



Quality and Performance Measures (QPM) Team

Meeting Notes January 18, 2023

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Meeting Notes

Participants: Marianne Buchelli, Tom Butcher, Angel Cotto, Angelique Croasdale-Mills, Gina D'Angelo, Daniel Davidson, Xavier Day, Mariliz DeJesus, Luis Diaz, Natalie DuMont, Nilda Fernandez, Clunie Figaro Jean-Baptiste, Ruth Garcia, Tawana Hart, Dan Hulton, Doug Janssen, Michael Judd, Dr. Anne Kohler, Maria Lorenzo, Sue Major, Mieykeya McClendon, Mukhtar Mohamed, Erika Mott, Mitchell Namias, Ava Nepaul, Nathan Parrilla, Dustin Pawlow, Ludger Pierre-Louis, Ramón Rodriguez-Santana, Meghan Tastensen, Meg Thornton, Jen Vargas, Lizbeth Vazquez, Melinda Vazquez-Yopp

Facilitator: Peta-Gaye Nembhard

Recorder: Dave Bechtel

Meeting Summary

- **Orientation to QPM.** QPM chair Peta-Gaye Nembhard provided an overview of the Quality and Performance Measures (QPM) team and reviewed key terms used in QPM's work. See the [orientation slides](#) for details.
- **Initial Listing of Quality Improvement (QI) Projects.** The team reviewed an initial compilation of current and recently completed QI projects across the Ryan White Parts (see [Handout 2](#) for details). Participants provided feedback on the initial list to better categorize the types of projects and add to the list (e.g., adding new QI projects for 2023).

Identified Tasks

1. CHPC staff (Dave) will revise the list of QI Projects to reflect participant feedback.
 2. Dave will send the draft Monitoring Plan developed by QPM in 2022 to meeting participants (per the meeting discussion on the best ways to monitor 2022-2026 Plan implementation).
 3. Angelique Croasdale-Mills will send Dave the new QI projects for Ryan White Part A Hartford.
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Welcome and Introductions

QPM chair Peta-Gaye Nembhard welcomed everyone to the Quality and Performance Measures (QPM) Team and thanked new participants for joining the meeting. QPM focuses on data in order to end the HIV epidemic and related epidemics. 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.

To start the meeting, participants completed a poll on their past participation in QPM:

- 15% were new to QPM.
- 33% have been to several QPM meetings.
- 52% have been participating in QPM for at least one year.



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Participants then introduced themselves and approved the November QPM meeting notes without changes. In the chat, Tom Butcher asked if there were any action items we need to discuss from the November meeting? Dave stated that Mukhtar Mohamed had shared additional requested data with the team, and will share the results of future Data To Care cycles with the team after they are completed (see the November 2022 QPM meeting notes for details on Data To Care).

QPM Orientation

Ms. Nembhard noted that we like to start off each year with an introduction to QPM, particularly for new CHPC members and folks who are new to QPM. Ms. Nembhard encouraged long-time QPM members to find one new “nugget” of information in the presentation, and to think about what else might be helpful for folks to know about QPM’s work.

Ms. Nembhard presented an overview of QPM team and reviewed key terms used in QPM’s work. Key themes from the presentation included:

- **QPM Roles.** The team reviews and discussed data; develops indicators to track our progress in HIV prevention and care; and helps improve the quality of HIV prevention and care.
- **Data.** Ms. Nembhard emphasized that numbers = people. Discussions of data can sometimes seem abstract, but these numbers can assess attitudes and perceptions including customer satisfaction; document needs and gaps; measure performance; be used to improve services; and show the impact of resources used.
- **Indicators.** An indicator is a measure used to determine, over time, an organization’s (or system’s) performance of a particular element of care. QPM spent much of 2022 deciding on indicators to track progress for the 2022-2026 Plan, with most of our indicators focused on outcomes for people (e.g., viral load suppression). See [Handout 1](#) for the Plan indicators.
- **Monitoring Plan Implementation.** In 2022, QPM also developed an approach for monitoring implementation of the 2022-2026 Plan. This includes: identifying performance measures for key Plan strategies; collecting implementation data on a regular basis; and pilot-testing the approach for January through June 2023.
- **Quality Improvement (QI).** Quality improvement (QI) refers to activities aimed at improving performance, with agencies using ongoing QI processes to achieve major improvements over time through small, incremental changes. Many organizations use the Plan-Do-Study-Act (PDSA) model to improve their performance and outcomes. Ms. Nembhard encouraged organizations to create QI teams that include non-traditional staff (e.g., go beyond direct-service staff).
- **QPM 2023 Workplan.** Last September, the team identified 2023 priorities for its data, indicator, and QI work. This includes: data presentations on HIV testing, PrEP, and Sexually Transmitted Infections (STIs); organizing a Quality Summit for Fall 2023; continuing to develop indicators for the Plan (e.g., housing stability indicator); and pilot-testing the monitoring plan.

