

Meeting Notes July 20, 2022

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Meeting Notes

Participants: Tom Butcher, Johanna Cruz, Daniel Davidson, Mildred Diaz, Nilda Fernandez, Dante

Gennaro (for part of meeting), Jonida Gjika, Tawana Hart, Dan Hulton, Clunie Jean-Baptiste, Mukhtar Mohamed, Erika Mott, Ramón Rodriguez-Santana, Angel Ruiz,

Meghan Tastensen, Meg Thornton, Melinda Vazquez-Yopp

Facilitator: Peta-Gaye Nembhard Recorder: Dave Bechtel

Meeting Summary

The team discussed ways to monitor implementation of the 2022-2026 Plan. Themes from the discussion included:

- Build on existing monitoring and reporting efforts to gather information on Plan implementation, and on existing dashboards for presenting data.
- Explore a partnership with CIRA to help evaluate the Plan.
- Incorporate the voices of people with lived experience.
- Consider how CHPC Committees can be involved in developing performance measures and gathering information on Plan strategies.
- Share monitoring recommendations with the full CHPC via QPM Updates and a Knowledge Build.

Identified Tasks

- 1. Dave and Peta-Gaye revise the draft Monitoring Plan to reflect the team's discussion, and share with the team at the August QPM meeting.
- 2. Dave will share QPM team suggestions with Luis Diaz in advance of his PrEP data presentation this fall.
- 3. Peta-Gaye will share the data and time for Ryan White Conference presentation on housing that she and Melanie Alvarez are delivering. <u>Update: The presentation is August 26th from 11:00 am to Noon.</u>
- 4. Daniel Davidson will check with his colleagues at CIRA about assisting in monitoring and evaluating the Plan.

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.



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Ms. Nembhard shared the following reminders for the meeting:

- QPM addresses complex data issues with lots of acronyms and jargon. 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.

Participants then introduced themselves and approved the June QPM meeting notes without changes.

Updates from the June Meeting

Dave provided a brief update on tasks from the June QPM meeting:

- Disparities in Viral Load Suppression. Heather Linardos (DPH) shared historic data on viral load suppression for different populations. The data for 2020 is available on the <u>DPH website</u> (see <u>this link</u> for details). After the team finishes its work on the 2022-2026 Plan, we can review and discuss the viral load suppression data.
- **PrEP Data**. Luis Diaz has compiled additional data on PrEP use among Medicaid members, and can present to QPM this fall. In the chat, Tom Butcher suggested contacting Gilead to access data on PrEP prescriptions in Connecticut; Dave will share this suggestion with Mr. Diaz.

Nilda Fernandez asked for an update on the development of a **housing indicator**. Ms. Fernandez noted that housing has been identified as a critical need across the Needs Assessments discussed at the morning CHPC meeting. The link to HOPWA (Housing Opportunities for Persons With AIDS) is generally good, but connecting women and children to housing can take a long time. Perhaps QPM can support a quality improvement project on housing.

Ms. Nembhard stated that she and Melanie Alvarez (ACT) are still working on this indicator. Ms. Nembhard and Ms. Alvarez will be presenting at the Ryan White Conference on their work, and will discuss the many challenges in developing the indicator. While Connecticut is further along than other states in joining Ryan White and HOPWA data systems, creating a common definition for homelessness across the two federal agencies (HRSA and HUD) continues to be a challenge. Ms. Nembhard will share the date and time for the presentation at the 2022 Ryan White Conference and will continue to work with Ms. Alvarez to develop the indicator.

Developing a Monitoring Plan

Ms. Nembhard noted that one of the areas that was missing from our most recent Plan was a process for monitoring plan implementation on a regular basis. Back in February 2021, the QPM team discussed how to monitor plan implementation. The team will start by reviewing and discussing this work (see Handout 1). Then, the team can identify potential performance measures for the emerging Plan strategies.

Dave reviewed Handout 1, which QPM started developing at its February 2021 meeting. The approach was to request information from each funder and/or relevant CHPC Committee using a template that followed the Plan structure (i.e., the four goals). Ideally, this would occur every 6 months. The handout



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included a sample table for summarizing the information and for QPM and the CHPC to assess progress and make mid-course adjustments (as needed).

Participants suggested a variety of ways to collect the information, evaluate Plan strategies, and use this information to improve implementation and effectiveness. Themes from the discussion are summarized below:

- Gathering the information. Tom Butcher agreed that it would be helpful to monitor Plan implementation at mid-year and end-of-year, with the mid-year for checking on progress and the end-of-year for benchmarking vs. Plan milestones. Mr. Butcher suggested that the timing of Plan activities could ease the reporting burden for "implementers." For example, some activities may occur in Year 1 and others in Year 2 of the plan. The CHPC could also focus on gathering information on specific components of the Plan for a reporting period. We need to develop an approach that makes sense and is not too onerous for agencies. Ms. Nembhard agreed, giving the example of marketing campaigns that run for a limited time period as a one-time request.
- Partnering with CIRA to evaluate the Plan. Mr. Butcher asked if CIRA (<u>Center for Interdisciplinary Research on AIDS</u>) could be engaged to develop the methodlogies for evaluating the Plan? Daniel Davidson (CIRA) stated that this is a great idea, and thought that his colleagues (including the Director of Statistical Methods) would be interested. CIRA might also be able to conduct a "deeper dive" in evaluating key Plan strategies.
- Building on existing reports and aligning regional efforts with the state Plan. Ms. Nembhard noted that Ryan White funding includes monitoring of Quality Management (QM) plans, and that Ryan White Part A Hartford looks to align its efforts with statewide efforts. We should build on existing reports for Ryan White and other care and prevention programs. Mr. Butcher agreed that it is important to look alignment once the statewide Plan is created.
- Roles of CHPC and Committees. Mr. Butcher asked about the roles of each CHPC committee in monitoring. Would it make sense for different committees to monitor different strategies or pillars? Mr. Butcher would also like to see more engagement of the MAC (Membership and Awareness Committee) in qualitative studies, since many MAC members have lived experience. Ms. Fernandez agreed that it is important for all voices to be engaged in reviewing progress and discussing any adjustemnts to the plan (e.g., if certain strategies are not achieving desired results). QPM could develop a presentation for the entire CHPC to review and discuss. Dante Gennaro agreed, noting that this could follow the same model as today's CHPC meeting where Anthony Santella (NAP chair) presented themes from the needs assessments and CHPC participants met in small groups to discuss the findings. For monitoring, the CHPC could decide on adjustments to the strategies given Plan progress and other factors that might affect success (e.g., COVID, monkeypox). This could occur at the end of each year. Ms. Fernandez agreed that we could model the approach from today's CHPC meeting for Plan monitoring.
- Incorporating the voices of people with lived experience. Ms. Fernandez stated that we should include consumer voices in the process, and get their feedback on new strategies like statusneutral care. Mr. Butcher noted in the chat that this should include people taking PrEP. Mr. Gennaro agreed, and stated that we might need to consider other ways of collecting the data. The needs assessment surveys tended to include mainly older people; young people were less



