**Date** January 16, 2019

**Location** Chrysalis Center - Hartford, CT **Time** 10:30 a.m. – 11: 50 a.m.

**Attendance**  See team summaries for roster of CHPC members and public participants.

**Welcome**

Ms. Gina D’Angelo instructed the DAC team members to move directly into their team meetings. DAC co-chairs would deliver updates to the full CHPC on team activities and progress at roughly 11: 50 a.m.

**Team Meeting Accomplishments**

The DAC participants assembled directly into two teams [Needs Assessment Projects (NAP) and Quality Performance Measures (QPM)] and did not meet as a full DAC group. Each team:

* Completed tasks as described in the first page of the meeting summaries for each team (page 2 and page 6).

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* Identified next steps and tasks for completion prior to the February 2019 DAC meeting.

**Other Business**

No other business was introduced at the team meetings.

**Adjournment**

Team meetings adjourned at or before approximately 11: 50 a.m.

**Meeting Notes**

**Participants:** Clifford Batson, Sara Burns, Allison Champlin, David Colbert, Tamara Corley, Angelique Croasdale-Mills, Johanna Cruz, Martina De La Cruz, Luis Diaz, Mildred Diaz, Dulce Dones-Mendez, Taylor Edelmann, Lauren Gau, Deborah Gosselin, Tawana Guadarrama, Danny Huang, Daniel Hulton, Kelsey Hunt, Clunie Jean-Baptiste, Coley Jones, Heather Linardos, Luis Magaña, Erin Malgioglio, Consuelo Muñoz, Mukhtar Mohamed, Peta-Gaye Nembhard, Hilary Norcia, Willy Quesada, Carlos Rivera, Rosie Rodriguez, Lisa Roth, Noemi Soto, Roberta Stewart

**Facilitator:** Sue Major  **Recorder:** Dave Bechtel

**Meeting Accomplishments:**

The team accomplished the following tasks:

* **STD Indicator**. The team agreed on the age range for Indicator 12: Sexually Transmitted Diseases (STDs). The age range will be youth ages 13 through 24.
* **Quality Presentation**. As an introduction to quality improvement (with the start of the 2019 planning year), Peta-Gaye Nembhard presented on “Using Teams to Improve Quality of Care.” The full tutorial is available at: <http://tutorials.nqcqualityacademy.org/tutorial11/>.
* **Cross Part Collaborative Plan for 2019**. The team agreed to focus on planning a Quality Summit this year.

**Identified Tasks:**

1. Connecticut Department of Public Health (DPH) staff will provide baseline data for Indicator 12 for chlamydia and gonorrhea.
2. Angelique Croasdale-Mills and Peta-Gaye Nembhard will share plans for the Quality Summit at the January 23 HIV Funders meeting, and encourage all funders to participate. Sue Major and Deborah Gosselin will share plan with their colleagues at DPH.
3. CHPC staff will collect information on the CareWare disparities project to share at a future QPM meeting.

**Welcome and Introduction:**

Sue Major welcomed everyone to the Quality and Performance Measures (QPM) Team meeting at 10:30 am. Ms. Major will be the DPH liaison to the team this year, and Nilda Fernandez will serve as the committee co-chair. QPM reviews and discusses data, develops indicators to track progress in HIV prevention and care, and seeks to improve the quality of HIV care through the Cross Part Collaborative. QPM meetings are participatory, open to the public, and use a consensus model for making decisions.

Ms. Major first reviewed **Connecticut’s Statewide Progress Indicators** (see Handout #1 for details). QPM developed these indicators to track our progress in: (1) reducing new HIV infections; (2) increasing access to care and improving health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. Ms. Major noted several acronyms used in the handout: ETI (Expanded Testing Initiative) is for routine HIV testing. OTL (Outreach, Testing and Linkage to care) is for targeted HIV testing intended to reach groups at high risk of infection.

