*\*\*\*\* This is the “initial review” version of the meeting summary. Participants at the meeting will have a one-week period to provide additions, corrections, and/or revisions. \*\*\*\*\**

**Meeting Notes**

**Participants:** Damilola Adetiba, Bobby Allen, Inthiany Ardila, Karim Ba, Ashlei Biggs, Jean Brown, Marianne Buchelli, Tom Butcher, Chris Cole, Angelique Croasdale-Mills, Alicia Cruz, Johanna Cruz, Brian Datcher, Daniel Davidson, Xavier Day, Martina De La Cruz, Natalie DuMont, Nilda Fernandez, Grace Fitzpatrick, Tracy Ghantous, Brian Gomes, Miguel Gonzalez, Deirdre Gruber, Nola Hanrahan, Africka Hinds, Josh Hoffner, Lydia Humbert, Natalie Kil, Edwin Leon, Arleen Lewis, Barbara Ligon, Sue Major, Deidra McClease, Loretta McPherson, William Morales, Erika Mott, Ruth Pennacchia, Leonardo Pereda, Sandra Perez Ruiz, Marie Raynor, Ramon Rodriguez-Santana, Esther Schlossberg, Meliza Skutulas, Roberta Stewart, Mary Tanner, Lionel Thomas, Jamari Thompson, Melinda Vasquez-Yopp, Tonya Verdejo, Michael Virata, Danielle Warren-Dias

**Facilitator:** Peta-Gaye Tomlinson  **Recorder:** Dave Bechtel

**Meeting Summary**

* Participants shared information on **quality improvement (QI) projects** for QPM-identified priority topics: PrEP, housing, and disparities. See below for details on the QI projects.
* Participants recommended **data presentations and activities** for QPM to focus on in 2025.

**Identified Tasks**

1. Dave will revise Handout 1 to add QI projects shared at the meeting and gather information on additional QI projects by Ryan White partners.
2. QPM leaders and staff will develop a workplan for 2025 based on participant feedback, and may survey members to help prioritize the workplan.

**Welcome and Introduction to QPM**

QPM chair Peta-Gaye Tomlinson welcomed everyone to the meeting at 11:02 am and introduced DPH liaison Sue Major and QPM staff person Dave Bechtel. QPM reviews and discusses data, develops indicators to track our progress in ending the syndemic, and helps improve the quality of HIV prevention and care. Ms. Tomlinson noted that the Plan indicators are like a report card for Connecticut in how we are doing in ending the syndemic.

Xavier Day asked about the meaning of “syndemic.” According to the [Ending the Syndemic in CT](https://endthesyndemicct.org/) website, a syndemic is a “set of 2 or more overlapping epidemics connected by behaviors and conditions impacting the same people and the communities in which they live.” For the CHPC, the syndemic includes HIV, Sexually Transmitted Diseases (STIs), Substance Use Disorder (SUD), and Viral Hepatitis.

Ms. Tomlinson reviewed ground rules for the meeting:

* QPM meetings are **participatory** and are open to the public, and use a consensus approach in our discussions.
* Please **raise your hand** to share a comment, and introduce yourself when you speak for the first time during the meeting. And please **share the floor** so everyone has a chance to speak.
* QPM addresses complex data issues with lots of acronyms and jargon. So **please ask questions** if an acronym or term is not clear.
* QPM will use a **Parking Lot** to keep track of any topics that arise which aren’t part of today’s agenda. We can address these topics at future meetings.

Participants approved the notes from the October QPM meeting by consensus with no changes.

**Quality Improvement (QI) Projects**

Ms. Tomlinson introduced the topics by reviewing QPM’s recent work QI work. In July 2023, QPM circulated a “Dear Colleague” letter to the Ryan White jurisdictions recommending that they conduct QI projects on PrEP, housing, and/or disparities. The QPM Team had identified these as top priorities for QI efforts. Last fall, Dave started gathering information on these QI projects. Handout 1 shows this initial list of QI projects by agency and topic (see meeting handout for details).

After the team reviewed Handout 1, participants updated the list – adding QI projects by topic on newsprint and briefly describing their projects. The following table shows the projects by topic and agency.

| **Topic** | **Project Name** | **Agency** |
| --- | --- | --- |
| Disparities | Linkage to care | NH / FF EMA |
| STI screening | Part A Region 1 |
| Employment workforce initiative | ACT |
| Anal STI screening | YNHH |
| STI  | Health Collective |
| Linkage to Care | Health Collective |
| Housing | Homeless prevention | Liberty Community Services |
| Housing stabilization | CCMC / UCHC |
| PrEP | PrEP services to MSM testing | Health Collective |
| InMOTION | InSTRIDE |
| STOP HIV | InSTRIDE |
| Increase PrEP referrals based on EMR pathways | CCMC / UConn  |
| Standardize PrEP screening eligibility and referrals | Yale Community Healthcare  |
| Other | CPM Committee: Reduce gaps in care and increase screenings for chlamydia, syphilis and HCV | APEX CC |
| Increasing oral health access for PWH | Optimus |
| Increase access to behavioral health | Optimus |
| Increase access to HIV treatment and Doxy PEP | Health Collective |
| Increase PrEP and testing via status neutral care approach | GBAPP |
| Improve mammogram screening | CHS |
| Strengths and needs assessments / resource sharing for sexual assault centers | CT Alliance to End Sexual Violence |
| Linkage to care in 1 month | NH / FF EMA |

Participants shared additional information on their QI projects:

* InSTRIDE at the Yale School of Medicine has two projects to improve PrEP uptake: [InMotion and STOP HIV](https://medicine.yale.edu/lab/springer/research/). InMotion offers integrated opioid and HIV services via a van and STOP HIV is engaging justice-involved individuals. Esther Schlossberg is the QI project contact.
* CCMC / UConn Pediatric HIV Group is seeking to increase PrEP referrals via expansion of routine HIV testing, and is continuing its Housing Stabilization QI project (version 2.0). Nilda Fernandez and Danielle Warren-Dias are the project contacts.
* The Yale Community Health Care Van includes a project to improve the quality of PrEP screening and referrals. Natalie Kil and Deirdre Gruber are the project contacts.
* The Employment Workforce Initiative is addressing the disparities in employment for PWH via an employment navigator and employment events. Erika Mott is the project contact.

