

**Michigan Department of Health and Human Services
Division of HIV and STI Programs
HIV Care and Prevention Section
Integrated Ryan White Parts B and D Clinical Quality Management Plan 2020-2021**

QUALITY STATEMENT

In accordance with the legislative mandate for quality management by the Ryan White (RW) HIV/AIDS Treatment Extension Act of 2009 and considering the 2020 National HIV/AIDS Strategy (NHAS), the Michigan Department of Health and Human Services (MDHHS), Division of HIV and STI Programs (DHSP), Operations Section (OS) Clinical Quality Management (CQM) Program, in conjunction with the HIV Care and Prevention Section (HCPS), is committed to establishing and maintaining coordinated and comprehensive service delivery across the HIV treatment care continuum by reducing gap and disparities, specifically aiming to increase medical retention, viral load suppression, and health engagement for people living with HIV (PLWH) in Michigan. The RW CQM Policy Clarification Notice 15-02 further guides the OS CQM Program to ensure that services are consistent with the latest Health and Human Services (HHS) HIV treatment guidelines (<http://aidsinfo.nih.gov/guidelines>).

QUALITY INFRASTRUCTURE

A variety of MDHHS staff, in conjunction with the MDHHS Quality Management Committee (QMC), contribute to achieving all goals and Quality Management Work Plan activities, and are considered integral to the continuation and success of MDHHS' Part B and D quality efforts. The Quality Management Committee has application cycles annually occurring during the summer months through the end of the fiscal year. Due to consistent changes in the organizations staff placement, core personnel are subject to change.

The **Quality Coordinators and RW QM and Assurance Analyst** are responsible for:

- Co-leading the MDHHS Core RW Quality staff communication and encounters, monitoring and training staff as needed;
- Coordinating the development, testing, and implementation of recipient and subrecipient performance measures;
- Monitoring subrecipient performance measure data on a quarterly basis; providing QM technical assistance (TA), as needed;
- Communicating quality issues with OS and HCPS leadership and the MDHHS Core RW Quality team, and working together to address challenges;
- Reviewing and updating the integrated QM Plan annually;
- Providing CQM content for federal RW grant applications, reports, or monthly monitoring calls;
- Keeping abreast of QI techniques and ideas, and their feasibility and potential effectiveness across subrecipient agency network;
- Researching and sharing/promoting improvement strategies and interventions to improve health outcomes along the HIV Care Continuum (inclusive of direct services provided internally by MIDAP and the MDP, as well as direct services provided externally by MDHHS subrecipients)
- Reviewing performance measure data quarterly to identify possible gaps and disparities in health outcomes and/or training opportunities.
- Integrating the QM plan with the Integrated Plan

MDHHS RW Quality Management Committee membership is comprised of the following:

- Eight RW Parts B and D subrecipients, inclusive of medical clinics, health departments, and Community Based Organizations (CBO)
- Three Ryan White clients/consumers
- Three MDHHS Staff: RW Part B Coordinator, RW Quality Management and Assurance Analyst, MIDAP Coordinator, and MDP Financial and Reports Analyst

Responsibilities of the **RW Quality Management Committee** include:

- Developing and updating an integrated QM Plan that includes annual quality goals
- Determining HRSA HAB performance measures (PM) that align with annual goals to be reported from recipient and subrecipient levels, and adjusting performance measure thresholds, as appropriate
- Examining performance measure data to identify HIV Care Continuum gaps
- Researching and sharing improvement strategies and interventions to improve health outcomes along the HIV Care Continuum
- Evaluating the MDHHS Quality Management Program performance according to HRSA requirements, QM work plan, and annual goals.

MDHHS Core RW Quality staff include the following:

- Continuum of Care Unit Manager, Part B QM Coordinator, Part D/Michigan Drug Assistance Program (MIDAP) Quality Assurance (QA) Coordinator, RW Quality Management and Assurance Analyst, MIDAP Data Coordinator, and CAREWare Data Analyst and Technician
- Continuum of Care Unit: Manager, Part B Coordinator, Part D Coordinator, EIS Coordinator, and HIV Clinical Nurse Consultant
- Michigan AIDS Drug Assistance Program (MIDAP) Unit: Manager, MIDAP Coordinator, and MIDAP Representatives
- Operations Monitoring Unit: Manager, two Departmental Analysts, and the Grants and Contracts Technician
- Michigan Dental Program (MDP): Oral Health Director, and Financial and Reports Analyst
- Leadership: DHSP, OS, and HCPS Managers
- HIV Surveillance: HIV Epidemiologists

Responsibilities of the **MDHHS Core RW Quality** staff include:

- Determining HRSA HAB performance measures (PM) that align with annual goals to be reported from recipient and subrecipient levels, and adjusting performance measure thresholds, as appropriate.
- Examining performance measure data to identify HIV Care Continuum gaps
- Improving MDHHS DHSP processes based on subrecipient and client input
- Assisting with provision of internal and external QM training
- Providing support to the Quality Coordinators in implementing and/or completing all QM Plan work plan activities

MDHHS federally funded **RW Parts B and D subrecipients** are responsible for:

- Providing performance measure data via CAREWare data entry due by the 10th of each month.
- Examining quality data quarterly and report subsequent QI activities/updates via quarterly progress reports.

