

June 18, 2025

Date:	Wednesday, June 18, 2025	Type:	In Person @ Chrysalis Center, Hartford
Start Time:	12:49 pm	End Time:	2:13 pm
Leaders:	Peta-Gaye Tomlinson (Chair) and Sue Major (DPH Liaison)		
Participants:	21	Next Meeting:	July 16, 2025 (virtual)

WELCOME AND INTRODUCTIONS

QPM Chair Peta-Gaye Tomlinson: (1) introduced herself and DPH liaison Sue Major, (2) reviewed the charge of the committee, (3) reviewed the meeting agenda, and (4) highlighted QPM's approach for creating a positive and productive meeting climate.

Peta-Gaye facilitated an ice breaker to energize the group. Participants shared fun facts about themselves, energizing activities, places they'd like to live, superpowers they'd like to have, movie characters they'd like to be, and their most exciting work projects.

ADMINISTRATIVE MATTERS

Review of Prior Meeting Notes. The team approved the May meeting notes with no changes.

PERFORMANCE MEASURES (PM)

Developing Measures for the 2027-2031 Plan

Peta-Gaye noted QPM's role in developing measures to track progress in ending the syndemic – our “report card” for Connecticut. The guidance for the 2027-2031 Plan includes a different approach to measurement. At the May QPM meeting, participants provided helpful feedback on clarifying the different terms and clarifying QPM's role. Drawing on the team's feedback, staff developed a handout with background information and examples of the measures for the 2027-2031 Plan (see [Handout 1](#) for details).

The team first reviewed and discussed the examples in Handout 1:

- QPM Role in Plan Development.** Ruth Murray stated that QPM members should be involved in setting the goals, as well as in developing measures. Dave agreed that this makes sense – the Executive Committee is discussing how the CHPC will develop the Plan, which could include CHPC meetings where the entire meeting is devoted to plan development (which will include QPM members). Brittany Shumpert stated that she would like to be involved in developing the Prevent Pillar goals and strategies, given her work in this area. Peta-Gaye stated that this approach makes sense; Peta-Gaye can recommend planning sessions include breakout groups by pillar.
- Diagnose Example on Handout 1.** Participants discussed challenges in fully implementing the routine HIV testing legislation – including challenges with implementation among primary care providers and the need for better training in having these conversations with patients. Ruth Murray noted that even when HIV tests are being ordered, physicians may not be having conversations about sexual health and prevention (e.g., PrEP). William Morales noted that it's easy to order the HIV panel, but some providers are not checking this box. Tamera Aryeetey shared an example where a nurse stated that routine testing is “silly” for older people and Shelly Sullivan reported how an ER nurse talked about HIV testing with her mother in a way that offended her (rather than noting that is standard practice for all patients). Sue Major

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noted that DPH is developing an **HIV Testing Fact Sheet for primary care providers**, and will share this when it is approved. Participants can also share the [Routine HIV Testing Provider Toolkits](#) – which can also help address provider resistance. Sue also noted that routine HIV testing is required in primary care as well as in ERs.

Participants then brainstormed ways to improve the objectives and performance measures for the examples, as well as suggestions for additional objectives and strategies. The suggestions by example include:

Prevent Pillar Example: Prevent new HIV transmissions by expanding access to PrEP.

- Suggested Performance Measures:
 - Number of employees at clinics and hospitals trained on PrEP
 - Number of people screened for PrEP by race/ethnicity and sex
 - Number of completed PrEP referrals
 - Number of people on injectable PrEP
 - Each performance measure includes breakouts by age and race/ethnicity
- Additional Prevention Pillar Objectives:
 - Increase condom distribution by X% by 2030
 - Increase the number of new Syringe Service Program clients each year by 10%
- Suggested Strategies:
 - Hold PrEP rallies and outreach days
 - Treat all people who are sexually active with PrEP
 - Expand education on PrEP to improve access
 - Have PrEP users promote PrEP to destigmatize PrEP
 - Hold sexual health community events at colleges, health centers, health organizations and community locations

Treat Pillar Example: Re-engage people with HIV (PWH) who are out of care.

