Meeting Notes

Participants: We had a record crowd; see page 8 for the full list

Facilitator: Peta-Gaye Nembhard **Recorder:** Dave Bechtel

Meeting Summary

- The team reviewed data on **viral load suppression** among non-Ryan White clients. In 2019, approximately 65% of non-Ryan White clients were virally suppressed, compared with an overall rate of 74%. (See Handout 1 for details.)
- Mukhtar Mohamed presented on the **Date To Care (D2C)** effort which uses HIV surveillance and other data to identify persons living with HIV who need HIV medical care or other services, and facilitate linkage to these services. Key findings from the 2021-22 cycle included:
    - **519 clients** were identified to be out-of-care.
    - **253 clients (49%)** were located (and subsequently linked to care). Mr. Mohamed defined "located" as those clients referred to DIS (Disease Intervention Specialists), located by DIS, and who had either labs sent to the eHARS data system or received medication (antiretroviral) and services through the Ryan White Part B Program.
    - The **demographic characteristics** of out-of-care clients were in line with all PWH in Connecticut (e.g., for sex at birth, age, race/ethncitiy, risk factor). There were not major differences between the two groups.
    - There were no major differences in the demographic characteristics of clients who were located vs. clients who were not located.
    - Most of the clients resided in Connecticut's **cities**.
    - For located clients, the **percent virally suppressed rose from 14% (on their first lab) to 78%** (on their most recent lab). Virtually all (99%) received medical care.
- The team had a **lively discussion** on D2C, that addressed a wide range of topics including: criteria for inclusion in the D2C list; ways to more accurately share demographic data; factors that limited re-engagement of PWH in care; opportunities for collaboration; and requests for additional data and/or analyses.
- The team identified an initial set of **performance measures**, including: (1) the number of clients identified as out-of-care; (2) viral load suppression rates / improvement; and (3) linkage to medical care.

Identified Tasks

1. Mukhtar Mohamed will analyze the Data To Care (D2C) data to identify zip codes with the largest number of out-of-care clients (per the D2C protocol).
2. CHPC staff will post the Data To Care presentation to the CT HIV Planning website.

Welcome and Introductions

DAC co-chair Peta-Gaye Nembhard welcomed everyone to the Quality and Performance Measures (QPM) Team at 11:02 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.

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

Updates from the September Meeting

- **When will the 2021 viral load suppression data be available?** DPH staff reported that the viral load suppression data for 2021 should be available in early 2023.
- **Can we estimate the viral load suppression for PWH who are not in Ryan White?** Dave worked with staff from DPH and Ryan White Part A's to estimate the rate for non-Ryan White people living with HIV (PWH). The main data sources are the DPH Surveillance website and the Ryan White dashboard. In 2019, approximately 65% of non-Ryan White clients were virally suppressed, compared with an overall rate of 74%. (See Handout 1 for details.)

  In the chat, Mark Nickel noted that this disparity is being highlighted in the 2022 to 2026 Plan and setting the frame that the work needs to reach beyond Ryan White-funded providers. This is more difficult work, and starts with the routine HIV testing legislation that was passed this year. Danielle Warren-Dias asked if some of the non-virally suppressed outside of Ryan White could be due to data lags? Ms. Nembhard agreed that there can be varying factors, so the 65% should be seen an estimate.

