included:



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Zip Code Comparison Data

- Angelique Croasdale-Mills asked: Regarding the zip codes, is it possible for you to compare the PrEP data set with PLWH (people living with HIV) who are out of care and/or individuals who are not virally suppressed? What is the PrEP uptake in those zip codes?
- Mr. Diaz stated that this might be possible, but he will contact Ms. Croasdale-Mills for further clarification of the data request.

Routine Testing and Expansion of PrEP Programs

- Ms. Croasdale-Mills asked: What is the plan to capture similar data from private providers / non-DPH funded programs given the rollout of routine testing?
- Mr. Diaz stated that Gina D'Angelo is working on a Routine Testing Toolkit that will be disseminated to private providers, and that they are always looking to expand the number of PrEP partners; Mr. Diaz is engaging school-based health clinics now.
- Ms. Major noted that AIDSvu is a good source for state-wide data on PrEP, including data by race/ethnicity. The PNR is calculated based on statewide AIDSvu data.

Data on PrEP Eligibility and Referrals

- Tom Butcher thanked Mr. Diaz for all the data, and noted that it will take time to consider all the implications. Perhaps QPM can revisit the topic at a future meeting. One question was how people who reported no sexual contact or IDU (intravenous drug use) were considered eligible for PrEP? Approximately 21% of those eligible for PrEP fell in this category.
- Mr. Diaz stated that this is a limitation of self-reported data. Individuals may not be forthcoming with providers about their history. Ms. Major noted examples of individuals with an STI reporting that they have not had sex. Luis Magana agreed, noting that patients may say they contracted an STI from the toilet.
- Dave noted the large difference between the number of people eligible for PrEP (nearly 12,000) and the numbers of referrals (less than 2,000). Mr. Diaz stated that providers take a harm reduction approach; individuals can decide whether to take PrEP.

PrEP Referrals by Location

- Mr. Butcher asked about the geographic data showing a West Haven zip code with a high number of referrals. Is this due to the location of the Veterans Administration Hospital in West Haven?
- Mr. Diaz stated that the zip code data is based on where the individual lives, rather than the location of the testing site. [Note: The 06519 zip code appears to be incorrectly coded as West Haven rather than New Haven.]



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Training Providers in PrEP

- Meg Thornton asked about opportunities to train providers on PrEP? At her federally-qualified community health center, there has been an influx of new, young providers who are not comfortable yet with screening for PrEP. Ms. Nembhard agreed; she is concerned about the lack of knowledge among new providers. Are there standard screening questions and/or regular training for these point of entry sites? We need younger providers to have this information; it's a missed opportunity.
- Mr. Diaz stated that he can go over the PrEP guidelines with providers, and also noted the online [HeyMistr](#) telehealth option for receiving PrEP in the mail for eligible patients. There is not a single standard screening tool, but DPH does provide its screening form and trainings. Mr. Diaz is seeking to expand the PrEP provider network, but he is the only staff person for PrEP. Mr. Diaz did speak to the DPH licensing unit, and can send email blasts to their list of providers as well. The 2023 Biomedical Prevention RFP (see above) also emphasizes provider training (academic detailing). Mr. Diaz also is partnering with the STD Unit to identify providers who are treating the most patients for STDs. This can help in targeting outreach and training to those providers seeing the most PrEP-eligible patients.
- In the chat, participants also suggested that AETC at Yale (AIDS Education Training Center) and Gilead can train providers. DIS (Disease Intervention Specialists) can also educate and refer people.

Addressing Disparities

- Ms. Croasdale-Mills asked: What is the plan to address the unmet needs, especially for Black individuals? Ms. Nembhard agreed on the need for PrEP messaging that shows Black women. Are there any campaigns for Black women or to increase awareness among providers of these disparities?
- Mr. Diaz stated that new PrEP Drug Assistance Program (see above) can help address disparities. He also urged QPM participants to educate providers in their communities and to contact him for training specific providers. Mr. Diaz noted that the PrEP Center of Excellence will be launched next year to address disparities among Black women.

