

July 16, 2025

Date:	Wednesday, July 16, 2025	Type:	Virtual
Start Time:	10:24 am	End Time:	11:42 am
Leaders:	Peta-Gaye Tomlinson (Chair), Sue Major and Denese Smith-Munroe (DPH Liaisons)		
Participants:	28	Next Meeting:	September 19, 2025 (in person)

WELCOME AND INTRODUCTIONS

QPM Chair Peta-Gaye Tomlinson: (1) introduced herself and DPH liaisons Sue Major and Denese Smith-Munroe, (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.

ADMINISTRATIVE MATTERS

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

PERFORMANCE MEASURES (PM)

Plan Indicators Discussion

Peta-Gaye thanked Dustin Pawlow (DPH) for sharing the latest data on Connecticut's Plan Indicators at the main CHPC meeting (see CHPC meeting notes for details). The team continued to discuss the 2023 results:

- **Viral Load Suppression Results.** Daniel Davidson asked about the discrepancy between the percent of people in care and the percent who are virally suppressed. Is there any data on patients' treatment / medications such as longer-acting meds? Dustin stated that DPH does not have this data. Mukhtar Mohamad (DPH) noted that they could look at medications for a subset of all PWH (people with HIV) – those who are receiving medications via CADAP.

Dr. Virata asked about the 2022 viral load suppression results in [AIDSVu](#) – showing a very low rate of 54% for Connecticut. Dustin stated that there was a problem with receiving lab results in 2022 which affected the data – AIDSVu requests results annually and does not reflect subsequent data cleaning efforts by DPH.

Dustin also noted that DPH relies on the data that is reported, so there can be data issues that affect results. For example, there are some PWH in their database where it's difficult to determine if they should be removed (e.g., moved out of state, etc.). Mukhtar noted that the Data-To-Care effort can help in cleaning the data and reducing the number of people who are out of care. It's also challenging for people who are moving back and forth between states (e.g., spend half the year in Florida). And given the very high levels of STDs, the DIS workers have less time to address PWH who are out of care; it's a staffing issue.

- **New CT Residents.** William Morales stated that his agency is seeing an increase in people moving to Connecticut and being tested for the first time. This may be contributing to the increase in new HIV diagnoses, late testers, and infection rates among Hispanic men and women. Dr. Virata agreed – recent immigrants are often being tested for the first time when they become ill. Peta-Gaye noted the need to coordinate efforts across funders for people who moved to CT from southern states. Dustin reported that a person's home state is not reported to DPH. Mukhtar noted that DPH does work across CT state departments and with other states to identify new Connecticut residents; this has generally not been a large number of people.

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- **2022-2026 Revised Plan Goals.** Ramón Rodríguez-Santana suggested comparing the 2023 indicator results with national averages – in addition to comparisons with Plan goals. Connecticut was required to revise many of its goals to align with the National HIV/AIDS Strategy (e.g., reduce new diagnoses by 75%). Ramón stated that the federal government has often set goals that are not realistic – citing the seropositivity goals set by the CDC in past years (i.e., 1% positive results for HIV tests).
- **Impact of Routing HIV Testing Law.** Dave asked about how the new routine testing law might be affecting new diagnoses and late testers. Sue Major stated that the law started in 2023, so we will need to wait several years to determine its impact. Dustin also noted that the percent of late testers “bounces around” from year to year, given the relatively small number of late testers each year. It may make more sense to look at a five-year rolling average. Peta-Gaye asked about the ability to track the number of HIV tests over time, and assess the impact of routine testing campaigns? Sue reported that historic data is only available for DPH-funded sites. Starting in 2024, DPH will be able to track the total number of HIV tests by year. The Routine Testing Toolkit has been sent to all providers, but DPH does not have data on use of the toolkits. The trend in HIV testing since 2024 can help answer that question.
- **Late Testers by Age.** Dr. Virata asked if DPH can calculate the percent of late testers by age? Dustin stated that this is possible, suggesting using a 5-year total given the small numbers by year (see above).
- **Data Definitions.** Dr. Virata asked how “receiving care” is defined? Dustin stated that this is defined as a CD4, viral load, or genotype test result during the calendar year.
- **HIV Continuum of Care.** Dr. Virata asked about the use of the “retention in care” measure for the HIV Care Continuum chart. The retention definition (2+ visits) does not align with current practices for patients who are stably virally suppressed. Dustin agreed; this is not an indicator that DPH uses. Dave noted that QPM also removed the retention indicator from the 2022-2026 Plan due to this issue.
- **Strategies to Achieve Goals.** As noted at the CHPC meeting, the 2023 results show little progress overall in achieving Plan goals. Participants suggested the following strategies to consider as we develop the 2027-2031 Plan:
 - Peta-Gaye emphasized the need to **pivot** based on new data. The City of Hartford sent a “Dear Colleague” letter to its Ryan White and Prevention Program partners in response to new STD data – to review their areas of focus and initiatives based on the new results. Funders and leaders need to take actions based on new data – and not continue with approaches that are not yielding results.
 - In the chat, Daniel suggested a campaign to **educate providers** about newer (especially long acting) treatments could be one way to help promote viral suppression.
 - Sue noted that DPH is delivering ADI (area deprivation index) presentations that help agencies **identify neighborhoods** with high levels of HIV, Hep C, and overdoses.
 - Dr. Virata noted the importance of engaging **non-Ryan White providers**. Dave noted that in drafting the 2022-26 Plan, DPH shared data on the much lower rates of viral suppression among non-Ryan White patients; updated data would be helpful in developing the 2027-31 Plan.

Peta-Gaye thanked everyone for their contributions. QPM and the full CHPC will continue the discussion of responses in early 2026 as part of the 2027-31 Plan development.

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QUALITY (Q)

Quality Summit Update: October 15, 2025

Peta-Gaye and Dave provided a brief update on planning the Quality Summit:

- **Call for Presenters.** Dave shared a draft inviting agencies to present their QI (quality improvement) projects. Peta-Gaye volunteered Tamika Riley to improve the draft.
- **Center for Quality Improvement and Innovation (CQII).** Peta-Gaye met with Clemens, Justin and Kahlil last week to plan their role in the Summit. CQII will be making the session fun and interactive with much audience participation. One idea is to have an agency share an idea for a QI project, with the group developing the QI project in real time at the Summit. Peta-Gaye encouraged participants to volunteer for this QI project consultation.
- **Summit Planning Group meeting on August 20.** Since there is no QPM meeting next month, Dave suggested convening the planning group that morning to continue planning the Summit.

MEETING FEEDBACK

Participants completed a meeting feedback poll. All respondents “felt the committee meeting I attended was well organized and ran smoothly” and “felt comfortable participating in the committee meeting.”

One thing they liked BEST about the meeting was:

- Indicators discussion. “That we continued the discussion from the larger meeting.” “Focused topic to follow up on presentation.” “Breaking down the data discussion from the main meeting.” “Discussion regarding presentation from main meeting.” “The discussion on new stats.” “Discussion.” “Conversations.”
- Organized. “It's well organized with participating opportunities.” “Well organized.”
- “Group cohesiveness.”

The one suggestion to IMPROVE future meetings was: “get more people involved.”

NEXT STEPS

- The Quality Summit planning group will meet on August 20 at 10:00 am, the regularly scheduled QPM day and time (since there is no CHPC or QPM meeting in August).
- Tamika Riley was volunteered to create a nicely formatted version of the Quality Summit “Call for Presenters.”
- Dave will send Dustin and Mukhtar the revised Plan goals and the requests for additional data.

ADJOURN

The meeting adjourned at 11:42 am.

ATTENDANCE

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