- Suggested Performance Measures:
 - Number of PWH identified as not in care who are successfully contacted by DIS and/or labs received by DPH
 - Number of not-in-care individuals who had a medical visit with a provider
- Suggested Strategies:
 - Identify the reason why patients are out of care
 - Limit the number of clients per MCM (medical case manager) to ensure more personalized support and to keep patients in care

Treat Pillar Example: Expand rapid start programs to quickly link people to care.

- Suggested Performance Measure:
 - Number providers with walk-in hours / days
- Suggested Strategies:
 - Client education on medications and sexual health / partners
 - Improve linkage to care (educating providers, resources for patients)

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- Link patients to education and mental health services (as well as treatment)

Diagnose Pillar: Diagnose all people with HIV as early as possible.

- Suggested Performance Measures:
 - Number of providers participating in trainings on routine HIV testing
 - Number of HIV testing days
 - Number of self-testing kits distributed
 - Number of HIV tests outside of clinical settings (e.g., schools, colleges)
 - DPH funding for Early Intervention Services
 - Number of HIV tests
- Additional Diagnose Pillar Objective:
 - Increase the number of STI screenings and number of walk-in STI clinics
- Suggested Strategies:
 - Integrate DIS workers within medical sites to complete STI screenings / risk assessments
 - Test patients during their medical appointments regardless of what provider / specialist they are seeing and follow up / create a treatment plan with them if HIV test is positive
 - Create standardized labs done BUT with a standard approach as to not single out HIV testing

Peta-Gaye thanked everyone for their suggestions, and will share the team's feedback with CHPC leadership on team involvement in developing the Plan.

QUALITY (Q)

Quality Summit Update: October 15, 2025

Peta-Gaye first updated the team on planning for the Summit:

- QPM voted on a title for the Summit at the May meeting: "Transforming Care: Quality Management and the HIV Syndemic." Note that per feedback from HRSA, we may need to revise the title to focus on Quality Improvement.
- HRSA approved our request for CQII (Center for Quality Improvement and Innovation) to be our keynote speaker! As Peta-Gaye noted, they are the "best of the best" when it comes to QI trainings. Clemens Steinbock (CQII) is developing a fun, interactive morning session based on the team's suggestions, and will check if Justin and Khalil from CQII are also available to participate in the Summit.

Peta-Gaye then asked for suggestions on potential presenters for QI projects that address housing and/or disparities. Participants suggested checking with Ericka Mott (ACT), Anastacia Wilcox (Journey Home), Megan Davidson (Alliance for Living), and Nick Boshnack (APNH). QPM can also circulate at "Call for Presenters" at the next CHPC meeting. QPM staff will also conduct a poll to schedule the next meeting for the Quality Summit planning group.

MEETING FEEDBACK

Participants shared the following feedback on what they liked about the QPM meeting and what they would change for future meetings:

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Liked (+)	Improve (Δ)
- Engaging, interactive - It was easier to understand the examples from the handout - Informative	- The overall meeting agenda should include committee descriptions - Better and clearer instructions / announcements on which committees are meeting in which rooms - Hold small-group discussions at future QPM meetings

Participants also completed feedback forms. All respondents agreed that the “I understood the meeting information and materials”, “the meeting felt inclusive and respectful of all voices”, and “overall, the CHPC event was well organized.” 94% agreed that they “agenda was clear and used to guide the meeting.”

Participants shared “one word” about the meeting:

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| <ul style="list-style-type: none"> Engaging (6) Informative (3) Informative and interactive Interactive Interesting | <ul style="list-style-type: none"> Insightful Great Educational Inclusive Efficient |
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NEXT STEPS

- Dave will contact potential Quality Summit presenters, create a “Call for Presenters” form to disseminate to the full CHPC, and schedule the next Summit planning meeting.
- Peta-Gaye and Sue will share the team’s suggestions for the planning process at the next Executive Committee meeting.

ADJOURN

The meeting adjourned at 2:13 pm.

ATTENDANCE

Attendance records are kept on file with the CHPC support staff.