Decrease in PrEP-to-Need-Ratio (PNR) in 2022

- Dave asked what factors accounted for the decrease in PNR from 2019 to 2022?
- Mr. Diaz stated that the increase in the number of new diagnoses in 2021 could be part of the reason. Mr. Diaz calculated the new PNR this week, so can do a deeper dive into what accounts for the decrease.

Barriers to PrEP: Prevention Needs Assessment Survey Responses

- Ms. Nembhard noted that many survey respondents were fearful of their partners finding out that they are on PrEP. Providers could use an approach that a West Hartford facility uses, where a patient can use a red pen if they are in danger of domestic violence (but don't want partner to find out). Mr. Diaz agreed that this was an interesting idea, and the fear of



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interpersonal violence (IPV) could be a reason for people not taking PrEP. This can also be a barrier for people in mutually monogamous relationships.

- Mr. Butcher noted that one woman in a IPV group for women living with HIV put her HIV medications in a vitamin bottle to keep herself safe. Mr. Diaz also noted that there is now injectable PrEP that people can take every 2 months.
- In the chat, Mr. Butcher also noted that minors on their parents' insurance may be fearful of their parents finding out.
- In the chat, Ramon Rodriguez-Santana shared a study showing the most common reason given for declining a PrEP referral was lack of self-perceived HIV risk (42%), and other studies on the reasons for declining PrEP. See <https://www.aidsmap.com/news/jan-2020/why-do-people-turn-down-offer-prep>, <https://www.nurx.com/blog/reasons-people-arent-taking-prep-to-prevent-hiv/> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8835000/> for details.
- Dave noted that many respondents reported that they didn't need PrEP. Is there a way to check if that is the case (i.e., were not eligible for PrEP)? Mr. Diaz will check.
- In the chat, Ms. Croasdale-Mills noted that these barriers are also why viral load suppression is so important: Undetectable = Untransmittable (U=U). Ms. Nembhard agreed.

Increasing Public Awareness

- Ms. Croasdale-Mills stated that the public needs to know this information about PrEP. How can we share this information? Mr. Diaz agreed – all of the CHPC partners can request funds for advertisements, identify champions to disseminate information, and share this information with champions. Ms. Croasdale-Mills urged more action steps, including campaigns through Positive Prevention Connecticut (PPCT). “How do we move from the data to work?”

Meeting Feedback

Ms. Nembhard thanked everyone for their participation and asked participants to complete the feedback poll. Participants shared the following feedback on the meeting:

What did you like about today's QPM meeting?

- PrEP Presentation. “All the information that is given.” “PrEP presentation was amazing!” “The new data was informative.” “Luis's presentation - VERY informative.” “Luis' Presentation. I loved all the PrEP data he presented.” “Great! So much useful information!” “Great info about PrEP in state. Thank you for that.” “Great Presentation Luis, I loved the data that was presented during Luis's PrEP data breakdown.”
- PrEP Discussion + Presentation. “Q&A about PrEP.” “Very informative. Liked the discussion and great presentation done by Luis Diaz. He is a great presenter.” “Presentation about PrEP - engaging and informative discussion.” “I really appreciated the presentation and that there was sufficient time for discussion.”



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- Other. "It was alright." "Enjoyed all the information. This meeting is always so organized and packed with great information."

How can we improve future QPM meetings?

- No suggestions (6 responses). "Nothing." "N/A." "I think they are great the way they are." "Keep on keeping on. Great meeting."
- "Presentation was a little dry, make the data more interesting and easy to read."
- "Make it more result oriented. Now you have presented the data...so what's next?"
- "I am hopeful, that at some point we could eventually meet in person again."

In the chat, participants thanked Mr. Diaz for the presentation:

- Gina D'Angelo: Great presentation and discussion today!
- Meg Thornton: Thank you Luis and everyone this was incredibly beneficial and informative for my clinic to bring back to all the providers!!
- Venesha Heron: Kudos Luis! Great job!
- Ramon Rodriguez-Santana: Great presentation Luis!!!
- Aubree Buccino: Thanks Luis. Great presentation.

Adjourn

The meeting adjourned at 12:15 pm.

##End QPM Notes##