Meeting Notes

Participants: Victor Acevedo, Tom Butcher, Belinda Clark, Mariliz DeJesus, Daniel Davidson, Christina Del Vecchio, Luis Diaz, Nilda Fernandez, Jonida Gjika, Dan Hulton, Clunie Jean-Baptiste, Luis Magaña, Susan Major, Mukhtar Mohamad, Darniel Mojica, Erika Mott, Consuelo Muñoz, Sarah Ngongi-Wumba, Luje Pierre-Louis, Ramón Rodriguez-Santana, Meghan Tastensen, Vin Valdez, Melinda Vazquez-Yopp

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

Meeting Summary

The team started to set goals for the (newly selected) 2022-2026 Plan Indicators. The following table shows the decisions reached. QPM will finish setting goals at its June meeting.

2022-2026 Plan Indicator	2019 Baseline	2026 Goal
PrEP-to-Need Ratio: The number of people taking PrEP divided by the number of people newly diagnosed with HIV	12.0	36.0
New Diagnoses: Number of people newly diagnosed with HIV	220	174
Knowledge of HIV Status: Percent of PLWH aware of their status	91%	93%
Late Testers: Percent of people presenting with or diagnosed with AIDS within 3 months of their initial HIV diagnosis	29%	20%
Linkage to Care: Percent of newly diagnosed who attended a routine HIV care visit within 1 month of diagnosis	87%	90%
Partner Services: The number of newly diagnosed clients interviewed by DIS / Partner Services	143	8% increase*
Viral Load Suppression: Percent of people with diagnosed HIV who are virally suppressed	74%	Continue discussion in June

* Tentative Goal: QPM will revisit goal after Partner Services is able to present to the team on additional data.

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 reviewed ground rules for the meeting, building on meeting feedback from QPM participants:

- QPM addresses complex data issues with lots of acronyms and jargon, and looks at all aspects of the HIV epidemic. Please ask questions if an acronym or term is not clear, or you need background information on the indicator.

- QPM will continue to use a Parking Lot to keep track of any topics that arise which aren't part of the meeting agenda. The team can address these topics at future meetings. (Dave is keeping a running list of topics.)

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

Updates from April Meeting

Dave Bechtel updated the team on tasks from the April meeting:

- **Syringe Services Program (SSP) Measure:** Why did QPM stop including "syringes collected" as one of the SSP measures? Since there is no longer a 1-1 requirement for exchanging syringes and there is typically a lag in collecting syringes, Ramón Rodriguez-Santana suggested removing syringes collected as an SSP measure. Ramón will continue to present data on syringe collection as part of his SSP data presentations to QPM.

- **QPM Discussion of Sex Education in Schools**. Per the team request, Dave shared an excerpt from the February 2022 QPM meeting notes where the team discussed high school comprehensive sex education. The document was included in the May meeting invite.

Setting Goals for CHPC Indicators

Ms. Nembhard noted that at the April meeting, the team finished revising the indicators for the 2022-2026 Plan. The list of indicators was included on pages 7 and 8 of the April meeting notes. Today, QPM is going to set goals for each indicator. Since this is challenging to do in a virtual environment, the team will use polls to vote on specific goals for each indicator.

Dave started by reviewing Handout 1, which includes indicators selected for the 2022-2026 Plan, baseline data (from 2019), state trends, and national goals (if applicable). To get an overall sense of the group, participants first completed a poll on the **overall approach** to setting goals. The results were:

35% Set goals that are more ambitious than current Connecticut trends but lower than national goals

29% Use Connecticut trends to set goals

24% Use our 2021 goals as a starting point

12% Set very ambitious goals aligned with the national (NHAS) goals

Tom Butcher suggested **setting goals based in reality, but that are more ambitious than current trends**. This can take into account our resources, and spur the state to use those resources well and work together to achieve stepped-up goals. Nilda Fernandez agreed that the goals should not set us up for failure, but we should strive to improve on existing trends.

Daniel Davidson asked **how the goals will be used**? Dave shared how QPM has been reviewing progress on the goals each year. Sue Major noted that Connecticut reports to the CDC (Centers for Disease Control) on how the state is doing compared with its goals. So, we would want to set goals that are attainable. Mr. Rodriguez-Santana noted that the CDC sometimes will set goals for Connecticut; the CDC may not always look at historical data when setting goals. Mr. Rodriguez-Santana suggested looking at state trends, comparing state with national data, and setting goals that strive to improve on existing results. Ms. Nembhard stated that Ryan White Part A uses this information in its reports to HRSA (Health Resources and Services Administration), although the data for the Hartford jurisdiction will differ from statewide data.

The team then reviewed individual indicators and voted on goals for each indicator via polls. In cases where there was a clear majority (60%+) for a goal, that goal was selected. Where there was not a clear majority, participants discussed potential goals and re-voted. (See Handout 1 for details on baseline data, state trends, and national goals.)

PrEP-to-Need Ratio: The number of people taking PrEP divided by the number of people newly diagnosed with HIV. This indicator should increase as more people take PrEP and fewer people are diagnosed with HIV. The PrEP-to-Need Ratio has tripled from 2015 through 2019.

- Poll. A clear majority (63%) voted to set the goal at 36.0 – continuing the current trend.

New Diagnoses: The number of people newly diagnosed with HIV. The number of new diagnoses decreased by 21% from 2015 through 2019.

