



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 1

### Meeting Notes

**Participants:** Aubree Buccino, Marianne Buchelli, Johanna Cruz, Gina D'Angelo, Michel Daud, Xavier Day, Mariliz DeJesus, Christina Del Vecchio, Luis Diaz, Nilda Fernandez, Blaise Gilchrist, Tawana Hart, Venesha Heron, Dahlia Hylton, Doug Janssen, Clunie Jean-Baptiste, Sean Lindsey, Luis Magana, Erika Mott, Consuelo Munoz, Mitchell Namias, Ava Nepaul, Tearean Nolan, Ludger Pierre-Louis Sr., Tamika Riley, Ramon Rodriguez-Santana, Cairo Romaguera, Sofia S., Christine Simon, Meghan Tastensen, Joseydi Trochez, Jen Vargas, Lizbeth Vazquez, Melinda Vazquez-Yopp

**Facilitator:** Sue Major

**Recorder:** Dave Bechtel

---

### Meeting Summary

- **QPM Workplan Update.** QPM is making progress in achieving its 2023 goals. A major effort going forward is organizing the October Quality Summit.
- **STD Presentation Discussion.** The team continued the discussion with Ava Nepaul of her STD (sexually transmitted diseases) presentation at the CHPC meeting (see pages 3-5 for details). The team discussed:
  - Potential reasons for the dramatic increase in primary and secondary syphilis cases.
  - The need to increase the number of medical providers taking sexual health histories. (Newly hired Nurse Consultant Anna Hollister will be training providers.)
  - The importance of educating young people on the risks of STDs, given their high infection rates.
  - The potential of DoxyPEP to reduce sexually transmitted infections.
- **Monitoring Plan Implementation.** Dave shared a revised plan for pilot-testing the QPM-developed approach to monitoring implementation of the 2022-2026 HIV Plan (see pages 5-6 for details). Participants suggested utilizing data and information from QPM meetings (e.g., PrEP data presentation) and engaging researchers / graduate students to conduct targeted research projects to assess the impact of strategies (e.g., how providers are using the Routing Testing Toolkit).

### Identified Tasks

1. Dave will check with QPM members about key variables for reporting STD data, per Ms. Nepaul's request.
  2. Dave will follow up with Christine Simon (Yale CIRA) on potential research projects.
  3. QPM staff and leaders will share with the Executive Committee the suggestion for a CHPC presentation on how data is being used.
-



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 2

### Welcome and Introductions

Sue Major welcomed everyone to the Quality and Performance Measures (QPM) Team at 11:02 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. Major noted that QPM co-chair Peta-Gaye Nembhard was away this week, so she will be facilitating the meeting in her role as the Connecticut Department of Public Health (DPH) liaison to the team.

Ms. Major reviewed ground rules for QPM meetings:

- Given the large number of participants, please **share the floor** so everyone has a chance to speak. During team discussions, please use the chat or raise your hand.
- QPM addresses complex data issues with lots of acronyms and jargon. So **please ask questions** if an acronym or term is not clear.
- QPM will continue to use a **Parking Lot** to keep track of any topics that arise which aren't part of today's agenda. We can address these topics at future meetings.

Participants introduced themselves in the chat and approved the April QPM meeting notes without changes.

### QPM Workplan Update

Ms. Major noted that in January, the team reviewed our workplan for the year. Today, we will provide an update on how we're doing, and identify any other activities the team should consider for future years. Please note that QPM has quite a lot on its plate for 2023, so may not be able to add anything for this year.

Dave Bechtel shared an update on the QPM workplan for 2023 (see meeting handout for details). Accomplishments to date include:

- Data presentations and discussions on HIV testing and PrEP. These discussions resulted in the team sharing proposed PrEP messages for the Routine Testing Toolkit, and plans for training new providers in PrEP.
- Compilation of current and recently completed Quality Improvement (QI) projects, and team selection of topics for the Quality Summit and for future QI projects. QPM co-chair Peta-Gaye Nembhard has proposed sending a "Dear Colleague" letter to encourage future QI projects on QPM-identified priorities: PrEP, addressing disparities, and housing.
- Coordination with other committees. QPM has shared its work on assessing stigma with the Needs Assessment Project (NAP) team, shared PrEP messaging recommendations with the Ending the Syndemic (ETS) Committee for the Routine Testing Toolkit, and connected with the Membership and Awareness Committee (MAC) to identify member engagement strategies.

