



Quality and Performance Measures (QPM) Team

Meeting Notes April 20, 2022

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Meeting Notes

Participants: Mariliz DeJesus, Christina Del Vecchio, Nilda Fernandez, Jonida Gjika, Charles Hardy, Tawana Hart, Clunie Jean-Baptiste, Susan Major, Mukhtar Mohamad, Darniel Mojica, Erika Mott, Consuelo Muñoz, Sarah Ngongi-Wumba, Luje Pierre-Louis, Ramón Rodriguez-Santana, Meghan Tastensen, Melinda Vazquez-Yopp

Facilitator: Peta-Gaye Nembhard

Recorder: Dave Bechtel

Meeting Summary

The team discussed the alignment of current CHPC indicators with national (NHAS) indicators, and potential syndemic indicators. The following table shows the decisions reached.

Type	CHPC Indicator	NHAS Indicator	Indicator(s) for 2022-2026 Plan
PrEP	PrEP-to-Need Ratio	PrEP Coverage	<ul style="list-style-type: none">Use the CHPC indicator
HIV Testing	Seropositivity rate for state-funded sites	None	<ul style="list-style-type: none">Remove indicator and consider an alternative measure at a future QPM meeting
Syringe Services Program (SSP)	# clients, # syringes distributed	None	<ul style="list-style-type: none">Keep the CHPC indicator
STIs	Syphilis cases and contact tracing	None	<ul style="list-style-type: none">Keep the CHPC indicatorConsider adding gonorrhea and chlamydia
Hepatitis C	Newly diagnosed	None	<ul style="list-style-type: none">Keep the CHPC indicator
Substance Use	None	None	<ul style="list-style-type: none">Add Substance Use indicator for overdoses, using data from the DPH dashboard

Identified Tasks

- QPM staff (Dave) will check past QPM meeting notes on the reason the team removed one of the SSP measures (i.e., number of syringes collected).
- Dave will share the February 2022 QPM meeting notes with meeting participants, highlighting the discussion of comprehensive sex education.

Welcome and Introductions

DAC co-chair Peta-Gaye Nembhard welcomed everyone to the Quality and Performance Measures (QPM) Team at 11:03 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 shared a brief [video she and Dante created on having productive meetings](#). QPM has started implementing these strategies over the past few meetings (e.g., using polls, using a “parking lot” to keep track of any topics that arise which aren’t part of the meeting agenda). Ms. Nembhard also



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noted that QPM is addressing complex data issues with lots of acronyms and jargon, and looking at all aspects of the HIV epidemic (i.e., prevention, care, disparities, related epidemics). Please ask questions if something is not clear about the indicators, the data sources, or the topics.

Participants then introduced themselves and approved the March QPM meeting notes by consensus.

Revising the CHPC Progress Indicators

Ms. Nembhard stated that the team will (hopefully) finish revising the indicators for the 2022-2026 Plan, comparing the current indicators with indicators from the [National HIV/AIDS Strategy](#) (NHAS) and discussing syndemic indicators for STIs (sexually transmitted infections), Hepatitis C, and substance use. Handout 1 shows the comparison, and includes brief summaries of discussions from past QPM meetings.

Ms. Nembhard provided context for the discussion:

- **Progress Indicators.** The CHPC Progress Indicators are designed to help us assess overall progress in ending the HIV epidemic and the syndemic. The key questions to consider for each indicator include:
 - Does the indicator help us assess how we're doing in ending the HIV epidemic? Does it help tell Connecticut's story?
 - Can we accurately measure the indicator? Do we have the data? Can we calculate an accurate estimate (for those indicators that may rely on surveys)?
 - Can the indicator help us improve our efforts?
- **Performance Measures.** Once the Plan is developed, QPM can identify measures to help assess implementation of key strategies and do deeper dives in specific areas to see if our efforts are reaching priority populations. Our focus today is on the overall progress indicators.