Ms. Nembhard noted nuances with this indicator – especially with routine testing legislation likely to become law and with new testing initiatives such as Ryan White New Haven-Fairfield County's faith-based effort. As more people are tested, Connecticut may "find" more people infected with HIV. While this is good news and could decrease the percent of late testers, it may also increase the number of newly diagnosed. QPM will need to look across its indicators to "tell the story" of how we're ending the epidemic. Ms. Fernandez noted that even if the governor signs the routine testing legislation, it will take several years to roll out (so may not affect testing in the short term). Mukhtar Mohamed noted that the 2020 data should be viewed with caution; there were much fewer tests than in prior years. (In the chat, Mr. Rodriguez-Santana noted we need to also look at 2021 data to confirm that the 2020 decrease in newly diagnosed was due to COVID. If in 2021, we get less new cases than in 2020, the COVID impact on HIV newly diagnosed cases theory needs to be rejected.)

- Poll. A clear majority (61%) voted to set the goal at 174 – continuing the current trend.

Knowledge of HIV Status: Percent of PLWH (people living with HIV) aware of their status. This indicator increased from 89% in 2015 to 91% in 2019.

- Poll. A clear majority (67%) voted to set the goal at 93% – continuing the current trend.

Late Testers: Percent of people presenting with or diagnosed with AIDS within 3 months of their initial HIV diagnosis. There was no change in percent of late testers, comparing 2015 and 2019. Connecticut has consistently been above the national average in late testers (29% vs. 20%).

- First Poll. 50% voted to set the goal at 25%, 44% at 20%, and 6% at 15%. Since there was not a clear majority, the team discussed potential goals and then voted a second time.

- Discussion. Ms. Fernandez suggested going with the goal with the most votes, and setting a realistic goal of 25% given COVID-19 and funding. Mr. Butcher advocated for the more ambitious 20% goal. The percent of late testers warrants more attention – these are people who are not getting into care and could be sharing their infection with others. Routine testing can have an impact and we need to set a higher benchmark given the impact on people's health. If we step up, we can improve our results. Mr. Rodriguez-Santana agreed, noting that even a 20% goal means that 1 in 5 newly diagnosed people are late testers. Mr. Rodriguez-Santana also noted the financial impacts – it costs more money to treat late testers.

- Second Poll. A clear majority (67%) voted to set the goal at 20% - in line with the national average.

Linkage to Care: Percent of newly diagnosed who attended a routine HIV care visit within 1 month of diagnosis. Ms. Nembhard noted that QPM changed this indicator from linkage in 3 months to linkage in 1 month to reflect national and state priorities. Many providers are seeking to link people to care within one week. The percent of people linked to care (87%) has not changed from 2015 to 2019.

- Poll. A clear majority (60%) voted to set the goal at 90% – more ambitious than the current trend.

Partner Services: The number of newly diagnosed clients interviewed by DIS (Disease Intervention Specialist) / Partner Services. There is little data on Partner Services, but recent trends indicate an 8% increase in the number of newly diagnosed clients interviewed. Melinda Vazquez-Yopp and Ms. Major noted that Partner Services is in the process of hiring a new coordinator; Ava Nepaul has transitioned to another department. Given the lack of data, the team agreed to tentatively set the goal as an 8% increase in interviews by 2026, and to revisit the goal after Partner Services is able to present more data on trends and services. Mr. Butcher also suggested revisiting the measure to look at the percent of newly diagnosed people interviewed. This will be more helpful, especially if the number of newly diagnosed decreases over time.

Mr. Butcher requested information on the number of DIS workers for HIV vs. STIs (sexually transmitted infections). This could be part of a broader presentation to the full CHPC. Ms. Fernandez agreed that this would be helpful; the April CHPC meeting provided a glimpse of DIS, but this was for STIs. Ms. Nembhard has made this recommendation to the CHPC Executive Committee, and can revisit once there is a new Partner Services contact person.

Viral Load Suppression: Percent of people with diagnosed HIV who are virally suppressed. This measure has increased from 68% in 2015 to 74% in 2019.

- First Poll. 50% voted to set the goal at 80%, 29% at 87%, and 21% at 95%. Since there was not a clear majority, the team discussed potential goals.

- Discussion. Ms. Fernandez suggested being aggressive, given the importance of viral load suppression. Mr. Butcher noted that the Ryan White Part A rate in his jurisdiction is 94%. The rate outside of Ryan White is 72%, and hasn't changed in recent years. We need increase the

pool of people accessing Ryan White, and coordinate resources for people who do not qualify for Ryan White. Mr. Butcher suggested that 87% is an ambitious but achievable goal. Ms. Nembhard noted that it would also be helpful to see the results from recent projects that are working to re-engage people in care.

Summary and Next Steps

Given lack of time, Ms. Nembhard suggested the team continue goal setting at the June QPM meeting. The group can finish the discussion of viral load suppression, and re-vote on that goal.

Meeting Feedback

Ms. Nembhard thanked members for their time, expertise and attention. These discussions help improve our knowledge. Ms. Nembhard asked participants to share feedback on the meeting via the chat. Responses included:

- Tom Butcher: I appreciate this meeting and process. Polling helps.
- Susan Major: Thank you all. Great discussion today!
- Nilda Fernandez: Thank you. The polls are helpful.
- Luis Magaña: Thank you!

Adjourn

The meeting adjourned at 12:29 pm.

##End QPM Notes##