Dave noted that there is much work to be done in organizing the October Quality Summit. It may make sense to form a planning team that can meet during the summer to support the planning process.



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 3

### STD Data Discussion

Ms. Major noted that at this morning's CHPC meeting, Ava Nepal presented national and state data on sexually transmitted diseases (STDs). Since there was limited time for Q & A, we wanted to provide an opportunity to continue the conversation at QPM. Dave noted that the CHPC is using a different approach this year, with more data presentations during the CHPC meetings. QPM can do "deeper dives" in understanding the data and discussing the implications for future actions.

Ms. Major started the discussion by noting the **increase in primary and secondary syphilis cases** from 97 cases in 2018 to 322 cases in 2021. In our 2022-2026 HIV Plan, we set a goal of "turning the curve" on syphilis cases, but this will clearly be a challenge. What are some of the reasons for the dramatic increase in syphilis?

Ms. Nepal suggested the following potential reasons for the increase, based on discussions at the national level:

- The U=U (undetectable = untransmittable) message for HIV has been effective, but a better message might be U=U plus a condom to prevent STDs as well as HIV.
- The increase in the number of people using PrEP may result in more people having condomless sex.
- The many dating apps may be contributing to more sex-on-demand.
- For women, most do not know that they have been exposed to syphilis unless they are pregnant and get tested (see below for details).

Nilda Fernandez asked if access to care is also a factor in the increase in cases? Ms. Nepal stated that she has seen several instances where people were not in care, but that this does not seem to be a major factor.

Xavier Day asked whether DPH reports just new infections or also re-infections? Ms. Nepal stated that they report new cases and track cases where there is an unknown duration for the infection. Mr. Day asked about using an RPR (rapid plasma regain) test to determine if it's a new infection. Ms. Nepal replied that DPH does not receive negative test results. Syphilis is complicated; a person may have no symptoms but still need to be treated. People with syphilis of unknown duration is important with respect to congenital syphilis, since any stage syphilis can affect the fetus.

Luis Dias asked whether the increase in STD testing for people taking PrEP (every three months) could be contributing to the increase in cases? Ms. Nepal stated that this could be a factor. It's great for those keeping their appointments; DPH can see their lab results every three months.

Ms. Nepal also noted a case for a person who discontinued PrEP but continued having condomless sex with anonymous partners. They contracted HIV and a severe case of secondary syphilis that resulted in meningitis and hospitalization. It's important to be mindful of other infections besides HIV; STDs can contribute to HIV infections and more serious illnesses.



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 4

In the chat, Ramon Rodriguez-Santana noted the importance of training providers. Health care providers aren't necessarily trained to competently deal with sex or sexuality. Research indicates that **most doctors do not take sexual histories** of their patients and an even smaller proportion take interval sexual histories once people have become regular patients. They make wrong assumptions that married persons don't have other sexual partners—that their patients aren't 'that kind of patient' who might have other sexual partners. Also, syphilis has a reputation for being easy to miss and for being mistaken for other conditions.

Ms. Nepal agreed: DPH is working to increase the number of providers taking sexual health histories. In her experience, this rarely happens at routine physicals. Now that Anna Hollister is on board as the new Nurse Consultant for the STD Prevention Program, DPH can work with the larger health systems to make sure more medical assistants are taking sexual health histories. Ms. Nepal also noted the importance of patient education – OBGYN appointments may not include STD testing or may charge extra for testing (which discourages women from requesting it). DIS (Disease Intervention Specialist) workers often refer to Planned Parenthood – as they do comprehensive patient education and are not charging as much for STD testing. In the chat Gina D'Angelo noted that "OBGYNs don't even ask the right questions. I just went to a new provider who asked very little until I prompted her."

