



## Quality and Performance Measures (QPM) Team

Meeting Notes / January 15, 2020

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### Meeting Notes

**Participants:** Clifford Batson, Daniel Davidson, Christina Del Vecchio, Dulce Dones Mendez, Shanay Hall, Clunie Jean-Baptiste, Heidi Jenkins, Dionne Kotey, Keiva McAllister, Marlene Moranino, Mitchell Namias, Peta-Gaye Nembhard, Shaquille Pigatt, Rosie Rodriguez, Ramón Rodriguez-Santana, Bob Sideleau, Sue Speers, Danielle Warren-Dias

**Facilitator:** Sue Major

**Recorder:** Dave Bechtel

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### Meeting Accomplishments

The team accomplished the following tasks:

- **Orientation.** Reviewed the CHPC Progress Indicators and presented background information on quality improvement and quality management teams as an introduction to the QPM Team.
- **Quality Summit Debrief.** The team reviewed participant feedback from the September 2018 Quality Summit and identified ways to improve future summits.

### Identified Tasks

1. All QPM Team members will help identify consumers / clients to speak about their experiences as part of planned data presentations in 2020 – which will include presentations on Partner Services, PrEP, Hepatitis C, STDs, youth homelessness, linkage to care, and the Syringe Services Program.
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### Welcome

DPH liaison Sue Major welcomed everyone to the Quality and Performance Measures (QPM) Team meeting at 10:30 am. QPM reviews and discusses data, develops indicators to track progress in HIV prevention and care, and seeks to improve the quality of HIV prevention and care. QPM meetings are participatory, open to the public, and use a consensus model for making decisions.

Ms. Major reviewed the QPM group contract developed in 2019 for having productive meetings:

- Disagree respectfully – discuss issues, no personal attacks
- No sidebar conversations
- Hear people out; let them finish their points, and also...
- Share the floor
- Remember that all of us all experts in different areas
- Be open-minded; we can all learn something new
- Be deliberate – expect outcomes from meetings
- Have fun!

Ms. Major asked for feedback on the group contract. Participants did not suggest any changes to the contract.



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### August Meeting Summary

Ms. Major asked participants to review the August 2019 QPM team meeting summary. In August, the team suggested topics for QPM to address in 2020 – including presentations on Partner Services, PrEP, the Syringe Services Program, STDs, and Hepatitis C among others. The team will continue to refine our progress indicators, including developing a stigma indicator and improving how we communicate indicator data to the full CHPC. This can include encouraging quality improvement projects for those indicators where Connecticut is making less progress.

The team approved the meeting summary without changes.

### CHPC Progress Indicators

Ms. Major stated that this meeting will serve as introduction to QPM – including our work on progress indicators and quality improvement.

Ms. Major reviewed the CHPC Progress Indicator (see Handout 1 for details). QPM developed the indicators to track progress in: (1) reducing new HIV infections; (2) increasing access to care and improving health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. Every year, QPM looks at trends for each indicator and discusses ways to improve our results for any indicators where we are not making progress. This past August, Sue Speers presented the latest indicator data to the full CHPC.

QPM spent several years developing the list of indicators, and will continue to refine and revise the indicators based available data and trends. For example, QPM added an indicator to track disparities in new HIV infections based on a deep dive the team did on disparities in 2015. Last year, QPM added a PrEP indicator based on new data available on Truvada prescriptions.

Participants discussed challenges with Indicator #5: Retention in Care:

- Danielle Warren-Dias and Peta-Gaye Nembhard noted that some providers are seeing consumers only once/year, and will not meet the indicator definition. Private insurance may only pay for one visit per year. Thus, people in care may look like they're out of care.
- Rosie Rodriguez stated that many providers are just doing viral load counts.
- Bob Sideleau stated that the U.S. Department of Health and Human Services (HHS) has care and treatment guidelines, but insurance companies do not have to adhere to these guidelines.
- Ms. Warren-Dias asked if there is an association of insurers we could bring to the table to discuss guidelines for visits? Marlene Moranino stated that there is usually not an association, since they are competitors. We could try to bring insurers on the Connecticut exchange – Anthem and ConnectiCare – to the table to discuss this issue.