Participants discussed the following issues related to the indicators:

* **Use of Indicators**. Angelique Croasdale-Mills asked whether the indicators are being passed down to providers for PDSAs (Plan-Do-Study-Act quality improvement projects). If providers are not meeting the measures, what is being done? Peta-Gaye Nembhard noted that the Cross Part Collaborative has been integrated into QPM over the past few years. Cross Part has encouraged providers around the table to implement PDSAs and providers have presented on their projects. Hilary Norcia introduced herself as a new staff person at DPH in Ryan White Part B who is assigned to quality management. Ms. Norcia plans to look at all the Part B sites to see how they are doing on the indicators. Dave Bechtel noted that today’s agenda includes a discussion of what the Cross Part Collaborative would like to accomplish in 2019. This could include looking at how providers are doing on the indicators.
* **Disparities Data**. Roberta Stewart asked if there is baseline data for Indicator 11: Disparities in New HIV Diagnoses. Mr. Bechtel stated that Sue Speers (DPH) presented data for each population in 2018. There are many populations, so baseline data for each group is not included on the handout. Ms. Croasdale-Mills stated that there is disparities project in the CareWare data system for different sub-populations. Lauren Gau stated that she was not familiar with this project, and asked if the team could review it at a future meeting. Mr. Bechtel added this to the QPM “parking lot” to address at a future QPM meeting. Mukhtar Mohamed noted that the CareWare data system is only for Ryan White clients. All individuals diagnosed with HIV are in the state HIV Surveillance eHars system.

Ms. Major suggested starting the new planning year by revisiting and updating the team’s **group contract**. These are basic guidelines for having productive meetings. Last year, QPM developed the contract which includes:

* Disagree respectfully – discuss issues, no personal attacks
* No sidebar conversations
* Hear people out; let them finish their points, and also…
* Share the floor
* Remember that all of us all experts in different areas
* Be open-minded; we can all learn something new
* Have fun!

Ms. Croasdale-Mills suggested adding an item to be deliberate. Team discussions should be meaningful and inform quality management across the state. We should expect outcomes from QPM meetings. The team agreed to add this item to the group contract.

**Meeting Summary Approval:**

Ms. Major asked participants to review the August 2018 QPM team meeting summary. In August, the team agreed on topics for QPM to address in 2019 – including presentations on Syringe Services Program data, plans for PrEP, themes from the Getting To Zero listening sessions, and HIV testing frequency.

Participants suggested the following edits:

* Mr. Mohamed asked to correct the spelling of his name.
* Carlos Rivera stated that the notes are for the “Quality Performance Measures Team” rather than the “Quality and Performance Measures Team.” The former implies that the focus is primarily on the measures. Mr. Bechtel stated that it should be both quality and measures, and will correct this on the meeting summary.

The team approved the meeting summary with the proposed edits.

**STD Indicator:**

Ms. Major noted that in 2018, the team had discussed modifying the age for our STD indicator but had not reached a final decision. The STD indicator was first defined for youth and young adults ages 15 to 24. Participants had suggested changing this to ages 13 to 24.

Ms. Nembhard noted that this suggestion came from a Part D provider, who was seeing STD infections among younger teens. Daniel Hulton stated that HRSA (Health Resources and Services Administration) uses ages 13 to 24, so it makes sense to align Connecticut’s indicator with the national measure. ***The team agreed to change the age range to 13 to 24***. Mr. Mohamed will provide baseline data for the indicator so the team can set a 2021 goal for the measure.

Ms. Croasdale-Mills asked if the [Getting to Zero report](https://gettingtozeroct.org/wp-content/uploads/2019/01/Getting-To-Zero-CT-Report.pdf) included indicators. We should be aligning the CHPC measures with Getting to Zero. Ms. Gau stated that the report includes recommendations, but not indicators.