Handout 1 included indicators selected for the 2022-2026 Plan (at the February and March meetings), and indicators for the team to discuss at today's meeting. Dave reviewed each prospective indicator, participants completed a poll to get a "sense of the group," and then discussed those indicators where there was not a general consensus. The team reviewed and discussed the following indicators:

PrEP. The current CHPC indicator is the PrEP-to-Need Ratio: the number of people taking PrEP divided by the number of people newly diagnosed with HIV. The NHAS indicator is PrEP Coverage: the percent of people with indications for PrEP who have been prescribed PrEP. (See Handout 1 for past QPM discussions of the rationale for using each indicator.)

- Poll. 69% voted to keep the CHPC indicator.
- Decision. The team agreed to keep the CHPC indicator.

HIV Testing. The CHPC indicator is the percent of positive HIV tests from: state-funded routine testing programs, and state-funded targeted testing programs (called the seropositivity rate). There is no NHAS indicator for testing.

- Poll. 47% voted to keep the indicator and 35% voted to remove the indicator.



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- **Discussion.** Ramón Rodríguez-Santana stated that DPH used this indicator in the past for monitoring a federal CDC (Centers for Disease Control) grant. The CDC set a benchmark of 1% seropositivity for targeted testing programs in non-health care settings (i.e., 1 positive test in every 100 tests) and a benchmark of 0.1% seropositivity for routine testing sites (1 positive test in every 1,000 tests). DPH is tracking this only for state-funded sites, so it is not an accurate measure for the entire state. Mr. Rodríguez-Santana and his colleagues use a different measure to assess the testing program's effectiveness: the **percent of all newly diagnosed identified in state-funded programs**. For example, state-funded testing programs identified 69 of the 174 HIV diagnoses in 2020, and this percentage has been increasing in recent years. This could be a better measure for HIV testing than the current CHPC indicator.

Dave suggested that the percent diagnosed might be a good performance measure for the state's HIV testing program, and Mr. Rodríguez-Santana partially agreed. The revised measure assesses the benefits of funded sites. Ms. Nembhard also suggested considering this as a performance measure.

Sue Major noted that the current CHPC indicator doesn't provide very useful information to help Connecticut improve its testing program. As the level of HIV testing increases, the seropositivity rate will (likely) decrease. Nilda Fernandez agreed with Ms. Major that the current indicator is not useful.

Ms. Fernandez asked if we need an HIV testing indicator if the routine testing legislation passes? Mr. Rodríguez-Santana cautioned that the legislation itself may not dramatically change the level of routine testing. New York passed similar legislation but did not see a substantial increase in testing, since there was not an accountability / enforcement mechanism (see [three research articles](#)). It may take several years for providers to change their practices, even with legislation.

Ms. Fernandez asked how many HIV testing sites are state-funded? Mr. Rodríguez-Santana shared the following information:

- There are 27 agencies: 21 agencies are state-funded and another 6 agencies receive supplies in return for sharing their testing data.
- There are 107 state-funded testing sites.

After checking with participants about reasons for keeping the current indicator, Ms. Nembhard suggested removing the current HIV testing indicator and revisiting Ramón's proposed new measure at a future meeting.

- **Decision.** The team agreed to remove the CHPC indicator, and consider the alternative measure at a future QPM meeting.

Syringe Services Program (SSP). The current CHPC measures are: the number of SSP clients served, and the number of syringes distributed. There is no corresponding NHAS indicator.

- **Poll.** 69% voted to keep the CHPC indicator.
- **Discussion.** Dave noted that QPM had previously included the number of syringes collected as part of this indicator. Mr. Rodríguez-Santana stated that this is an important measure, and



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recommended including it. Dave will check past QPM notes to see why the team removed this measure and report back to the team.

- Decision. The team agreed to keep the CHPC indicator.

Sexually Transmitted Infections (STIs). The current CHPC measures are: the total number of syphilis cases, the number of cases investigated, and the number of investigated cases referred to PrEP. There is no corresponding NHAS indicator.