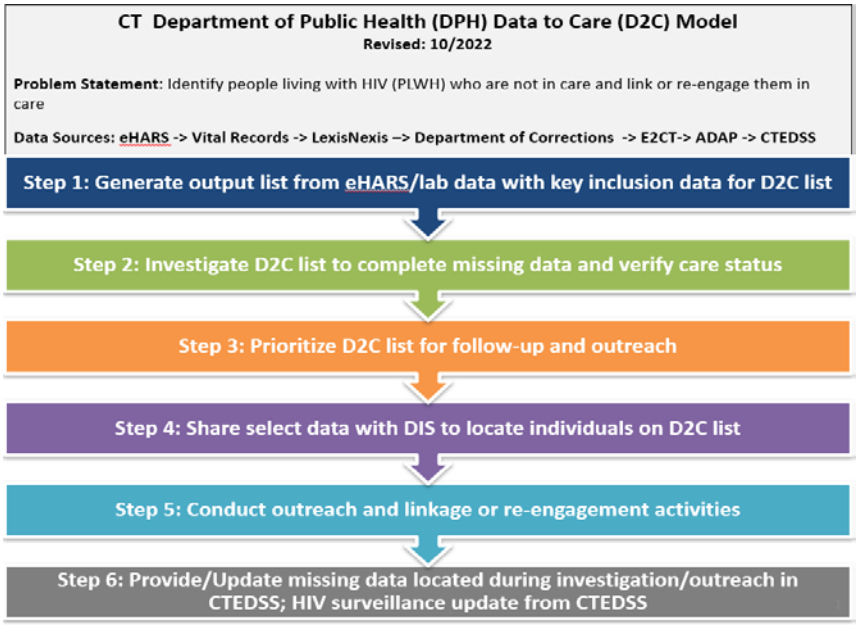
Data To Care (D2C) Presentation

Ms. Nembhard noted that at QPM's September meeting, participants requested a presentation on the Data To Care (D2C) effort. D2C uses data from multiple sources to identify people with HIV who are not in care, and re-connect them to care. Mukhtar Mohamad will present the latest D2C findings, and then the team can discuss. Ms. Nembhard asked participants to ask their questions in the chat, or wait until the end of the presentation to unmute and ask questions.

Presentation. Mr. Mohamed presented background information on D2C, the methodology used for the most recent, completed D2C cycle, demographic data, and findings from the cycle (see the D2C Presentation for details). Key points from the presentation included:

- **Definition**. D2C is a public health strategy that uses HIV surveillance and other data to support the HIV Care Continuum, by identifying persons living with HIV who need HIV medical care or other services, and facilitating linkage to these services.
- **Data Sources**. D2C is informed by data from the HIV Surveillance Program, Ryan White Part B (Health Care and Support Services Program), and STD Prevention and Control Program. There are two pathways for locating and linking PWH to medical care: (1) HIV Surveillance Program laboratory reports and HIV Confidential Case Report Forms; and (2) STD Prevention and Control Program Disease Intervention Specialists (DIS) are notified by a publicly-funded agency or a private health care provider about a newly diagnosed case.

- **D2C Model**. Connecticut's model has six steps (see sidebar). Connecticut plans to conduct a D2C cycle every six months.



- **Methodology**. Connecticut identified PWH who might not have received HIV medical care during a 15-month time interval based on laboratory test results and other evidence of receipt of HIV care. The initial D2C list was generated on November 18, 2021, and covered the 15-month period for 8/17/2020 through 11/18/2021. Mr. Mohamed cautioned that this initial list overestimates the number of people who are out of care. After the list is generated, the data is matched against multiple databases to eliminate people who have moved out of state or passed away. Mr. Mohamed's colleague, Jen Vargas then updates the state's eHARS data system (i.e., cleans the data so it is more accurate for future D2C cycles).
- **Key Findings:**
    - **519 clients** were identified to be out-of-care.
    - **253 clients (49%)** were located (and subsequently linked to care). Mr. Mohamed defined "located" as those clients referred to DIS, located by DIS, and who had either labs sent to eHARS or received medication (antiretroviral) and services through Ryan White Part B Program.
    - The **demographic characteristics** of out-of-care clients were in line with all PWH in Connecticut (e.g., for sex at birth, age, race/ethncitiy, rsik factor). There were not major differences between the two groups.
    - There were no major differences in the demographic characteristics of clients who were located vs. clients who were not located. Mr. Mohamad noted the large number of clients on the list; DIS workers will continue to locate clients during subsequent D2C cycles (i.e., clients not located will be included in subsequent D2C cycles).
    - Most of the clients resided in Connecticut's **cities** (see Slide 34 heat map).
    - For located clients, the **percent virally suppressed rose from 14% (on their first lab) to 78%** (on their most recent lab). Virtually all (99%) received medical care.
- **Next Steps**. DPH will continue to implement D2C cycles every 6 months. They are currently wrapping up the **2022 D2C cycle which identified 367 out-of-care clients**. DPH is also in the process of hiring DIS Supervisors for the New Haven and Hartford regions.

Discussion. During the presentation, participants asked a number of questions in the chat, with DPH staff answering some questions in the chat. After the presentation Mr. Momamed and his colleagues at DPH answered additional questions. The main questions and answers by topic are summarized below.