**Introduction to Quality Improvement:**

Ms. Nembhard presented on “Using Teams to Improve Quality of Care”, drawing on a longer [tutorial](http://tutorials.nqcqualityacademy.org/tutorial11/) from the National Quality Center (NQC). Ms. Nembhard encouraged participants to visit the [NQC website](http://nationalqualitycenter.org/quality-improvement-resources/) to learn more about quality improvement. Themes from the presentation included:

* Teams out-perform individuals in settings like those that provide HIV care.
* Successful teams need clearly defined goals, well defined parameters, the ability to easily communicate within the organization, necessary knowledge and skills, and a plan to accomplish their tasks.
* To identify team members, draw a simple flowchart of the process and make sure someone who works in each box is part of the team.
* Team roles can include: leader, facilitator, member, timekeeper and recorder. Include at least one member of the HIV quality committee and one consumer on your team, choose an experienced facilitator, and keep good records to track progress.
* Teams go through recognized stages of growth; some conflict is to be expected.
* Use tools like brainstorming to generate ideas. Team-working tools can help teams succeed.

**Cross Part Collaborative Workplan for 2019:**

Ms. Major noted that in 2018, the Cross Part Collaborative focused on supporting the June 1 HIV / Hep C Summit, which had the afternoon devoted to quality improvement projects. The Summit featured quality improvement projects on PrEP (Pre-exposure prophylaxis), cervical cancer screening, engaging consumers in quality improvement, and retention in care. At the August meeting, the team did not have time to discuss what we want to accomplish for the Cross Part Collaborative this year.

Ms. Major then reviewed Handout 2, with potential activities that the team has discussed over the past few years. What should our Cross Part goals be for this year? What do we want to accomplish?

Participants suggested and discussed different options:

* **Hepatitis C**. Ms. Croasdale-Mills suggested focusing on Hepatitis C. There are two robust Hep C projects underway currently in Connecticut.
* **Best Practice Carousel**. Ms. Gau discussed this idea further. At a recent conference (“think tank”), participants walked around the room and talked to providers about each of their projects. Ms. Gau suggested that this was much more effective than the webinar Cross Part held in 2017.
* **Quality Summit**. Ms. Croasdale-Mills suggested planning another event like the quality management showcase / training that Cross Part held in 2011. Ms. Nembhard noted that the team discussed this idea last year, and decided to help with the quality portion of the HIV / Hep C Summit.

Ms. Nembhard asked if the state would be interested in helping with a summit. Ms. Gosselin stated that she could bring the idea to Laura Aponte at DPH. Mr. Bechtel asked about the cost of last year’s summit. Ms. Croasdale-Mills stated that they had a number of partners that contributed, including drug companies that helped pay for the space and the food. If we engaged all of the different Ryan White Parts and HOPWA (Housing Opportunities for Persons with AIDS), it could be an amazing event. Ms. Gosselin suggested forming a work group to take the lead in planning the event.

* **Coordination with Funders**. Ms. Stewart urged Cross Part to work with the different Ryan White Parts and jurisdictions that are also focusing on quality management. This should not create additional work or duplicate existing work. Funders should be requiring the same things and Cross Part requests (aligned with funders) should have teeth. Participants agreed on the need to talk with the HIV Funders group about Cross Part plans.
* **PrEP**. Taylor Edelmann suggested the need for more data on PrEP. Are there any PDSAs on using social media to get people into care? Participants agreed that this would be a good topic for PDSAs; this is a challenging issue given the changing technology / apps and the challenges many providers face in this area. It would be good to showcase providers that are doing well in this area.

***Participants agreed to focus on the Quality Summit***, which could include presentations on Hepatitis C and social media strategies for PrEP. Next steps included:

* Ms. Croasdale-Mills and Ms. Nembhard will present the summit at the January 23 HIV Funders meeting.
* Ms. Gosselin and Ms. Major will speak with their colleagues at DPH about the summit.
* Participants signed up to serve on a Summit work group: Luis Magaña, Tawana Guadarrama, Martina De La Cruz, Peta-Gaye Nembhard, and Noemi Soto.

**Meeting Feedback:**

Ms. Major asked for feedback on the meeting:

* Mr. Mohamed suggested starting future meeting with introductions.
* Ms. Croasdale-Mills suggested a data presentation on Hepatitis C.

**Adjourn:**

Ms. Major thanked everyone for their participation. The meeting adjourned at 11:45 am.

