



Quality and Performance Measures (QPM) Team

Meeting Notes / May 20, 2020

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Meeting Notes

Participants: Clifford Batson, Sara Burns, Daniel Davidson, Christina Del Vecchio, Luis Diaz, Marilyn Estremera, Shannon Francis, Miguel Gonzalez, Deborah Gosselin, Juan Hernandez, Clunie Jean-Baptiste, Adaisa Jusino Ramos, Dionne Kotey, Heather Linardos, Maria Lorenzo, Susan Major, Mitchell Namias, Peta-Gaye Nembhard, Maribel Nieves, Rhonda Parsons, Shaquille Pigatt, Robert Sideleau, Suzanne Speers, Jennifer Vargas, Danielle Warren-Dias

Facilitator: Nilda Fernandez

Recorder: Dave Bechtel

Meeting Accomplishments

The team accomplished the following tasks:

- Held our first online meeting! The recording is available at: <https://attendee.gotowebinar.com/recording/4008793413628861966>.
- Luis Diaz presented the latest PrEP (Pre-Exposure Prophylaxis) data, including the 2018 **PrEP-to-Need Ratio (PnR)** for Connecticut. Connecticut's 2018 PnR of 9.53 is higher than the PnR in the Northeast region, suggesting that Connecticut is doing a better job than other states in the region of linking individuals to PrEP.
- The team discussed challenges in linking **Black men and women** to PrEP; the number participating in the state-funded PrEP program is much lower than for White and Hispanic individuals.

Identified Tasks

1. Luis Diaz will continue efforts to access Medicaid data on PrEP use, and share this data with the QPM team.
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Welcome

DAC co-chair Nilda Fernandez welcomed everyone to the first online meeting of the Quality and Performance Measures (QPM) Team at 11:05 am, and hoped that everyone was well and staying safe. 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.

Ms. Fernandez noted that this is our first time holding a meeting online, and asked participants to provide feedback at the end of the meeting on how we can improve next time. The online meeting will operate as follows:

- Everyone will be on mute during the presentation.
- Participants can ask questions or provide feedback using the "Questions" box.



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- Participants can be unmuted to follow up on questions or add comments.

To start of the meeting, Ms. Fernandez asked participants if they had participated in an online webinar before. 100% of participants responding to the poll stated that they had, indicating that most were familiar with the format for this meeting.

PrEP Presentation

Luis Diaz presented the latest PrEP (Pre-Exposure Prophylaxis) data. See the attached PowerPoint presentation for details. Themes from the presentation included the following:

- Connecticut's Department of Public Health (DPH) funds over 20 PrEP programs throughout the state. In 2019, served **656 clients**:
 - 51% were white, 29% Hispanic, and 14% Black / African-American.
 - 83% male, 9% transgender male-to-female, and 4% female.
 - Approximately 2 of 3 (67%) were ages 20-39.
 - 80% were screened for sexually transmitted infections (STIs).
- Last year, QPM added a performance indicator for PrEP called the **PrEP-to-Need Ratio (PnR)**. The PnR is the number of people on PrEP divided by the number of new HIV diagnoses within a given period of time. This ratio can be calculated for subpopulations (e.g., gender, race/ethnicity, age groups) provided that collection of these data sets occurs or can be accessed from the PrEP prescriptions. A higher PnR suggests more effective HIV prevention efforts, as more people are utilizing PrEP.
- The [AIDSVu](#) data system includes data on PrEP-to-Need Ratio (PnR) by region, state and county. In 2018:
 - Connecticut's PnR was 9.53, better than the 8.48 PnR for the northeast region.
 - By gender, Connecticut's PnR was 12.16 for males and 2.90 for females.
 - At the county level, New London County had the lowest PnR, at 1.13.
- In 2019, Connecticut amended its health regulations to allow minors to consent to their own HIV treatment and HIV prevention services such as PrEP and PEP without parental/guardian involvement.
- PrEP Tool Kits are now available on the [Distribution Center](#). These can help providers in prescribing PrEP.

Participants discussed the implications of the data:

- Danielle Warren-Dias asked why PrEP numbers are **not mirroring or close to new infection rates** among the different populations? This is particularly the case for **Black men and women**. Mr. Diaz agreed, noting that we need to do a better job of educating clients about PrEP. There is not much guidance from the CDC (Centers for Disease Control) yet on how to reach different populations.



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Ms. Warren-Dias stated that we are not doing a good job of engaging Black folks; for example, she does not see many young Black men working on the front lines. She also suggested that QPM set a **PnR target** for key populations including Black men and women. Ms. Fernandez agreed, and also noted the very low PnR rates among **women**. Mr. Diaz noted that DPH will have three years of data to share next year, and can look at **trends** in PrEP use by population.

Mr. Diaz noted that DPH has messaging for the hardest-hit populations, and that Connecticut has seen improvements in PrEP uptake among Hispanics over the past year. Programs are trying different ways to reach groups, including going to barber shops and hair salons. The first step may be getting individuals to take an HIV test, and then working on PrEP.

Mr. Diaz noted a new effort, **Chat4Change**, to engage Black and/or Latino MSM ages 18 to 34. Daniel Davidson provided background on the demonstration project. They have not developed best practices yet; they are doing a focus group with providers this Friday and will be working with young MSM of color to develop outreach strategies. Mr. Davidson encouraged providers to participate in a focus group and/or refer clients for a focus group. For more information, contact daniel.davidson@yale.edu or Chat4Change Outreach Coordinator Eric.Random@apnh.org.

Ms. Fernandez suggested that the lack of PrEP uptake is related to **stigma**. Mr. Diaz agreed; this is likely but difficult to measure. QPM is hoping to investigate potential measures for stigma at a future meeting. Ms. Warren-Dias noted that our messaging can sometimes be so inclusive that it pushes away some individuals. For example, some of her young male clients will not even pick up a pamphlet that focuses on MSM – especially those who were born with HIV. We need to figure out ways to talk about these issues without offending young men.

- Mr. Diaz noted that he is working to collect **additional PrEP data**. Medicaid has prescription data that can be filtered for people who are taking Truvada but not other antiretroviral medications (i.e., using it for prevention). He has reached out to the Department of Social Services (DSS) but has not heard back yet. He will update the presentation if he is able to collect this data.
- Bob Sideleau noted that we also need to address **prescribers** who have barriers to prescribing and taking proper sexual health histories, so they can make good assessments and referrals for PrEP. We need to reach beyond infectious disease providers. Mr. Diaz stated that the PrEP Toolkit – DPH’s academic detailing – is designed to educate all providers. For providers who are seeing people test positive for STIs, they can have a conversation about prevention and PrEP. The Toolkit can give providers the latest information on PrEP.

Meeting Feedback

Ms. Fernandez thanked everyone for their participation, and asked participants to share written feedback on the meeting. Comments included:

- Participants thanked Luis for his presentation. “Great job Luis!”
- One participant suggested trying out an online meeting which shows all the participants. This worked well at the last Funders Group meeting.



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- Another participant appreciated the online format.
- One participant asked when the face-to-face meetings will resume. Sue Major stated that it's not clear at this point. Ms. Warren-Dias noted guidance that there be at least 75 square feet per person for in-person meetings.

Adjourn

The meeting adjourned at noon.

##End QPM Notes##