Participants provided the following feedback on the QPM workplan:

- **NAP Interface.** Angelique Croasdale-Mills stressed the importance of coordinating efforts with the Needs Assessment Projects (NAP) team. Ms. Nembhard agreed that this is important; Dave



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noted that changing the meeting schedule and sharing resources across the teams (e.g., stigma assessments) can improve coordination. Ms. Croasdale-Mills stated that NAP should also be involved in developing a housing indicator.

- **Monitoring Plan Implementation.** Ms. Croasdale-Mills stated that QPM should consider monitoring Plan implementation on a quarterly basis. Part A has quarterly reports; if the 2022-2026 Plan is intended to be a living document, we need more frequent monitoring to address shortfalls on a timelier basis. Monitoring data needs to be at the program level as well as the state level. In the chat, Mr. Butcher stated that Part A New Haven-Fairfield also monitors quality quarterly.

Ms. Nembhard stated that QPM can align monitoring based on the timing for activities, with short-term activities (like message campaigns) being reported on a more frequent basis. The challenge is identifying who to request data from, and gathering the data. In 2022, QPM decided to pilot-test the process for a 6-month reporting period, but we can revisit this approach based on feedback from the team. In the chat, Gina D'Angelo noted that a difference from Part A is that the CHPC doesn't provide direct service, and that monitoring will need to depend on when data is available. In the chat, Mr. Butcher suggested identifying which measures will be measured in 3, 6, or 12-month increments at the next meeting. Dave added Mr. Butcher's suggestion to the Parking Lot for future discussion.

Ramón Rodríguez-Santana noted that DPH (Connecticut Department of Public Health) submits its HIV prevention federal reports every 6 months, but needs to do quality assurance first to verify the accuracy of the data. This process includes monitoring outliers and trends in the data. DPH can provide data for a specific time period, but needs to verify the data first.

Initial Listing of Quality Improvement (QI) Projects

Ms. Nembhard stated that QPM spent most of 2022 working on the HIV Prevention and Care Plan, so did not have time to work on quality improvement (QI). For this reason, we wanted to start this year by looking at current and recently completed QI projects. This can help in sharing projects of interest via QPM's annual Quality Summit. QPM may also identify critical topics that are not being addressed, and encourage future projects on these topics.

Dave reviewed an compilation of current and recently completed QI projects (see Handout 2). Dave noted several caveats about the data:

- The initial list does not include projects from all Ryan White-funded agencies, and does not include QI projects funded by other sources (e.g., HIV prevention). For Part A New Haven / Fairfield Counties, the specific QI projects are being developed over the next two months.
- There may be some duplicates, where the same project is listed under different Ryan White Parts. In the chat, Ms. Croasdale-Mills noted that there may be duplicates for several Part A and Part C projects.
- The initial coding of projects by type is fairly rough, and many could be categorized in multiple areas (e.g., retention in care project focused on improving data quality). In the chat, Mitchell Namias stated that the Part B projects should be categorized as viral load suppression and medical visits (vs. data quality). Dave will update this on the handout.



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The group briefly discussed the initial listing of projects:

- Ms. Croasdale-Mills asked if all the projects were focused on quality improvement (QI) vs. quality assurance (QA). Ms. Nembhard replied that they were all QI projects, typically using the PDSA model.
- Ms. Croasdale-Mills noted that Ryan White Part A Hartford has new QI projects this year. Ms. Croasdale-Mills will send the list to Dave.
- Ms. Nembhard asked if there are topics or areas that QPM should highlight or encourage for QI projects? Ms. Croasdale-Mills stated that the data should dictate the focus for future projects. Dave agreed, and noted that the planned data presentations and indicator update can help in identifying topics. For example, past QPM data presentations highlighted the need to improve PrEP uptake among African-Americans and Latinos. In the chat, Mr. Butcher agreed: "I'd love to know more about any PrEP PDSA and its progress. So much is about care and not prevention." Dr. Kohler shared a QI project that HRA of New Britain is implementing to improve participation among people of color in psycho-social groups.
- Dave encouraged providers who've completed QI projects (e.g., promising practices, key lessons learned) to consider presenting at the Quality Summit. Ms. Croasdale-Mills cited CHC's project on PrEP as an example. Ms. Nembhard agreed, and noted that projects where you pivoted (learned) are also worth sharing.

Meeting Feedback

Ms. Nembhard thanked everyone for participating and asked for feedback on the meeting. Ms. Nembhard noted that they changed the committee meeting times to encourage more participation, which includes ending promptly at 12:15 pm so participants have a break between committee meetings.

In the chat, participants provided the following feedback:

- Angelique Croasdale-Mills: OK first start.
- Community Health Center Inc. Team (Lizbeth, Michael, Doug, Maria, Nathan): So glad to see so many passionate individuals working on the same front! Looking forward to future meetings!!
- Marianne Buchelli: Thank you!

Adjourn

The meeting adjourned at 12:15 pm.

##End QPM Notes##