In the chat, Johanna Cruz noted that "we are testing and educating in the schools, yet the **students** have a high incidence of STIs. They simply feel that there are cures or medications and they do not want to have sex with protection. There should be a big **campaign** which would include singers and actors that are young that encourage safe sex and testing regularly. Hopefully, our youth would start to get the correct information."

Ms. Nepal noted that youth engagement is difficult. DIS workers have done screening events at high schools and at a UConn health fair. Unfortunately, many youth are not aware of the risks, or may believe partners who report they are "clean" (their term) on the apps.

Ms. Fernandez asked about a recent Gilead event where the speaker cited a **very high number of syphilis cases in Rochester County, NY** (upwards of 80,000). Ms. Nepal stated that the data shows STDs sweeping across the country from the west to the east. While Connecticut has one of the lower infection rates now (in the 40s), the pattern suggests that the higher rates in other parts of the country will reach Connecticut. The pattern is increasing syphilis rates in conjunction with increasing opiate use. Connecticut is seeing more substance use issues. DPH is trying to connect with state-funded substance use treatment programs to address this challenge.

In the chat, Mitchell Namias asked about **DoxyPEP**. Ms. Nepal explained that DoxyPEP is a potential STD prevention medication that needs to be taken within 72 hours of unprotected sex. In preliminary studies with MSM (men who have sex with men) and trans women, DoxyPEP has been found to reduce STIs (see [link to study](#)). Ms. Nepal noted that while she supports anything that decreases transmission, the studies on Doxy are still preliminary, and it has not been studied in cis females. This is a larger challenge where key populations are not included in studies (e.g., HIV prevention with Black women). In the chat, Ms. D'Angelo noted that DoxyPEP is not FDA-approved but some are prescribing off-label.



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 5

Mr. Day asked if Doxy should be prescribed like PrEP as a general prevention strategy? Ms. Nepal noted that the STD Program does not collect data on medication regimens, but that Mr. Namias might know more about this option. Mr. Namias cautioned that Doxy can have severe side effects and if used inappropriately, can contribute to new drug-resistance strains (which is already becoming a challenge for treating STDs). Mr. Namias has fewer concerns about using Doxy for immediate exposures (vs. daily use as a prevention strategy).

**Note:** After the meeting, Ms. Nepal shared additional information on DoxyPEP from the National Coalition of STD Directors Conference. See [this video](#) from “DoxyPEP Takes Center Stage” for details.

Ms. Nepal requested that **QPM provide her with the main variables members want to see for additional STD analyses**. Participants suggested the following:

- Race and ethnicity
- Age ranges
- Sex
- Transmission risk (e.g., MSM)
- Geography (i.e., Ryan White Part A regions, hot spots such as the top 10 zip codes)
- Crosstabs such as race and sex, race and age (e.g., Black women)

Ms. Nepal also asked for **feedback on how organizations are using the data**. Mr. Rodriguez-Santana agreed, suggesting that the **CHPC sponsor a presentation on how data is being used to improve prevention and care**, and the results of these efforts (e.g., program evaluations).

Ms. Major and participants thanked Ms. Nepal for her presentation and discussion with the team.

### Monitoring Plan Implementation

Ms. Major noted that at QPM’s March meeting, the team reviewed the approach developed last year to monitor implementation of the 2022-2026 Comprehensive HIV Prevention and Care Plan. In April, Dave shared this approach with the CHPC’s Executive Committee. The Executive Committee provided feedback on pilot-testing the process for January – June 2023.

Dave reviewed the Monitoring Pilot-Test handout (see handout for details). The overall approach is:

- Compile federal funding reports submitted by CHPC partners including DPH and the Ryan White Parts.
- Hold follow-up meetings with CHPC partners and CHPC committee leads as needed to compile implementation updates for specific strategies.
- The Executive Committee recommended an initial focus on Routine Testing, Status Neutral Care, and CHPC Committee work for the pilot-test.