- Conducting at least one quality improvement (QI) project throughout the year, using the Plan-Do-Study-Act (PDSA) method to document progress. This QI project must be aimed at improving client care, client satisfaction, or health outcomes.
- Developing and/or annually update local QM Plans, especially annual quality goals and work plan activities, to be kept on file on-site; and
- Incorporating client input into service delivery and QI activities, when possible

External Stakeholders include: RW consumers, Michigan HIV/AIDS Council (MHAC), Southeast Michigan HIV Advisory Council (SEMHAC), Michigan RW Parts A, B, C, D, F, MDHHS DHSP, Health Resources & Services Administration (HRSA) HIV/AIDS Bureau (HAB), U.S. Centers for Disease Control and Prevention (CDC)

ANNUAL QUALITY GOALS

With understanding that COVID-19 caused disruption with the achievement of several goal, the current annual goals have been reassessed to best aid quality growth. Based on the April 2018 Ryan White Part B HRSA site visit feedback, OS developed the following annual quality goals:

1. Continue engagement of staff and clients in quality improvement (QI) activities and provide training opportunities to enhance knowledge, skills and methodology needed to fully implement QI work on an ongoing basis.
 - a. By December 31, 2021, the total number of hours that DHSP staff engaged in QI training will be at least 40 hours
 - b. By September 30, 2021, hold 2 total virtual QI training session geared for clients and 1 training sessions geared towards agencies
2. Maintain engagement of the MDHHS Quality Management Committee throughout the year via quarterly meetings to advise MDHHS' QM Program.
3. By September 30, 2021, the viral load suppression percentage at each federally funded subrecipients, participating in the statewide QI project addressing viral load suppression disparities will increase by 1% to 5% from the baseline established on September 30, 2020
4. By September 30, 2021, reduce disparities within MDHHS RW Part B and D programs by increasing viral load suppression for the following populations, (part of which will be goal setting with the sub-recipients)
 - a. Youth (Part B Baseline: 85.71% Goal: 88.0%, Part D Baseline: 78.99% Goal: 88.0%)
 - b. Clients with temporary or unstable housing (Part B Baseline: 86.27% Goal: 88.0%, Part D Baseline: 68.42% Goal: 88.0%)
 - c. Clients whose income is equal to or below the Federal Poverty Level (Part B Baseline: 86.27% Goal: 88.0%, Part D Baseline: 81.42% Goal: 88.0%)
 - d. Clients of African American/Black or Minority decent (Part B Baseline: 87.33% Goal: 88.0%, Part D Baseline: 82.25% Goal: 88.0%)
5. Reduce the percentage [# of clients who failed to recertify / # of clients who are eligible to recertify] of MIDAP clients who fail to complete the recertification/verification process on time by 5%, from 28.53% (six month average) to 23.53% (annual average)

ENGAGEMENT OF STAKEHOLDERS

To keep stakeholders updated and engaged, OS will provide information on statewide performance measure data, QI projects and activities, and sub-recipients' best practices. In return, OS will solicit input regarding annual QMP/goals, performance measurement, QI Project/selection planning for new programs and evaluating existing programs. This will be

gathered at in-person meetings, via surveys, or review of relevant materials and will be incorporated into the QM Program decision-making.

QM Committee

In previous years, an MDHHS QM Committee made up of only internal staff existed. That group met monthly and was integral in the development of the first MDHHS QM Plan and selection of the MDHHS performance measures. After those components were in place, focus was shifted to the QM Subcommittee of sub-recipient QM lead staff, and internal QM Committee was discontinued. After the April 2018 RW Part B site visit, the Quality Coordinators took steps to reconstruct the QM Committee but diversify its membership. In August 2018, they developed, distributed, and reviewed QMC membership applications. All applications were accepted, and the current committee composition is as follows: four clients/consumers, four sub-recipient agency staff, five MDHHS RW Part B/D recipient staff, and the two MDHHS QM Coordinators. On October 24, 2018, the first QM Committee meeting was held, in which the Quality Coordinators provided an optional CQM primer training and an overview of Ryan White in Michigan. They then presented one year of disparity data for RW Part B, Part D, and Michigan DAP; members requested two additional years of disparity data in order to look at 3-year trends to inform their vote for prioritized subpopulations and more broadly inform decisions for a statewide QI project to address disparities. The Quality Coordinators will continue to engage this group and may eventually merge the QMC and the Subcommittee.

Planning Bodies

OS and HCPS will maintain a collaborative relationship with the HIV planning bodies that include clients who are most impacted by OS and HCPS RW programs. On an annual basis, the Quality Coordinators present QMP updates and aggregate performance measure results to the Michigan HIV/AIDS Council (MHAC) for transparency and suggestions.

Ryan White Parts B and D Subrecipients

The MDHHS Core RW Quality staff are committed to incorporating subrecipient stakeholder input in its efforts to improve the quality of RW services throughout Michigan. The Quality Coordinators established a QM Subrecipient Subcommittee, composed of staff from funded providers who regularly engage in QM activities at their organization. The objective is to strengthen collaboration with subrecipient agencies and provide subrecipients with the opportunity to discuss best practices across the state to improve the bars of the HIV Care Continuum. In FY19-20, two in person subrecipient meetings we offered, December 2019 and May 2020, 1 follow up webinar was offered on February 2020 for those that were not able to attend the December meeting. In addition to the subcommittee opportunities, the fourth Quality Management Symposium will be offered for QM staff in June 2020. In August 2020, a procedure was stated that provides 2 QM check-in calls to each part B and part D agency offered in the quarters that do not hold the Subrecipient Committee meetings. The schedule will go as follows: in person meetings in quarters 1 and 3, check in calls in quarters 2 and 4. Ongoing dialogue occurs between MDHHS Core RW Quality staff and subrecipient agencies in order to ensure the external network of providers has continual involvement in program decisions or projects. All meetings after March 2020 were moved to virtual platforms due to COVID. In FY 20-21, two subrecipient meetings were offered, November 2020 and May 2021. In accordance to the 1:1 call procedure, agencies will be provided 2 QM check in calls, February 2021 and August 2021.

