



## Quality and Performance Measures (QPM) Team

Meeting Notes March 17, 2021

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### Meeting Notes

**Participants:** Sam Bowens, Gigi Chaux, Belinda Clark, Daniel Davidson, Christina Del Vecchio, Nilda Fernandez, Linda Ferraro, Shannon Francis, Daniel Hulton, Clunie Jean-Baptiste, Dionne Kotey, Heather Linardos, Luis Magaña, Susan Major, Lynn Mitchell, Marlene Moranino, Erika Mott, Consuelo Muñoz, Mitchell Namias, Lujé Pierre Louis, Shaquille Pigatt, Jackie Robertson, Tajae Sergeon, Bob Sideleau, Sue Speers, Abigail Torres

**Facilitator:** Peta-Gaye Nembhard

**Recorder:** Dave Bechtel

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#### Meeting Accomplishments

The team accomplished the following tasks:

- Reviewed Partner Services data and discussed potential indicators to track for the comprehensive plan. The team suggested future analyses include: results for key sub-populations such as MSM (men who have sex with men); data on connections to HIV care and to PrEP; and trends in referral sources.
- Learned about CCMC/UConn Health's plans to pilot-test a 12-question version of the HIV Stigma Scale.

#### Identified Tasks

- QPM staff will circulate the following documents to the team: (1) 12-item version of the HIV Stigma Scale; and (2) the Partner Services presentations (2020 and 2021).
  - Nilda Fernandez will share the results of the HIV Stigma Scale pilot-test with the team once the pilot is completed.
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#### Welcome and Introductions

New DAC co-chair Peta-Gaye Nembhard welcomed everyone to the Quality and Performance Measures (QPM) Team at 11:05 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 and approved the February QPM meeting notes by consensus.

#### Updates from February Meeting

Ms. Nembhard noted next steps from the QPM Team's February meeting. In February, the team worked on a more friendly version of the CHPC Progress Indicators and provided feedback on how the CHPC can



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monitor the implementation of our next Comprehensive Plan. Dave made revisions to the drafts based on team discussions, and shared revised versions of each document:

- **Progress Indicators Handout.** The new handout shows progress on achieving each indicator goal, and a second page with charts showing trends by indicator (thanks to Sue Speers). Dave polled participants asking which charts to include on the handout. Participants agreed by consensus to include all of charts on page 2 of the handout.
- **Draft Monitoring Plan.** The revised version of the monitoring plan summarizes team suggestions for compiling updates on plan implementation twice a year, and a template for presenting the updates to the CHPC and HIV Funders Group.

### Partner Services Presentation

Ms. Nembhard introduced Linda Ferraro, the STD Program Director at the Connecticut Department of Public Health (DPH), and the Partner Services program. Partner Services is a free and confidential health department program that assists in linking people diagnosed with an STI (sexually transmitted infection) or HIV and their partners to testing, treatment, medical care, prevention interventions and/or other appropriate support services in order to improve their health outcomes and reduce the risk of transmission to others. A disease intervention specialist (DIS) will let partners know that they might have HIV without using the client's name. Partners need to know so they can get treatment and avoid transmitting HIV or STDs to other people. Just as we are doing contact tracing for COVID, Partner Services does contact tracing for HIV.

Prior to Ms. Ferraro's presentation, participants completed a poll asking about their familiarity with Partner Services. For those who responded:

- 47% had referred an individual to Partner Services in the past year.
- 73% knew who to contact at Partner Services (see sidebar for key contacts by region).

**Partner Services 2019 Data.** Ms. Ferraro and her colleague, Lynn Mitchell, STD Surveillance Coordinator, presented 2019 data from Partner Services' new data system. Key data included:

- 245 individuals diagnosed with HIV were assigned for interviews. Of these 17 were "out of jurisdiction" (i.e., did not live in Connecticut).
- Partner Services attempted to conduct interviews with a total of 190 individuals (referred to as index clients). Partner Services **completed 143 index interviews**, and were unable to contact / interview 43 individuals.
- These 143 index interviews **identified 66 partners**.
- Partner Services **completed 43 partner interviews**, and were unable to contact / interview 23 partners. Of the partners interviewed, four (4) were newly diagnosed with HIV.

#### Partner Services Contacts

- Region 1 – Counties: Hartford, Litchfield, Tolland, Windham, New London, and interior of Middlesex. **Ava Nepal**, DIS Supervisor - (860) 509-8239, cell (860) 549-6928
- Region 2 – Fairfield, New Haven, and shoreline of Middlesex. **Wanda Richardson**, DIS Supervisor - (203) 946-7233, cell (860) 559-8489



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**Discussion.** The team asked questions and noted implications of the data. Themes from the discussion included:

- Heather Linardos asked about the difference between the **number of in-jurisdiction individuals** (228) and the number of attempted interviews (190). Ms. Ferraro stated that these included duplicate records and other data issues.
- Sue Major stated that Partner Services typically is the intervention that finds the **highest percentage of new positives**. For 2019, the seropositivity rate was 6% for all partners that were contacted. (4 new HIV+ out of 66 partners).
- Daniel Davidson asked if Partner Services had more or less success in **reaching / eliciting partners from MSM** (men who have sex with men). Ms. Ferraro stated that they would need to do further analyses to determine this. Ms. Mitchell stated that contacting tracing has generally been challenging work (even with incentives like gift cards), but historical results have been fairly good for HIV.
- Bob Sideleau asked how can we improve **PrEP referral and uptake**, especially for those with an STI diagnosis like syphilis. Ms. Ferraro stated that they should have better data on this in future years. 2019 was the first year that staff were using the new data system, and some information on PrEP may be missing. It's also important how DIS workers ask questions about PrEP and make referrals. Mr. Sideleau agreed, noting the importance of strong connections between PrEP Navigators and outreach staff. Luis Diaz has also presented on PrEP referrals.
- Ms. Nembhard asked if Partner Services checks if partners who are "previous positives" (i.e., had previously been diagnosed with HIV) are in **care**. Ms. Ferraro stated that this is part of the interview process, but they would need to conduct further analyses of the data to check how many are in care. Partner Services can also track data on newly diagnosed individuals who are connected to care.
- Dave asked about the 11 index clients who were receiving **PrEP**. Does this mean they infected while taking PrEP? Ms. Ferraro cautioned that this could be more about how the question was asked, or might include individuals who had previously taken PrEP.
- Ms. Linardos asked about the **source of referrals** to Partner Services, noting that all individuals newly diagnosed from surveillance data are being routinely referred to Partner Services now. Ms. Ferraro stated that they could analyze this for 2019 and 2020. Generally, referrals are made by a mix of private providers, community-based organizations, and surveillance. Partner Services is usually more successful when community-based organizations refer (compared with private providers that may be ERs or urgent care).
- Ms. Nembhard asked how relationships with **private providers** begin. Ms. Ferraro stated that once a case is identified, the DIS supervisor makes the first call to the provider office, and then the DIS worker will follow up with the provider about treatment dates and other information.
- Ms. Nembhard suggested also reporting on **referrals** to PrEP (for partners who test negative) and connections to care (for partners who test positive).



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**Potential Indicators.** The team also discussed potential Partner Services indicators. Ms. Ferraro suggested:

- The number of index clients interviewed.
- The percent of partners tested.
- The percent of partners who test positive.

Ms. Speers asked if Partner Services was already tracking indicators for its new federal grant. Ms. Ferraro stated that the project was tracking the syphilis indicators discussed at the September 2020 QPM meeting, but not any indicators related to HIV.

**Next Steps.** Ms. Ferraro will share today's presentation and her 2020 Partner Services presentation with the team, and noted that the 2020 Partner Services data should be finalized in fall 2021. At that point, she can share 2020 vs. 2019 data. Mr. Namias stated that a comparison between 2019 and 2020 would be very insightful.

Ms. Nembhard asked if **Partner Services can present** to new staff at agencies; there are many new staff at Hartford Ryan White agencies. Ms. Ferraro suggested inviting a larger group, and Mr. Sideleau offered to have CAETC (Connecticut AIDS Education and Training Center) host a webinar. Ms. Nembhard suggested that Partner Services could be part of a Quality Summit that QPM will be discussing at future meetings. Ms. Fernandez also suggested that a medical **Grand Rounds** on Partner Services may be useful for medical providers at hospitals. Mr. Namias agreed.

Participants thanked Ms. Ferraro and Ms. Mitchell for the presentation. Ms. Major noted that it is great to have data from the new data system.

### Piloting the HIV Stigma Scale

Ms. Nembhard stated that one of QPM's top priorities for 2021 is to pilot-test the HIV Stigma Scale as potential indicator. Last year, QPM reviewed different surveys and measures of stigma. The team decided on the HIV Stigma Scale – which is a 40-item survey for people living with HIV.

Dave first reviewed the HIV Stigma Scale (see <https://www.surveymonkey.com/r/HSS-Test>). Nilda Fernandez then shared CCMC/UConn Health's plans for pilot-testing the Stigma Scale. The CCMC/UConn team reviewed the 40-item scale and decided that it was very long and that some questions were quite harsh and might make people feel bad. Ms. Fernandez and her team decided pilot-test a 12-item version of the Stigma Scale with three groups of clients:

- Women living with HIV participating in a peer-to-peer group.
- Young MSM.
- Youth who were born with HIV.



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CCMC/UConn will provide a gift card for completing the survey, and added an open-ended question at the end asking for feedback on the survey itself. Ms. Fernandez will share the results of the pilot-test with QPM once it is completed, and encouraged other providers to try out the Stigma Scale.

Ms. Nembhard asked how CCMC/UConn will process the survey with clients. Ms. Fernandez reported that they will meet with consumers to digest the results, and incorporate next steps into their Client Service Plan. Ms. Nembhard also suggested presenting the results at the National Ryan White Conference.

Gig Chaux asked about modifying question 12 of the survey to add family members as well as friends being lost. Dave noted that we can make changes to the question, but that the current version has been studied and shown to measure four sub-scales of stigma: personalized stigma, disclosure concerns, concerns about public attitudes, and negative self-image.

Ms. Nembhard encouraged other providers to review the Stigma Scale and consider pilot-testing it in their agencies. Ms. Fernandez noted that we need to address stigma when developing the comprehensive plan. Stigma is embedded in almost every aspect of PrEP, HIV, Hepatitis C, and Syringe Services Programs; we need to address it intentionally.

### Meeting Feedback

Ms. Nembhard asked participants to share feedback on the meeting, and to bring resources like the HIV Stigma Scale back to your agencies. Mr. Sideleau thanked Ms. Nembhard for her energy and leadership as the new co-chair, and participants shared additional comments in the chat (see sidebar for details).

### Adjourn

The meeting adjourned at 12:28 pm.

### Feedback via Chat

- Mr. Sideleau: Very useful data today.
- Ms. Fernandez: The Partner Services presentation was very informative.
- Ms. Major: Thank you for the Partner Services data Linda and Lynn.
- Consuelo Munoz: Both presentations were great.
- Luis Magaña: Thanks, Nilda!
- Ms. Chaux: I will share if we move forward with pilot! Thank you all for great data and info!
- Ms. Fernandez: Great job Peta-Gaye!
- Ms. Fernandez: We need to continue to use aa sex positivity lens as we talk about QPM indicators.

##End QPM Notes##