- Poll. 93% voted to keep the CHPC indicator.
- Discussion. Ms. Fernandez suggested considering other STIs in addition to syphilis. The infection rates for chlamydia and gonorrhea have increased dramatically, particularly among young women of color. QPM does not need to wait for the STI Coalition in order to track these STIs. Ms. Major noted that Ava Nepal is now the STD Surveillance staff person; the team can ask Ava to present on all STIs at a future meeting. Ms. Nembhard agreed, noting that QPM typically includes data presentations on specific topics. The team has focused on 2022-2026 Plan so far this year, but will invite presenters once our work on the plan is completed.
- Decision. The team agreed to keep the CHPC indicator, and will consider adding measures for chlamydia and gonorrhea at a future QPM meeting.

Hepatitis C. The current CHPC indicator is the number of newly diagnosed chronic Hep C infections. There is no corresponding NHAS indicator.

- Poll. 88% voted to keep the CHPC indicator.
- Discussion. Ms. Fernandez asked about data from state-funded testing programs. Ms. Major stated that Hep C testing is not funded in the same way as HIV testing; there is much less data available on Hep C testing programs. DPH is working to improve its Hep C surveillance data; they currently rely on lab tests which are accurate but do not include detailed demographic data.
- Decision. The team agreed to keep the CHPC indicator.

Substance Use. There is currently no CHPC indicator for substance use, but Connecticut collects data on overdoses (see [dashboard](#)) and substance use among high school students (via the [School Health Survey](#)).

- School Health Survey. Mukhtar Mohamad stated that he worked on the School Health Survey (formerly called the Youth Risk Behavior Survey or YRBS) several years ago, and that this was a well-run, reliable survey that could be compared with national data. Ms. Major stated that it has been difficult to get schools to participate in more recent years, and they have not been able to generate reliable, weighted data. There is pending legislation that can hopefully improve future results (i.e., require selected schools to participate).
- Overdose Dashboard. Ms. Nembhard stated that Shobha Thangada (DPH) gave an excellent presentation on overdose data this month at the Ryan White Part A Planning Council meeting, with data available at the zip code level. The team briefly reviewed the overdose dashboard,



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which includes data by age range, town and race / ethnicity. Mr. Rodriguez-Santana shared the contact information for Shobha and her colleague, Erin Mulhern, in the chat. Ms. Major suggested that this data was more robust than the School Health Survey, and aligns with Syringe Services Program efforts to reduce overdoses. Mr. Rodriguez-Santana stated that the data helps identify and address hot-spots, and that there is also robust data on non-fatal overdoses. Ms. Nembhard noted that the dashboard includes data on school-age youth (as an alternative to the School Health Survey).

Ms. Major noted a challenge in setting a target for overdoses, as the number has increased dramatically over the past few years. Mr. Rodriguez-Santana agreed: programs have been achieving their objectives in terms of Naloxone distribution, but the number of overdose deaths has continued to increase. He suggested speaking with Shobha to review historical data and help set targets. Dave noted that one approach is to look at the trend and try to reduce the rate of increase.

- Discussion. Ms. Fernandez noted that QPM could use both measures. Mr. Mojica suggested collaborating with child and adolescent outpatient clinics to access data on youth substance use; youth may not disclose substance use on school surveys.
- Poll. 89% voted to use overdoses and 50% voted to use overdose deaths as measures (participants could select multiple measures).
- Decision. The team agreed to add an indicator for overdoses and overdose deaths.

Summary and Next Steps

Dave summarized the decisions reached. Please see Table 1 on page 7 for a complete summary of the revised indicators.

Parking Lot Issue

The following topic was raised at the meeting, and will be addressed at future QPM meetings: **How often is sex education and HIV awareness provided to communities, especially in communities of color?** Mr. Mojica raised this issue in the chat. Dave will share the meeting notes from QPM's February meeting, where the team discussed comprehensive sex education, and QPM can revisit this topic at a future meeting.

Meeting Feedback

Ms. Nembhard thanked members for their participation, and asked participants to share feedback on the meeting via the (advanced) poll. Responses by question are summarized below.

What did you like about today's QPM meeting?