All federally funded sub-recipients are contractually required to conduct at least one QI Project throughout the year (using the Plan-Do-Study-Act (PDSA) method to document progress) as

well as gather input from their clients to improve service delivery and client satisfaction. This may be done through an agency-level community advisory board, annual satisfaction surveys, suggestion boxes, etc. Input from their clients will be reported to the MDHHS Core RW Quality staff through the consumer engagement quarterly report objective narrative.

Additionally, feedback opportunities are made available to all Ryan White providers throughout the state to discuss issues related to MIDAP. Listening forums have occurred for this purpose in 2016 and 2018 and will continue as needed.

Clients/Consumers

Annual Satisfaction Surveys

MIDAP and Michigan Dental Program conduct annual satisfaction surveys to gain client input on service delivery and other program components.

Consumer Quality Training

In 2018, the Quality Coordinators collaborated with co-facilitators (trainers, manager, and a consumer/client) to design and hold a CQM 101 training specifically for consumers, an additional intermediate level training, CQM 102, was developed in 2019. The NQC Training on Quality for Consumers manual was used as a guide in the curriculum development process. Both trainings are geared toward interested RW Parts B and D clients. For the current fiscal year 2020-2021, the consumer training 101 and 102 will be held in virtual prerecorded sessions in September and in October 2021.

Part D Consumer Advisory Group

During FY15, the RW Part D Coordinator worked with Wayne State University's Sinai Grace clinic to re-invigorate a women's consumer advisory group (CAG) in Southeast (SE) Michigan. This group is comprised of women who access RW Part D funded services in the SE Michigan area as well as providers who deliver RW Part D funded services to these consumers. The objective of this group is to serve as a consumer feedback mechanism for the RW Part D program in SE MI; however, the information provided by this group may be applied and utilized across all Ryan White Parts. While in its early stages, the RW Part D staff are developing a formal process to use the information derived from this group to continuously improve the quality of HIV care services provided to consumers of the RW Part D program. This group meets monthly and is in the process of planning a needs assessment for women in the Metropolitan Detroit area.

Part B & D Consumer Advisory Board Training

During FY17-18, the Quality Coordinators collaborated with co-facilitators (trainers, manager, and a consumer/client) to hold a CQM 101 training specifically for consumers, with a CQM 102 training designed and held in the following fiscal year 2018-2019. At the bi-annually Sub-recipient Subcommittee meeting, RW Part B & D agencies expressed an interest in Community Advisory Boards (CABs) and their need to utilize their consumers that have participated in the consumer trainings. Consumer engagement is a contractual requirement for our funded agencies, and the implementation of a CAB offers a platform for both agency staff and consumers to have buy-in on decisions. The CAB training was offered July 2020, and covered the basics of forming a CAB, utilizing the information gathered from the group, as well as addressing barriers that can arise while facilitating. As the agency trainings change each fiscal year, this training will be posted for recording review in July 2021.

Part B & D Choosing a QI Project Training

In FY 19-20, the QM leads at part B and D agencies, participated in a satisfaction survey discussing current opinions and desires for the next fiscal year. Many agencies requested a training around how to develop or choose a quality improvement project. During FY 20-21, the Quality Coordinator collaborated with the training unit to develop a training directed to fit those needs. The Choosing a Quality Improvement Project Training is aimed to assist quality management leads and support staff analyze, assess, and select quality improvement projects to help further engage and improve the lives of their consumers. This training will be offered July 2021, in a virtual capacity.

SUBRECIPIENT QUALITY MANAGEMENT

The Quality Coordinators and Quality Management and Assurance Analyst monitor subrecipient performance through annual visits and associated QM follow-up, quarterly performance measure reviews and monthly data entry trends, review and give feedback on sub-recipient QM Plans. Quality Coordinators work with subrecipients whose performance measure results do not meet the established goal or threshold as specified in work plans. The current QM tool assesses subrecipients': quality infrastructure, including a written QM Plan, adherence to monthly CAREWare data entry deadlines as they impact service-specific performance measure outcomes, documentation of performance measure outcomes, QI activities, and discussions about the progress with all staff, completion of quarterly progress reports, consumer involvement in quality, achievement of clients' health outcomes, and evaluation of QI activities/progress; it also includes a check of the randomized list of clients' performance measure outcomes. Technical assistance is provided as needed or requested.

Beginning October 2018, in addition to the service-specific performance measures, all Part B and D sub-recipients began also reporting (per the 2018-19 work plans) the extent to which consumers/clients are involved in local QM activities.

Previously, the MDHHS QM Program's goal was to have each agency conduct individual QI projects that generally addressed gaps in their local HIV care continuums, particularly targeting individuals not retained in care, using a combination of their county-level epidemiological data and service-specific CAREWare performance measure data. However, after undergoing a Part B site visit in April 2018, the Quality Coordinators re-evaluated the QM Program's infrastructure and examination of viral load suppression disparities. By October 2019, the Quality Coordinators intend to have all sub-recipients prepared to contribute to a statewide QI project aimed at raising viral load suppression among subpopulations experiencing disparity, particularly among youth aged 13-24, clients with temporary or unstable housing, African American and Minority clients, and clients with income at or below FPL. Subsequently by October 2020, subrecipients should have at minimum one completed PDSA cycle of a QI project addressing the mentioned disparity populations. Due to COVID, this project has been repeated in FY 20-21 to allow agencies to perform PDSA cycles addressing VLS disparities at their agencies.