**##End QPM Notes##**

**MEETING SUMMARY**

**Date:** January 16, 2019 **Location:** Chrysalis Center (Hartford, CT)

**Start Time:**  10:30 a.m. **End Time:** 11:50 a.m.

**Participants:** Page 3 shows attendance

**Chair:** Barry Walters **Recorders:** Emily Jablonski, Mark Nickel

**Meeting Accomplishments**

* Participants approved by consensus and without changes the August 2018 meeting summary.
* CHPC members were encouraged to apply for the open leadership position of NAP team chair.
* Participants reviewed a draft of a 2019 NAP work plan.
* Participants reviewed and discussed preliminary findings from the 2018 persons living with HIV (PLWH) needs assessment survey in the context of identifying options and preferences for focus groups.

**Welcome & Introductions**

Mr. Barry Walters (NAP team chair) welcomed participants to the meeting and asked everyone to introduce themselves through an ice breaker (i.e., share something others may not know about you). Mr. Walters explained that this process helps participants get to know one another; he emphasized the important of creating an environment of acceptance and respect.

Mr. Walters described the NAP Team and its process.

* The purpose or charge of the Needs Assessment Projects (NAP) Team: to complete special projects that help the CHPC develop its plan and achieve its goals. These projects involve increasing consumer input via focus groups and/or surveys, developing briefing papers that identify best practices or emphasize important aspects of the data related to the HIV care continuum, and supporting other targeted assessments (e.g., HIV workforce, analysis of service providers), among others.
* The decision-making process: The NAP Team uses a consensus model of decision-making (as opposed to a formal vote) to create an environment in which all voices and perspectives receive acknowledgement.
* The work: The NAP Team will be helping to interpret findings of the statewide PLWH needs assessment, providing input on the design of focus groups, and providing input into a workforce development planning process.

**Review of August 2018 Meeting Summary**

Participants reviewed the August 2018 summary and approved it by consensus without any additions or corrections.

**Reflecting on 2018 and 2019 Work Plan**

Mr. Walters described some highlights of the NAP team’s accomplishments during 2018. These included: a) a briefing paper on the effective use of peer support provider models; b) preliminary discussions that informed the nature and scope of the 2019 workforce survey; and c) support, input, and implementation support for the administration of the statewide PLWH needs assessment survey.

Mr. Walters explained that the NAP team will meet eight times in 2019 (monthly January through August). The NAP team’s work dovetails with the work plan and priorities and responsibilities of the HIV Funders Group. The 2019 work plan will focus on tasks such as: a) the interpretation of findings from the statewide PLWH needs assessment; b) providing input on the design of focus groups; c) providing input into a workforce development planning process; and d) possibly writing up an “open letter” or briefing paper on a topic such as the findings of the needs assessment.

* Ms. Aponte stated that Part B will issue an RFP in or about April and would like to use the results of the statewide PLWH needs assessment survey to inform the RFP process. Ms. D’Angelo assured Ms. Aponte that meaningful information will be available to support the RFP process.

**Preliminary Findings from Statewide PLWH Survey & Preliminary Thoughts for Focus Groups**

Mr. Walters referred participants to a handout and to a PowerPoint presentation that summarized information from the statewide PLWH survey. Mr. Walters guided the group through the presentation. The following themes emerged from the discussion:

* High praise to the DPH data team for significant effort in analyzing the survey, particularly given many of the questions included an “other” option. Any “other” (write-in) answers were analyzed qualitatively.
* Mr. Rodgriguez-Santana stated that the actual data collection fell-short of the intended goal. The good news: the demographic characteristics of the actual respondents matched closely with the intended sample. The smaller sample size affects the level of “confidence” in the findings, and the extent to which findings can be generalized.
	+ Factors that affected return rate may have included: a) survey load on organizations with limited staffing (which was a result of a random sample); b) short data collection window; c) preference for respondents to fill out the survey in-person (v. via phone); d) number of “closed” cases or cases that could not be found even though these patients had active records in the Careware system; and e) length of survey, among others.
	+ Ms. Jablonski and Ms. D’Angelo stated that an ‘after-action’ analysis and report will be conducted to learn more about how to improve the survey design and administration process.
	+ The NAP team acknowledged that the survey methodology (i.e., stratified random sample by region) represented an ambitious and unprecedented approach, and included many of the best practices and even survey questions from other statewide PLWH surveys. The NAP team and the HIV Funders Group will discuss and document lessons learned to help improve the next survey administration.
* Participants noted that the sample size reflects those in-care and therefore an older population with slight under-representation of men.
	+ It may be important for focus groups to amplify the voices of population subgroups not represented well in the survey (e.g., persons age 18 to 25 that have been diagnosed within the past 12 months).
* Some discussion occurred on the topic of identifying as a heterosexual when a person views this as a more comfortable option than associating with being gay (i.e., perhaps due to stigmatization).
	+ Mr. Butcher stated that the New Haven & Fairfield Counties Ryan White Part A personnel were conducting a chart review to determine the extent to which individuals identify as heterosexual (e.g., at diagnoses) and then over time change their information which may affect the data (e.g., transmission category).
* Confirmation occurred that respondents were able to check multiple options under languages.
* Discussion occurred about including another option in the question about unemployment. This option will take into consideration status as a “student”.
	+ Participants discussed how at least 1 in 4 PLWH were un- or under-employed which far exceeds the 4.1% unemployment rate in Connecticut.
	+ Some participants observed that the high proportion of older respondents may reflect a higher than usual amount of retired or disabled responses as compared to younger population groups.
* The group reviewed the geographic distribution of responses and recommended conducting focus groups in Middlesex County and Litchfield County simply because of the lower response rates.
* Participants reviewed other emerging themes and clusters associated with qualitative analyses from open-ended questions.
	+ Some new themes emerged such as a suggestion for more prevention and PrEP.
	+ Other needs remain similar (e.g., employment, affordable housing).
	+ Some themes were unexpected such as the number of persons who had seen a dentist or the number of individuals who were not interested in peer support provider models.
	+ These topics all represent areas for potential exploration in focus groups.
* Other miscellaneous themes:
	+ Service providers must maintain patient confidentiality and respect patient privacy. Lack of adherences may result in discrimination by other individuals who may get access to information.
	+ Service providers must “know” their patients and their patient histories to better mitigate or reduce any barriers to services or community resources – including jobs.
	+ Providers must demonstrate empathy and compassion. This is an organizational culture that develops over time from leadership and ongoing professional development / supervision of program staff.
	+ The NAP Team should identify focus group areas that can be addressed by DPH or providers with available resources.

Mr. Walters thanked the participants for an excellent and lively discussion. Mr. Walters asked that participants review the presentation handout and think about recommendations for conducting focus groups. Participants can send their thoughts to him or CHPC staff, or bring the comments and suggestions to the next NAP team meeting in February. Mr. Walters encouraged the participants to answer four (4) questions:

* Who should be in a focus group?
* What should be the focus of the conversation or dialogue?
* Where should the focus groups occur?
* How does this approach help answer questions or fill information gaps?

**Other Business**

* Mr. Walters reminded participants that a leadership opening exists for the NAP Team chair. He asked CHPC members to consider submitting a leadership application form.

**Feedback**

Mr. Walters asked participants to place any additional meeting feedback on the CHPC general meeting feedback form (e.g., what I liked, what I would change).

**Adjournment**

Mr. Walters adjourned the meeting at 11:50 a.m. after which participants rejoined the full CHPC meeting.

**Meeting Attendance**

Laura Aponte; Joyce Boone; Samuel Bowens; Marianne Buchelli; Thomas Butcher; Erick Carrion; Belinda Clark; Gina D’Angelo; Dante Gennaro; Barbara Ligon; Omar Morrison; Emily Recalde; Ramon Rodriguez-Santana; Hector Rosa; Jeffrey Snell; Cecil Tengatenga; Barry Walters