### Quality 101 Presentation



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Dionne Kotey presented an introduction to quality and Clifford Batson shared his experiences participating on Hartford's Quality Management (QM) Team. See <https://cthivplanning.org/meeting-documents> for the presentation and other team meeting documents.

Themes from the presentation and discussion included the following:

- Quality improvement is a cycle to improve experiences and outcomes for clients. Sue Major noted that DPH uses an approach called “Just Do Its” where you try out new ideas and see if they work.
- Quality assurance (QA) looks back at past performance, while quality improvement (QI) is focused on improving things now.
- Ms. Warren-Dias liked Slide 11 showing the four key components of quality management programs, but noted that there is also a checklist of 20 items to ensure compliance with HRSA standards.
- The [Center for Quality Improvement and Innovation](#) (CQII) has many resources to support quality management (QM) and quality improvement (QI).
- Heidi Jenkins asked Mr. Batson how he recruits consumers to participate on quality management teams? Mr. Batson stated that he speaks to people as peers, not placing himself above others. Mr. Batson tells his story and allows consumers to ask him questions first, before asking consumers about their experiences. He uses humor to engage people, and has never had a person tell him “it’s none of your business.”
- Ms. Warren-Dias suggested that Mr. Batson serve on the QM Team at the place he receives services.
- Mr. Sideleau asked if learning about QM has changed the conversations between Mr. Batson and his doctor? Mr. Batson stated that it has changed. Previously, the doctor just wanted him to listen. Now the doctor will listen to Mr. Batson. Mr. Sideleau noted that engaging consumers in QM can impact the quality of their care.
- Ms. Kotey asked Mr. Batson what he tells consumers about QM? Mr. Batson stated that he shares what he’s learned about quality, and how he participates on the QM Team to get things changed (and not swept under the rug), and advocates for providers to do more outreach and support groups.

### Quality Summit Debrief

Ms. Major facilitated a discussion of the 2019 Quality Summit. QPM partnered with Ryan White Hartford, CCMC / UConn and DPH on the Quality Summit. The Summit was held on September 17th and featured a presentation on quality improvement by Clemens Steinbock from the Center for Quality Improvement and Innovation (CQII), presentations on Hepatitis C and HIV projects by Dr. Villanueva from Yale University and Angelique Croasdale-Mills from Ryan White Hartford, and a Best Practice Carousel of projects from across Connecticut. (See <https://cthivplanning.org/quality-improvement> for Summit presentations.)



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Overall feedback from the Summit was very positive (see Handout 2 for details). Nearly all participants reported that the Summit ran smoothly, they felt comfortable participating, and the presentations were informative and meaningful. Participants also offered suggestions for improving the Best Practices Carousel – including having breakout rooms to address challenges in hearing the different presentations.

Ms. Major then asked for feedback from QPM members who attended the Summit. Feedback and suggestions included:

- Mr. Batson liked the Carousel. It was a new way to share information and was very helpful.
- Mitchell Namias suggested having a 5-minute break halfway through the Carousel; Shanay Hall agreed. Ms. Major agreed that it was a very packed day, with little time for breaks.
- Ms. Kotey noted that the transitions during the Carousel were a little confusing. Sometimes folks didn't know when to move.
- Ms. Warren-Dias suggested a shorter debrief at the end of the Carousel, or a break before the debrief. Folks needed time to absorb all the information.

### Adjourn

Ms. Major asked for feedback on the meeting:

- Ms. Nembhard appreciated easing in to the new year with an introduction to quality.
- Ms. Warren-Dias appreciated having Mr. Batson's presentation. She suggested that future data presentations also include consumers sharing their experiences on the topic. Dave Bechtel asked participants to help identify consumers to speak about their experiences as part of planned data presentations in 2020 – which will include presentations on Partner Services, PrEP, Hepatitis C, STDs, youth homelessness, linkage to care, and the Syringe Services Program.

The meeting adjourned at 11:45 am.

**##End QPM Notes##**