PERFORMANCE MEASUREMENT

Selection: Current performance measures¹ were selected by the QM committee members and the direct service programs (MIDAP and MDP). In 2014, the MDHHS Quality Coordinators researched HRSA HAB performance measures and presented specific measures for consideration based on: 1) the services currently provided by subrecipients, and 2) the Core

¹ See Appendix A for performance measure numerator, denominator, & data element details.

measures emphasized in the Parts B and D grants. Threshold revisions occurred in 2017, and again in 2019, and were based on input from the MDHHS RW QM Committee members, subrecipient agency staff, actual performance, and the NHAS 2020 goals. The following were revised in FY 20-21: HIV Viral Load Suppression goal was increased from 87% to 88%, Prescription of ART goal increased from 93% to 94%, and Gap in HIV Medical Visits goal was reduced from <13% to <12%. To eliminate the burden of manual data entry of Viral Load or CD4 Count lab results into CAREWare, MDHHS HIV Surveillance manages the regular importing of these results into CAREWare. These results are essential for all viral load suppression measure numerators and serve as medical visit proxies for all performance measure denominators, except MIDAP and MDP measures. (A limitation does exist in using this proxy: sometimes clients complete lab visits, but do not attend subsequent medical visit with provider, and vice versa.) In accordance with the additional PCN 15-02 guidance released in November 2018, MDHHS meets or exceeds the minimum number of performance measures required (based on utilization) for each service category.

Quality Coordinators obtain input from sub-recipient agencies and other stakeholders in the selection of additional performance measures. In 2016, the Michigan Dental Program began tracking and reporting on client utilization of oral health services, in addition to MDP viral load suppression. In FY 20-21, the MIDAP Formulary performance measure will continue to be monitored, and the MIDAP Determination performance measure is being revised to monitor recertification/verification applications instead of new applications. Very recently, draft performance measures were created to find the percentage of newly diagnosed (within last 12 months) Ryan White clients that are linked to medical care within 30 days and within 90 days. However, these drafts are in the very initial stages of development, and require examination by Data and Surveillance staff, discussion with and feedback from sub-recipient agency staff, and testing by various internal staff and external agencies prior to any use.

Data Collection & Reporting: Federal performance measure data is entered into CAREWare by federally funded subrecipients across the state by the 10th of each month. The MIDAP team is responsible for documenting and reporting data for the reportable ADAP performance measures. Similarly, the MDP team is responsible for documenting and reporting data for the oral health service performance measures. MDHHS HIV Surveillance ensures that current clients' VL and CD4 Count lab results (which serve as proxies for medical visits) are imported into CAREWare every two weeks.

Quality Coordinators monitor performance measures by sub-recipient on a quarterly basis; they analyze the results, identify areas of underperformance, make recommendations for quality improvement, and subsequently monitor progress. Quality Coordinators ensure that federally funded sub-recipient agencies and all Continuum of Care reviewers receive individual agency performance measure reports, including a comparison to overall Part-specific aggregate progress, on a quarterly basis. As of the 2019-2020 FY, each sub-recipient agency will receive a data visualization of their Viral Load Suppression Disparities, from information pulled from CAREWare, quarterly to aid in the progression of their quality improvement projects. This data visualization will continue for FY 20-21. Part-specific, aggregate results are presented and/or disseminated to Division and Section leadership and other relevant Divisions' stakeholders on a quarterly basis, and to the MHAC planning body at least once per year. Continuous quality assurance checks are performed via review of monthly service reports and during agency visits to ensure consistent service reporting in CAREWare occurs, which impacts service-specific performance measure outcomes.

List of Performance Measures:

Tables 1–4 below depict performance measurement progress for Ryan White Parts B and D, MIDAP, and MDP. Goals were initially developed from baseline data, and then revised in 2019; revisions were based on input from subrecipient agency staff, actual performance, and the NHAS 2020 goals: HIV Viral Load Suppression goal was increased, in FY 20-21, from 87% to 88%, Prescription of ART goal increased from 93% to 94%, and Gap in HIV Medical Visits goal was reduced from 13% to 12%. Additionally, MIDAP increased Determination goal from 80% to 85%, and MDP decreased Utilization goal from 75% to 53% after tracking actual performance. In 2019, MDP subsequently increased the Utilization goal from 53% back to 75%, after tracking actual performance 2017-2019.

In 2014, MDHHS modified the performance measures listed in Tables 1-2 to reflect Part-specific and RW service-specific outcomes, in order to better align with the outcome measures outlined by HRSA on the Part B Implementation Plan. Additional modifications were implemented in November 2016 to expand medical visit definition by recognizing eHARS imported Viral Load and CD4 Count lab values as proxies for medical visits, and in November 2017 to utilize a new CAREWare filter field that allows for *funding source* and *service category* to be combined.

Table 1. Part B Performance Measure Progress, 2018-2021

Performance Measure	Revised Goal (2020)	Part B						
		As of 3/31/18	As of 12/31/18	As of 3/31/19	As of 12/31/19	As of 3/31/20	As of 12/31/20	As of 3/31/21
HIV Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	88.0%	88.14% (2184/2478)	88.40% (2278/2577)	88.74% (2309/2602)	89.37% (2353/2633)	89.93% (2358/2622)	89.30% (2228/2495)	
Prescription of ART: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.	94.0%	95.80% (2374/2478)	95.62% (2464/2577)	95.31% (2480/2602)	94.53% (2489/2633)	94.39% (2475/2622)	96.23% (2401/2495)	
Gap in HIV Medical Visits: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	12.0%	10.66% (228/2139)	11.56% (263/2275)	12.72% (286/2249)	14.58% (330/2264)	16.51% (374/2265)	19.23% (386/2007)	

