

March 18, 2026

Date:	Wednesday, March 18, 2026	Type:	In Person
Start Time:	1:15 pm	End Time:	2:30 pm
Leaders:	Peta-Gaye Tomlinson (Chair), Africka Hinds and Denese Smith-Munroe (DPH Liaisons)		
Participants:	18	Next Meeting:	April 15, 2026 (in person)

WELCOME AND INTRODUCTION

QPM Chair Peta-Gaye Tomlinson welcomed everyone to the meeting, introduced herself and DPH liaisons Africka Hinds and Denese Smith-Munroe, and reviewed the charge of the committee. To energize folks after lunch, the group completed a Wordle – successfully guessing “TREAT” in three tries.

ADMINISTRATIVE MATTERS

Approval of February 2026 Meeting Notes. In February, the team:

- Reviewed and discussed an early draft of the 2027-2031 Plan goals and objectives.
- Prioritized which of current Plan’s indicators we should make sure to include in the new Plan.

The team approved the February meeting notes with one minor edit.

INTEGRATED PLAN PERFORMANCE MEASURES

Peta-Gaye noted that today’s meeting builds on QPM’s February meeting – where the team reviewed and discussed the draft Goals and Objectives for the new Plan, and how they aligned with our current Plan indicators. Today, the team will start identifying performance measures for the new Plan.

Dave Bechtel first shared background on developing performance measures (Handout 1) and the team’s priorities for including our current indicators in the Plan (Handout 2). (See [this link](#) for all meeting handouts.)

Participants asked the following questions:

- **Data sources.** William Morales asked if all the data is being provided by DPH? Peta-Gaye noted that the data is from all of the funded providers who are entering data that DPH is then compiling. The CHPC is also compiling all the information from annual reports (e.g., Ryan White) to help assess progress. Dr. Virata asked if data is being generated from other data systems besides E2CT? Peta-Gaye stated that DPH and CHPC partners draw from multiple data systems to compile data for our current Plan indicators – including national sources like AIDSvu.
- **Data quality.** Dr. Virata asked about data definitions and the quality of data. For example, what is the definition for overdose deaths? Peta-Gaye stated that QPM is hoping to have Ramón Rodríguez-Santana present on the Syringe Service Program (SSP) later this year; Ramón can also address the data definition question. Lara Caraballo (DPH) noted that DPH takes an entire year to clean the data (e.g., track whether a new diagnosis is correct vs. a PWH moving from another state), and that the numbers may continue to change slightly as the data continues to be cleaned. Peta-Gaye stated that this happened in the Harford region, where a number of cases of “new diagnoses” were actually PWH moving to the area. Peta-Gaye stressed that “this is your work” – the quality of the data depends on all providers entering accurate and complete data in the data systems.

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- **Syphilis data.** William asked if syphilis re-infections are counted as new cases? Peta-Gaye noted that this may be happening; QPM has invited DPH to present the latest STI data, and can check on how this is defined when DPH presents. Peta-Gaye noted that Ana Nepal (DPH) delivered an excellent presentation on STI data at Ryan White Part A Hartford last year.

Dave then reviewed a **working draft** of Plan Goals, Objectives, and Sample Activities (Handout 3). Dave noted that the draft will continue to evolve based on this morning's breakout group discussions of activities, and continued work of the Funders Group to refine Plan Objectives. The draft also incorporates most of the current Plan indicators as performance measures, per feedback from QPM at our February meeting and feedback from HRSA on CT's emerging Plan.

The team then started brainstorming performance measures to include in the Plan. Peta-Gaye shared the approach: (1) Start with a pillar where you have much experience (Prevent, Diagnose, Treat, Respond); (2) Review the activities and sample performance measures; (3) Identify additional performance measures, considering different types of measures (e.g., how much, how well, what's the outcome); and (4) Select those measures that you think are most important to include in the Plan – write them on stickies and post them on the newsprint around the room.

Team members suggested the following performance measures and related activities:

Prevent Pillar

PrEP:

- Performance Measures
 - # campaigns featuring Black women; older adults
 - Average time between PrEP request and PrEP start date
 - % clients adhering to PrEP at 3 months, 6 months, 9 months, etc.
 - # ED providers trained, # health networks trained in PrEP
 - # people reached with prevention information at community events

Condoms:

- Performance Measures
 - # education events at schools; # condoms distributed at schools
 - # providers / staff trained in youth engagement and relationship building
- Activities
 - Assess clients' level of understanding of importance of condoms, with regular follow-up visits to re-assess and reinforce

Diagnose Pillar

HIV Testing:

- Performance Measures
 - # of home testing kits distributed at community events
 - # and % of HIV / HCV tests conducted in (a) clinical and (b) non-clinical settings
 - # urgent cares reporting positive tests
 - # tests by priority population and geography (region, urban), % priority populations tested

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- # and % of providers trained in HIV / HCV testing guidelines
- Activities
 - Computer screen pop-up reminders to test (embedded in electronic health records)
 - Testing at schools to address students with no health insurance

Late Testers Data:

- Performance Measures
 - % late testers diagnosed with an opportunistic infection, % diagnosed in ED
 - % late testers virally suppressed 12 months after diagnosis

Treat Pillar

Linkage to Care:

- Performance Measures
 - # newly diagnosed with appointments within 7 days
- Activities
 - Create a directory for providers to link to care within 48 hours (who to call)

ART:

- Performance Measures
 - Average time from CADAP application to ART access
 - % PWH adhering to medication

Viral Suppression:

- Performance Measures
 - Use our current Plan indicator (95% goal)
- Activities
 - HIV providers / medical case managers expand outreach, tracking of labs (every 6 months), and monthly case conferences with ID providers

Respond Pillar

Response Plans:

- Performance Measures
 - Lab volume for genotypic data by year
- Activities
 - Educate providers to order VL, CD4 and genotype at diagnosis

Response Tools and Resources:

- Performance Measures
 - Cross communication between data systems (milestone)

Partner Services / DIS:

- Performance Measures
 - # clients referred for DIS services

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Peta-Gaye thanked the team for a productive discussion and brainstorming activity. QPM will continue to identify and select performance measures at the April meeting – building on today’s discussion.

NEXT STEPS

- QPM staff and leaders will follow up on the team’s “data quality” questions at future QPM data presentations on SSPs and STIs.

MEETING FEEDBACK

Participants completed a meeting feedback forms:

- Participants gave the meeting a grade of A (87.5%) and C (12.5%).
- 100% reported that they understood the meeting information and materials.
- 100% reported that the meeting felt inclusive and respectful of all voices.

Open-ended responses included:

Liked Best	Improve Future Meetings
<ul style="list-style-type: none"> • Engagement • Conversation / activity • How well organized the CHPC QPM meeting was, and how interactive the activities are • Focused work! Very productive. • Wordle, group planning for activities and measures • The activity about the pillars / measures • Very organized and clear • Very informative • Great participation and information provided! • Discussion of new ideas - though the # of outcomes measures is overwhelming! • The icebreaker, and making sure everyone is able to speak if they wanted to • Plan refresher was nice before the brainstorming • Love the Wordle ice breaker • Using knowledge of earlier meeting to help us come up with measures for this meeting. And Wordle! • Information provided was very informative and helpful. Very clear. • Interactive activities - Wordle and sticky notes activity • Individual groups 	<ul style="list-style-type: none"> • Education / training on quality improvement, performance measures • Clear talking points, felt unorganized • More snacks! • Have it [at] this time • Temperature adjustment

ADJOURN

The meeting adjourned at 2:30 pm.

ATTENDANCE

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