**2025 QPM Workplan**

Ms. Tomlinson noted that this will be the last QPM meeting for 2024, so we want to review progress to date and identify QPM priorities for 2025. Dave first reviewed the 2024 QPM Workplan (see Handout 2) – noting that data presentations and activities like the Quality Summit that were not addressed this year. QPM also did not monitor implementation of Connecticut’s Integrated Plan in 2024 (see [this link for the full Plan](https://www.cthivplanning.org/wp-content/uploads/2024/11/4.3-Integrated-HIV-Prevention-and-Care-Plan-Gu.pdf) and [this link for the latest Monitoring summary](https://drive.google.com/file/d/1319WjXJRihb-92cN8MmoZ2WfDkMfRrwR/view?usp=sharing)).

Participants suggested the following priorities:

* Angelique Croasdale-Mills noted the drop in **viral suppression** rates. This should be an area of focus.
* Tom Butcher noted that QPM and the CHPC needs to finalize the current **Integrated Plan** and start the 2027-2031 Plan next year.
* Marie Rayner suggested a focus on **substance misuse**.
* Miguel Gonzalez asked about **PrEP services in prisons**? Sue Major stated that DPH has a memorandum of agreement (MOA) with the Department of Corrections (DOC) and has been working with DOC to increase PrEP services in prisons. Currently, people can be prescribed PrEP when they are leaving prison.
* Mr. Gonzalez also noted the need to engage **farm workers** and reach the rural areas of the state. William Morales stated that CHS has an outreach worker that visits farms to provide health services. Xavier Day suggested looking at areas where there may be gaps – including farms and **rural areas**. This can prevent new outbreaks.

Participants posted their top 2025 priorities for data presentations or QPM activities. These were organized by the [four pillars of the federal plan to end the HIV epidemic](https://www.cdc.gov/ehe/php/about/goals.html#:~:text=At%20a%20glance,Treat%2C%20Prevent%2C%20and%20Respond.): (1) **Diagnose** people as early as possible; (2) **Treat** people quickly and effectively; (3) **Prevent** new infections; and (4) **Respond** to outbreaks. The following table shows the recommendations by pillar.

| **Pillar** | **Top Priorities** |
| --- | --- |
| Diagnose | * Linkage to care within 30 days of diagnosis
* HIV testing for everyone
* Working with immigrant population (outreach, education, testing, linkage to care)
* Focus on lowest performing measures
 |
| Treat | * Rapid treatment start (within 24-48 hours)
* Place patient on HART immediately
* Data to Care (identify those out of care and re-engage in treatment)
* Focus on lowest performing measures
* Housing stability (for treatment and preventative care)
* Work with immigrant population
 |
| Prevent | * Increase PrEP availability and delivery through PCP partnership and outreach
* Messaging of PrEP / PEP specific to priority populations (youth, men and women of color, Haitians / Latinos)
* PrEP presentation for Black female 16-24
* Successful long-acting injectable PrEP programs / implementation practices
* CADAP for PrEP / PEP
* Social media to promote PrEP awareness
* Reaching different groups / areas (farm workers, prison, rural)
* Outreach
* Education for religious groups – how to engage the population
* Education about STIs and HIV (young adults, MSM, seniors)
* HIV education
* Cluster Detection and Response (CDR)
* Plans for HIV, STIs, SSP, PrEP and PEP
* HIV testing, HIV-related stigma
* Focus on lowest performing measures
* Communication
 |
| Respond | * HIV Cluster Detection and Response (CDR)
* General data presentation on outbreak response for community providers
* Collaboration among Ryan White Parts and community at large
* Address insurance instability for immigrants (CADAP, Access Health)
* Focus on lowest performing measures
 |

Ms. Tomlinson asked the group: who is responsible for the four pillars? Brian Datcher and William Morales suggested primary care providers and Roberta Stewart and Marie Rayner suggested that we all are responsible.

Due to lack of time, the group did not review and discuss the 2025 QPM recommendations. Ms. Tomlinson noted that QPM may send out a survey to members to help prioritize future data presentation and QPM activities.

**Meeting Feedback**

Ms. Tomlinson thanked everyone for their participation and asked for participants to share feedback on the meeting. What did you like? What would you change? The following table shows responses.

|  |  |
| --- | --- |
| **Like (+)** | **Change (∆)** |
| * Interactive participation and real-time sharing
* Meeting in person
* Facilitation of meeting (and Peta-Gaye’s boots)
* Collaboration of participants
* Networking
* Being open to learning / being open about what we don’t know and learning from each other
* Meeting in New Haven / the space
 | * Need more time – did not have a chance to review 2025 activities
* Break out data by geography / population groups
* Consider smaller working groups
* Lighting / orientation of the room (difficult to see)
* Acoustics / can hear side conversations
* Would like a hybrid option
 |

**Adjourn**

The meeting adjourned at 12:15 pm.

**##End QPM Notes**