Table 2. Part D Performance Measure Progress, 2018-2021

Performance Measure	Revised Goal (2020)	Part D						
		As of 3/31/18	As of 12/31/18	As of 3/31/19	As of 12/31/19	As of 3/31/20	As of 12/31/20	As of 3/31/21
HIV Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	88.0%	82.52% (911/1104)	82.47% (894/1084)	81.48% (902/1107)	84.47% (816/966)	84.40% (790/936)	82.94% (695/838)	
Prescription of ART: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.	94.0%	97.55% (1077/1104)	98.52% (1068/1084)	98.19% (1087/1107)	98.03% (947/966)	97.76% (915/936)	97.85% (820/838)	
Gap in HIV Medical Visits: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	12.0%	15.40% (146/948)	18.38% (172/936)	15.92% (146/917)	19.76% (165/835)	23.30% (188/807)	17.96% (123/685)	

Table 3. MIDAP Performance Measure Progress, 2018-2020

Performance Measure	Initial Goal	As of 3/31/18	As of 12/31/18	As of 3/31/19	As of 12/31/19	As of 3/31/20	As of 12/31/20	As of 3/31/21
MIDAP only: MIDAP Determination¹: Percentage of MIDAP applications approved or denied for new enrollment within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year	Discontinued	100%	98.70% (76/77)	99.64% (281/282)	-----	-----	-----	-----
MIDAP Formulary: Percentage of new HIV anti-retroviral drugs will be added (included) to the ADAP formulary within 90 days of the date of FDA approval during the measurement year	100%	100%	33.33% (1/3)	N/A	N/A	N/A	N/A	
MIDAP Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	88.0%	88.51%	87.94% (1203/1368)	89.93% (2233/2483)	91.24% (969/1062)	88.37% (2864/3241)	86.52% (3003/3471)	
MIDAP Determination: Percentage of MIDAP applications approved or denied for recertification/verification within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year	Initial Goal	Baseline (As of 04/1/18-3/31/19)	As of 12/31/19	As of 03/31/20	As of 12/31/20	As of 3/31/21		
	100%	99.75%	99.88%	99.95%	94.34%			

¹ Due to sustained goal achievement, this MIDAP performance measure will no longer be monitored.

Table 4. MDP Performance Measure Progress, 2018-2020

Performance Measure	Revised Goal (2019)	As of 3/31/18	As of 12/31/18	As of 3/31/19	As of 12/31/19	As of 3/31/20	As of 12/31/20	As of 3/31/21
MDP Viral Load Suppression: Percentage of active MDP clients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	85%	89.23% (820/919)	91.62% (1247/1361)	91.43% (1665/1821)	90.93% (1303/1433)	89.73% (1974/2200)	85.79% (1781/2076)	
MDP Utilization: Percentage of active MDP clients, regardless of age, that utilized at least one MDP service during the measurement year	75%	51% (997/1955)	83.92% (1534/1828)	61.57% (774/1257)	60.00% (1508/2526)	35% (655/1899)	55% (1469/2688)	

CAPACITY BUILDING

In order to increase CQM knowledge and to network with other RW recipient quality managers across the nation, the Quality Coordinators seek and attend professional development opportunities like the national Ryan White Conference CQM sessions, and the HRSA HAB Center for Quality Improvement and Innovation (CQII) annual in-person trainings. The Quality Coordinators have also ensured that Michigan's Ryan White Parts B and D participated as Community Partners in the CQII ECHO Collaborative from September 2018 to December 2019; this Collaborative focuses on reducing disparities by increasing viral suppression rates in four disproportionately affected subpopulations of people living with HIV. In addition, the Quality Coordinators attend the monthly CQII webinars that cover various QI topics, seek online trainings and resources offered by Institute for Healthcare Improvement (IHI), and pursue other relevant learning opportunities such as trainings about data visualization, survey development, and ArcMap. Quality Coordinators stay abreast of the latest QI news and strategies by monitoring the HRSA HIV/AIDS Bureau (HAB), CQII, National Alliance of State and Territorial AIDS Directors (NASTAD), Institute for Healthcare Improvement (IHI), and Agency for Healthcare Research and Quality (AHRQ) listservs.

Quality Coordinators build CQM capacity among internal DHSP staff, subrecipient agencies, QM Committee members, and consumers by facilitating CQM trainings. The Coordinators have provided CQM training sessions most recently for: the acting DHSP Director, MIDAP team, QMC members, Michigan Dental Program (MDP) team, 19 RWHAP consumers, WSU Part D Consumer Advisory Group (CAG) members, and two teams of sub-recipient agency staff. Additional CQM training will be provided for QMC members and QM Subcommittee members in December 2019, as well as to new CQM members as the sessions cycle. Orientation for all newly hired OS and HCPS staff has been adapted to include completion of two CQII Quality Academy tutorials, and two IHI Open School online videos.

Quality Coordinators also provide CQM technical assistance as needed for the subrecipient agencies. Provided technical assistance has included local QMP development/revision, CAREWare performance measure use and data utilization, cohort tracking, and sharing guides for Plan Do Study Act cycle completion guides, CAB development and consumer involvement guides, and a CAB-developed newsletter example.

Lastly, a statewide QM Symposium for all federally funded Ryan White Parts A-D agency QM lead staff has been held in April 2017 and April 2018, and June 2019. The June 2020 Symposium was cancelled, due to COVID restrictions. The next Symposium will be held June 2021, in a virtual setting. The RW Quality Management and Assurance Analyst, MDHHS HIV Trainer, two Part A recipient staff, and the Clinical Pharmacist of a Part B/C/D funded site have planned and co-facilitated this event since its inception. This symposium serves as a venue for RW colleagues to: discuss Michigan's progress on the 2020 NHAS indicators, best CQM practices, strategies to enhance consumer involvement in quality initiatives and to encourage clients' continuous engagement in medical care; to hear about local sub-recipient QI projects; to learn about various QI tools, and to foster collaboration across Ryan White sub-recipient networks in Michigan.