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 6

Participants provided the following feedback on the approach:

- Marianne Buchelli stated that DPH is still waiting for feedback on the 2022-2026 Plan from CDC and HRSA (the federal funders). Ms. Buchelli also provided information on **contacts for specific Plan strategies**. Mukhtar Mohamed is on military leave until October, so Sue Major and Jen Vargas will serve as contacts for the Data To Care effort. For social media campaigns, their division is meeting with the DPH Commissioner and Communications Director to ensure alignment with DPH communications policies – which may result in changes in the staff position formerly held by Dante Gennaro.
- Ms. Fernandez asked about **including PrEP efforts** as part of the monitoring pilot-test? Ms. Buchelli noted that DPH is looking at the impact of newly passed legislation to establish a PrEP Drug Assistance Program similar to CADAP. Luis Dias offered to share information as this new legislation is implemented. DPH has developed overall policies and eligibility criteria for PrEP DAP; the next step is to contract out for a plan administrator. Ms. Buchelli noted that there is not much funding for PrEP DAP, so it may take time to fully implement. Dave will update the Monitoring Plan to incorporate data and information from the PrEP presentation (at the April meeting).
- Ms. Fernandez asked about **reporting on efforts to engage non-Ryan White providers**. This was a key element of the Plan. Is there a point person we can identify? The Routine Testing Toolkit will be distributed to non-Ryan White providers (see below).
- Ms. D'Angelo noted that Connecticut needs to **submit annual updates on Plan implementation** to federal funders, so will need to monitor all programs as they are implemented. Ms. D'Angelo also suggested **engaging our research universities and graduate students** to evaluate different strategies. For example, CHPC member Marcellin Joseph conducted research as part of the capstone project for his master's program. Ms. D'Angelo suggested developing a research project to assess the impact of the Routine Testing legislation and toolkit. The Routine Testing Toolkit will be sent to approximately 20,000 providers; it would be great research project to evaluate how providers are using the Toolkit.
- Christine Simon (Yale CIRA) noted that **CIRA representatives are participating on the CHPC committees this year to help identify opportunities for projects**. Dave offered to follow up with Christine to review Plan strategies and identify potential projects, and participants thanked Ms. Simon in the chat.

Dave asked if there are other reports or data summaries that QPM should collect as part of the monitoring process? Ms. Fernandez stated that the Ryan White reports are the best source. Dave will follow up with the Ryan White leads to start collecting the most recent reports and work with his Cross Sector colleagues to gather information on CHPC committee efforts.

### Meeting Feedback

Ms. Major thanked everyone for their participation and asked participants to complete the feedback poll. Participants shared the following feedback on the meeting:



## Quality and Performance Measures (QPM) Team

Meeting Notes May 17, 2023

Page 7

*What did you like about today's QPM meeting?*

- Follow up discussion and questions from the main presentation.
- I liked Ava's participation and the good information that she provided.
- Data conversation.
- I like the different information and data that was represented
- The open discussion about the Pilot of the monitoring plan and having Ava in the space for further clarification.
- The inclusion of university staff, and the opportunity to ask further questions to Ava with DPH.
- Reviewing of our plan.
- I like the fact that everybody has the opportunity to voice their opinions in a constructive manner.
- Good discussion
- Great discussion (2)
- Great meeting
- This was my first meeting, very informative!

*How can we improve future QPM meetings?*

- Interactive polls and engagement to ensure information is retained and find ways folks will implement it.
- Those requesting data from the CT DPH should present at CHPC how they are using that data for monitoring & evaluation and for decision making.
- I wish more people would speak up and engage in the conversations.
- I'd like to attend more before making suggestions as I am still learning all my duties in this new position.
- No suggestions (7)

### **Adjourn**

The meeting adjourned at 12:12 pm.

**##End QPM Notes##**