- **Sharing the Presentation**. Dave will email the presentation and the meeting notes to participants, and will post the presentation on the CHPC website.
- **Disparities**. Andre McGuire: I am always mindful that the 30-30-30 race/ethncitiy numbers appear similar except when you look based upon percentage of population. Is there a breakdown by percentage of population?
    - Mukhtar: Will calculate rates for the next D2C presentation to show the disparities in prevalance of HIV by race/ethncitiy.
- **15-Month Criteria**. Angelique Croasdale: 15 months is a hard cut off. If someone is 2 years out of care, what happens to these folks?
    - Mukhtar and Ramón: The 15 months will include people who have been out of care within the 15-month care time interval per CDC D2C criteria. As the number of out-of-care clients decreases (it's dropped from 519 to 367 already), DPH can also change the criteria to include more clients (e.g., 18 months; 24 months or more).
- **Locating All Clients**. Andre McGuire: Is there anything in place to improve that 50% located rate?
    - Mukhtar: The first D2C cycle (pre-COVID) only had 79 clients, so DIS were able to locate nearly all the clients. At the beginning of the COVID pandemic, many people were not going to medical care and did not have a lab sent to DPH. The 519 clients in this cycle was more than could be located given staffing. If they are not located, they will be included on our next list. The good news is that the numbers are going down as the pandemic has eased. We have a more mangeable number of clients for the current cycle.
- **Change Located to Linked**. Tom Butcher: Is located equal to returned to care? The better term is linked if that is the case.
    - Mukhtar: That's correct. Located means we have a lab. Mukhtar will change "located" to "linked" for future presentations.
- **Clarifying Risk Factor Categories**. Andre McGuire: Are we to assume that all other IDU (injection drug users) are heterosexual? We break out IDU/MSM (men who have sex with men), but do not have another cateogry for IDU/heterosexual. Xavier Day: We can't assume everyone else is heterosexual; we don't specify females in same-gender loving relationships or trans people. When we present data like this, we need to think about stigma and how being lumped into a category feels. Folks from the community will disengage when data is shared in this way. We need to update our assessments to ask: "How do you identify? How do you use?"
    - Mukhtar and Ramón: The risk factors are based on the CDC criteria, which hasn't changed for many years and should evolve. IDU/MSM is currently included because it is considered a dual risk.

  - Peta-Gaye. These are important issues that will need to be addressed outside of QPM (i.e., changing assessment forms).

- **Staffing**. Tom Butcher: Didn't Wanda Richardson and Curtis Patterson retire? Is Linda Ferraro still working in STI? How many DIS do we have and how many vacancies? Andre McGure: Do the demogrpahics of the DIS workers reflect the communities?
  - Marianne Buchelli: There are currently 9 DIS, with plans to hire Regional Supervisors and at least 2 DIS; Nathan Santana has already been hired to replace Wanda Richardson as New Haven / Farfield County Regional Supervisor. Linda and Curtis are helping DPH as a retired temp workers. We have a diverse DIS staff. Many come from the community and have experience as HIV counselors.
- **Zip Code-Level Data**. Angelique Croasdale: Which zip codes have the highest level of out-of-care individuals? That would help Ryan White.
  - Mukhtar: Will analyze the data to identify zip codes with the most out-of-care clients, and share with the team.
- **Collaboration**. Angelique Croasdale: How are you collaborating with Ryan White and non-RW to full engage the 200+ clients who never engaged in care? Is there going to be pathway for data sharing with RW/local health department and DPH? Tom Butcher: There was supposed to be a presentation to the NH EMA Planning Council about data sharing in November but it was called off by the DPH.
  - Mukhtar: Will continue to collaborate on the data, and noted conversations about other collabroations would occur at the DPH leadership level.
- **D2C Cycles**. Anthony Santella: Is this the first time this analysis has been done? Angelique Croasdale: Can you do a comparison from the inception of the project?
  - Mukhtar and Ramón: The first D2C cycle was completed before COVID. As noted above, the current cycle has shown a decrease in the numbers, which Mukhtar expected to continue. The plan is to present the D2C data each year.
- **Connection with STIs**. Angelique Croasdale: I would love to here how D2C is meaningfully connecting to STI: how may STI-diagnosed are linked to PrEP and treatment.
  - Ava Nepaul: The STD Program DIS interview all newly diagnosed persons and are the ones who also work out-of-care cases. We do Partner Services and linkage to care for all clients (for both HIV and syphilis). A standard part of DIS work is educating and referring clients to PrEP. There is systematic collection of D2C data in CTEDSS that the D2C Coordinator is able to access. Information on the current number of DIS will be presented in the future.
- **Data Systems**. Tom Butcher: Is the E2CT data system running? Part B programs are struggling to use it to collect Part B data. How can it be compared to the Part A data? Angelique Croasdale: Where is the STI connection in this model?
  - Mitchell Namias: Yes, E2CT is up and running in the EMA and providers have been inputting data.

  - Gina D'Angelo: D2C uses all available systems to do its work.
  - Ramon: CTEDSS is the STI data connection, and contains statewide data including STI clinics.

- **Data Issues**. Angelique Croasdale: Within our own data set, we have more people out of care. How is this so?
  - Mukhtar: Will explore the discrepancy in a separate meeting with Angelique.
- **Promising Practices**. Mark Nickel: Does the data provide any clues about what is working better in terms of DIS (or coordination within communities or even efforts by partners on the same issue), where, and why?
  - This question was not addressed at the meeting due to time constraints.

Performance Measures. Ms. Nembhard asked the team to identify performance measures that could be part of monitoring the implementation of D2C. This is part of QPM's role in assisting with montioring implementation of the 2022-2026 Plan.