EVALUATION

Evaluation activities will be led by the Quality Coordinators and will also involve OS and HCPS leadership. In adherence to HRSA Policy Clarification Notice #15-02, the QM program is evaluated annually through assessment of three broad areas: 1) quality infrastructure effectiveness, 2) QI activities' success in meeting annual quality goals, and 3) performance measure appropriateness and achievement. Annually, the Quality Coordinators complete a full review of all QM Plan components, and make updates, which are then shared with stakeholders for review. If QM Plan goals or aggregate Performance measure thresholds are not met, they will be reviewed to identify challenges/barriers; goals may be revised or realigned, and efforts will be continued the next year to meet the targets. If goals are met, the focus will shift to sustaining those goals. As outlined in the performance measure section, goals will be revised based on: each year's actual performance, input from subrecipient agencies as well as Program staff, and consideration of national HIV/AIDS outcome goals. The CQM Organizational Assessment (OA) is an available, comprehensive tool to evaluate the recipient QM program; Quality Coordinators will ensure that a full OA assessment is done every three years, except in years that HRSA site visits occur.

Ongoing evaluation includes quarterly progress reporting of the QM Plan performance measure results and work plan activities. When each quarterly QM Plan progress report is finished, it is distributed via email to all OS and HCPS staff, as well as other Divisions when requested.

QUALITY IMPROVEMENT

Updates:

In May 2016, Quality Coordinators offered to aid agencies in the planning, material design, and analysis of Ideal Visit Mapping Project, a method used by New York State Department of Health AIDS Institute in which a one-page collection tool allows clients to record their reactions to each element or 'stage' that makes up a visit. The collection is done in real-time during the visit to pinpoint where in the service delivery process patients react and why. With this information, an organization may be able to identify areas of service delivery that need improvement. Two agencies, Ingham County Health Department (ICHHD) and Munson Medical Center's Thomas Judd Clinic (Munson), were interested in implementing this project at their respective locations in Lansing and Traverse City. Quality Coordinators met with the agencies to custom design the survey forms and display banners during implementation in the fall of 2016. Analysis showed that both agencies received positive and programmatically constructive feedback. Analysis was shared with internal staff (and ICHHD's consumer advisory board) to determine office flow improvements focusing on the "stage" with lowest resulting scores, which included Wait Room (ICHHD) and Pre-Visit Communication (Munson). One year later, ICHHD reassessed client

satisfaction by administering this same survey again, in August 2017. Ideal Visit Mapping templates will remain as available MDHHS QM tools for agencies to obtain consumer feedback.

In September 2018, MIDAP QA Coordinator and MIDAP Coordinator hosted two MIDAP stakeholder feedback sessions in different parts of the state to obtain feedback from Ryan White (Parts A-D) providers throughout Michigan. Between each session, approximately 35 participants were in attendance, comprising of Case Managers, Patient Advocates, Patient Navigators, and Data to Care staff. Through further analysis of feedback obtained from these listening sessions, three main categories for improvement were identified: communication, MIDAP Online enhancements and expedited medication access for certain situations that could negatively impact client health outcomes. In response, MIDAP has created a detailed work plan to address all three identified areas and is currently in the process of work plan activities.

In March 2019, the MIDAP team established one new quality improvement projects to assist them in meeting their QM goals:

- **Quality Improvement Project – Develop a protocol to minimize gaps in coverage for clients who did not recertify their MIDAP coverage.**

MIDAP currently mails reminder letters to all clients who are approaching their recertification/verification period as an effort to prevent gaps in coverage. However, many clients still recertify late creating gaps in coverage and possible interruptions in medication adherence. The QIP team assigned to this project plans to explore various options of notifying and providing interventions to reduce the amount of coverage gaps, using PDSA cycles. The team is currently working to develop a mode of measurement for tracking progress.

This project ran from June 2019 – January 2021, with results showing that participating agencies ranged from 73%-99% in overall recertification/verification rates over a quarter timespan. With majority of the agencies performing positively with their own protocol, the project for next fiscal year will focus on internal MIDAP procedures.

Previously, the MDHHS QM Program's goal was to have each agency conduct individual QI projects that generally addressed gaps in their local HIV care continuums, particularly targeting individuals not retained in care, using a combination of their county-level epidemiological data and service-specific CAREWare performance measure data. After the April 2018 RW Part B site visit, however, the Quality Coordinators re-evaluated the QM Program's infrastructure and examination of viral load suppression disparities. Part of the subsequent follow-up actions was setting up CAREWare performance measures to examine for disparities based on: gender, age, HIV risk factor, race, housing status, and income level (FPL). These newly developed measures were used to analyze for disparities in aggregate (by RW Part B, Part D, MIDAP, and All Parts). Quality Coordinators provided a summary of this one year of disparity results to the QM Committee members at the group's first meeting in October 2018, to inform decisions for a statewide QI project. However, Committee members requested two additional years of Disparity data in order to look at 3-year trends to inform their vote for prioritized subpopulation(s). In November, Quality Coordinators pulled the three years (2016-2018) of Disparity data in aggregate – for RW Part B, Part D, MIDAP, and All Parts – and by funded sub-recipient agency. They ran results in the Disparity Calculator tool, compiled a summary and sent it to QM Committee members, who then voted for priority subpopulations via SurveyMonkey. The top three subpopulations were as follows: Youth aged 13-24, clients with Temporary/Unstable housing, and clients with income at or below FPL. In November 2019, the

QM Committee assessed the overall data from fiscal year 2018-2019 and voted to add African American/ Minority to the list of subpopulations.

