

September 17, 2025

Date:	Wednesday, September 17, 2025	Type:	In Person @ Chrysalis Center, Hartford
Start Time:	1:05 pm	End Time:	2:25 pm
Leaders:	Peta-Gaye Tomlinson (Chair), Sue Major and Denese Smith-Munroe (DPH Liaisons)		
Participants:	22	Next Meeting:	October 15 Quality Summit

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.

Peta-Gaye facilitated an ice breaker to energize the group. Participant “volunteers” answered fun questions about their experiences and interests.

ADMINISTRATIVE MATTERS

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

PERFORMANCE MEASURES (PM)

Data To Care Presentation

Mukhtar Mohamed (DPH) presented on the Data To Care (D2C) initiative (see [this link](#) for the presentation and [this link](#) for Mukhtar’s notes). **D2C seeks to identify people living with HIV (PWH) who are not in case and link or re-engage them in care.**

Highlights from the presentation included:

- The presentation includes D2C results for 2021 through 2024.
- D2C uses specific criteria to identify PWH who are not in care: people who have not had any labs in the past 15 months who had labs in the previous 15 months. This initial list is matched against CDC systems and the DPH databases to develop a list of clients are identified as not-in-care (NIC) clients. DIS (Disease Intervention Specialists) then conduct outreach to locate clients and re-engage them in care (see Slides 5-6).
- For the past four D2C cycles, upwards of 70% of clients have been re-engaged in care (see Slide 9).
- For the most part, PWH who were not in care reflected the overall population of PWH – in terms of gender, race/ethnicity, age, risk factor, and geography (see Slides 10-29).
- Approximately 84% of clients on the D2C list were virally suppressed as of their last known viral load lab results, which could have been taken several years ago for those who were not re-engaged in care (see Slides 30-34).
- DPH is working to improve D2C – improving lab reporting and working with other states to exchange data. D2C is making a difference in people’s lives – linking and re-engaging people in care (see Slide 35).

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Participants discussed the D2C results and implications. Themes included:

- College / grad students. Boatemaa (Emma) Ennin asked how DPH decides the residence for college and grad students from different states and countries. Typically, the student's permanent residence will decide which state or country (e.g., in school in CT but home address in RI will be a RI resident).
- High Viral Suppression Rates. Ruth Murray asked how the viral suppression rate for the D2C list was so high (upwards of 90%). William Morales noted that his experience was that out-of-care clients had the lowest suppression rates (e.g., less stable situations, less compliant). Mukhtar noted that this is based on incomplete data (i.e., may not have a lab result for clients) and based on the last recorded lab (i.e., when the client was in care). Jen Vargas (DPH) noted that the not-in-care criteria was no labs in the past 15 months – some clients who were in care may have missed an appointment.
- Retention in Care. Karim Ba noted challenges with having different definitions for retention in care. The federal definition for Ryan White is two appointments per year. Peta-Gaye agreed that this is a major challenge, and that Connecticut has been at the forefront in advocating to HRSA for a change in the definition. Peta-Gaye also suggested that the HIV Funders Group could consider agreeing on a common definition of his measure, while acknowledging that the HRSA measure will still be required for federal compliance.
- Success Story. Peta-Gaye shared a success story in the collaboration between the City of Hartford and DPH on ensuring re-engagement in care for clients who were no longer receiving services after a provider contract ended. Hartford was able to share its list of clients at risk of falling out-of-care with DPH – with a very fast response of less than 2 weeks. The Hartford Planning Council will implement this process as a directive, and the City of Hartford will write up this process as a best practice.
- 2024 Re-engagement in Care. Dave asked about the lower re-engagement in care (47%) for 2024 vs. earlier years. Mukhtar noted that this rate should improve as more labs are received. Sue Major agreed that the 2024 data is still in flux. Jen noted that they will not update the data until it is fully confirmed (e.g., contact Massachusetts department to confirm that client has moved).

QUALITY (Q)

Quality Summit Update: October 15, 2025

Dave provided a brief update on the Summit. There is still time for providers to present a poster at the Summit. Everyone who plans to attend should [register at this link](#).

The group decided on the following:

- Expand the capacity of the Summit to 120 participants. We can use the hallway for the poster presentations and use the entire conference space for the full-group presentations and activities.
- Ruth Murray and Tamera Aryeetey volunteered to greet Summit participants they arrive. Ramón also “volunteered” Jen as a greeter.
- Dave will update the draft agenda to include an 8:30 am arrival time for participant sign-in, refreshments, and networking.

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MEETING FEEDBACK

Participants shared the following feedback on what they liked about the QPM meeting and what they would change for future meetings:

Liked (+)	Improve (Δ)
<ul style="list-style-type: none"> • Data presentations (including the morning presentation by Dustin) • Meeting in person – putting faces to names for the DPH Surveillance team • Ice breaker – energizing the group • Seeing the D2C trends from 2021 to 2024 	<ul style="list-style-type: none"> • Incorporating more interaction during the presentations (e.g., polls, participants write questions / comments on stickies during presentation) • Increasing consumer participation on QPM – members invite consumers who participate on their CQM teams

NEXT STEPS

- CHPC staff and QPM leaders will make final preparations for the Quality Summit. We hope all QPM members will [register](#) and attend!

ADOURN

The meeting adjourned at 2:25 pm.

ATTENDANCE

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