Mr. Mohamed suggested the following measures:

- **The number of clients identified as out-of-care**. DPH will calculate this every 6 months for each D2C cycle.
- **Viral load suppression rates / improvement**. For this cycle, the percent increased from 14% to 78% for those linked to care.
- **Linkage to medical care**. For this cycle, DIS linked approximately 50% of out-of-care clients.
- Mr. Mohamed also suggested retention in care as a measure, but Ms. Nembhard noted that the federal definition does not align with the practices of many medical providers – who are not seeing virally suppressed patients as often.

Mr. Croasdale agreed on using linkage to care as a measure, and suggested:

- Collaboration with the Ryan White Plannin Councils at least quarterly as a quality assurance measure.
- Including demographic breadowns of out-of-care clients to assess if some populations are more difficult to link to care. These demogtraphic comparisons weres included in the current presentation, and will be part of future DPH presentations on D2C. Mr. Mohamed stated that he can present on the current D2C cycle in mid-year 2023.

Summary and Next Steps

Angel Cotto asked about next steps,and how to **engage non-Ryan White providers**. Ms. Nembhard noted that this is part of the work to be accomplished in the Plan.

Ava Nepaul requested that the **STD Program present at a CHPC meeting** to address the questions that arose during the meeting (see above). For example, the STD Program is engaged in D2C, and addresses HIV and co-infections as well as STIs. Ms. Nepaul would like to demystify the program's work for CHPC

members and public participants. Mr. Mohamed agreed that the DIS workers are the backbone of the D2C efforts in engaging people and linking them to care. D2C is only a small part of all the work they do. Ms. Nembhard noted that QPM has also recommended the STD Program to present on the latest STI data.

Ms. Croasdale agreed on the need to break down silos, and praised the **Surveillance Department** as well for all their assistance. Mr. Butcher ageed; Surveillanve is the most public-facing department for Ryan White Part A; their data helps with priority-setting and grant proposals.

Feedback and Adjourn

Ms. Nembhard thanked everyone for their participation and asked for feedback on the meeting. In addition to general thanks for Mukhtar and the DPH team, comments from the chat included:

- Angel Cotto: Great presentation!
- Dante Gennaro: Thank you for such an amazing conversation. I'm excited to see how this group continues in the new year!
- Marianne Buchelli: Kudos Ramón, Sue, and DIS. Thank you Peta-Gaye! You are a gem!
- Xavier Day: I haven't been in QPM in over 2 years; love the energy and commitment I see and the passion for the work we do and the lives we impact. You all are amazing humans that touch lives. Also, NAP cannot wait to partner with QPM.
- Venesha Heron: Great and very productive meeting! Thanks to you all. Special thanks, Mukhtar!
- Nilda Fernandez: Great presentation! Thank you Mukhtar and Data Team.
- Susan Major: I love seeing such engagement. Thank you to Mukhtar for a wonderful presentation!
- Ruth Garcia: This was a great discussion!
- Angelique Croasdale: Glad to be on QPM; love me some data that makes sense or does not make sense...
- Mariliz DeJesus: I always enjoy joining the meetings. I like hearing from other programs how they work out these issues; thank you all that shared and all the great data from Mukhtar and Ramón and all others that shared.
- Nilda Fernandez: Glad TGA is in the CHPC space today!!
- Tom Butcher: Good presentation. Thank you.
- Mark Nickel: Peta-Gaye is amazing! Get that in the chat! Sue, you did an awesome job.

Adjourn

The meeting adjourned at 12:34 pm.

Meeting Participants:

Victor Acevedo, Ellen Blaschinski, Marianne Buchelli, Tom Butcher, Angel Cotto, Angelique Croasdale, Gina D'Angelo, Daniel Davidson, Xavier Day, Martina De La Cruz, Mariliz DeJesus, Christina Del Vecchio, Luis Diaz, Dulce Dones-Mendez, Natalie DuMont, Stephen Feathers, Nilda Fernandez, Ruth Garcia, Dante Gennaro, Jonida Gjika, Selma Gooding, Cynthia Hall, Ericka Hardie, Venesha Heron, Portia Howard, Dan Hulton, Marcelin Joseph, Sue Major, Mieykeya McClendon, André L. McGuire, Mukhtar Mohamed, Kelly Moore, Erika Mott, Mitchell Namias, Ava Nepaul, Mark Nickel, Dustin Pawlow, Ludger Pierre-Louis, Ken Plourd, Marie Raynor, Jackie Robertson, Ramón Rodriguez-Santana, Nathan Santana, Anthony J. Santella, Roberta Stewart, Meghan Tastensen, Meg Thornton, Jen Vargas, Melinda Vazquez-Yopp, Danielle Warren-Dias

##End QPM Notes##