Next steps include the Quality Coordinators sharing the disparity data and QM Committee voting results with all sub-recipient QM leads; they will ensure that all agencies receive access to the CAREWare disparity performance measures, as well as training on the measures' functionality and the Disparity Calculator tool. In this way, agencies will be able to run their own disparity measures on demand. In December 2019, the Quality Coordinators prepared all sub-recipients to contribute to a statewide QI project aimed at raising viral load suppression among subpopulations experiencing disparity, particularly among youth aged 13-24, clients with temporary or unstable housing, African American/ minority clients, and clients with income at or below FPL. Quarterly, the Quality Coordinators will monitor each federally funded subrecipient agency's disparity performance measures to track progress and keep the Parts B and D Coordinators informed of progress. Due to COVID, this project has been repeated in FY 20-21 to allow agencies to perform PDSA cycles addressing VLS disparities at their agencies.

PROCEDURES FOR UPDATING QM PLAN

The Quality Coordinators, in conjunction with the QM Committee members, will review the QM Plan annually to determine if items such as goal suitability, work plan activities' progress, and feasibility remain relevant. Initial revisions will be made the Quality Coordinators, including the overhaul of specific activities outlined in the work plan, as well as Annual Quality goals. The updated QM Plan will undergo OS and QM Committee review and approval, and then Quality Coordinators will ensure submission to respective HRSA Ryan White Parts B and D Project Officers - via email, or via EHB when needed (as part of the Part B Terms Report).

COMMUNICATION

The Quality Coordinators annually share the updated MDHHS RW QM Plan and aggregate performance measure data with stakeholders, including the planning bodies, QM Committee, and Subcommittee; additionally, the final MDHHS QM Plan is made publicly available on the MDHHS HIVSTI website (www.mi.gov/hivsti). Quality Coordinators and respective Program Coordinators communicate with each other in-person and via email regarding identified sub-recipient data/quality issues. When each quarterly QM Plan progress report is finished, it is distributed via email to all OS and HPCS staff, as well as other Divisions when requested. Quality Coordinators report on performance measure progress and QI activities at Section and Division meetings, as needed. Quality Coordinators will contact federally funded subrecipients to discuss individual performance measure data and QI activities, and schedule technical assistance, if needed.

QUALITY MANAGEMENT WORK PLAN

Activities	Measure/Method	Person(s) Responsible	Frequency
A. PCN 15-02 Component: Infrastructure			
1. Conduct a CQM Organizational Assessment (either Part B or D)	- Individual staff completion of CQII Organizational Assessment (Part B or Part C/D), and subsequent discussion to determine one set of integrated OA scores	OS and HCPS leadership, Quality Coordinators, and/or an objective individual that is qualified to assess QM Programs, e.g. CQII Consultant	Every three years (2020, 2023, etc.)
2. Share CQM Organizational Assessment evaluation results with key stakeholders	- # of MHAC participants receiving MDHHS CQM Organizational Assessment results	Quality Coordinators, Program Coordinators, OS and HCPS Leadership, MHAC Community Planner	Every three years (2020, 2023, etc.)
3. Participate in Part D CAG in SE Michigan	- # of CAG meetings attended and actively participated in	Part D Coordinator, Part D/MIDAP Quality Coordinator	Quarterly
4. Convene Subrecipient Subcommittee Meetings & quarterly calls	- # of Subrecipient Subcommittee meetings convened - # of federally funded agencies in attendance - # QM touch base calls made	Quality Coordinators	Annually (May & December meetings February & August calls)
5. Share MDHHS QM Plan and aggregate Part-specific Performance Measure data reports with stakeholders	- # of informational shares (MDHHS QM Plan & aggregate Performance Measure reports) with planning bodies	Quality Coordinators	Annually (August)
	- Ensure revised MDHHS QM Plan is publicly accessible via HIVSTI webpage	Quality Coordinators, HIVSTI Website administrative staff	Annually, or with each QM Plan update
6. Ensure all MDHHS RW staff actively continue CQM education by completing at least two hours of CQM training	- # of staff participating in CQM training (additional CQII Quality Academy Tutorials, or monthly Quality webinars recommended by Quality Coordinators)	All MDHHS RW staff, Administrative support staff	Annually

Activities	Measure/Method	Person(s) Responsible	Frequency
7. Include CQM tutorials as part of newly hired OS and HCPS staff orientation	<ul style="list-style-type: none"> - Successful completion by newly hired staff of the following four tutorials: <ul style="list-style-type: none"> • What is Quality? What is QI in HIV Care?: http://nationalqualitycenter.org/resources/nqc-quality-academy-what-is-quality-improvement-how-can-key-principles-be-applied-in-hiv-care/ • Measurement & Data in QI: http://nationalqualitycenter.org/resources/nqc-quality-academy-measurement-and-data-in-quality-improvement-overview/ • Model for Improvement: https://www.youtube.com/watch?v=SCYghxtioIY • Plan Do Study Act (PDSA): http://www.ihl.org/education/IHIOpenSchool/resources/Pages/CourseVideo9.aspx 	OS and HCPS managers, Newly hired staff	Ongoing
8. Provide CQM training internally and externally	<ul style="list-style-type: none"> - # of <i>Internal</i> CQM trainings provided - # of <i>External</i> training provided for subrecipient agencies and/or consumers 	Quality Coordinators	-As requested -1 external consumer trainings
9. Provide CAB training externally	<ul style="list-style-type: none"> - # of external CAB trainings provided to the agencies 	Quality Coordinator	-2 external CAB trainings
10. Provide quality TA to subrecipients	<ul style="list-style-type: none"> - # of QM TA sessions provided via in-person visit, conference call, or online meeting 	Quality Coordinators	As requested
11. Review QM Program at federally funded subrecipient agencies	<ul style="list-style-type: none"> - # of federally funded subrecipient agency visits 	Quality Coordinators	Annually
B. PCN 15-02 Component: Performance Measurement/Data Collection			
1. Review respective RW program's aggregate and individual subrecipient (by service category) performance	<ul style="list-style-type: none"> - # of federally funded agencies' progress reports reviewed (including performance measure data review and consumer involvement objective review) 	Quality Coordinators, MDHHS Data Analysts	Quarterly (January, April, July, October)