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likely to complete the surveys. Maybe providers can ask all of their patients a small number of questions, and start to encourage all to participate in surveys. Johanna Cruz suggested considering other ways to conduct surveys, including targeted efforts for underrepresented populations (like younger patients). Mr. Butcher agreed, noting that during the CHPC meeting, his small group highlighted the finding that young Black same-sex-loving men reported the most unmet needs. We need to get more feedback on this.

Mr. Butcher stated that his health provider sends post-visit surveys and an annual survey. Other providers may conduct simialr surveys, and might be willing to share for their HIV and PrEP patients. Clunie Jean-Baptiste stated that Southwest Community Health Center does conduct an annual patient survey, and it might be possible to build reporting on survey results into their new data system (EPIC). Ms. Fernandez stated that CCMC conducts surveys with a random selection of patients after visits and shares the results with her department. Mr. Ruiz stated that they also post QR Codes around the building and that these survesy were only 3-4 questions to encourage folks to respond.

- Presenting information. Angel Ruiz suggested creating a <u>dashboard</u> to show progress in implemneting the Plan. Mr. Butcher recommended that a dashboard include both <u>quantiative</u> and <u>qualitative</u> data (i.e., voices of people with lived experience). CIRA could help with gatehring and analyzing qualitative data. Mr. Davidson stated that the <u>DPH Healthy People 2020 Dahsboard</u> is a good model that already exists and includes key HIV indicators. Maybe we can build on this. Ramón Rodriguez-Santana stated that DPH updates the dashboard data annually, and Mukhtar Mohamed stated that their accreditation requires these types of metrics.
- Setting performance measures for Plan strategies. Participants agreed that the team needs
 more information on Plan strategies before setting performance measures. Ms. Nembhard
 suggested that different committees might be charged with setting measures for Plan strategies
 they are developing (e.g., ETS Committee for the HUB model). Ms. Fernandez stated that QPM
 could provide guidance to the committees on the types of information to incorporate (i.e.,
 quantiative and qualitative).
- Sharing QPM recommendations with the CHPC. Ms. Nembhard asked about how to communicate QPM's monitoring recommendations back to the full CHPC? It's important for agencies to understand what requests we will be making and why we're making the request. It should not come as a surprise. Part of the message needs to be that we are asking for information that you are already gathering and reporting. Ms. Fernandez suggested using the next few QPM Updates at the CHPC to start preparing folks. Mr. Ruiz agreed that we need buyin, and suggested having a CHPC Knowledge Build on monitoring. Ms. Fernandez noted that the CHPC had intended to monitor plan implementation in the past; now we will do it for the new Plan. Mr. Butcher agreed that it's improtant for agencies to understand why they're being asked to report information and what additioanl work this will entail. Some folks may resist a request for information ("you're not my boss"). Dave suggested starting with a pilot-test, drawing on existing reports and monitoring efforts. Ms. Nembhard stated that their agency's Ryan White contracts include language that requires responses to requests for information by the CHPC and other planning bodies.
- **Next steps**. Ms. Nembhard will work with Dave and Sue Major to digest all of the information shared at today's meeting, and develop a revised Monitoring Plan for the team to review and



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revise at the August meeting. Ms. Nembhard also noted that the team needs to specify who needs to report on Plan implementation (e.g., funders, sub-recipients) and how to incorpotate patient voices.

Summary and Next Steps

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

What did you like about today's QPM meeting?

- Informative conversation / input / good ideas. "Collective input." "Felt heard." "Great and informative information / input." "Great conversation and input." "Some great conversations, awesome group." "Brain trust! Amazing conversation." "Very productive, open dialog. Great group!" "I thought it was very productive and we touched on a lot of things. I think developing a partnership with CIRA would be wonderful."
- "Everything!"
- "The fact that although I was not able to sit still for the entire meeting due to other duties, I was still able to grasp what the concept of the meeting was about."

How can we improve future QPM meetings?

- <u>Engage more participants in discussion</u>. "More participation from others." "I'd like to hear more people's thoughts. Diversity of thought is important and needed."
- <u>Less time on introductions</u>. "Not spend a lot on the introduction piece. Perhaps we can ask people to introduce themselves in the chat box."
- Bring recommendations back to the CHPC. "You guys did great! We just have to bring our ideas to the larger group so everyone can be on the same page."
- None. "Nothing at this time." "Great Job!" "We are on fire. Love this group."

Adjourn

The meeting adjourned at 12:30 pm.

##End QPM Notes##