Connecticut HIV Planning Consortium

Quality and Performance Measures (QPM) Team Meeting Summary

July 15, 2026

Date:	Wednesday, July 15, 2026	**Type:**	Virtual
Start Time:	10:32 am	**End Time:**	11:39 am
Leaders:	Africka Hinds and Denese Smith-Munroe (DPH Liaisons)		
Participants:	25	**Next Meeting:**	September 16, 2026 (in person)

WELCOME AND INTRODUCTIONS

DPH Liaison Africka Hinds welcomed everyone to the meeting, and reviewed the QPM mission and meeting etiquette. Participants then went around the virtual room and introduced themselves.

Africka facilitated an ice breaker, with the team successfully completing a Wordle – guessing LEARN on the fourth try.

ADMINISTRATIVE MATTERS

Approval of June 2026 Meeting Notes. In June, Ramón Rodriguez-Santana (DPH) presented the latest data from the Syringe Services Programs (SSPs), and the team had a lively discussion of the data and its implications. The team approved the June meeting notes with no edits.

QUALITY IMPROVEMENT (QI) SPOTLIGHT

Africka noted that QPM hopes to feature brief presentations on Quality Improvement (QI) projects at meetings, what we're calling QI Spotlights. Our QI Spotlight presenter for this month is Dr. Virata at the Yale Center for Infectious Diseases.

Dr. Michael Virata presented on their CQM Team's regional efforts to improve viral suppression rates. Their goal is for at least 95% of Ryan White Part B clients to be virally suppressed.

The approach includes:

- Mapping the viral suppression process – including roles and responsibilities, social determinants of health, and opportunities to use data to inform QI efforts.
- Developing a fishbone diagram to identify improvement opportunities.
- Using the Plan-Do-Study-Act (PDSA) model to implement improvements, with monthly team meetings to review reports on results. PDSAs can be short-term or last several months.
- Monthly reports can include examining detailed data for clients to identify the barriers to viral suppression. In some cases, there is a data gap (e.g., labs not completed); in other cases, clients may be out of care.
- To help identify interventions, the team compares virally suppressed vs. non-virally suppressed clients; conducts interviews, focus groups, and/or surveys to better understand barriers; and compares results by agency.
- Overall results by agency are tracked monthly, with the region showing 90%+ clients virally suppressed on a consistent basis.

Africka thanked Dr. Virata for his presentation, and encouraged providers to share their QI projects at the September QPM and RWB CQM meetings.

PARTNER SERVICES DATA DISCUSSION

The team continued the conversation from the main CHPC meeting of the Partner Services data presentation. (See the Partner Services presentation for details.) Discussion topics included:

- **Engaging partners**. Dr. Virata asked about how to engage a likely partner that has not been specifically identified by Partner Services? Nathan Santana (DPH) stated that this is very challenging, as this is a voluntary process for clients. DPH cannot require people to disclose partners or to get tested. Ramón suggested contacting Jen Vargas at DPH and looking at molecular testing data (if available) to help identify a potential cluster of cases. Dr. Virata noted that he did speak with Jen and is exploring ways to indirectly connect to the person (e.g., sending a home testing kit).

  Nathan also suggested an anonymous texting service. Africka located information on this service and shared it in the chat: TELL YOUR PARTNER at https://tellyourpartner.com/. It is free, anonymous, private, secure, and delivered instantly, sponsored by the National Coalition of STD Directors (see https://ncsddc.org/resource/tellyourpartner-org/ for details).

- **2022-2026 Plan Indicator**. Dave Bechtel asked about the Partner Services indicator for the current Integrated Plan: "The percent of newly diagnosed clients interviewed by DIS / Partner Services." Nathan reported that in 2025, Partner Services contacted all 270 referred clients but only 36 shared partner names. Ramón stated that DPH has been discussing a better measure that focuses on named partners. Ramón suggested contacting Mitchell Namias about sharing this proposed measure with the team; Africka will follow up.

- **HIV Seropositivity Rate**.[1] Dave asked whether the HIV seropositivity rate was a good performance measure to include in the 2027-2031 Plan. The 2025 rate of 11.3% for Partner Services is well above the historic rate for other DPH-funded testing programs (which were in the 0.3% range). Ramón agreed that the 11.3% rate shows how effective Partner Services is compared with other interventions.

- **STD Presentation**. Dave asked if Nathan and Ramón would also share STD data from Partner Services at a future meeting. QPM is hoping to have an overall STD data presentation at the September meeting, and this would be an excellent complement. Nathan agreed to present.

Africka thanked Nathan and Ramón for their presentation and discussion with the team.

NEXT STEPS

- Africka will check with Mitchell Namias about sharing a proposed Partner Services performance measure relating to named partners.
- QPM staff will post the Partner Services presentation to the CHPC website.

[1] An HIV seropositivity rate is the proportion of people who test positive for HIV antibodies or antigens in a given population.

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MEETING FEEDBACK

Participants completed a meeting feedback form:

- Participants gave the meeting a grade of A (81%) and B (19%).
- 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
• Presentation (2) • I liked Dr Virrata's CQM presentation. It was very enlightening to see their process. • QI Presentation by Yale! • Learning more about virial load & suppressing it • The presentation and information given was very CLEAR - and time was spent clearing up anything that was confusing! Thank you! • Presentation + Ice breaker • Presentation topic • Making sure everyone understands everything • Very informative • Everything • Productive in terms of Partner Services • Informative	• I would spend more time on QI activities maybe looking at Region and overall performance of metrics

ADJOURN

The meeting adjourned at 11:39 am.

ATTENDANCE

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