Activities	Measure/Method	Person(s) Responsible	Frequency
measure data and consumer involvement objective			
2. Track viral load suppression for MDHHS QM Committee-identified disparate populations (to continually inform statewide QI project efforts)	- Aggregate VLS percentages, by disparity	Quality Coordinators	Quarterly (January, April, July, October)
3. Review federally funded subrecipient data entry of subservices in CAREWare after the 10 th of each month	- Completion of CAREWare financial reports (by agency, by RW Part) or Subservice Entry custom report	Data Analysts,	Monthly
	- # of federally funded subrecipient agency financial report reviews	Quality Coordinators, Program Coordinators	Quarterly or as-needed
	- # of federally funded agencies contacted regarding identified data entry issues		
C. PCN 15-02 Component: Quality Improvement			
1. Monitor federally funded subrecipient quality improvement progress	- Review of federally funded agencies' Plan Do Study Act (PDSA) cycles	Quality Coordinators	Annually (by October 31st)
2. Assess satisfaction of federally funded subrecipients	- # of satisfaction feedback opportunities provided for subrecipients	Quality Coordinators	Annually (June)
3. Conduct Annual Client Satisfaction Surveys	- # of Client Satisfaction surveys (MIDAP, MDP) conducted	Quality Coordinators, MIDAP Staff, MDP Staff, Intern	Annually
4. Recognition of federally funded subrecipient QI efforts aimed at decreasing HIV Care Continuum gaps	- Successful selection and distribution of awards for recognition of QI efforts at annual Michigan HIV/STI Conference	Quality Coordinators, HIV Care Trainers and/or Conference Planning team	Annually (August)
5. Perform regular Medicaid Matches to maintain compliance with Ryan White eligibility guidelines	- # of Medicaid matches performed - # of Medicaid clients identified	MIDAP QA Coordinator, MIDAP Data Coordinator, MIDAP Eligibility Specialist, Premium Assistance Team	Monthly

MDHHS Summary of Performance Measures – Part B UPDATED: 12/13/2019

Service Category	CW Label	Measure	Numerator	Denominator	Relevant Data Elements
EIS Med CM Non Med CM Outpt./Ambulatory	1BEIS 1BMCM 1BNMCM 1BO/A	<u>HIV VIRAL LOAD SUPPRESSION</u> Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, and at least one Part B specified service [see CW Label] in the measurement year	Last Quantitative Lab Value HIV Positive Medical New Complex, (or Routine) -OR- Medical Return Complex (or Routine) -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed -OR- CD4 Count lab -OR- Viral Load lab
EIS Med CM Outpt./Ambulatory	2BEIS 2BMCM 2BO/A	<u>PRESCRIPTION OF HIV ART</u> Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, and at least one Part B specified service [see CW Label] in the measurement year	# of ARV active ingredients HIV Positive Medical New Complex, (or Routine) -OR- Medical Return Complex (or Routine) -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed -OR- CD4 Count lab -OR- Viral Load lab
Emerg Finan Assist. Foodbank HERR HealthInsPremHIPCA Linguistic Med CM Med Nutr. Therapy Med Transport Mental Health Outpt./Ambulatory Psychosocial Supp Subst. Abuse	4BEFA 4BFB 4BHERR 4BHPCA 4BL 4BMCM 4BMNT 4BMT 4BMH 4BO/A 4BPS 4BSA:O	<u>GAP IN HIV MEDICAL VISITS</u> Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of patients in the denominator who did not have a medical visit or VL/CD4 in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit or VL/CD4 in the first 6 months of the measurement year, and at least one Part B specified service [see CW Label] in the measurement year Gap excludes clients that died during measurement year	HIV Positive Medical New Complex, (or Routine) -OR- Medical Return Complex (or Routine) -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed -OR- CD4 Count lab -OR- Viral Load lab Vital Status

MDHHS Summary of Performance Measures – Part D UPDATED: 7/24/2018

Service Category	CW Label	Measure	Numerator	Denominator	Relevant Data Elements
Med CM Non Med CM Outpt./Ambulatory	1DMCM 1DNMCM 1DO/A	<u>HIV VIRAL LOAD SUPPRESSION</u> Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, and at least one Part D specified service [see CW Label] in the measurement year	Last Quantitative Lab Value HIV Positive Medical New Complex, (or Routine) -OR- Medical Return Complex (or Routine) -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed -OR- CD4 Count lab -OR- Viral Load lab
Med CM Outpt./Ambulatory	2DMCM 2DO/A	<u>PRESCRIPTION OF HIV ART</u> Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, and at least one Part D specified service [see CW Label] in the measurement year	# of ARV active ingredients HIV Positive Medical New Complex, (or Routine) -OR- Medical Return Complex (or Routine) -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed -OR- CD4 Count lab -OR- Viral Load lab
HERR Linguistic Med CM Med Nutr. Therapy Med Transport Mental Health Outpt./Ambulatory Psychosocial Supp	4DHERR 4DL 4DMCM 4DMNT 4DMT 4DMH 4DO/A 4DPS	<u>GAP IN HIV MEDICAL VISITS</u> Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of patients in the denominator who did not have a medical visit or VL/CD4 in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit or VL/CD4 in the first 6 months of the measurement year, and at least one Part D specified service [see CW Label] in the measurement year Gap excludes clients that died during measurement year	HIV Positive Medical New Complex, (or Routine) -OR- Medical Return Complex (or Routine) -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed -OR- CD4 Count lab -OR- Viral Load lab Vital Status

For reference of all B and D performance measures, visit HRSA HAB Performance

Measures at: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>