- Good approach / discussion / facilitation. "This group is very respectful for the opinion of other people and this is great." "I love Dave is very good facilitator and moves us forward faster." "Great discussion! We got through the indicators!" "I really liked the options of what people are most comfortable with, even sending a direct message if they're maybe a little shy to say something out loud! I like the polls, they're very efficient!" "I love the Peta-Gaye guide video."



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“Insightful, to the point. Collective.” “I liked the structured environment. We were able to get the work done and have rich discussions.” “It ran smoothly. great discussions and we got a lot done. Dave and Peta are great facilitators.” “Organized.” “All the conversations were great!”

- Information / expertise. “I feel all the information is great and is great that you ask the public for answers or questions.” “Discussion was rich. Ramon is a wealth of knowledge.” “Great to have DPH data folks in the room to help move and inform the conversation.”
- “Everything”

How can we improve future QPM meetings?

- “Perhaps gather collective ideas on issues not being addressed and collect information as to why some sources may not want indicators.”
- “Continue to get others involved / engaged in the conversation during the meeting.”
- No suggestions / doing well. “I feel everything is great no need to change anything.” “Everything is working.” “Cannot think of anything at this time.” “I think you guys are doing great!” ““You guys were great!” “Thank you!”

Adjourn

The meeting adjourned at 12:26 pm.

##End QPM Notes##



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Table 1: CHPC Indicators for 2022-2026 Plan

Goal 1: Prevent New HIV Infections

Indicator	Description	2019 Baseline	2026 Goal
PrEP	<ul style="list-style-type: none"> PrEP-to-Need Ratio: The number of people taking PrEP divided by the number of people newly diagnosed with HIV 	12.0	
New HIV Diagnoses	<ul style="list-style-type: none"> Number of people newly diagnosed with HIV 	220	
Knowledge of HIV Status	<ul style="list-style-type: none"> Percent of PLWH aware of their status 	91%	

Goal 2: Improve HIV-related Health Outcomes of People with HIV

Indicator	Description	2019 Baseline	2026 Goal
Late Testers	<ul style="list-style-type: none"> Percent of people presenting with or diagnosed with AIDS within 3 months of their initial HIV diagnosis 	29%	
Linkage to Care	<ul style="list-style-type: none"> Percent of newly diagnosed who attended a routine HIV care visit within 1 month of diagnosis 	87%	
Contact Tracing / Partner Services	<ul style="list-style-type: none"> The number of newly diagnosed clients interviewed by DIS / Partner Services The percent of partners tested The percent of partners who test positive 	143 interviews 43 / 143 partners (30%) 10% tested positive	
Viral Load Suppression	<ul style="list-style-type: none"> Percent of PLWH in care who are virally suppressed (<200 copies/mL) Percent of people with diagnosed HIV who are virally suppressed 	90% 74%	



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Goal 3: Reduce HIV-related Disparities and Health Inequities

Indicator	Description	2019 Baseline	2026 Goal
Disparities	<ul style="list-style-type: none"> Annual number of new HIV diagnoses among: MSM, Black men and women, and Latino men and women Viral load suppression among MSM, Black MSM, Latino MSM, Black women, transgender women, people who inject drugs, and youth (13-24) 	See epi profile (15% decrease for previous plan)	

Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners

Indicator	Description	2019 Baseline	2026 Goal
Syringe Services Program (SSP)	<ul style="list-style-type: none"> Number of SSP clients served, number of syringes distributed 	4,428 clients 1.2 million syringes	
STIs	<ul style="list-style-type: none"> Total number of syphilis cases Number of syphilis cases investigated Number referred to PrEP 	TBD	
Hepatitis C	<ul style="list-style-type: none"> Number of newly diagnosed chronic Hep C infections 	TBD	
Substance Use	<ul style="list-style-type: none"> Number of overdose deaths Total number of overdoses (including non-fatal) 	TBD	

Indicators in Development:

- Housing Stability – discussed at March 2022 meeting; will revisit after the new indicator is finalized.
- Not in Care – new analyses being conducted by DPH this spring; plan a QPM presentation and discussion later in 2022.