

May 20, 2026

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| Date: | Wednesday, May 20, 2026 | Type: | In Person |
| Start Time: | 1:07 pm | End Time: | 2:30 pm |
| Leaders: | Peta-Gaye Tomlinson (Chair) and Denese Smith-Munroe (DPH Liaison) | | |
| Participants: | 16 | Next Meeting: | June 17, 2026 (in person) |

WELCOME AND INTRODUCTION

QPM Chair Peta-Gaye Tomlinson welcomed everyone to the meeting, introduced herself and DPH liaison and Denese Smith-Munroe, and reviewed the charge of the committee. To start off the meeting:

- **Yale R3EDI HIV Implementation Science Hub.** Peta-Gaye encouraged participants to apply for this national Community of Practice that she will be co-facilitating. The announcement was emailed to the CHPC list last week. Peta-Gaye stressed that this is for practitioners as well as researchers. See [this link](#) for details.
- **Ice Breaker.** To energize folks after lunch, participants answered several ice breaker questions. Themes included: we all need to work together to reach our goal of ending the epidemic; it’s important to connect prevention and care providers to learn about ongoing efforts (e.g., outreach to barber shops and beauty salons); and the work we’re doing here is important and exceptional (presentations, using data for improvement).

ADMINISTRATIVE MATTERS

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

- Reviewed our approach to setting performance measures for the 2027-2031 Plan.
- Had a “Gallery Walk” where small groups reviewed and voted on all the proposed performance measures for the Plan.

The team approved the April meeting notes with no edits.

QUALITY IMPROVEMENT (QI) SPOTLIGHT

Peta-Gaye noted that this month, QPM will return to its focus on Quality Improvement (QI). This includes participant sharing brief presentations on QI projects over the course of the year, what we call QI Spotlights. The first QI Spotlight in 2026 is from Community Health Services (CHS), with presenters William Morales and Joe Outlaw.

William and Joe shared an HIV Medical Case Study, focused on addressing the complexities of long-term HIV care management and the challenges in achieving and maintaining viral load suppression. CHS used periodic viral load suppression data, assessments of barriers and strengths / protective factors, and multidisciplinary case reviews and team huddles to identify potential interventions and develop care plans to support the goal of sustained viral suppression.

The care team employed different strategies over time to address challenges (e.g., new case manager, viral load workflow, case reviews, monitoring refill patterns, exploring different medications) – focusing on QI at the

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individual client level. Joe noted that this case highlights the complexity of managing long-term HIV care, and the importance of using data (on an ongoing basis) to inform adherence strategies.

Participants shared additional ideas for supporting medication adherence:

- Delivering in-home services via a visiting nurse or similar program. This would require a specific diagnosis (e.g., ADHD).
- Exploring whether the challenge related to substance use.
- Identifying what might motivate the client to achieve viral suppression (“get inside his head”). What will it take for him to buy in? For example, keeping his partner(s) safe could be a reason to take meds.
- The process of transferring to a new case manager can also be difficult. Joe noted that CHS is organized so that case managers know each other’s patients. So in their case, the transfer process was very smooth.

Peta-Gaye thanked Joe and William for their presentation. QI projects do not always have to follow the Plan-Do-Study-Act (PDSA) model; this shows a humanistic approach. Peta-Gaye also noted that the project has been nominated for a national award. Joe thanked the group, and noted that the whole Ryan White TGA makes the process work.

SETTING QI PROJECT PRIORITIES

Peta-Gaye noted that in our quality improvement role, QPM uses data to identify **statewide priorities** for QI projects. The CHPC’s extensive planning process over the past year has featured a number of data presentations – many of which were summarized in the morning meeting.

The last time QPM set priorities for QI projects was in 2023. As QPM chair, Peta-Gaye wrote a “Dear Colleague” letter to HIV Care and Prevention partners recommending that they initiative QI projects in at least one of the priority areas (see the [meeting handout](#) for the letter).

To help set future QI priorities, Dave reviewed Handout 1 – which included the 2023 priorities (PrEP, housing, and disparities), activities in the draft 2027-2031 Plan that referenced QI projects, and data from various sources (indicators, needs assessments). See [this link](#) for details.

Participants first discussed themes from the data:

- STIs (sexually transmitted infections) are a concern, particularly in the Hartford region.
- Viral load suppression rates are excellent for Ryan White clients, but are much lower outside of Ryan White. One challenge is that eligible patients do not want to participate in medical case management (e.g., only want dental care). While this is possible, the federal requirements make it difficult to navigate (e.g., providers have lengthy reporting requirements).

Participants then voted on their top three priorities. For the 10 respondents:

- 70% selected viral load suppression
- 50% selected STIs

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- 40% selected housing, and 40% selected PrEP
- 30% selected oral health
- All other topics received 20% of fewer votes

Given the tie for the third priority and the overall low participation among QPM members, the group agreed to send the survey to the full QPM team to vote. QPM can review the updated results at the Jun meeting.

NEXT STEPS

- QPM staff will [send the QI Priorities survey](#) to the rest of the QPM Team members for their feedback, and will share the results at the June meeting.

MEETING FEEDBACK

Participants completed a meeting feedback form:

- Participants gave the meeting a grade of A (93%) and B (7%).
- 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"> • QI Spotlight (2) • The Spotlight of CHS QI • The presentation by CHS! Presenting a problem an agency may be having and looking for solutions as a whole. • How they mentioned a client case and we were able to give comments, ideas • CHS presentation • Case study presentation • The case study & the discussions about the coming priorities • Seeing poll results & Discussion on CHS's presentation. • Preview of future measures • Great discussion QI priorities • How engaging it always is. • The meetings were both informative & discussion • Detail information and participation. | <ul style="list-style-type: none"> • More Spotlights • The calendar invite time did not match the time in Agenda. Caused confusion. • Warmer room temperature |

ADJOURN

The meeting adjourned at 2:30 pm.

ATTENDANCE

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